

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

MT EMSC CONNECTION NEWSLETTER



2018

This issue has information on Domestic Violence Awareness Month; SEPSIS; Safe K.I.D.S.; Resources; & MORE! TRIVIA- SWAT-T (don't know what this is?) Find out by emailing jason@373consulting.com.

WHAT IS DOMESTIC VIOLENCE?

Domestic violence is the willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior as part of a systematic pattern of power and control perpetrated by one intimate partner against another. It includes physical violence, sexual violence, threats, and emotional abuse. The frequency and severity of domestic violence can vary dramatically.

DOMESTIC VIOLENCE IN MONTANA

- On a single day in September 2014 in Montana, 238 domestic violence victims (**122 children** and 116 adults) found refuge in emergency shelters or transitional housing provided by local domestic violence programs.
- In Montana, 163 adults and children received non-residential assistance and services, including counseling, legal advocacy, and children's support groups on a single day in September 2014.
- There were 112 fatalities due to Intimate partner homicide in Montana from January 1, 2000 to December 31, 2012.
- The number of simple assault offenses in 2011 (6,612) was 14.65 percent below the 10-year average of **7,747 offenses**. More than half of all simple assaults were partner or family member assaults (51.21 percent) in 2010-2011. Yet, partner or family member assaults decreased by 2.85 percent in 2011 compared to 2010.

DID YOU KNOW?

- 1 in 3 women and 1 in 4 men have experienced some form of physical violence by an intimate partner.
- DV hotlines receive approximately 21,000 calls daily, approximately 15 calls every minute.
- Intimate partner violence accounts for 15% of all violent crime.
- Having a gun in the home increases the risk of homicide by at least 500%.
- 72% of all murder-suicides involved an intimate partner; 94% of the victims of these crimes are female.

https://www.speakcdn.com/assets/2497/ncadv_dvam_toolkit_2018.pdf?1534857844276

Do you know the closest Domestic Violence Shelter to your facility/Agency/community?

<https://www.domesticshelters.org/mt/montana-domestic-violence-help-statistics>

Montana Cities with Domestic Violence Programs

- | | | | | |
|---------------|------------------|--------------|--------------|-------------|
| • Billings | • Bozeman | • Browning | • Butte | • Columbus |
| • Conrad | • Deer Lodge | • Dillon | • Forsyth | • Glasgow |
| • Great Falls | • Hamilton | • Havre | • Helena | • Kalispell |
| • Lame Deer | • Lewistown | • Libby | • Livingston | • Malta |
| • Miles City | • Missoula | • Red Lodge | • Ronan | • Sidney |
| • Superior | • Thompson Falls | • Wolf Point | | |

DOMESTIC VIOLENCE (DV) PREVENTION PROGRAMS FOR CHILDREN AND YOUTH

Promoting a culture of respect and nonviolence with children and youth at an early age is the hope to prevent future violent behavior. The following DV prevention and awareness programs and resources are geared toward working with children and youth.

Break the Cycle

Engages, educates, and empowers youth to build lives and communities free from domestic and dating violence by offering safety tools and resources.

Children and Domestic Violence: Listening and Talking to Your Child About Domestic Violence

Explains how children may react when exposed to DV and provides tools to help children feel safe and valued.

Domestic Violence and Children: Questions and Answers for DV Project Advocates

Answers common questions about the unique needs of children exposed to DV, including typical short-term responses and factors in recovery.

Fostering Resilience, Respect & Healthy Growth in Childhood and Beyond

Incorporates trauma-informed practice to develop strategies to foster resilience in children with resources emphasizing the importance of developing healthy attitudes and behaviors to reduce gender-based violence in future generations.

The Fourth R: Strategies for Healthy Youth Relationships

Develops and evaluates programs, resources, and training materials for professionals working with youth to target multiple forms of violence, including bullying, dating violence, peer violence, and group violence.

Promising Futures: Best Practices for Serving Children, Youth, and Parents Experiencing Domestic Violence

Current research and interventions for children and youth experiencing DV. This resource includes local and State examples, as well as information for specific populations.



CULTURAL AWARENESS RESOURCE CORNER

The Montana Native Women's Coalition *Mission:*

The Montana Native Women's Coalition strengthens relationships among tribal DV programs to improve services for rural and urban Native American women (and their children) affected by violence. **The goal of this organization is to enhance networking relationships between DV programs and improve services for urban and rural Native American women and children who are victims of DV.** The Coalition focuses on addressing the issues of abused Native American women and providing leadership for programs serving disadvantaged victims throughout Montana. The Coalition brings together Native American women leaders and representatives from state agencies that manage respective DV state and federal funding, with the goal of increasing resources and support for tribal programs. For more information, go to: **Montana Native Women's Coalition/C/O The Healing Tree; P.O. Box 541 - Lame Deer, MT 59043; 406-477-3495.**

Recorded Webinars on <http://www.niwrc.org/resources>:

[Building Girls' Protective Assets in Indian Country: Intentional Girl-Centered Program Design](#)

[Framing the Issues: Looking at the Opioid Epidemic in the Context of Trauma and Domestic Violence](#)


[Indigenizing VAWA and VOCA Through Tribal Grassroots Organizing and Movement Building](#)

[Safety for Native Women: VAWA 101 Primer](#)

[Transforming Care in Tribal Communities for Sexual Assault Survivors Through Partnership and Technology](#)

[Sovereignty of the Soul: Confronting Sexual Violence in Native America](#)


NIWRC Honors Tillie Black Bear During Domestic Violence Awareness Month



“Even in thought, women are to be respected. We teach this to our children. We teach it to our grandchildren. We teach it to our kids so that the generations to come, will know what is expected of them. Those generations to come will also know how to treat each other as relatives.”

-Tillie Black Bear (Sicangu Lakota),
Wa Wokiye Win (Woman Who Helps Everyone)

SIGN ON to support Oct. 1st as Tillie Black Bear Women Are Sacred Day!
<http://bit.ly/TillieSignOn>



Tillie Black Bear: As a Grandmother of the Grassroots Movement of Safety for Native Women, Tillie stressed the importance of utilizing tribal cultures, stories and traditions to address violence in communities. “Even in thought, women are to be respected. We teach this to our children. We teach it to our grandchildren. We teach it to our kids so that the generations to come, will know what is expected of them. Those generations to come will also know how to treat each other as relatives.” -Tillie Black Bear.

10 ALARMING FACTS
about how domestic violence impacts kids

1. 5 million children witness domestic violence each year in the US.
2. 40 million adult Americans grew up living with domestic violence.
3. Children from homes with violence are more likely to experience significant psychological problems short- and long-term
4. Children who've experienced DV often meet the diagnostic criteria for Post-Traumatic Stress Disorder(PTSD) and the effects on their brain are similarly to those experienced by combat veterans.
5. DV in childhood is directly correlated with difficulties learning, lower IQ scores, deficiencies in visual-motor skills and problems with attention and memory.
6. Living with DV significantly alters a child's DNA, aging them prematurely 7-10 years.
7. Children in homes with violence are physically abused or seriously neglected at a **rate 1500% higher** than the national average.
8. Those who grow up with DV are 6 times more likely to commit suicide & 50% more likely to abuse drugs/alcohol.
9. If a child grow ups with DV, they are 74% more likely to commit a violent crime against someone else.
10. Children of DV are 3 times more likely to repeat the cycle in adulthood, as growing up with DV is the most significant predictor of whether or not someone will be engaged in DV later in life

For even more statistics like these and their citations, click here to access a **comprehensive list**.

The statistics are daunting. BUT... you can make a difference in a child's life by doing some very simple things. It's proven that children who have at least one caring, supportive adult in their lives are more likely to build resiliency and cope in positive ways. Why can't that one adult be you?

Want to know how you can be THE ONE? Take a simple, free, 30-minute online *Change a Life* training today and you can help change the life of a child living with domestic violence. A few simple words, to the mind of a child, could have a powerful impact.

<http://changealife.cdv.org/>

YOUTH SPOTLIGHT -STUDENT INVENTS BULLETPROOF WALL TO PROTECT STUDENTS

Audrey Larson is a 14-year-old inventor. For past competitions, she's created glow-in-the-dark pajamas and a device to pet your dog. But this year, after hearing about the school shooting in Parkland, Florida, she felt compelled to focus on a more serious issue. "It's really scary to just think about, and that's kind of what sparked that idea," Larson said. "Some of my friends were having anxiety about being at school and I don't think that's fair to any kid."

Larson was looking for an idea to enter competition, and discussions around school shootings among her peers led her to what she says is her own solution to the problem. **She invented a foldable bulletproof wall model that can be used to protect students like her in the event of a school shooting.** "It's a foldable two-panel barrier that comes out of the wall for kids to hide behind in the event of a lockdown and, ultimately, in the event of a school shooting," Larson told "GMA" about her invention called Safe K.I.D.S. The name stands for Kevlar-cellulose-nanocrystal-AR500-steel Instant Defense System.

Larson first submitted her idea to the Connecticut Invention Convention, a program for young students to build projects centered on innovation. She advanced to the National Invention Convention and Entrepreneurship Expo (NICEE) in Michigan. There Larson competed against other young inventors from all over the country, winning more awards and placing second in her grade level. She is currently working on securing a patent.

"It's very relevant, it really addresses the fears that are in school children today," said Mary Lombardo, a judge at the Connecticut Invention Convention and the vice president of engineering and innovation and research at United Technologies Corporation. Lombardo is of two minds when it comes down to the issue. Larson chose the mix of materials that could make the wall including Kevlar to help it withstand shots from guns, even an AR-15 rifle. "From an engineering perspective I felt that it was very well thought-out," Lombardo said. "It was doable and really gave a very simplistic solution to a very difficult and complex social problem."

Larson's invention is in line with other [bullet-resistant products, including backpacks](#) and clothing that have been marketed to schools and parents in the wake of mass shootings. Questions have been raised about the efficacy of some of these products and more broadly, debates about the best way to keep kids safe.

"Her solution solves a couple of very interesting problems in modern classrooms today," said Adam Coughran, who used to work in law enforcement and is president of Safe Kids Inc., a group that provides safety training sessions for educators. Coughran said many classrooms have a lot of windows to let in natural light, and glass isn't bulletproof. Although Coughran called her project "extremely innovative," he pointed out a few things that could hamper the wall in reality. Desks and space issues could get in the way of moving the wall quickly. The wall might also not be large enough to protect everyone in an emergency, especially if other people are running into the room from outside. Her design and concept can easily be taken and spun off into other designs, such as those panels being slid together like a barn door or sliding glass door to cover an entire

"I think that my generation is going to be the change," Larson said. "Millennials and my generation tend to be forward thinkers and tend to be go-getters on some level -- minus our cell phones. ...I feel like the kids of my generation are already talking about this and getting fed up with it."

Original article by Oliva Smith and Elisa Tang can be found [here](https://abcnews.go.com/GMA/News/14-year-inventor-designed-bulletproof-wall-protect-students/story?id=57115216). <https://abcnews.go.com/GMA/News/14-year-inventor-designed-bulletproof-wall-protect-students/story?id=57115216>

ARCHIVED WEBINAR: Trick or Trach: Taking the Fright Out of Tracheostomy Care for EMS Providers

The team at SSMHealth Cardinal Glennon Children's Hospital presented information about their Special Needs Tracking & Awareness Response System (**STARS**) program followed by very important information on the prehospital treatment of children with a tracheostomy.

We encourage wide spread dissemination of this well-done webinar that was presented September 6, 2018. <https://www.youtube.com/watch?v=HTc1EeUj7Cc>

SPINAL MOTION RESTRICTION STATEMENT

Important Joint Statement Released on Spinal Motion Restriction in the Trauma Patient. The statement represents the collective positions of the American College of Surgeons – Committee on Trauma, the American College of Emergency Physicians, and the National Association of EMS Physicians.

It was developed to offer guidance on the topic of spinal motion restriction (SMR) in the trauma patient and is formally endorsed by many organizations including EIC partners the American Academy of Pediatrics, the Emergency Nurses Association, and the National Association of State EMS Officials.

For more information see: <https://www.iems.com/articles/news/2018/september/new-spinal-motion-restriction-consensus-statement-from-acscot-acep-and-naemsp.html>

GUIDELINE TO IMPROVE CARE OF CHILDREN WITH MILD TRAUMATIC BRAIN INJURY

The statement can be found via this link: doi:10.1080/10903127.2018.1481476. CDC Releases Guideline to Improve Care of Children with Mild Traumatic Brain Injury. On September 4, 2018, the Centers for Disease Control and Prevention (CDC) released new clinical recommendations for healthcare providers treating children with mild traumatic brain injury (mTBI), often referred to as concussion.

The CDC Guideline on the Diagnosis and Management of Mild Traumatic Brain Injury Among Children, published in JAMA Pediatrics, is based on the most comprehensive review of the science on pediatric mTBI to date—covering 25 years of research. See the press release and supporting materials online

<https://www.cdc.gov/traumaticbraininjury/PediatricmTBIGuideline.html>

Key Recommendations from the CDC Pediatric mTBI Guideline

1. Do not routinely image patients to diagnose mTBI.
2. Use validated, age-appropriate symptom scales to diagnose mTBI.
3. Assess evidence-based risk factors for prolonged recovery.
4. Provide patients with instructions on return to activity customized to their symptoms.
5. Counsel patients to return gradually to non-sports activities after no more than 2-3 days of rest.

TELEPHONE/Telehealth Consults

The AAP Committee on Coding and Nomenclature (COCN) and the AAP Section on Infectious Diseases (SOID) have been advocating for the adoption of new Interprofessional Telephone/ Internet Consultation Current Procedural Technology (CPT) codes (99446-99449) since 2010 (See related AAP News article).

These codes were approved by the CPT Editorial Panel and valued by the American Medical Association/Specialty Society Relative Value Scale Update Committee (RUC) in 2012 for implementation during the 2014 CPT/RBRVS cycle.

The codes are:

- **99446** - Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review.
- **99447** - Same as above; 11-20 minutes of medical consultative discussion and review.
- **99448** - Same as above; 21-30 minutes of medical consultative discussion and review.
- **99449** - Same as above; 31 minutes or more of medical consultative discussion and review.

More information. <https://www.aap.org/en-us/about-the-aap/Committees-Councils-Sections/Pages/Committee-on-Coding-and-Nomenclature.aspx>

First Responder Sepsis Education Video and Training Module

“*Sepsis: First Response*” is endorsed by the National Association of EMS Physicians and the National Association of EMS Educators. Developed by the *Sepsis Alliance*, which is the leading sepsis organization in the U.S., working in all 50 states to save lives and reduce suffering by raising awareness of sepsis as a medical emergency. Sepsis Alliance is a charitable organization run by a dedicated team that shares a strong commitment to battling sepsis. The organization was founded in 2007 by Carl Flatley, DDS, MSD, whose daughter Erin unnecessarily died of sepsis when she was 23 years old. *Sepsis Alliance* launched **Sepsis: First Response, a 15-minute educational video and 60-minute training module that provides Emergency Medical Service (EMS) personnel with the tools to rapidly identify and begin treating sepsis cases in the field.**

Sepsis is the body’s life-threatening reaction to an infection that takes more than 270,000 lives a year in the United States. As many as 87% of sepsis cases originate in the patient’s community. **First responders are often the first medical providers to reach these cases.** They transport as many as 50% of patients with severe sepsis arriving at the emergency department. **First responders can have an enormous impact on the care that patients receive.**

This training module “Sepsis: First Response” was developed to help EMS personnel to recognize sepsis and begin treatment in the field and to save lives. Pre-hospital care provided by EMS personnel can lead to faster treatment times for sepsis patients in the emergency department. As many as 80% of sepsis deaths could be prevented with rapid diagnosis and treatment. In addition, in one recent study, sepsis patients had a lower mortality rate when they were treated by EMS personnel that received sepsis-specific training. Led by award-winning EMS educator [Rom Duckworth](#), a Fire Captain and EMS Coordinator with 30 years of experience, Sepsis: First Response also offers any pre-hospital care providers the tools to not only identify sepsis and begin treatment but to effectively coordinate care with the emergency department and their in-hospital colleagues. “In Sepsis: First Response” emphasis is on the importance of pre-hospital recognition of sepsis along with good collaboration with the emergency department staff by providing key information about the patient’s status.

To access both the Sepsis: First Response 15-minute education video and 60-minute training module, which can be downloaded and viewed separately, please visit www.sepsis.org/sepsis-first-response. Other sepsis resources for EMS providers, including an infographic, educational poster, ambulance decals, and symptoms badge buddies, are also available on this landing page.

Sepsis: First Response was produced for Sepsis Alliance by Synapse Productions. Sepsis Alliance would like to thank its sponsors, which include: Del E. Webb Foundation, Jill Kogan Blake, Aquamania, Harbor Point Charitable Foundation, LifeFlow, and Laerdal. For more information, please visit <http://www.sepsis.org>. Connect with us on Facebook and Twitter at [@SepsisAlliance](#).



NEW FOREVER STAMP SALUTES FIRST RESPONDERS

On Sept 13, 2018, the U.S. Postal Service honored firefighters, law enforcement officers, emergency medical service professionals and other emergency personnel with an Honoring First Responders Forever stamp.

“Our nation’s first responders rush into life threatening situations for the benefit of others,” said Guy Cottrell, the Postal Inspection Service’s Chief Postal Inspector and dedicating official. “The Postal Service is pleased to honor their skill, dedication and unflinching bravery with this stamp.” Artist Brian Stauffer worked with art director and designer Antonio Alcalá and designer Ricky Altizer to create this stamp. When sharing news about the new stamp on social media, users are encouraged to use [#HonoringFirstResponders](#) and [#FirstRespondersStamps](#).



Great things going on here in Montana! This is a great story on how the Doctors at St. James in Butte listened to the concerns of the Mom. She knew something was not right with Jasper. Then the great follow through for this little one is inspiring. Jasper's definitely "Butte Tough!" CHECK OUT "**JASPER'S JOURNEY**" from SCL Health on Vimeo. The video is available for your viewing pleasure at <https://vimeo.com/289967699>. Vimeo is filled with lots of amazing videos. See more at <https://vimeo.com>.

-Thank you Kassie Runsabove, Health Disparities Coordinator, SCL Health for sharing this great story!

New SAMHSA Fact Sheets Offer Providers Guidance on Patient Care for Pregnant Mothers With Opioid Use Disorder (OUD)

SAMHSA announces the release of [Healthy Pregnancy, Healthy Baby: Opioids in Pregnancy](#) fact sheets. These four new fact sheets emphasize the importance of continuing a mother's treatment throughout her pregnancy and can be distributed by a variety of health care professionals. Fact sheet topics include information on:

- OUD and pregnancy
- OUD treatment
- Neonatal abstinence syndrome
- Personal considerations to address before hospital discharge

[View the Fact Sheets](#)

The fact sheets serve as companion documents to [Clinical Guidance for Treating Pregnant and Parenting Women With Opioid Use Disorder and Their Infants](#), and include a customizable space for health care professionals to include their logos or contact information.

3RNet Recruiting for Retention Academy Series

The National Rural Recruitment and Retention Network (3RNet) will host a six-part webinar series with practical, action-oriented training for recruiting health professionals to rural and underserved areas.

Every other Tuesday beginning October 2nd, 3RNet will hold live, online sessions lasting 75-90 minutes each and featuring national experts on rural/underserved recruiting and retention.

October 2 - December 11, 2018

[Register here!](#)

The American Academy of Pediatrics (AAP) is pleased to announce the new release of a tool titled, **[“Family Reunification Following Disasters: A Planning Tool for Health Care Facilities”](#)**.

This tool was inspired by discussions within an AAP Disaster Preparedness Advisory Council Subcommittee on Reunification Planning and produced in collaboration with the Massachusetts General Hospital Center for Disaster Medicine with support from the Centers for Disease Control and Prevention. The purpose of this tool is to provide guidance and templates for hospitals as they review and update their plans to provide information, support services, and safe reunification assistance to family members of patients who have experienced disasters. For additional information, contact the AAP via e-mail at DisasterReady@aap.org.

[Active Shooter Emergency Action Plan Video](#)

This one-hour, 37-minute video describes the fundamental concepts of developing an Emergency Action Plan (EAP) for an active shooter scenario. It guides viewers through important considerations of EAP development, utilizing the first-hand perspectives of active shooter survivors, first responder personnel, and other subject matter experts who share their unique insight.

[Behavioral Health Conditions in Children and Youth Exposed to Natural Disasters](#)

This 20-page issue of the Disaster Technical Assistance Center Supplemental Research Bulletin focuses on mental health and substance use (behavioral health) conditions in children and adolescents following exposure to natural disasters such as hurricanes, tornadoes, and earthquakes. It discusses the challenges faced by children and adolescents following natural disasters; sheds light on behavioral health consequences (such as PTSD, depression, and acute stress disorder) of being exposed to traumatic events; and presents various ways to reduce lasting impacts of such events.

Children’s Hospitals and Preparedness Webinars Archived

<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-Disasters/Pages/Disaster-Preparedness-and-Response-Webinar-Archives.aspx>

The AAP and the CDC work together to improve children’s preparedness planning. The Children’s Hospitals and Preparedness Webinar Series aims to promote a dialogue among clinicians and disaster planners at children’s hospitals and to improve each hospital’s response plan and ability to care for children in an emergency.

Recent webinars in this series, “Planning for Hospital Pediatric Surge: Solutions Within Reach”, and “Family Reunification: Debut of a New AAP Tool”, will be archived on the AAP Disaster Preparedness and Response Webinar Archives Web page.

2018 Rocky Mountain Rural Trauma Symposium Speaker Presentations are Now Available Online

Speaker presentations are now posted online as PDFs.

To access, please go to <http://www.45pr.com/2018%20Rural%20Trauma%20info.htm> and click on the **[2018 Speaker Presentations](#)** link.

We look forward to seeing you at next year's conference on Sept. 12-13, 2019, at the Delta Hotels Helena Colonial in Helena, MT.

AN ANNUAL CELEBRATION DEDICATED TO THOSE WHO SELFLESSLY DEVOTE THEMSELVES TO SAFE PRACTICE AND SAFE CARE.

GET YOUR PLANNING GUIDE [HTTPS://WWW.ENA.ORG/ABOUT/EN-WEEK](https://www.ena.org/about/en-week)



TRIVIA

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

1. How can you learn more about SWAT-Ts?
2. What is the Safe K.I.D.S.?
3. When and where is the 2019 Rocky Mountain Rural Trauma Systems Symposium?
4. What date is Emergency Nurses Week?



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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