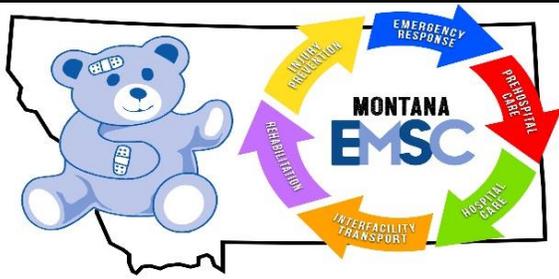


EMSC/CHILD READY CONNECTION NEWSLETTER



2021

MONTANA EMS & Trauma Systems
 EMS for Children/Child Ready MT
 1400 Broadway, Rm C303
 PO Box 202951
 Helena, MT 59620-2951

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, inter-facility transport, and rehabilitation) is provided to children and adolescents, no matter where they live, play, attend school or travel.

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



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

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

WHAT'S NEW?

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Exciting news and events are going on this month

Multiple training opportunities are in this newsletter. If you have any training opportunities you want to share, please let me know. The MT EMSC Program is offering pediatric virtual trainings as well as scheduling in-person trainings.



April is National Child Abuse Prevention Month.
 Visit the website at: <https://www.childwelfare.gov/preventionmonth/>

Are you pediatric ready?

Now is the time!

2021 MT EMSC -EMS FOR CHILDREN SURVEY

The National Emergency Medical Services for Children Data Analysis Resource Center (NEDARC) in conjunction with Robin Suzor of the Montana EMSC Program and the Federal HHS Health Resources and Services Administration,

THANK you for your help with an important nationwide quality improvement effort called the *EMS for Children Survey*.

We hope to learn more about your agency's efforts related to the care for ill or injured children, which is particularly important amidst the current public health crisis. Your responses will be used by the Montana EMSC Program to identify needs and provide resources for improving pediatric emergency care. De-identified data from agencies across the country will also be combined to review progress and provide support for integrating the needs of children into our overall emergency care systems.

The MT EMS for Children's Incentive Drawing was held the week of March 22nd. The amazing incentive Drawing Prizes Winners are:

DRAWING PRIZE	NAME OF AGENCY
ACR-4	JOLIET EMS, INC
ACR-4	BLAINE COUNTY AMBULANCE 1
ACR-4	SHERIDAN MEMORIAL HOSPITAL EMS
ACR-4	HILL COUNTY AMBULANCE SERVICE OF RUDYARD
PEDIATRIC AIRWAY MANAGEMENT TRAINER	
	DAHL MEMORIAL HEALTHCARE AMBULANCE
CPR CHILD MANIKIN W/ MONITOR	
	LAUREL VOLUNTEER AMBULANCE SERVICE
	PARADISE VALLEY FIRE SERVICE AREA
	BLACKFEET TRIBAL EMS
	MARCUS DALY MEMORIAL AMBULANCE SERVICE

SWAT-T tourniquets, Dose by Growth tapes- to agencies as well.

**THANK YOU TO THE MT EMS AGENCIES THAT ANSWERED THE
MT EMSC ASSESSMENT!**

PREVENTING TRAUMA AND SUICIDE DURING CATASTROPHIC EVENTS AND BEYOND

[acesconnection.us1.list-manage.com] Source: Prevention Institute [acesconnection.us1.list-manage.com]

This toolkit offers a foundation for activities during periods of infrastructure disruption due to catastrophic events such as the COVID-19 pandemic.

The toolkit's suicide prevention modules offer communities and states guidance and tools to assess their local contexts, populations most impacted by suicide, and promising strategies. The CDC's [Suicide Prevention Technical Package](#) (link is external) and [Adverse Childhood Experiences \(ACES\) Prevention Technical Package](#) (link is external) share strategies with the greatest potential to prevent suicide and trauma based on the best available research.

This toolkit offers a foundation for activities during periods of infrastructure disruption due to catastrophic events such as the COVID-19 pandemic. The toolkit's suicide prevention modules offer communities and states guidance and tools to assess their local contexts, populations most impacted by suicide, and promising strategies. The concepts in the modules build on one another, and additional modules will be added in the coming months. <https://preventioninstitute.org/suicide-prevention/modules>

SAVE THE DATE FOR WEAR ORANGE WEDNESDAY!

Every April since 2015, Montana No Kid Hungry [r20.rs6.net] has organized an event called **Wear Orange Wednesday** [r20.rs6.net] as a way for all Montanans to stand united in the cause to end child hunger in our state.

Orange is the color that represents child hunger awareness.

Join in and show your support for ending hunger on April 7th by wearing orange in a social media photo and sharing with #WearOrangeWednesday. Also challenge your friends on social media to do the same! If social media is not your thing – no problem! Please feel free to email your fun photos to jenny.martini@mt.gov and they will be included in No Kid Hungry's 2021 collection. Have fun with it! **Orange nail polish, socks, pets, foods – we want to see it all!** <https://state.nokidhungry.org/montana/>

DPHHS RELEASES REPORT THAT ILLUSTRATES IMPACTS OF COVID-19: COVID-19 REPORTED AS THE THIRD LEADING CAUSE OF DEATH LAST YEAR.

The Department of Public Health and Human Services (DPHHS) issued a new report today stating the death rate among Montana residents increased by 14% in 2020 compared with the previous 5-year average.

State health officials point to COVID-19 pandemic as the main reason for the increase.

Key Findings –

- The mortality rate for all causes increased by 14% in 2020 compared with 2015-2019.
- Provisional data indicate that that the number of deaths exceeded the number of births in 2020 (12,018 deaths versus 10,791 live births).
- COVID-19 was the 3rd leading cause of death in Montana in 2020.
- The mortality rate for drug poisoning deaths and suicides in 2020 was similar to 2015–2019.
- The mortality rate for chronic liver disease and alcohol-induced deaths were **significantly higher** in 2020 compared with 2015–2019.

The new report is available here. [r20.rs6.net]

https://dphhs.mt.gov/Portals/85/publichealth/documents/Epidemiology/VSU/VSU_Mortality_Report_2015-2020.pdf

APRIL IS NATIONAL CHILD ABUSE PREVENTION MONTH. Join us in raising awareness for this year's theme: **"Thriving Children and Families: Prevention With Purpose."**

SAVE THE DATE!

Montana Prevent Child Abuse
and Neglect Conference

April 27 - 29, 2021

Virtual Platform
Join us right from your Computer
or Tablet!



Award Ceremony
Renowned Speakers
& Keynotes
Networking & Collaboration

Professional &
Personal Development
Pilot Project Showcases
And Much More!



Courses available:

Child Abuse: EMS Role and Responsibility. This course describes one of the most difficult topics, that of child abuse. The emergency responder may be the one and only person who acquires access to the environment of the abused child. This course delves into the vital importance of the role of EMS personnel in assessing and recommending the treatment for a child who has been abused, violently abused in some cases.

- Child Abuse: EMS Role and Responsibility
- Define child abuse.
- Review scene safety
- Discuss interview techniques
- Understand reporting requirements for EMTs and paramedics.

BLS and ALS -1 CEU CAPCE # 19-MEDN-F3-3024 -- Cost \$8.00 <https://medicalednow.com/product/child-abuse-ems-role-and-responsibility/>



Identifying Abuse- Module

Abuse Recognition Module: The goal of the abuse recognition module is to improve the ability of clinicians to recognize accidental versus intentional injuries in order to improve accuracy when reporting the suspicion of child abuse. **These online educational modules are intended to assist healthcare providers in determining the difference between accidental and intentional injuries in children.** Considering many clinicians see few cases of child abuse in their daily practice, these case studies will improve assessment skills and build confidence in knowing when to report suspected abuse to appropriate authorities. The cases presented contain real images of injured children. Some learners, including experienced healthcare professionals, may find these images upsetting. You may exit and/or return to this module at any time and completion of this program is voluntary. <http://www.identifychildabuse.org/>

Mandatory abuse reporting requirements for medical practitioners vary by state however, all states impose requirements to some level. To view additional information and an online educational module specific to Colorado visit: <http://www.coloradocwts.com/mandated-reporter-training>.

Are You a Multitasking Whiz?

TAKE THIS QUIZ AND FIND OUT!

- Q1: A screen built into a vehicle's dashboard is always safe to use while driving.**
 True False
- Q2: If my boss calls or texts me when I'm driving, my safest action is:**
A. Answering it right away – the boss might think I'm goofing off
B. Pulling over and parking before returning a call or answering a text
C. Waiting until I'm at a stop sign or red light to respond
- Q3: I can safely use my phone, change a music playlist or program my GPS when driving in light traffic.**
 True False
- Q4: Which of these tasks are safe to do while driving?**
A. Talking on the phone with a wireless headset
B. Using my phone's voice-to-text system to send a text
C. Scrolling through touchscreen menus to find a new podcast
D. All of the above
E. None of the above
- Q5: Talking to passengers while you are driving is less distracting than talking to someone on the phone.**
 True False

Multitasking is dangerous, so do the right things to keep yourself and everyone else safe on our roads. Silence or turn off your phone and other devices before you put your vehicle in gear. Keep your eyes on the road, your hands on the wheel and your mind on your drive. Your life is more valuable than any call or text.

Q1: A screen built into a vehicle's dashboard is always safe to use while driving. False. Any task that takes the driver's eyes, hand or mind off the road is potentially dangerous, even interacting with a dashboard touchscreen.

Q2: If my boss calls or texts me when I'm driving, my safest action is: B: Pulling over and parking before returning a call or answering a text. Your top priority is to arrive safely at your destination. Always pull over and park safely before checking or returning messages. To avoid the temptation of responding, silence your phone or turn it off before hitting the road so you are focused on your drive.

Q3: I can safely use my phone, change a music playlist or program my GPS when driving in light traffic. False. **At 55 mph, a vehicle travels 100 yards in just 4 seconds – the length of a football field.**

Q4: Which of these tasks are safe to do while driving? E. None of the above. They require you to take your eyes off the road, a hand off the wheel and, worst of all, your mind off the important task of driving.

Q5: Talking to passengers while you are driving is less distracting than talking to someone on the phone. True. Passengers can see the same roadway obstacles the driver sees, and they can even help point out potential hazards. The person on the other end of the phone can't see when traffic is bad, or a pedestrian step out between parked cars; they keep talking and expect you to keep talking as well. Once again, we see it's safer not to talk on the phone while driving.

**ONE TEXT OR CALL COULD
WRECK
IT ALL**

For more information on distracted driving, see additional information from:

[National Highway Traffic Safety Administration](#)
Traffic Safety Marketing

CAPNOGRAPHY IN EMS: LEARNING THROUGH CASE SCENARIOS

Description - While capnography has become the gold standard for tube verification it is only the beginning and your peers are using it on a daily basis to do much more. Come and see how capnography is used to monitor ventilations, perfusion, and metabolism status in both the intubated and non-intubated patient. Discover how capnography is guiding care and assisting healthcare professionals in making clinically appropriate decisions that improve patient outcomes. **Through case scenarios you will leave this session with a thorough understanding of capnography and a new level of excitement regarding its use.**

This continuing education program is sponsored by Covidien LP, a subsidiary of Medtronic, and is provider approved by the California Board of Registered Nursing (CEP#14189) for 1 contact hour.

This program is approved for a maximum of 1 contact hour Continuing Respiratory Care Education (CRCE) credit by the American Association for Respiratory Care, 9425 N. MacArthur Blvd. Suite 100 Irving TX 75063. Course #181297000

This program has been approved for a maximum of 1 contact hour CE credit by the Commission on Accreditation for Prehospital Continuing Education (21-MEDT-F1-0034)

“For U.S. Healthcare Professionals, this course offers contact hours. However, participants who provide healthcare in MA or VT will not receive a contact hours certificate.”

Time

Apr 14, 2021 10:00 AM in Mountain Time (US and Canada)

NATIONAL PLAYGROUND SAFETY WEEK | NATIONAL PROGRAM FOR PLAYGROUND SAFETY [R20.RS6.NET] April 26-30, 2021

Despite updated playground equipment and improved industry standards, playgrounds remain a common source of childhood injury. Fractures account for 35% of all playground injuries presenting to emergency departments (EDs). **An annual average of 72,889 children were treated in US EDs for playground equipment-related extremity fractures**, yielding a national annual incidence rate of 119.2 per 100,000 children.

Playground equipment-related extremity fractures accounted for 33.9% of ED presentations and 78.7% of hospitalizations for playground equipment-related injuries. Injuries on monkey bars or climbing gyms were associated with significantly increased odds of extremity fractures in comparison to injuries from other playground equipment. Nearly half of all playground equipment-related extremity fractures occurred in **boys (54.3%) and children aged 5–9 years had the highest rates of playground equipment-related extremity fractures** and other playground equipment-related injuries. Most commonly, extremity fractures occurred at places of recreation (35.1%), followed by schools or daycare (29.0%).

<https://injepijournal.biomedcentral.com/articles/10.1186/s40621-020-00275-w>

COVID-19 Vaccine Training

A Free Online CME Course for Medical Professionals

Available through June 30, 2021

With Covid-19 Vaccine Training, you can earn up to 2 AMA PRA Category 1 Credits™ while ensuring that you understand the science and practicalities of the new Covid-19 vaccines.

Content in this program is curated into four (4) topic areas:

- SARS-CoV-2 virology
- Vaccine development
- mRNA-based Covid-19 vaccines
- Non-mRNA-based Covid-19 vaccines

Register today to ensure you have the knowledge you need to counsel your patients about Covid-19 vaccines.

[Register here \[r20.rs6.net\]](#)

ROCKY MOUNTAIN RURAL TRAUMA SYMPOSIUM

We are trying to determine the format that will fit most for Rocky Mountain Rural Trauma Symposium 2021 and your input is valued as we move forward with planning RMRTS 2021. Thank you!

Follow this link to the Survey:

[Take the Survey \[mdphhs.az1.qualtrics.com\]](https://mdphhs.az1.qualtrics.com)

Or copy and paste the URL below into your internet browser:

https://mdphhs.az1.qualtrics.com/jfe/form/SV_cYLRzypqWeRvlpM?Q_DL=yT5cVoils6rm9vJ_cYLRzypqWeRvlpM_MLRP_5gyKAE2yaqPXpNI&Q_CHL=email [mdphhs.az1.qualtrics.com]

Questions include:

- If the RMRTS 2021 symposium is offered in-person only, will you attend?
- Will there be possible restrictions (travel restrictions due to COVID) by your facility or agency which will make it problematic for you to attend an in-person conference?
- How willing are you to attend a hybrid conference (In-person and virtual)?
- How many days are you willing to attend a hybrid conference?
- Live airing of sessions via your computer on specific dates and times.
- How likely are you to attend a hybrid model?
- What format is most appealing to you for a hybrid model?
- What is NOT appealing about the hybrid model?
- Are you willing to pay a registration fee for a hybrid course?

Thank you for completing this survey as it will help us plan RMRTS 2021!

WEBINAR: *The More We Understand CYSHCN in Day-to-Day the Better Communities are Positioned to Support Them in Disaster --CARE_PATH for Kids: A Family-Centered Approach to Shared Plans of Care for Children with Special Health Care Needs*

Date: Thursday, April 15 **Time:** 11 a.m. to 12 p.m. Pacific Time **Register Now** [t.e2ma.net]

Shared care-planning for children with special health care needs (CSHCN) must start with a comprehensive view of the child and family and be anchored to their unique strengths, needs, context, and aspirations. The Child and Adolescent Health Measurement Initiative designed and piloted the [CARE_PATH for Kids \[t.e2ma.net\]](https://t.e2ma.net), a novel three-step, family-centered approach to the process of creating [Shared Plans of Care \(SPoC\) \[t.e2ma.net\]](https://t.e2ma.net) for CSHCN that complements existing models in the field.

Learn how the CARE_PATH for Kids:

1. Helps families reflect on and share with care teams a summary of strengths, whole life context, unique needs and priorities, and their goals and vision for their child and family's well-being.
2. Facilitates a close relational meeting between the family and care team to create a 'Dashboard' summary that serves as the foundation of a SPoC and is continuously updated over time.

Speakers will present on the development and testing of the CARE_PATH for Kids and discuss how pediatric practices can integrate the model into the SPoC. Audience Q&A is highly encouraged.

https://lpfch.zoom.us/webinar/register/WN_fldBgtndRmGaS8HauKxkKQ

Just released from OPENPediatrics:

https://www.youtube.com/watch?v=YAIgU85kR_8 [youtube.com]

CHARACTERISTICS & OUTCOMES OF U.S. CHILDREN AND ADOLESCENTS WITH MIS-C

Listen as Dr. Adrienne Randolph discusses the epidemiology, clinical characteristics, and outcomes observed in pediatric patients diagnosed with Severe Acute COVID-19 and Multisystem Inflammatory Syndrome in Children (MIS-C).

She shares insights into patient features that can help distinguish between these conditions, potentially facilitating the delivery of timely and effective therapies.

After this podcast, listeners will be able to:

- Contrast the key clinical characteristics of children and adolescents diagnosed with MIS-C versus severe acute COVID-19
- Describe key concerns relating to pediatric COVID-19 vaccine development and pediatric public health measures such as school reopening.

EVERY KID HEALTHY WEEK 2021 SCHEDULE

APRIL 26 MINDFUL MONDAY	APRIL 27 TASTY TUESDAY	APRIL 28 WELLNESS WEDNESDAY	APRIL 29 THOUGHTFUL THURSDAY	APRIL 30 FITNESS FRIDAY
CHILD HEALTH FOCUS				
Social Emotional Health 	Nutrition and Food Access 	Self-care Strategies 	Connectedness, Relationship Skills, Social Awareness 	Physical Activity and Active play 

Trivia -- Answer the trivia and win an INFANT Blood Pressure Cuff=the first 5 to email answers to **Robin** at rsuzor@mt.gov.

1. One Text or Call could... ?
2. What color do you need to wear on April 7th?
3. What does MIS-C stand for?
4. What is one health awareness for April?



**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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