

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

MT EMSC CONNECTION NEWSLETTER



This issue has information on the: EMS and EMSC DAY; Children's Mental health day; High performance CPR for Kids webinar; National Trauma Awareness Month; Recalls; Training; and more!

EMS FOR CHILDREN (EMSC) DAY -- National EMS Week 2019 is May 19 thru May 25, and Wednesday, May 22, is set aside for National Emergency Medical Services for Children Day.

National EMS Week is an annual celebration of the dedication and commitment of EMS providers all over the country making differences in the lives of millions every day. It provides us with an opportunity to bring together EMS agencies and their communities to focus attention on illness and injury prevention and raise awareness about issues important to the continued development and improvement of EMS and Trauma systems.

National EMS for Children Day places a spotlight on the delivery of high-quality emergency medical care for children, focusing on the unique needs of critically ill or injured pediatric patients and the challenges faced by EMS professionals in meeting those needs. The EMS for Children program is working with EMS leaders nationwide to ensure that all children - no matter where they live, attend school, or travel, receive the best care possible in an emergency situation.

For more information about EMS Week, how to celebrate, call attention to, and honor those who provide the day-to-day lifesaving services of medicine's "front line," watch for updates to [ACEP's EMS Week web page](#) and become a fan of the [National EMS Week Facebook page](#).

Theme Days for 2019

- Monday - Education
- Tuesday - Safety Tuesday



- Wednesday - EMSC Day
- Thursday - Save-A-Life (CPR and Stop the Bleed) "National Stop the Bleed"
- Friday - EMS Recognition Day

MONTANA 2019 EMS AWARDS EMS Strong: Beyond the Call- JOIN THE AWARDEES!

Daily EMS Providers respond to assist the citizens and visitors to MT. The MT EMS & Trauma Systems has established an awards program. The intent of this program is to recognize both a volunteer and a career EMS Provider, an exceptional EMS Agency, a 911 Dispatcher, and new this year, any individual who makes a major contribution to EMS in MT!

Recognition will be given in an awards ceremony on **Thursday, May 23 11:00 am in the Capitol Rotunda (Helena):** EMS Volunteer Provider of the Year; EMS Career Provider of the Year; EMS Service of the Year; 911 Dispatcher of the Year; EMS Supporter of the Year.

Pediatric Mental Health ECHO Clinics

DPHHS provides the MAPP-NET grant which in part funds the ECHO Clinics and sessions (medical education and care management in remote settings; integrated addictions and psychiatry clinics, including pediatric). CE credits are now available to physicians who participate in the bi-weekly ECHO sessions. ECHO sessions occur during the lunch hour (to avoid clinician appt. times) and now offers CEUs. ECHO sessions are the **2nd and 4th Wednesdays of each month from 12 pm – 1:30 pm**. Up to 54 AMA PRA Category 1 Credits are available (each session is 1.5 credits).

[Learn more here!](https://www.billingsclinic.com/medical-professionals-billingsclinicconnect/project-echo/) <https://www.billingsclinic.com/medical-professionals-billingsclinicconnect/project-echo/>

Arresting Developments: High-Performance CPR for Kids

On-Demand Webinar

Summary

While we often hear about high-performance CPR in adults, we almost never hear about it for the pediatric population. Indeed, most EMS providers can tell a story of arriving on the scene of an unresponsive child and rushing them into the ambulance to transport immediately. This should not be the standard. You can improve outcomes for your pediatric cardiac arrest patients by implementing TCPR, preparing dosing and device sizes on the way to the call, and by treating the patients on scene with high-performance CPR.

REGISTER

FDA APPROVES FIRST GENERIC NASAL FORM OF NALOXONE TO FIGHT ODS

The approval is part of the FDA's push to make the drug more readily available: The Food and Drug Administration has announced the first approval of a generic version of the anti-overdose drug brand Narcan, a nasally-administered version of naloxone.

Dr. Douglas Throckmorton, deputy center director for regulatory programs in the FDA's Center for Drug Evaluation and Research, said the approval is part of the FDA's push to make the drug more readily available, even assisting manufacturers in their pursuit of an FDA-approved over-the-counter version. "All together, these efforts have the potential to put a vital tool for combatting opioid overdose in the hands of those who need it most – friends and families of opioid users, as well as first responders and community-based organizations," Throckmorton said.

This is the first generic version of nasal spray naloxone, according to a media release from the FDA. The nasal form is more easily administered by those without medical training, according to the FDA. CDC data shows nearly 400,000 people died from an opioid overdose from 1999 to 2017.

Generic drugmaker Teva Pharmaceutical Industries Ltd received the approval. Teva had already received tentative approval for the drug in June 2018.

"We're taking many steps to improve availability of naloxone products, and we're committed to working with other federal, state and local officials as well as health care providers, patients and communities across the country to combat the staggering human and economic toll created by opioid abuse and addiction," Throckmorton said in a statement.

**Pediatric Disaster Response and Emergency Preparedness Training
Registration Form (Course #: MGT)**

AUGUST 7-8, 2019

Training location: BENEFIS HEALTH SYSTEM, 1106 South 26th Street, GREAT FALLS MT

Please type or print clearly.

Name _____ Telephone _____

E-mail address _____

Home Address _____ City _____ ST _____ Zip _____

Emergency Contact _____ Relationship _____ Emergency Phone _____

Are you a citizen of the United States? Yes ___ No: * ___ (*submit a Foreign National Access Visitor Form by March 01, 2017.) We will not be able to admit any non-US citizen who has not undergone this process. (Find form at <http://www.crh.noaa.gov/Image/ot/GLOMWF/ForeignVisitorForm.doc>)

Occupation- Employer _____ Vocation: Please check appropriate box:

<input type="checkbox"/>	M.D. – Specialty: _____
<input type="checkbox"/>	Mid-Level Provider: _____
<input type="checkbox"/>	Nurse – Specialty: _____
<input type="checkbox"/>	Emergency Medical Responder (level) _____
<input type="checkbox"/>	Mental health _____
<input type="checkbox"/>	Law Enforcement _____
<input type="checkbox"/>	Public Education _____
<input type="checkbox"/>	Other: _____

Prerequisites:	None. <i>Background should include familiarity with the National Incident Management System (NIMS) and the Incident Command System (ICS) via completion of FEMA Independent study courses ICS-100, 200, and 700 (or their equivalents.)</i>
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Are you currently affiliated with a disaster relief agency? If yes, name of agency: _____

Special skills and/or vocational/disaster training: _____

Signature

Date:

TRAINING LIMITED TO 80 PARTICIPANTS-

Pediatric Disaster Response and Emergency Preparedness,* a 16-hour class conducted in two consecutive days and available at no cost for anyone who might be involved in planning for or addressing the needs of children in a disaster. Special emergency management issues will be addressed i.e., pediatric decontamination, triage and reunification with family. The course was developed by the Texas A&M Engineering Extension Service (TEEX) and the National Emergency Response & Rescue Training Center (NERRTC), and formally certified by the U.S. Department of Homeland Security/FEMA.

Submit Registration Form to MT EMSC Attn: Robin Suzor, PO Box 202951, Helena, MT 59620 or fax to (406) 444-1814 OR electronically to rsuzor@mt.gov.

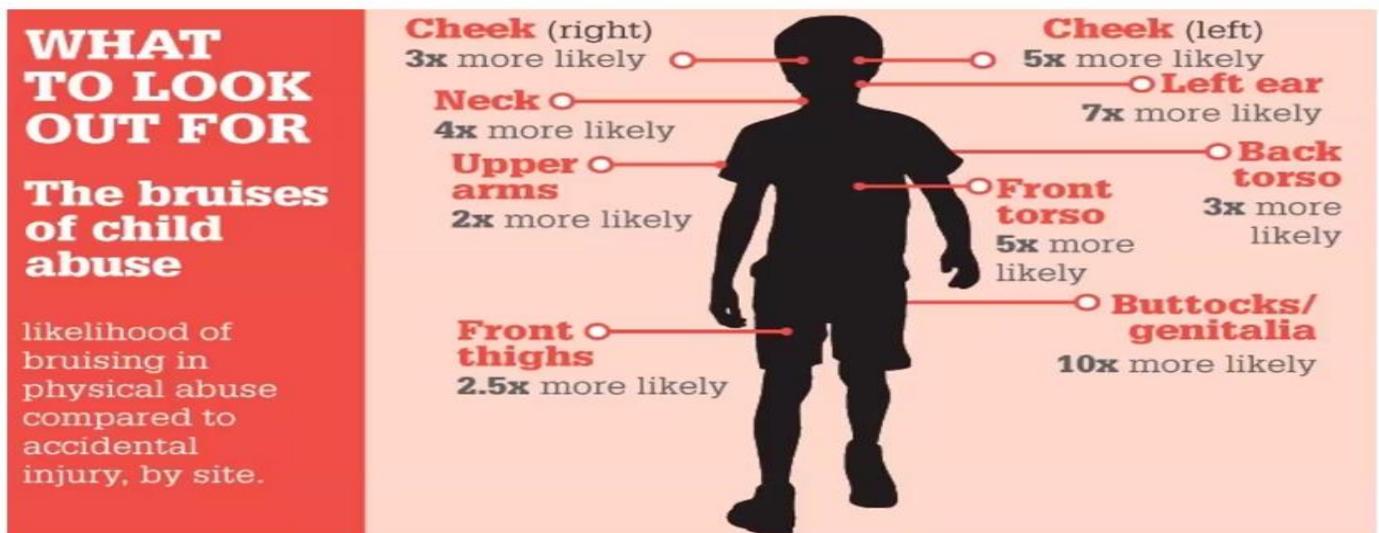
Date received in the MT EMSC Office: (official use only) _____

Montana Emergency Medical Services for Children (MT EMSC)





Bruises: Location



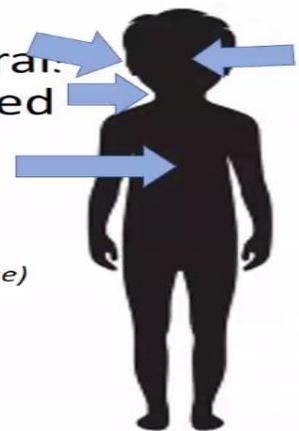
viewing darr's screen

Bruises: "TEN4FACES" Bruising Rule

- A validated bruising rule that that helps raise concern about sentinel findings of inflicted children

- Any bruising on the
 - Torso
 - Ear
 - Neck
 - Face
 - Children < 4 months

Sensitivity: 97% (correctly identifying abuse)
Specificity: 84% (correctly identifying accidental injury)



Pierce MC, Pediatrics, 2010

Please watch the archive of
**Promoting Connectedness in American Indian and
Alaska Native Communities through Culture**

ABOUT THE ARCHIVED WEBINAR

The third webinar of the ICRC-S 2018-19 webinar series, *Preventing Suicide by Promoting Social Connectedness: Promoting Connectedness in American Indian and Alaska Native Communities through Culture*, took place on April 22, 2019. The Qungasvik (kung-az-vik) 'Toolbox' is a multilevel strength-based intervention developed by Yup'ik communities to reduce and prevent alcohol use disorder (AUD) and suicide in 12-18 year old Yup'ik Alaska Native youth. The intervention aims to increase strengths and protections against AUD and suicide by promoting culturally meaningful 'reasons for sobriety' and 'reasons for life.' During this webinar, Dr. Stacy Rasmus, Associate Research Professor and Director of the Center for Alaska Native Health Research (CANHR) at the University of Alaska Fairbanks and Dr. James Allen, Professor in the Department of Family Medicine and BioBehavioral Health at the University of Minnesota Medical School, Duluth campus, described the Qungasvik intervention and the research leading to its development, reviewed the research on which and how social connectedness concepts are addressed in American Indian/Alaska Native cultures, and presented on the path taken by Alaska Native communities to adapt and implement the intervention to their local cultural context.

Watch the archive and view the slides

Special 2019 EMS for Children Day Celebration

Prehospital Care of Children: Review of Evidence-Based Guidelines

The EIC will host a special webinar to celebrate EMS for Children Day, on Wednesday, May 22 at 1 pm ET/10am PT. As prehospital professionals, we want to make patient care decisions based upon the best evidence available to improve patient outcomes. In this webinar, we will review the prehospital pediatric evidence-based guidelines for the management of asthma, seizures, pain, and cardiac arrest. Register [here](#).

Presenters will be Kathleen Adelgais, MD MPH, Katherine Remick, MD, FAAP, FACEP, FAEMS and Manish I. Shah, MD, MS (all pictured below).



<https://texaschildrens.webex.com/webappng/sites/texaschildrens/meeting/info/121296551367713791?MTID=mcc9991017187efa144084491f79b3640>

CONNECT is a secure, web-based system for sending and receiving referrals. Agencies are brought together under a single information sharing agreement Memorandum of Understanding (MOU) and Release of Information (ROI) that is HIPAA, FERPA, 42CFR and IDEA compliant is a closed-loop referral system, meaning that there is a bi-directional flow of information.

The result is a heightened level of communication among service providers, more efficient care coordination, and a measurable impact on health outcomes. Strategic referral tracking via CONNECT aims to improve the referral process in our communities by establishing accountability and improving processes for the exchange of client information. The goal is to foster collaborative culture among service providers in Montana.

By the end of 2019, CONNECT will be available in every community across Montana. **A full-time Referral Coordinator is available for tech support, training, community presentations and administrative assistance at no charge.** Each region will have at least one local Referral Coordinator as we move statewide. CONNECT is not limited to any specific type of service provider including medical providers and EMS. We aim to offer a diverse array of services in our local and statewide referral networks, providing the widest variety of options for Montanans in need. <https://connectmontana.org/about-connect/>

COUNTIES Current Users of CONNECT: Cascade County (Great Falls) Flathead County (Kalispell) Glacier County (Browning) Lewis & Clark County (Helena) Park County (Livingston) Silver bow County (Butte) Yellowstone County (Billings)

PRODUCTS THAT CAUSE INFANT DEATHS SHOULD BE RECALLED

The Fisher-Price Rock 'n Play Sleeper has been tied to 32 sleep-related infant deaths, according to [a statement](#) issued by the American Academy of Pediatrics (AAP) urging Fisher-Price to recall the product.

Fisher-Price issued a warning about Rock 'n Play Sleepers on April 5, but they still line store aisles, are available for order on websites, and are holding sleeping infants in homes [across the country](#).

While overall infant mortality rates in the U.S. have declined in recent years, sleep-related infant deaths, including accidental suffocation and strangulation, have risen. Removing products, like the Rock 'n Play Sleeper, that are tied to sleep-related infant deaths can help remove one risk factor for infants and make things easier for families.

"Every year, we lose thousands of babies to preventable deaths, and that means we need to do more to help families understand and practice safe sleep practices—that includes protecting them from purchasing products that could cause harm," says NICHQ President and CEO, Scott D. Berns, MD, MPH, FAAP. "We should all be working to make things easier for families, not more confusing. As a national children's health organization, we stand behind the recommendations of the American Academy of Pediatrics."

In an effort to raise awareness, NICHQ urges our network to spread the word among the communities and families they work with about the potential danger of unsafe products. [Read the full article here](#), which includes more voices from the children's health community, including Michael Goodstein, MD, a neonatologist and safe sleep and breastfeeding expert.

https://www.nichq.org/insight/products-cause-infant-deaths-should-be-recalled?utm_source=hs_email&utm_medium=email&utm_content=71677252&hsenc=p2ANqtz-9bxAAorfdguzed17pl1z0UbwilL44ir41Lv9q48RNauKawaHJyyDZIHPJb9HTVvdcamdD01JVoEjeBPwYpA0SD795T7252

HHS/ASPR (Health and Human Services/Assistant Secretary for Preparedness and Response) Access and Functional Needs Web-Based Training

Source: Office of the Assistant Secretary for Preparedness and Response [U.S. Department of Health and Human Services] (HHS ASPR). Published: 3/2019. This training defines the concept and requirements for addressing the access and functional needs of at-risk individuals and provides tools and resources to help address the access and functional needs of at-risk individuals in the community during disaster preparedness, response, and recovery activities.

It lists the different types of at-risk populations with access and functional needs, and identifies federal guidance, legal requirements, and executive orders that reinforce this work. <https://disasterinfo.nlm.nih.gov/search/id:19175>

CHILDREN'S MENTAL HEALTH AWARENESS DAY

Each year, National Children's Mental Health Awareness Day (May 9) seeks to raise awareness about the importance of children's mental health and show that positive mental health is essential to a child's healthy development. This year, APA focuses on addressing racial and ethnic health disparities.

This year's Awareness Day theme is "Suicide Prevention: Strategies That Work," and the Substance Abuse and Mental Health Services Administration (SAMHSA) will focus on the impact that suicide has on children, youth, young adults, families and communities. During an event in Washington, D.C., SAMHSA will showcase evidence-based strategies to connect those in need to information, services and supports that can save lives.

On Monday, May 6, 2019, at 3 p.m. EDT, SAMHSA will host an event at the U.S. Department of Health and Human Services' Hubert H. Humphrey Building in Washington, D.C. This event will serve as a launch for activities being held across the country on **National Children's Mental Health Awareness Day**, which will be observed nationwide on **Thursday, May 9**.

States, tribes, territories and communities across the nation are encouraged to host events and activities around children's mental health throughout the month of May.

<https://www.apa.org/pi/families/children-awareness-day>

MOTHER'S DAY:

Mother's Day is a holiday celebrated annually as a tribute to all mothers and motherhood. It is celebrated on various dates in many parts of the world. Although the origins of the holiday date back to the times of the ancient Greeks and Romans, the modern form of the celebration of Mother's Day in the United States began in the early 20th century. In 1914, U.S. President Woodrow Wilson proclaimed the second Sunday in May a Mother's Day. Nowadays Mother's Day (or a similar event) is celebrated in more than **150 countries around the world**, although at different dates.

- Anna Jarvis (woman who founded Mother's Day) believed it became too commercialized by 1920s and fought to have it abolished.
- In the USA, Mother's Day is one of the biggest *holidays for phone calls*, and Father's Day is the busiest day for collect (reverse charge) calls.
- Typically, 30% less is spend on Father's Day gifts than on Mother's Day gifts.
- Mother's Day is the most popular day of the year to dine out in the United States with almost 40% of consumers doing so. Accordingly, it is also the busiest day of the year for KFC.
- Mother of John and Clarence Anglin, 2 of the 3 men who ever escaped from Alcatraz, received flowers anonymously every Mother's Day until her death in 1978. The interesting thing is her sons were officially reported to have drowned in San Francisco Bay while escaping in 1962.

NATIONAL ALCOHOL- AND OTHER DRUG-RELATED BIRTH DEFECTS AWARENESS WEEK

National Alcohol- and Other Drug-Related Birth Defects Awareness Week is observed in May and sponsored by the *National Council on Alcoholism and Drug Dependence, Inc.* This organization plays a vital role across the United States in educating people, especially women, about the dangers of consuming alcohol and using drugs during pregnancy.

National Alcohol- and Other Drug-Related Birth Defects Awareness Week begins on **Mother's Day**, which serves as a reminder that alcohol and drug use during pregnancy can be detrimental to a mother and her child. Sponsored by the *National Council on Alcoholism and Drug Dependence, Inc.*, this awareness month recognizes that prenatal alcohol and drug use can result in a spectrum of adverse conditions.

One of the most severe outcomes is fetal alcohol syndrome, which is the constellation of developmental defects that result from maternal abuse of alcohol during pregnancy.

National Alcohol- and Other Drug-Related Birth Defects Awareness Week Sponsor:
National Council on Alcoholism and Drug Dependence, Inc. To learn more, visit <http://www.ncadd.org>

The awareness color for Fetal Alcohol Syndrome is Silver and Blue.

<https://www.personalizedcause.com/health-awareness-cause-calendar/national-alcohol-and-other-drug-related-birth-defects-awareness-week>

TRIVIA

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

1. When is EMSC Day in 2019?
2. When is the Pediatric Disaster and Emergency Response Training in Great Falls?
3. What is one awareness event for May?
4. What is the theme for Children's Mental Health Day?



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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