



# EMSC/CHILD READY CONNECTION NEWSLETTER

DECEMBER 2019



## 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, 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.

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

### WHAT'S NEW?

	Page
Know Alert- WEED Awareness	2
Verbal De-escalation Skills	3
Binge Drinking and Opioid Misuse	4
Talking to Kids about HEALTHY Things	4
RSV or RESPIRATORY SYNCYTIAL VIRUS	5
Handwashing Awareness Week and history!	6
Connecting with Underserved and Understudied Populations through Research Webinar	7
"We are not alone" Sesame Street tackles Opioid Addiction Crisis	8
STEMI Conference Information	9
Trivia- win a SWAT -T	9

**Exciting news and events are going on this month!**

Here are the links for the 2019 updates to the AHA CPR guidelines

<https://eccguidelines.heart.org/circulation/cpr-ecc-guidelines/part-12-pediatric-advanced-life-support/>

<https://eccguidelines.heart.org/circulation/cpr-ecc-guidelines/part-11-pediatric-basic-life-support-and-cardiopulmonary-resuscitation-quality/>



Are you pediatric ready?



## Know! Alert - Weed Awareness

The U.S. Surgeon General has issued an advisory regarding marijuana use and the developing adolescent brain. He states that the increases in access to this drug, in multiple and highly potent forms, along with a false and dangerous perception of safety among youth, merits a nationwide call to action.

Weed – as most young people call it – is a highly used drug among adolescents in the U.S., **second only to alcohol**. Nearly 14% of eighth graders, 33% of tenth graders, and 44% of twelfth graders report having used marijuana at some point in their youth. **It is not the drug it used to be either. Marijuana today is much stronger than in the past, whether smoked, vaped, drunk or eaten.** The average amount of THC (the component that causes euphoria and intoxication) in marijuana increased from 4% in 1995 to 12% in 2014. In some states where dispensaries have popped up, marijuana is now available with average concentrated THC levels between 18-23 percent. Even more extreme, marijuana “dabs” and “waxes,” which are highly concentrated marijuana products, reach THC levels as high as nearly 76 percent.

The choices for consumption go far beyond the “pot” brownies of the past as well. There is marijuana-infuse suckers, chocolates, mints, caramels, and assorted cookies - to name a few. Highly intoxicating edibles have increasingly popular and are finding their way into the hands and mouths of adolescents and young children unintentionally and intentionally. Because edible marijuana takes time to absorb and produce its effects, the risk of overdose increases – even when use is intentional.

As shared in the Surgeon General’s advisory, marijuana “acts by binding to cannabinoid receptors in the brain which produce a variety of effects, including euphoria, intoxication, and memory and motor impairments. These same cannabinoid receptors are also critical for brain development. They are part of the endocannabinoid system, which impacts the formation of brain circuits important for decision making, mood and responding to stress.” **The brain continues to develop into a person’s mid-twenties, and during that time is especially vulnerable to the effects of addictive substances.** The earlier the onset of use and the higher the concentration of THC, the greater the risks of physical dependence, addiction, and other negative consequences. Current studies show that **regular marijuana use during adolescence is associated with:**

- Changes in the brain that involve attention, memory, decision-making and motivation
- Impaired movement, timing and coordination
- Anxiety, agitation, paranoia, and psychosis
- Increased risk for and early onset of psychotic disorders, such as schizophrenia
- Greater likelihood of misusing opioids
- Impaired learning and decline in IQ
- Increased rates of school absence and dropout
- Impaired school performance that jeopardizes professional and social achievements
- Deterioration of overall life satisfaction and suicide attempts

The Surgeon General’s advisory is intended to, **“raise awareness of the known and potential harms to developing brains**. These harms are costly to individuals and to our society, impacting mental health and educational achievement and raising the risks of addiction and misuse of other substances.” At a time when marijuana use is becoming more and more “normalized” in our society, the time to have this conversation is now.

Source: Office of the Surgeon General. U.S. Department of Health & Human Services. U.S. Surgeon General’s Advisory: Marijuana Use and the Developing Brain. August 2019. [r20.rs6.net]

## A NEED FOR VERBAL DE-ESCALATION SKILLS

Those who provide prehospital medical care are often exposed to aggression – both verbal and physical. **A national survey of almost 3,500 emergency medical care workers revealed that 100% had witnessed both an act of violence and threats of violence at work within the last three years. Additionally, 20% reported dealing with verbal abuse almost daily.** Another study that observed the behavior of patients transported to the emergency department revealed that one out of every six patients displayed verbal hostility towards medical staff.

Unfortunately, research has also revealed significant deficits in verbal de-escalation skills within the healthcare field. In survey after survey, **healthcare staff report feeling ill-equipped to handle situations involving hostility.** Studies of doctors, nurses, paramedics, and intake staff have revealed that most feel unprepared and untrained to handle patient verbal hostility in an effective and professional manner.

### The Results of Verbal De-escalation Skills Training

Some healthcare staff are naturally gifted with outstanding communication skills that involve deflecting verbal abuse, empathetic listening, paraphrasing back statements, and offering options that guide individuals to a peaceful resolution of the conflict. Those who utilize these communication skills are rated as “more professional” by their patients and coworkers, receive fewer complaints about their demeanor and experience fewer violent acts.<sup>5</sup> Unfortunately, these verbal de-escalation skills do not come naturally to most people.

### It’s Time for Training

All EMS personnel sometimes face situations of verbal conflict or resistance in the midst of emergencies or serious injury calls. The problem is that most of us have not been trained how to handle this verbal resistance tactfully within the heat of the moment. Clearly, verbal de-escalation training offers many benefits for those working in the medical field, and who has a greater need than the prehospital staff who operate on the street with little support.

When healthcare professionals develop verbal de-escalation skills, they feel more confident when handling hostile patients, hostile members of patients’ families, and confused patients in emotional crisis.

**EMS professionals with strong verbal de-escalation skills also better manage conflict situations with their coworkers. They are perceived of as more professional by patients and coworkers and experience fewer aggressive acts or demeanor complaints from patients.**

As a result, EMS personnel should all receive verbal de-escalation training on a **routine basis** in order to improve personal staff safety, patient care and maintain the professionalism of the field.

Resources: <https://www.wikihow.com/Use-De-Escalation-Skills>; <https://www.americannursetoday.com/verbal-de-escalation-safety/> ; [https://www.nbna.org/files/Understanding\\_Agitation\\_Poster.pdf](https://www.nbna.org/files/Understanding_Agitation_Poster.pdf)

Videos of verbal de-escalation <https://www.bing.com/videos/search?q=verbal+de-escalation&qpv=verbal+de-escalation&FORM=VDRE>

## HEALTH IN THE 406: BINGE DRINKING AND OPIOID MISUSE

In 2017, approximately **1 in 5 Montanan adults engaged in binge drinking.** [r20.rs6.net]

**Drinking alcohol** [r20.rs6.net] while using opioids increased the risk of overdose and death.

Widespread use of **community-based strategies** [r20.rs6.net] for preventing binge drinking—such as regulating the number of places that sell alcohol in any given neighborhood—could reduce opioid misuse and overdose involving alcohol. **Learn more here!** [r20.rs6.net]

**What region has the highest percentage? Check out more at**

[http://ibis.mt.gov/query/result/brfss/AlcoholBinge/AlcoholBingeCrude11\\_.html](http://ibis.mt.gov/query/result/brfss/AlcoholBinge/AlcoholBingeCrude11_.html)

## TALKING TO KIDS ABOUT HEALTHY THINGS:

We ♥ [Health Literacy Headquarters](#), believes that everyone deserves health information that's easy to understand. And everyone means everyone—including kids. But how do you communicate complicated health information to young audiences?

Depending on the child's age, a good old-fashioned chat may work better than written materials. So today, we're sharing tips for talking to kids about health. And just like when [talking to older adults](#) [communicatehealth.us6.list-manage.com], the best approach is to be clear, not patronizing.

**When you talk to kids about their health—or a family member's—follow these tips to help them understand: Use developmentally appropriate terms—not baby talk.** There's a happy medium between "Pop Pop got a booboo in his brainsy wainsy" and "Young sir, your grandfather has suffered a ruptured cerebral aneurysm." We bet you can find it!

- **Tell the truth.** When children ask hard questions, you might be tempted to feed them soft answers. But don't let protective urges lead to outright lies. If someone in the family has an incurable illness, telling a child that the doctor will make it all better will only make them feel betrayed in the long run.
- **Set clear expectations.** Unknowns are scary! So, if you have to say something alarming like "you'll be in a cast for the next 6 weeks," follow it up with something reassuring like "you can still annoy your brother with your other arm."
- **Keep the conversation going.** No one likes a long-winded medical lecture, and kids absorb information better in lots of little doses. Make sure they know who to ask if they have more questions—or if they just need someone to talk to about all the info you've shared.

**The bottom line: Be clear and honest when communicating with kids about health issues.**

**Tweet about it:** [Honesty is the best policy when communicating with kids about health issues.](#)

@CommunicateHlth shares tips to communicate with younger audiences: <https://bit.ly/351z9td> #HealthLit [communicatehealth.us6.list-manage.com]

**RSV OR RESPIRATORY SYNCYTIAL VIRUS** is a specific virus that has similar symptoms to the common cold but causes inflammation of the bronchioles (the smallest of the air passageways in the lungs).

"RSV causes what we call **bronchiolitis**, which is different than bronchitis. The difference is that bronchitis is an infection or inflammation in the large airways, and RSV affects the bronchioles, which are the smallest airways of the lungs. Older children and adults who have RSV may simply notice they have a bad cold. However, in infants or young children who have challenges with lung function for other reasons, **RSV can be a challenging and even life-threatening virus.**

"The airways in young infants are so small that any amount of inflammation can have a large effect on their ability to breathe," says Dr. Gelfand. "When the small airways of an infant are inflamed, they swell and get clogged with mucus. Infants then have trouble getting the air out of their lungs, which can cause problems with oxygenation and significant wheezing." Because RSV is a small airway disease and infants have the smallest airways, it can quickly become serious, especially in babies born prematurely.

According to the [Centers for Disease Control & Prevention \(CDC\)](#), **RSV is the most common cause of bronchiolitis in children younger than 1 year of age in the United States.**

Monitor symptoms to detect if it may be RSV. **Symptoms of RSV in infants include:**

- Cough
- Wheezing
- Rapid breathing
- Runny nose and/or congestion
- Possible fever
- Increased work of breath – retractions (using neck and rib muscles to breathe)
- Apnea in young infants

RSV symptoms usually last one week but they may last as long as two to three weeks. The best treatment for RSV is to focus on supportive care. There is no medication that treats RSV, but there are things you can do to help keep infants more comfortable during the illness, including frequent suctioning of their nose to reduce secretions and keeping the air around them humidified so their mucus doesn't dry out.

Over-the-counter remedies, including [cough medicine](#) and decongestants, are not recommended for infants due to evidence that they can cause more harm than good. Breathing treatment, including albuterol or a steroid, may be used to help open the airways; however, there is no evidence that these types of treatments are helpful to most children with RSV. "The current recommendation is that if you have a child with a strong family history of asthma or the child has had wheezing in the past, you may try a breathing treatment and then re-assess the situation," explains Dr. Gelfand. "However, breathing treatments are not needed for the average baby with RSV." In some serious cases, an infant with RSV may need to be hospitalized and put on oxygen, or even transferred to the intensive care unit (ICU) to use a ventilator to help support their breathing.

With no specific medicine to treat RSV, it's important to try to prevent infants from catching it in the first place. However, this is a very difficult task as RSV can be everywhere. RSV is a seasonal, contagious disease that spreads mostly during the fall, winter and early spring. Typically, RSV is seen in the community and peaks earlier than the flu. [Hand washing](#) is one of the best ways to prevent the spread of RSV. Dr. Gelfand suggests, "If at all possible, limit taking small infants to public places, especially places with a lot of children, to reduce their exposure to RSV and the other viruses that are around in the winter."





## NATIONAL HANDWASHING AWARENESS WEEK (DEC. 1–7)

Personal hygiene begins and ends with our hands. And though we're taught as youngsters to wash our hands before dinner, it's important to remember that germs don't care what time of day it is. Clean hands prevent sickness. So, it's especially important to learn the basics about hand hygiene so that you, too, can become a **champion hand washer!** Let's examine some handy (see what we did there?) tips and info in honor of **National Handwashing Awareness Week, which takes place each year during the first week of December.**

### National Handwashing Awareness Week timeline

- 1860:** A breakthrough safety process begins- Frenchman Louis Pasteur begins researching causes and prevention of disease, leading to his breakthroughs in vaccination and what came to be known as pasteurization.
- 1847:** Ignaz Semmelweis reduced the rate of fever in his obstetric ward by ordering hand washing, but the idea was still rejected by the medical industry at large.
- 1842:** Thomas Watson recommended that physicians and birth attendants wash their hands and use chlorine between patients.
- 1818:** Ignaz Philipp Semmelweis, a pioneer in and advocate for antiseptic procedures, is born in Hungary.
- 1807:** Microorganisms are found- Italian entomologist Agostino Bassi discovers that microorganisms can cause disease.
- 1790s:** Alexander Gordon stressed that the disease was spread from one patient to another.
- 1546:** Germ theory begins- Italian scholar and poet Girolamo Fracastoro suggest that epidemics are caused by small particles or "spores" that can be transmitted from one person to another.
- 400 BCE:** Thucydides has a breakthrough moment- The ancient Greek historian Thucydides is the first to suggest that disease can spread from one person to another.

A famous victim of puerperal fever (*childbed fever and puerperal fever, are any bacterial infections of the female reproductive tract following childbirth or miscarriage*) was **Mary Wollstonecraft, mother of *Frankenstein* author Mary Shelley.** In 1797 she gave birth to her daughter Mary with the assistance of a midwife. But then a doctor was called to help remove the placenta and he came quickly, with unwashed hands. Wollstonecraft died a painful but typical death over the next week.



**DID YOU KNOW: Sneezes are mini hurricanes- A typical human sneeze exits the body at about 200 miles per hour and emits around 40,000 droplets into the air.**

## Webinar: Connecting with Underserved and Understudied Populations Through Research

**When:** Thursday, December 19, 2019

**Time:** 1:00 pm – 2:00 pm, ET

**REGISTER** [https://washington.zoom.us/webinar/register/WN\\_MaaF6\\_M3TfedWmqjlyhN-A](https://washington.zoom.us/webinar/register/WN_MaaF6_M3TfedWmqjlyhN-A)

### Abstract

Although clinicians and researchers may struggle with defining underserved and understudied populations, certain groups of patients, especially in rural communities, bring unique experiences to patients, clinicians, and researchers alike.

The presenters will address strategies in better understanding three groups – patients from the homeless community, the LGBTQ+ community, and the Amish. These presenters have successfully engaged these populations in positive ways and have acquired important understanding. They will describe what they've learned and how other clinicians, faculty, and researchers may benefit from their work.

### Following this webinar, participants will be able to:

1. Enlist community partners in connecting with underserved and understudied populations.
2. Identify local resources, existing relationships, and academic coaches who can assist with culturally appropriate interviews and surveys.
3. Articulate at least two strategies for engaging community members in the design and implementation of research.
4. Consider patients' desires and perspectives in the design and conduct of research projects.
5. Join the Rural PREP community of practice in rural primary care health professions education and training

### Northern Winds Recovery Center

The mission of the Northern Winds Recovery Center is "striving to build resilient children, nurturing family needs, and restoring cultural strengths by creating opportunities for care."

They do this by responding to behavioral health issues through prevention, intervention, treatment, rehabilitation and asset building services and by sharing hope and caring to achieve recovery from mental illness, alcoholism, and drug addiction. The expectations for recovery include the acquisition of meaningful roles, sobriety, healthy relationships with friends and family, and a joyful life.

[Learn More Here! \[r20.rs6.net\]](https://r20.rs6.net)



## 'WE'RE NOT ALONE': 'SESAME STREET' TACKLES OPIOID ADDICTION CRISIS



This undated image released by Sesame Workshop shows 10-year-old Salia Woodbury, whose parents are in recovery, with "Sesame Street" character Karli. Sesame Workshop is addressing the issue of addiction. Data shows 5.7 million children under 11 live in households with a parent with substance use disorder. Karli had already been introduced as a puppet in foster care earlier this year, but viewers now will understand why her mother had to go away for a while.

"Sesame Street" is taking a new step to try to help kids navigate life in America — it's tackling the opioid crisis. Sesame Workshop is exploring the backstory of Karli, a bright green, yellow-haired friend of Elmo's whose mother is battling addiction. The initiative is part of the Sesame Street in Communities resources available online. "Sesame Street" creators said they turned to the issue of addiction since data shows 5.7 million children under age 11 live in households with a parent with substance use disorder.

**"There's nothing else out there that addresses substance abuse for young, young kids from their perspective," said Kama Einhorn, a senior content manager with Sesame Workshop. It's also a chance to model to adults a way to explain what they're going through to kids and to offer simple strategies to cope.**

"Even a parent at their most vulnerable — at the worst of their struggle — can take one thing away when they watch it with their kids, then that serves the purpose," Einhorn said. The Associated Press looked on as puppeteers, producers and show creators crammed into a small studio in the nonprofit's Manhattan headquarters to tape some of the upcoming segments. Karli, voiced and manipulated by puppeteer Haley Jenkins, was joined by a young girl — 10-year-old Salia Woodbury, whose parents are in recovery.

"Hi, it's me, Karli. I'm here with my friend Salia. Both of our parents have had the same problem — addiction," Karli told the camera. "My mom and dad told me that addiction is a sickness," Salia said. "Yeah, a sickness that makes people feel like they have to take drugs or drink alcohol to feel OK. My mom was having a hard time with addiction and I felt like my family was the only one going through it. But now I've met so many other kids like us. It makes me feel like we're not alone," the puppet continued.

"Right, we're not alone," Salia responded. "And it's OK to open up to people about our feelings." In the segment, Karli and Salia each hold up hand-drawn pictures of flowers, with multiple petals representing "big feelings" — like anger, sadness and happiness. They offer ways to feel better, including art and breathing exercises.

The segment leans on carefully considered language. Creators prefer "addiction" to "substance abuse" and "recovery" to "sobriety" because those terms are clearer to children. Despite the subject, the mood was light in the room, largely thanks to Jenkins' calm and empathic manner. "I know it feels awkward because people don't normally have conversations standing shoulder-to-shoulder," she told Salia between takes. "This is weird, but trust me, it looks good." Karli had already been introduced as a puppet in foster care earlier this year, but viewers now will understand why her mother had to go away for a while.

The introduction of her backstory follows other attempts by entertainment companies to explore the issues of addiction, including "The Connors" on ABC and "Euphoria" on HBO. The online-only segments with Karli and Salia are augmented with ones that feature Elmo's dad, Louie, explaining that addiction is a sickness, and Karli telling Elmo and Chris about her mom's special adult meetings and her own kids' ones.

---

Learn more at <https://www.nbcwashington.com/news/health/Sesame-Street-Tackles-Opioid-Addiction-Crisis-562670421.htm>



STEMI CONFERENCE FEBRUARY 12-13, 2020,

AT THE BILLINGS CONVENTION CENTER, BILLINGS MT

**SAVE THE DATE! STEMI CONFERENCE ONLINE REGISTRATION TO OPEN SOON!**

The annual conference provides multidisciplinary professional education for physicians, registered nurses, EMS and other health professionals throughout the state of Montana. We anticipate 150 attendees this year.

- Online registration through 45th Parallel Events at [www.45pr.com](http://www.45pr.com) coming soon! Registration: \$75 / Agenda coming soon!

For more information about the conference, contact Janet Trethewey, Cardiac Ready Communities Program Manager, [jtrethewey@mt.gov](mailto:jtrethewey@mt.gov) and for more information about being a sponsor or exhibitor, contact Tricia Bailey, 45th Parallel Events, 406-580-5514, [tricia@45pr.com](mailto:tricia@45pr.com)



MONTANA  
EMS, TRAUMA SYSTEMS &  
INJURY PREVENTION PROGRAM



MISSION:  
LIFELINE

**TRIVIA**

Answer the trivia and win a SWAT-T =the first 5 to email answers to **Robin** at [rsuzor@mt.gov](mailto:rsuzor@mt.gov) **NOT** to the listserve.

1. What can the THC Levels in marijuana "dabs" and "waxes," reach?
2. When is the STEMI Conference?
3. What is puerperal fever?
4. What is the awareness week for December 1-7<sup>th</sup>?
5. How fast is a typical sneeze?



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](mailto:rsuzor@mt.gov) or (406) 444-0901  
THIS NEWSLETTER IS FOR INFORMATIONAL PURPOSES ONLY