



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

*MT EMSC CONNECTION NEWSLETTER*

DECEMBER

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This issue has information on the Perinatal Behavioral Health Initiative, flavored Cigarettes, free pediatric webinar, Common Pediatric Emotional Distress Reactions, and more. Answer Trivia and win a Dose by Growth tape!

## **Governor Bullock & MT Healthcare Foundation (MHCF)-Perinatal Behavioral Health Initiative**

Governor Steve Bullock, along with the MHCF, announced more than \$5 million in federal and private funding to **improve timely access to care and outcomes for pregnant and postpartum women experiencing behavioral health challenges such as mental health disorders and substance abuse.** The DPHHS was awarded a \$3.2 million federal grant and the MHCF pledged up to \$1.2 million in additional funding each year in 2019 and 2020 to launch the Perinatal Behavioral Health Initiative (PBHI), with support expected to continue for this initiative through 2023.

**“This innovative new approach recognizes that perinatal drug and alcohol use has serious impacts on the health of children and families in MT and that we must do more to solve this complex problem,”** said Governor Bullock. **“This public-private partnership will help build stronger support networks for pregnant women and create a foundation of care that will improve the lives of our youngest children and the people who raise and care for them.”**

**“The Perinatal Behavioral Health Initiative will give women around Montana prompt access to effective, supportive care for mental health issues and drug and alcohol use,”** said Dr. Aaron Wernham, CEO of MHCF. **“The growing need for perinatal behavioral health support and the limited supply of health care providers, especially in rural and underserved areas, creates the opportunity for the state to creatively address these gaps.”**

The funding will be awarded to providers who work closely with pregnant and postpartum women experiencing behavioral health issues. Family practitioners, obstetricians, midwives and **rural hospitals are encouraged to apply** at <https://mthcf.org/perinatal-behavioral-health>. The application deadline for the first round of funding is **January 31, 2019**. Over the next five years, the PBHI **aims to support at least one practice in each of the communities with hospitals that deliver babies.** PBHI will help medical practices implement a coordinated team of obstetric providers, behavioral health providers and care coordinators, as well as peer supports. Teams will be co-located at a single site when possible to support effective **‘warm handoffs’** between obstetric and behavioral health providers. Participating practices will use screening, brief intervention and referral to treatment as core elements of their practice model. PBHI will establish integrated care teams that will screen, assess, provide effective outpatient interventions, coordinate services to address social factors such as transportation and housing, and establish referral networks for women who need more care. This effort connects to the DPHHS First Year’s Initiative that focuses on providing targeted resources, education, and services during the early critical period in the lives of children and their parents during pregnancy and the weeks and months after birth. **“Assisting pregnant women with healthy pregnancies and healthy babies is an agency priority and addressing their behavioral health is key in obtaining improved outcomes,”** said DPHHS Director Sheila Hogan. The PBHI builds on the previously launched MHCF-funded Solving Perinatal Drug and Alcohol Use Initiative already in hospitals in Butte, Kalispell, Missoula and Great Falls. **New sites will be selected in areas with limited services available, high substance use rates, reservations and areas not already being served through the Solving Perinatal Drug and Alcohol Use Initiative.**

## FDA SIGNALS CRACKDOWN



The Food and Drug Administration on Thursday launched a multipronged **attack on the rising underage use of tobacco products**, imposing sales restrictions on flavored e-cigarettes and announcing plans to ban menthol cigarettes and flavored cigars. The FDA says it will limit sales of many **flavored e-cigarettes** to bricks-and-mortar outlets that have either age-restricted entry or areas inside stores that are not accessible to people under 18. The agency also will require stepped-up age verification for online sales.

“Our aim is to make sure no kid can access a fruity flavor product in a convenience store,” FDA Commissioner Scott Gottlieb said. He added that stores that want to sell fruit-flavored e-cigarette products “need to age-restrict completely or have a separate room that is age-verified. A curtain or a partition won’t cut it.” Agency officials said they believe that vape and tobacco shops will not have trouble complying.

The new sales restrictions reflect health experts' concerns that e-cigarette use could lead to nicotine addiction early in life and affect the developing adolescent brain and that some e-cigarette users will go on to smoke more dangerous regular cigarettes. The agency also said it will go after products marketed to children — using cartoon characters, for example.

More significant than the e-cigarette steps are the FDA’s commitments to propose bans on menthol in cigarettes and cigars, as well as other flavors in cigars. Such prohibitions will require new regulations that could take years to go into effect and could be derailed by opposition from the cigarette industry. If successful, though, the bans could have an especially large impact on African American adults and youth, who smoke menthol cigarettes and **flavored cigars** at higher rates than other groups.

The tobacco blueprint was released by Gottlieb as the government published new data showing a surge in e-cigarette use among minors. The 2018 National Youth Tobacco Survey, by the FDA and the Centers for Disease Control and Prevention, found that vaping had increased 78 percent among high school students since last year and almost 48 percent among middle schoolers; 3.6 million youngsters reported vaping at least once in the previous 30 days.



## EMSC Fall Webinar Series

### PREHOSPITAL MEDICATION DOSING ERRORS with Dr. John Hoyle

#### Objectives:

- Understand the prevalence of pediatric prehospital drug dosing errors
- Be able to cite common points where errors occur
- Be able to discuss tools and systems you can use to decrease errors

**December 13, 2018**

**2pm-3pm CST**

**[Details and calendar hold](#)**

**<https://texaschildrens.webex.com/webappng/sites/texaschildrens/meeting/info/101622246413476329>**

**1 hour** of Commission on Accreditation for Pre-Hospital Continuing Education (CAPCE) will be awarded upon completion of the webinar

## PEDIATRIC EMERGENCY CARE COORDINATOR/CHAMPION

**Jason Mahoney**, the MT EMSC/Child Ready MT Pediatric Liaison, is the lead on the Pediatric Emergency Care Coordinator (PECC) Project. He will be contacting all of Montana EMS Agencies to gather important information, to develop a PECC Toolkit to help Agencies establish a PECC, and to offer pediatric education free of charge to your EMS Service.

Jason's contact information is 373 Consulting ([jason@373consulting.com](mailto:jason@373consulting.com)) and phone # is 406-670-3548.

### UNSAFE TOYS—

Among this year's most dangerous playthings are data-collecting dolls and fidget spinners full of lead, a new report says. "We should be able to trust that the toys we buy are safe. However, until that's the case, toy buyers need to watch out for common hazards when shopping for children's presents," said Dev Gowda, of the U.S. Public Interest Research Group (PIRG) Education Fund.

**No child should ever be injured, get sick, or die from playing with a dangerous toy.**

The organization's annual "**Trouble in Toyland**" Report highlights many dangers, including data-collecting toys that may violate children's privacy.

One example is a doll called *My Friend Cayla* that was found for sale at Walmart and Kohl's. The doll has been banned in Germany for privacy violations. It is also the subject of a complaint by several consumer groups to the U.S. Federal Trade Commission because it may violate the Children's Online Privacy Protection Act. In July, the Federal Bureau of Investigation issued a warning to consumers to "consider cybersecurity prior to introducing smart, interactive, internet-connected toys into their homes," according to the "Trouble in Toyland" report.

Two fidget spinners sold at Target and distributed by Bulls i Toy, L.L.C., were found to have dangerously high levels of lead. The Wild Premium Spinner Brass had 33,000 parts per million of lead, which is more than 300 times the legal limit for lead in children's products. The Fidget Wild Premium Spinner Metal had 1,300 ppm of lead. Target has said it will remove the fidget spinners from store shelves. **Even small amounts of lead in toys can be ingested when transferred from fingers to mouth or from fingers to food. Lead harms the developing brain and is easily ingested through normal hand-to-mouth behaviors.**

Despite a ban on small parts in toys for children under age 3, the report highlighted several toys that contain small parts, but have no warning label. **These included a peg game, golf, and football travel games sold at Dollar Tree.**

**Balloons can get stuck in children's throats. They cause more choking deaths among children than any other toy or children's product.** The researchers found five balloon sets on store shelves that were either marketed to children under 8 or have misleading warning labels that make it appear they are safe for children between ages 3 and 8. They were at Dollar Tree (H2O Blasters - Water Balloons and Disney Princess Punch Ball Balloons); Party City (Mega Value Pack 12 Water Bomb Packs and Mega Value Pack 14 Latex Punch Balloons); and Dollar City Plus (Party Balloons - 10).

Numerous hoverboards continue to be recalled by the U.S. Consumer Product Safety Commission (CPSC) for faulty battery packs. Many hoverboards have been taken off store shelves over the past year, but they still pose a threat to children. Earlier this year, two young girls and a firefighter died in a house fire believed to be caused by a hoverboard that was charging and overheated. Last month, another house fire was attributed to a hoverboard.

Our leaders and consumer watchdogs need to do more to protect our youngest consumers from the hazards of unsafe toys," Gowda said. If you're a parent or guardian, some steps you can take to protect children from unsafe toys include subscribing to email recall updates from the CPSC and other U.S. government safety agencies.

You can also use the toy safety tips on U.S. PIRG Education Fund's website, and report unsafe toys or toy-related injuries to the CPSC. <https://www.medicinenet.com/script/main/art.asp?articlekey=216770>

## ***Tips for Managing and Preventing Stress -A Guide for Emergency Response and Public Safety Workers***

Engaging in response efforts in the wake of a traumatic event is inevitably stressful for those involved in the emergency response. While the work is personally rewarding and challenging, it also has the potential for affecting responders in harmful ways. The long hours, breadth of needs and demands, ambiguous roles, and exposure to human suffering can adversely affect even the most experienced professional. Too often, the stress experienced by responders is addressed as an afterthought. With a little effort, however, steps can be taken to minimize the effects of stress.

**Stress prevention and management should be addressed in two critical contexts: the organization and the individual. Adopting a preventive perspective allows both workers and organizations to anticipate stressors and shape responses, rather than simply reacting to a crisis when it occurs. Suggestions for organizational and individual stress prevention and management approaches can be found on this link:**

<https://store.samhsa.gov/system/files/sma11-disaster-18.pdf>



### **CULTURAL AWARENESS RESOURCE CORNER**

Training in health literacy, plain language, and culture and communication is essential for anyone working in health information and services. Whether you are new to these topics, need a refresher, or want to train your entire staff, the following courses are a good place to start.

#### **Start your health literacy training here...**

**CDC offers six online health literacy courses for health professionals.** It is recommend that you take the introductory course "Health Literacy for Health Professionals" first and "Writing for the Public" second. The other courses can be taken in any order, depending on your interests.

[Health Literacy for Public Health Professionals](#) (free continuing education)

[Writing for the Public](#) (printable completion certificate)

[Speaking with the Public](#) (printable completion certificate)

[Creating Easier to Understand Lists, Charts, and Graphs](#) (printable completion certificate)

[Fundamentals of Communicating Health Risks](#) (printable completion certificate)

[Using Numbers and Explaining Risk](#) (printable completion certificate)

#### **Additional Training Resources**

##### **Good Questions for Good Health Training**

A consumer and patient communication skill-building module. It encourages question-asking and provides strategies for formulating and asking questions before, during, and after medical appointments or visits.

The [Toolkit](#) includes a [presentation](#), presentation notes, skill building activity, take-home handout, and an evaluation form. <https://www.cdc.gov/healthliteracy/pdf/gqgh-toolkit.pdf>

[Listen to Dr. Rima Rudd](#), health literacy expert, Harvard T.H. Chan School of Public Health, explain health literacy.

For more training materials on health literacy, plain language, cultural competency, consumer-patient skill building, and shared decision making, please visit our [Non-CDC Training](#) page. <https://www.cdc.gov/healthliteracy/non-cdc-training.html>

## MEDICATION ASSISTED TREATMENT (MAT) TRAINING

This training is provided by the Montana Primary Care Association in partnership with the American Society of Addiction Medicine (ASAM) and PCSS-NOW during the Montana Association of Family Physicians' Big Mountain Medical Conference in Whitefish, Montana from January 25 – 27, 2019.

The first half of the training will be completed in-person, at the conference. The second half of the training will be completed online. PCSS/ASAM will share these online modules via email after the training and monitor completion. Only attendees who sign in AND out during the live training will receive access to the online portion. If you are a nurse practitioner or a physician assistant, you need an additional 16 hours of training. These additional hours are free and can be obtained online. To receive the training, contact [education@asam.org](mailto:education@asam.org). There is no time constraint to complete this additional training for a waiver. Whenever you complete the additional training, you can apply for a waiver.

### CONTINUING EDUCATION AND WAIVER AVAILABLE:

You must complete additional online training for the waiver and CME. This waiver is only available to prescribing providers.

In-person training plus PCSS on-line course: 8 AMA PRA Category 1 CME Credit(s)<sup>™</sup>.

Questions? Contact Tammera Nauts, Director, Integrated Behavioral Health (MH/SUD), with the Montana Primary Care Association at [tnauts@mtpca.org](mailto:tnauts@mtpca.org)

### These MAT Waiver trainings will occur on the following dates –

Butte – December 14, 2018

Great Falls – January 17, 2019

Whitefish – January 25, 2019

Kalispell – January 29, 2019

## Common Pediatric Emotional Distress Reactions

The following list of distress reactions (arranged by developmental stage) includes many of the common and typical reactions experienced by children. Reactions can vary significantly within developmental stages and are influenced by experience, family patterns, culture, and biology. While some children might exhibit reactions typical of earlier or later developmental periods, most will exhibit behaviors typical of their age. However, when distressed, many children will regress to behaviors typically found in earlier developmental stages. If a parent or caregiver is present, ask if their child seems stressed or is showing changes in behavior. For children exhibiting distress, provide appropriate calming strategies and activities. **Please note that children who have experienced previous trauma could react to the current crisis with much stronger and more extreme reactions.**

**Birth – 1 Year (Infant) 3 – 9 kg** -The range & number of distress reactions increase across the first year.

- Crying/screaming** – can become so intense that the infant turns red and can briefly stop breathing
- Biting** – becomes more pronounced as infant begins teething
- Sucking**
- Turning away/avoiding eye contact when handled**
- Increased startle response**
- Arching back/leg or arm extension**
- Clinging** – not letting go or clinching fist
- Difficulty separating from caregiver**
- Freezing** – conscious but non-reactive to stimuli, staring “off into space”
- Hiccupping**

**1 – 2 Years (Toddler) 10 -14 kg**

- Crying/Screaming**
- Difficulty separating from caregiver** – holding on tightly, reaching, grab back on when pulled apart
- Hitting**
- Biting**
- Pushing away**
- Throwing objects**
- Easily startled**
- Withdrawal** – not answering questions, not looking at you, showing no interest in toy or comfort item presented
- Freezing** – blank stare, non-responsive

## Common Pediatric Emotional Distress Reactions (continued)

### 3 - 6 Years (Preschool) 15 - 23 kg

- Crying/screaming
- Temper Tantrums
- Aggression – hitting, biting, throwing things
- Grabbing on/holding on to stationary objects to avoid being moved
- Physical symptoms not directly related to current medical issues – stomach ache/headache
- Wetting pants
- Difficulty separating from caregiver
- Freezing – conscious but non-reactive to stimuli, staring “off into space”

### 7 - 11 Years (School Age) 24 - 36 kg

- Difficulty paying attention/easily distracted
- Easily startled
- Asking questions about the event/what you are doing/what things are
- Physical complaints not directly related to medical condition (stomach ache/headache)
- Difficulty with authority/following directions/being redirected
- Easily angered/temper tantrums
- Sad/crying
- Screaming uncontrollably
- Withdrawal/refusal to answer questions
- Difficulty separating from caregiver
- Freezing/unresponsive

### 12 - 17 (Adolescent) 36 + kg

- Difficulty paying attention/easily distracted
- Easily startled
- Asking about the event/what you are doing/what things are (perseverating on a question)
- Wanting to know how bad it is/what will happen to him/her
- Focused on cell phone/social media/contacting friends
- Physical complaints not directly related to medical condition (c/o stomach ache/headache)
- Difficulty with authority/following directions/being redirected
- Aggressive behavior – verbal and/or physical
- Sad/crying
- Withdrawal/refusal to answer questions
- Freezing/unresponsive

### Parent/Caregiver

Rarely will you work with a **pediatric patient without also having to work with his/her parent or caregiver**. You will frequently see distress reactions among this group, as well.

- Overly intrusive** – wanting to know everything you are doing and why
- Difficulty separating from child** – hanging on to child/hovering/making it difficult to gather information from child or perform medical intervention
- Inability to focus/answer questions**
- Easily distracted**
- Giving too much or unrelated information**
- Worry/concern about what is going to happen**
- Panic** (May be valuable to define further. Panic is an uncommon, but frequently misunderstood response)
- Crying**
- Anger/verbal aggression**
- Withdrawal**
- Freezing/Unresponsive**

## Common Responder Reactions

Below are some common reactions to stress. Identifying how you react under stress can provide cues that you are in a stressful situation and need to take action.

- Shortness of breath or rapid breathing
- Muscle tension – particularly in the chest, neck, shoulders, or back
- Increased heart rate
- Increased perspiration
- Headache or upset stomach
- Increased irritability
- Fear
- Difficulty focusing or paying attention
- Difficulty making decisions

## Dealing with Difficult Questions

- Never give life changing news to children. They deserve to be in a calm, safe environment with loved ones when given bad news.
- When children ask questions which you cannot or should not answer:
  - o Validate the concern and difficulty in not knowing.
  - o Say that you do not have the answers.
  - o Assure them that when more is known, they will be told what is happening or what happened.
  - o Shift the focus to what is happening right now. Examples:
- **Paralysis, possible amputation, etc.:** “We don’t know for sure yet what might happen. I know it’s really hard not to have answers. When we know more we will tell you. For now, we need to focus on helping you by ...”
- **Fatality:** “I don’t know exactly what happened because I have been with you. I know it’s really hard not to know what’s happening with \_\_\_\_\_. Once we know more we will tell you. For now, we need to focus on helping you by ...”

## Pediatric Backpacks

Creating a Pediatric Backpack of calming and **distraction** toys can provide quick access and a convenient way to organize material. The listed items below have been found effective. Most items are easily available at local toy or big-box stores. Most can be easily cleaned and reused. Consumable items like stuffed animals can be purchased in bulk from many online stores. We have tried to identify items that are not expensive. Look for other toys you think would be helpful.

## Suggested Contents

- Ⓢ Glitter wand
- Ⓢ Interactive books
- Ⓢ Kaleidoscope
- Ⓢ Variety of stuffed animals (child keeps the stuffed animal)
- Ⓢ Headphones – kind that comes with cell phones
- Ⓢ *Where’s Waldo* books – pages can be cut out and laminated for easy cleanup.
- Ⓢ I-spy items – stickers (2-3 inches) attached to the roof of the ambulance can be great.
- Ⓢ Small blankets– for calming child/distraction by having child wrap up and take care of the stuffed animal
- Ⓢ Koosh ball
- Ⓢ Stress ball – often giveaways from vendors – brain shaped can be particularly appealing
- Ⓢ Pen light – cover one with colored plastic to dim and become more attractive to infants.
- Ⓢ Infant toys – plastic keys, rattle, etc.
- Ⓢ Infant pacifier – unopened for single use only
- Ⓢ Pinwheel
- Ⓢ Bubble pen/small container of toy bubbles – recommend small wand to keep bubbles small
- Ⓢ View Master
- Ⓢ Plastic slinky
- Ⓢ Hand puppet

## Managing Responder Reactions

Managing your own reactions can improve your ability to respond to the medical and emotional needs of your pediatric patient. Below are a few actions and activities that you can do before and during a pediatric response, as well as activities that can help your overall well-being in the long-term. Identify activities that work for you. What do you already do that helps you reduce your stress?

### Activities that can reduce the immediate effects of stress:

- ✓ Deep Breathing
- ✓ Tightening and loosening muscles (legs, abdomen, back, shoulders, face)
- ✓ Eating a good snack – nuts, dark chocolate (≥ 70 % cocoa), avocado, yogurt, fruit
- ✓ Imagining yourself being successful
- ✓ Listening to music
- ✓ Chewing gum – reduces cortisol levels
- ✓ Drinking water – avoid dehydration

### Activities that support long-term emotional well-being

Mindfulness      Gratitude journal      Physical exercise      Daily journal  
Writing poetry      Gardening      Dancing      Hugs      Talking  
Having fun      Humor (including work-related dark humor)

Information from the *Engage-Calm-Distract: Understanding and Responding to Children in Crisis- A Resource Kit for EMS and ED Providers (includes Pediatric Emotional Distress Reference System)*

Learn how to stay safe and healthy with this festive song, sung to the tune of *The Twelve Days of Christmas*!



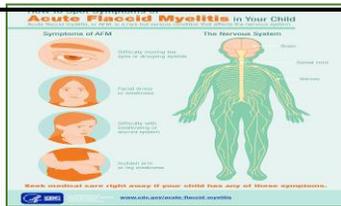
Download the audio podcast

The holidays are a time to celebrate, give thanks, and reflect. They are also a time to pay special attention to your health. Give the gift of health and safety to yourself and others by following these holiday tips.



## The 12 Ways to Health Holiday Song

This song (sung to the tune of *The Twelve Days of Christmas*) describes how to stay safe and healthy during the holidays and all year long. <https://tools.cdc.gov/medialibrary/index.aspx#/media/id/302285>



### CDC Creates Task Force to Track Polio-Like Disease

A task force to investigate a rising number of cases of a rare polio-like disease among children in the United States has been created by the U.S. Centers for Disease Control and Prevention. The task force on acute flaccid myelitis (AFM) will include scientific, medical and public health experts who will attempt to identify the cause of the disease and improve patient treatment and outcomes. AFM affects the spinal cord, causing weakness in one or more limbs. The United States has seen an increased number of AFM cases since 2014, mostly in children. There have been 106 confirmed cases of AFM in 29 states in 2018. All but five have been in children aged 18 or younger, according to the CDC. The task force plans to submit its first report at a Dec. 6 public meeting in Atlanta, the CDC said. Reprinted from *Health Day*, November 18, 2018

To learn more, to go: <https://www.cdc.gov/acute-flaccid-myelitis/>



The winner of the Pediatric Ambulance Restraint at the recent Big Sky EMS Conference was **Linda Cochran** from Lima Ambulance Service pictured with Jason Mahoney, MT EMSC/Child Ready MT Pediatric Liaison (and other conference attendees)!

### TRIVIA

Answer the trivia and win a Dose By Growth Tape- the first 3 to email answers to Robin - [rsuzor@mt.gov](mailto:rsuzor@mt.gov) **NOT** to the listserve.

1. When is AFM??
2. What is a PECC?
3. What is one common pediatric emotional distress response for ages 3-6 age group?



**MONTANA  
EMS & TRAUMA  
SYSTEMS PROGRAM**

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