



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

## MT EMSC CONNECTION NEWSLETTER



This issue has information on the Pediatric Mental Health; Cardiac Arrest in an Adolescent; AED Registrations required; Human Trafficking Awareness month; are you Safe Sleep Savvy? What is an ACE? Answer Trivia and win a Dose by Growth tape!

### Governor Bullock, Billings Clinic Announce Partnership to Expand Pediatric Mental Health Care

Governor Steve Bullock and Billings Clinic recently announced a new partnership to increase statewide access to pediatric psychiatric care in Montana through \$2.2 million in federal funding. The new program, called the **Montana Access to Pediatric Psychiatry Network (MAPP-Net)**, will connect pediatric psychiatrists to providers across the state caring for children and youth with mental and behavioral health issues. **The new effort will include expert consultation, resources, training and support to benefit Montana's children and youth.**

**"Montana's kids are the future of our state and it's up to us to ensure that they get the support they need to live healthy and fulfilling lives,"** said Governor Bullock. **"This new partnership will make sure we are taking the necessary steps to better help families before or when their child is in crisis and supporting the medical providers committed to serving our kids, especially those working in rural Montana."**

MAPP-Net will be administered by the Department of Public Health and Human Services (DPHHS), and it will be delivered by Montana's largest provider of psychiatric care, Billings Clinic. **"Montana needs innovative solutions that strengthen the mental health system's ability to respond to these crucial health care needs,"** said DPHHS Director Sheila Hogan. **"This program will make it much more convenient for families living in rural Montana to seek care, in many cases, without having to leave the community."** Dianna Linder, Billings Clinic Foundation Director of Grants and Program Development, said Billings Clinic is honored to provide this new service to the Montana families and medical providers. She said pediatricians, family practice physicians, nurse practitioners, and physician assistants, as well as mid-level mental and behavioral health clinicians could benefit from MAPP-Net. **"Our team is eager to begin the process of rolling this out statewide,"** Linder said. **"MAPP-Net will have a far-reaching impact by addressing a long list of needs that have existed for many years."**

The main purpose of MAPP-Net will be to:

- Provide resources and education to Primary Care Providers to improve capacity to diagnose and treat children and youth with mental and behavioral health issues in the primary care setting;
- Decrease burnout of primary care providers in challenging and isolated rural communities through an extensive network of professional support and development;
- Decrease escalations of children and youth in mental health crisis to specialists or emergency care that could be managed at the primary care level;
- Increase the number of pediatric patients who are connected to a psychiatrist if their health needs require this level of care; and
- Decrease overall costs to the system as care is provided at the appropriate level of specialty and acute-care setting.

MAPP-Net will serve as a statewide network of pediatric mental health teams that provide support to pediatric primary care sites through Project ECHO. Project ECHO (Extension for Community Healthcare Outcomes) is a video-based tele-mentoring platform utilized by Billings Clinic to reach clinicians across Montana on a variety of topics including pediatric and adult mental health, opioid use disorders, and adverse childhood experiences.

## Reclaiming the Dead: One Close Call Prevents Others



Kaeyel Moore, 16, a Junior in high school, laced up his basketball shoes and took a few dribbles on the court. He arrived for practice the morning of Jan. 9, 2018 and started his drills. As he started his final round, Moore bent over to tie his shoelaces. Then his world went black. He slumped to the court, his left arm twisted and pinned beneath his body. He was in cardiac arrest.

About 10 feet away coach John Hirst heard a thud, turned, and saw Moore down. Moore's awkward position and stillness indicated something more than a stumble. As Hirst approached he saw Moore twitch and heard a wheezing noise. The teen's skin was turning bluish-purple. *He didn't trip—he's choking!* thought Hirst, who once had a player stop breathing because he'd choked on gum. Hirst rolled Moore onto his back and swiped a finger into his mouth to clear the airway. Then he realized it was far worse. "Go get the trainer!" Hirst screamed. Hirst called 9-1-1. Moore's wheezing slowed. Then came a weak, extended *whoosh* fitting what Hirst imagined to be a final breath.

Athletic trainer Joe Martinez ran in, trailed by a student assistant who'd grabbed an AED. Martinez began CPR, then hooked up the AED. The machine announced, "Shock advised." Martinez pushed the button. It was supposed to jolt his heart into rhythm. It didn't. Martinez went through it all again—chest compressions, testing whether another shock was needed, learning it was, and delivering it. Martinez was on his **third round of compressions** when Moore inhaled.

In the ER doctors began figuring out why Moore's young, healthy heart stopped. Eleven months later it remains a mystery. The theory is it was caused by a viral infection. There's nothing else to explain it at this point. He had a defibrillator implanted in his chest. Just as Moore was incredibly unlucky to go into cardiac arrest, he was incredibly lucky it played out as it did. In addition to his chain of survival being executed in textbook fashion, a hospital was across the street from the gym. Since Moore's incident, Reagan High has added more AEDs on campus. Any team that leaves campus is required to travel with one.

Once back on the court, His thin frame was thinner, making the defibrillator quite visible on the left side of his rib cage. He's also haunted by the obvious uncertainty. "My mind keeps telling me to slow down because you never know what's going to happen," he says. "If I start bending over to catch my breath, I'm like, you need to stand up. The last time you bent over to do something, you passed out and almost died." Saying he is slowly rounding back into form obscures the bigger accomplishment: the fact he's playing at all. Moore played in the season opener. He appeared in five of the team's first 12 games.

**Only about 10% of people who suffer a cardiac arrest outside a hospital survive.** Often, it's because the victim is alone. Or surrounded by people who don't know CPR or maybe bystanders are too scared to act. Maybe there's no AED around or it's at an unknown location. Perhaps they're too intimidated to use it.

**"Every time he's out there, that's awareness for CPR and AEDs. If that is his legacy, what a legacy to have" said Coach Hirst.**

For more on Moore's story, see <https://www.emsworld.com/video/1221906/kaeyel-moores-survival-story> or view [this accompanying video](#).

Where are the AEDs in your community? Are they registered with the State EMS & Trauma Systems? Contact Janet Trethewey, Cardiac Ready Communities Program Manager for more information at [jtretthewey@mt.gov](mailto:jtretthewey@mt.gov).

**DID YOU KNOW: AEDs Entity Registration Required** - Any entity that wishes to use or allow the use of an automated external defibrillator must register their organization with the DPHHS, EMS and Trauma Systems Section ([MCA 50-6-502](#)). Entities registering a community AED program provide information about: Their organization, their AED(s) and the persons trained to use an AED. Acknowledgement that their maintenance program for the AEDs meets manufacturer recommendations for battery and function tests and documentation of these checks. Each entity must have a medical supervisor - a physician, physician assistant or registered nurse - available to advise the entity as needed about use of the AED, training and review of any incidents in which the AED is used. **Notification of the local 9-1-1 dispatch center and EMS service about the AED location(s)**, so that the entity becomes integrated with the larger EMS system.

## January is HUMAN TRAFFICKING AWARENESS MONTH

One of the more difficult aspects of spotting and stopping human trafficking is that it can remain nearly invisible to us. It does not look the way the movies make it out, either. It can and does happen in our communities, yet we somehow explain away indicators of this highly-profitable and demeaning crime.

**First responders are in a powerful position** to spot victims of this crime, but you need to know the indicators and you should know how to report it.

There are a lot of resources available for first responders, here are a few:

- ✓ Department of Homeland Security **Blue Campaign** offers training and resources tailored to first responders. It can be incorporated into a departmental training.
- ✓ Polaris Project hosts resources and a list of common signs of trafficking victims. It operates a national hotline for victims and compiles statistics from those calls.
- ✓ Webinar “**Combating Human Trafficking: The Role of Fire and EMS**” trains EMS and fire personnel to identify potential human trafficking situations.
- ✓ The U.S. Fire Administration hosts a **reference page for EMS and fire personnel**.
- ✓ This directory of training and technical resources (PDF, 715 KB) lists resources for all fields involved in stopping human trafficking from discovery to prosecution. The Polaris Project also conducted a research project to find out more about the business aspect of human trafficking. The resulting report provides investigators a large data set of information on 25 industries that utilize human trafficking.

**Report suspected human trafficking to your local law enforcement or to the National Human Trafficking Hotline 1-888-373-7888.**

## JANUARY IS NATIONAL SLAVERY AND HUMAN TRAFFICKING PREVENTION MONTH

[Learn about events](#) on the Administration for Children and Families' Office on Trafficking in Persons (OTIP) website. Stop, Observe, Ask, Respond (**SOAR**) training is now online and available in both English and Spanish.

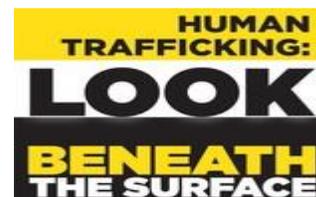
SOAR seeks to build the capacity of communities to identify and respond to the complex needs of individuals who have been trafficked and understand the root causes that make individuals, families, and communities at risk of trafficking.

SOAR Online offers CE/CME training modules that can be completed whenever, wherever you like. Each module discusses the SOAR framework and how to apply it where you work to identify individuals who are at risk or who have experienced trafficking and connect them with the resources they need. [SOAR Online](#) is designed to **educate health care providers**, social workers, public health professionals, and behavioral health professionals on how to identify, treat, and respond appropriately to individuals who are at risk or who have been trafficked.

The target audience includes **physicians, pharmacists, pharmacy technicians, registered nurses**, dentists, psychologists, social workers, case managers, school counselors, public health professionals, health education specialists, EMTs, and allied health professionals.

**The three training modules available include:**

- **SOAR to Health and Wellness**
  - **Trauma-Informed Care**
- **Culturally and Linguistically Appropriate Services**



## ANNOUNCEMENTS

The Big Sky Pulmonary Conference is February 7-9, 2019 at Fairmont Hot Springs. If your program would like to have a vendor table or send materials to have put on display, please get in touch with Jessie Fernandes ([jfernandes@mt.gov](mailto:jfernandes@mt.gov).)

This year's conference will include a variety of topics that may be of interest to your program including narcotics and sleep, chest trauma, infectious pulmonary diseases, smoking cessation, and substance use disorder, among others.

Please let your partners know about this CME approved activity. More information can be found at: <https://www.umt.edu/sell/cps/bigskypulmonary/default.php>

## INFOGRAPHIC

### Prepare Your Vehicle for Winter Weather

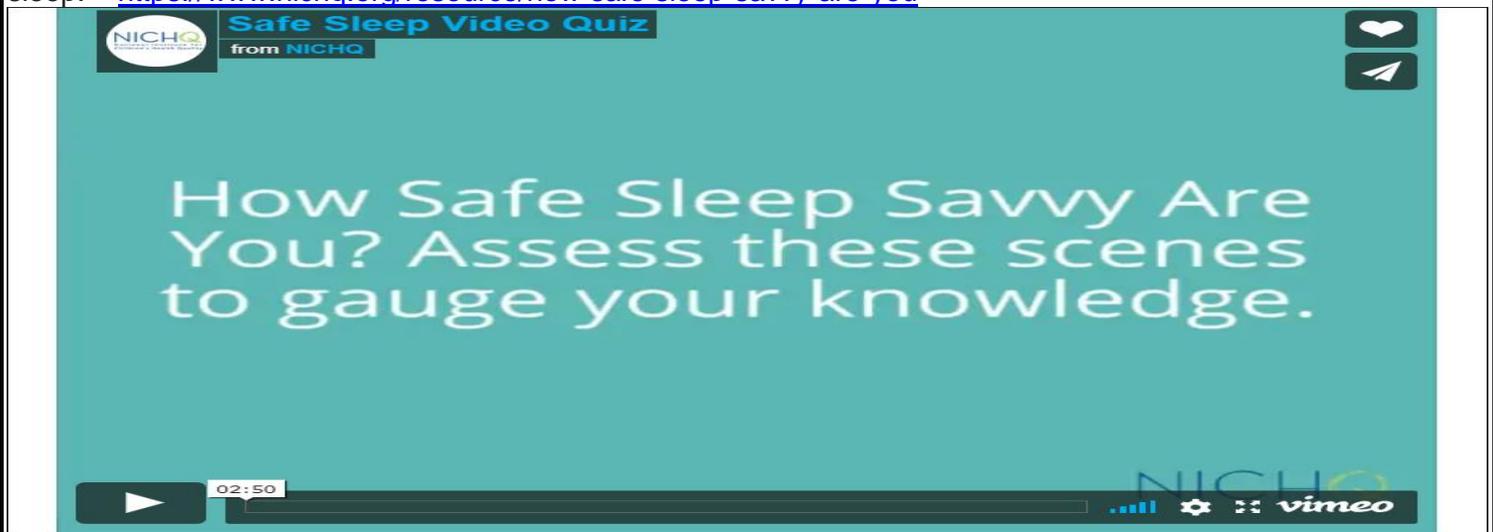


[Learn More](#)

## HOW SAFE SLEEP SAVVY ARE YOU?

A teaching tool for reducing infant sleep related deaths. This short video quiz can be used by health professionals to engage caregivers in conversations about safe sleep recommendations.

It provides eight different examples of sleeping infants and asks viewers to identify whether the depicted behavior is safe. An explanation and recommendation is provided after each scenario. Physicians, nurses, home visitors and other public health professionals can use the quiz as an interactive, visual tool to prompt discussions on safe sleep. <https://www.nichq.org/resource/how-safe-sleep-savvy-are-you>



## SLEEPING INFANT PHOTOS

Nearly 2,000 stock photos of sleeping babies from three different sources were evaluated for meeting all the American Academy of Pediatrics (AAP) guidelines for safe infant sleep practices: **63%** (1,233 pictures) of the photos showed infants sleeping on a flat surface. Half of these (627 pictures) showed the sleeping infants in the proper supine position. **Over 1,100 (71% of the total pictures) didn't comply with all the AAP guidelines.**

Almost half of these non-compliant images showed the babies sleeping with blankets — a “no-no” according to the AAP. Any media presentation of sleeping infants should follow the AAP guidelines —

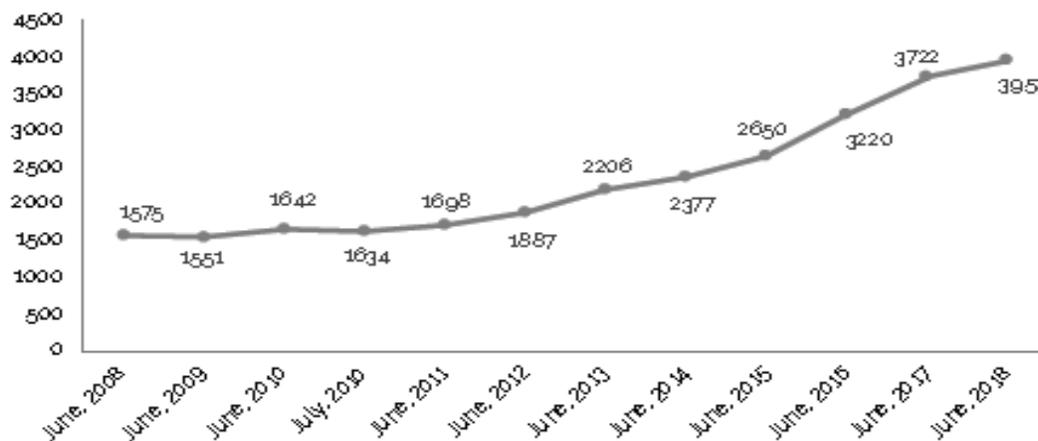
*Clinical Pediatrics*, 04/17. **Have you checked your hospital's pictures of sleeping infants? Make sure babies are in a safe sleep environment!**

<https://www.cdc.gov/vitalsigns/safesleep/index.html>

# Degree to which child abuse and neglect is occurring in Montana

Child abuse and neglect is a growing problem in our state. The number of children in the care of the Montana Child and Family Service Division (CFSD) more than doubled in the last 10 years. During the same time period, the total population of children less than 18 in Montana grew less than 3%.<sup>28</sup>

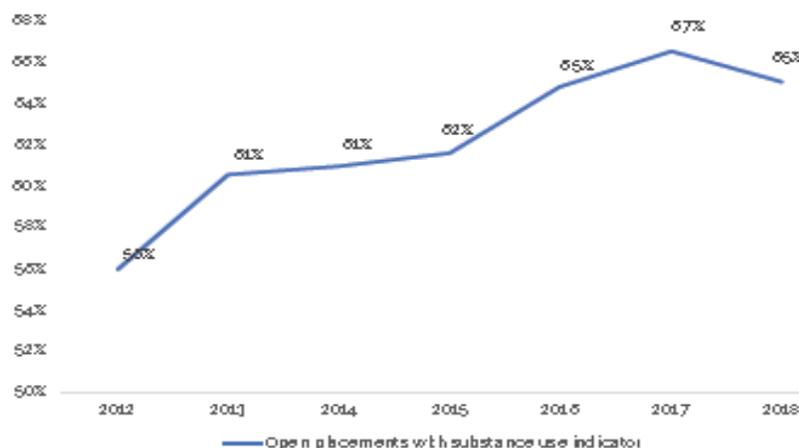
## TOTAL CHILDREN IN CARE JUNE, 2008 - JUNE, 2018



## The impact of drugs on child abuse and neglect

Since 2010, Montana has seen a substantial increase in the number of child abuse and neglect cases with parental substance use indicated. Sixty-five percent of children removed during the 2018 fiscal year were due to parental drug use or involvement. Out of those cases, methamphetamine is the primary drug in 67 percent of the cases—up from 33 percent in 2012.

## OPEN PLACEMENTS WITH SUBSTANCE USE INDICATOR, 2012-2018





### Crisis Communication In Events Involving children

Source: Emergency Management and Response-Information Sharing and Analysis Center (EMR-ISAC)

[https://content.govdelivery.com/attachments/USDHSFACIR/2018/12/21/file\\_attachments/1127966/The%20InfoGram%20-%20December%202020,%202018.pdf](https://content.govdelivery.com/attachments/USDHSFACIR/2018/12/21/file_attachments/1127966/The%20InfoGram%20-%20December%202020,%202018.pdf)

See Original Article at <https://howtocommunications.com/lessons-learned-from-thailand-cave-rescue/>

Emergency incidents involving children fall into a category all their own. Whether a natural or man-made disaster, as soon as children are involved more people take notice. Your response to the incident will fall under a much bigger microscope. This is also true for your crisis communications. This summer the world stopped what it was doing to watch the rescue of a youth soccer team from a cave in Thailand. It was a complicated rescue that gained worldwide interest. Thai officials recognized early that it had turned into an international event, and their crisis communication efforts reflected this. We often focus on lessons learned from mistakes made during an emergency. Here are some positive take-aways from the Thai incident:

- ↑ [Know the audience](#) - despite international interest and pressure, officials recognized the children’s families were the primary audience.
- ↑ [Privacy](#) - no media was allowed near the cave entrance during the rescue, giving the boys privacy. Also, detailed medical information was close-held.
- ↑ [Unified response](#) - the Thai enacted a form of incident command. Response was well-managed, there was a single voice, and everyone knew their role.
- ↑ [Show empathy](#) - the crisis team avoided causing more drama by instituting a “need to know” policy as opposed to feeding those who just “wanted to know.”

## LET US MAKE 2019 THE YEAR OF THE DISASTER READY COMMUNITIES!

HELP YOUR COMMUNITY MEMBERS LEARN five simple steps that may save a life

Call 9-1-1

Stay Safe

Stop the Bleeding

Position the Injured

Provide Comfort

ADD: first aid and CPR/AED

Life-threatening emergencies can happen fast, and emergency responders aren't always nearby.

You may be able to save a life by taking simple actions immediately.

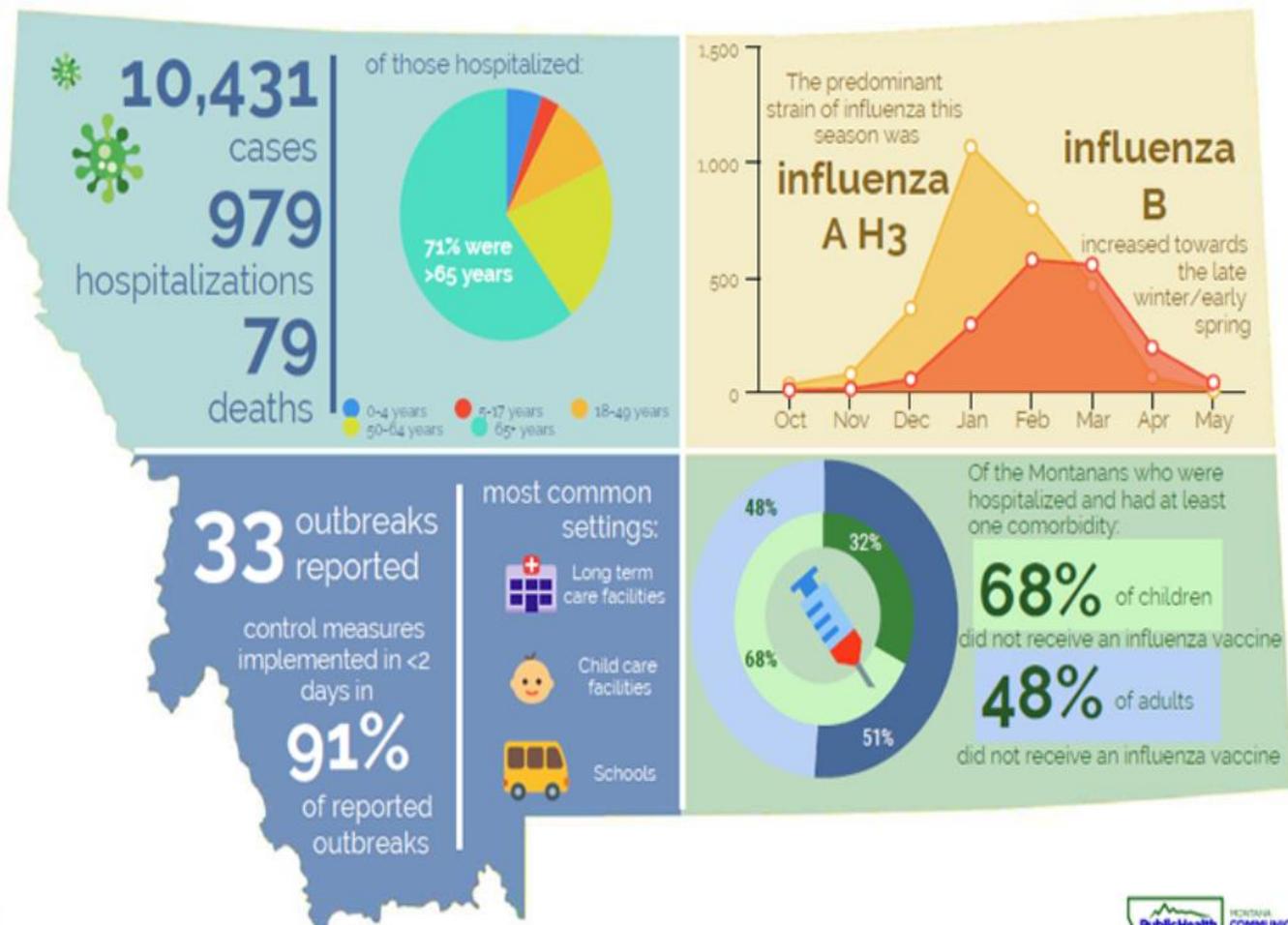
You Are the Help Until Help Arrives.

Kids can learn these skills too!

[https://urldefense.proofpoint.com/v2/url?u=https-3A\\_community.fema.gov\\_until-2Dhelp-2Darrives&d=DwIFAg&c=RpR9LiQNIoGO8A8CMgA1NQ&r=hqViEK4jiPBtER2RUhfr8M-V22F3oC7tV5Xrg--m\\_Y&m=A0bhcUx87wqt16XYhZ6199n1a4SFMIbUYmsEFsCnYf0&s=Wf-ZBpEiUzc8WedoVrQTmh8QQkjm\\_duG9hQYim69kqc&e=](https://urldefense.proofpoint.com/v2/url?u=https-3A_community.fema.gov_until-2Dhelp-2Darrives&d=DwIFAg&c=RpR9LiQNIoGO8A8CMgA1NQ&r=hqViEK4jiPBtER2RUhfr8M-V22F3oC7tV5Xrg--m_Y&m=A0bhcUx87wqt16XYhZ6199n1a4SFMIbUYmsEFsCnYf0&s=Wf-ZBpEiUzc8WedoVrQTmh8QQkjm_duG9hQYim69kqc&e=)

# 2017-2018 season summary

The 2017-2018 influenza season was more severe than usual with high levels of clinic and emergency department visits for influenza-like illnesses, high hospitalization rates, and a longer number of weeks spent at widespread levels of influenza activity. This season's statistics are summarized below.



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## BRACELET DANGERS

Parents of young children have to be ever vigilant for dangerous products. A recent report demonstrated that dangers can be in unexpected places. A seemingly healthy nine-month-old girl was seen for a routine exam. The blood level test came back elevated at 41 micrograms/deciliter of lead. Any level greater than 5 is considered abnormal. Lead levels on her two siblings were normal at less than 3 micrograms/deciliter. The house was examined for possible sources of lead and none were found.

The parents reported that the child intermittently wore a handmade bracelet. It was purchased at a local artisan fair. It was promoted as a "homeopathic magnetic hematite healing bracelet." The child wore the bracelet when having teething pain and sometimes chewed on it when in pain. Analysis of the beads revealed that one type on the bracelet was positive for lead at a high level at 17,000 parts per million. Unfortunately, the vendor records were not available, and the bracelet maker couldn't be found.

This **bracelet posed two dangers to the child: choking if the beads separated (one the parents should have thought of) and the "hidden" danger of the lead.** It's interesting that the bracelet's description included three nonsensical healing claims: homeopathy, magnetism, and hematite. None have any proven healing powers and, as seen, may be a real health hazard.

*Morbidity and Mortality Weekly Report Morbidity and Mortality Weekly*

## **FACILITY RECOGNITION'S --- CONGRATULATIONS!**

### **FACILITY "RENEWAL"**

**ST. VINCENT'S HEALTHCARE** (Billings) Pediatric Prepared Facility  
**NORTHERN MT HOSPITAL** (Havre) Pediatric Prepared Facility  
**NORTH VALLEY HOPITAL** (Whitefish) Pediatric Prepared Facility  
**PHILLIPS COUNTY HOSPITAL** (Malta) Pediatric Capable Facility

### **NEW:**

**PONDERA MEDICAL CLINIC** (Conrad) Pediatric Capable Facility

The MT Prehospital EMS Pediatric Recognitions

### **LEVEL IV GOLD WITH SAFETY PLUS ENDORSEMENT**

HAVRE FIRE DEPARTMENT  
AMERICAN MEDICAL RESPONSE (BILLINGS)  
RED LODGE FIRE RESCUE  
PULSE, JEFFERSON VALLEY EMS AND RESCUE

### **LEVEL IV GOLD**

GREAT FALLS EMS  
COLUMBUS FIRE EMS SERVICE

### **LEVEL III PLATINUM**

RED WATER VALLEY AMBULANCE SERVICE  
PHILLIPS COUNTY AMBULANCE SERVICE

### **What is needed for each Level?**

**Level IV Gold:** pediatric equipment (Level I); pediatric ambulance restraint for safe transport of children; pediatric education annually, a Pediatric Emergency Care Coordinator (PECC Level II); community outreach events (Level III); child passenger safety technician on staff and child passenger safety checks.

**Level III: Platinum:** pediatric equipment (Level I); pediatric education, a PECC (Level II); Community Outreach events for the health and safety of children (Level III).

**Safety Plus Endorsement:** EMS Service performs any background checks on staff  
(for more information contact Jason Mahoney, Pediatric Liaison, 406-670-3548 or [jason@373consulting.com](mailto:jason@373consulting.com))

## **Adolescent Substance Use Screening: A Review of Brief Validated Tools**

**Tuesday, January 8, 2019 @ 11am-12pm ET (10CT/9MT/8PT) [Register](#) - [Download Promotional Flyer](#)**

**Wednesday, February 6, 2019 @ 2-3pm ET (1CT/12MT/11PT) [Register](#) - [Download Promotional Flyer](#)**

This free webinar will provide an overview of brief screening tools to assess adolescent substance use including more recently developed tools as well as information on how to access numerous free training materials and resources available in NORC's Adolescent SBIRT Toolkit. This education is ideal for those practitioners, educators, students, preceptors, field instructors and others wishing to gain an understanding of adolescent substance use screening tools and how to access resources to further their knowledge in this area.

## **New TAG Talks Video - Adolescent Substance Use, Addiction, and Treatment**

In a new video from OAH and the federal Interagency Working Group on Youth Programs, Sarah Bagley, MD, explains the importance of addressing substance use during adolescence; effective approaches to treating addiction, including opioid addiction; and where to find help for teens. Dr. Bagley draws on her experience as the Medical Director of CATALYST, an addiction treatment clinic for teens and young adults at Boston Medical Center, to discuss why young adulthood is a time when people may experiment with alcohol and drugs.

This video is the fourth in a series of [TAG Talks](#) created as part of the **Adolescent Health: Think, Act, Grow®** (TAG) call to action from OAH. [READ MORE](#)

## Winter Weather Public Service Announcements (PSAs) and Podcasts

Clinicians, remind your patients about the importance of being prepared and how they can take steps to protect themselves and their families during extreme cold. CDC has Winter Weather Public Service Announcements (PSAs) and Podcasts that you can access [here](https://www.cdc.gov/disasters/winter/psa/index.html) @ <https://www.cdc.gov/disasters/winter/psa/index.html>.

### Natural Disasters and Severe Weather

See below for information on a variety of health and safety concerns for all disasters, including:

- [Food and water safety;](#)
- [How to avoid Carbon Monoxide \(CO\) poisoning when using alternate sources of fuel or electricity for heating or cooking during a power outage;](#)
- [Educational materials and resources to help prevent injury and illness after an emergency or natural disaster;](#)
- [Safety tips to help prepare for and cope with sudden loss of power;](#)
- [Safe clean-up after a disaster including wearing proper safety gear;](#)
- [Coping with a disaster or traumatic event by promoting mental health and resilience and stress-coping tips;](#)
- [And tips for returning home safely after a hurricane, flood, or other natural disaster.](#)

### Resources for Emergency Health Professionals

CDC offers a variety of resources for clinicians, communicators, laboratorians, emergency planners and responders, and disaster relief volunteers to help them prepare to respond to a public health emergency. This section includes free educational materials that are suitable for printing and sharing in various languages, including flyers, posters, stickers, and PSAs. Click [here](https://emergency.cdc.gov/health-professionals.asp) to access the resources. <https://emergency.cdc.gov/health-professionals.asp>

### Quote of the Month

*"Although no one can go back and make a brand-new start, anyone can start from now and make a brand new ending."* ~**Carl Bard**

### TRIVIA

Answer the trivia and win a SWAT-T (pediatric stop the bleed)- the first 3 to email answers to Robin -[rsuzor@mt.gov](mailto:rsuzor@mt.gov) **NOT** to the listserve.

1. What is the Blue Campaign?
2. What is MAPP-Net?
3. What is SOAR?



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

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