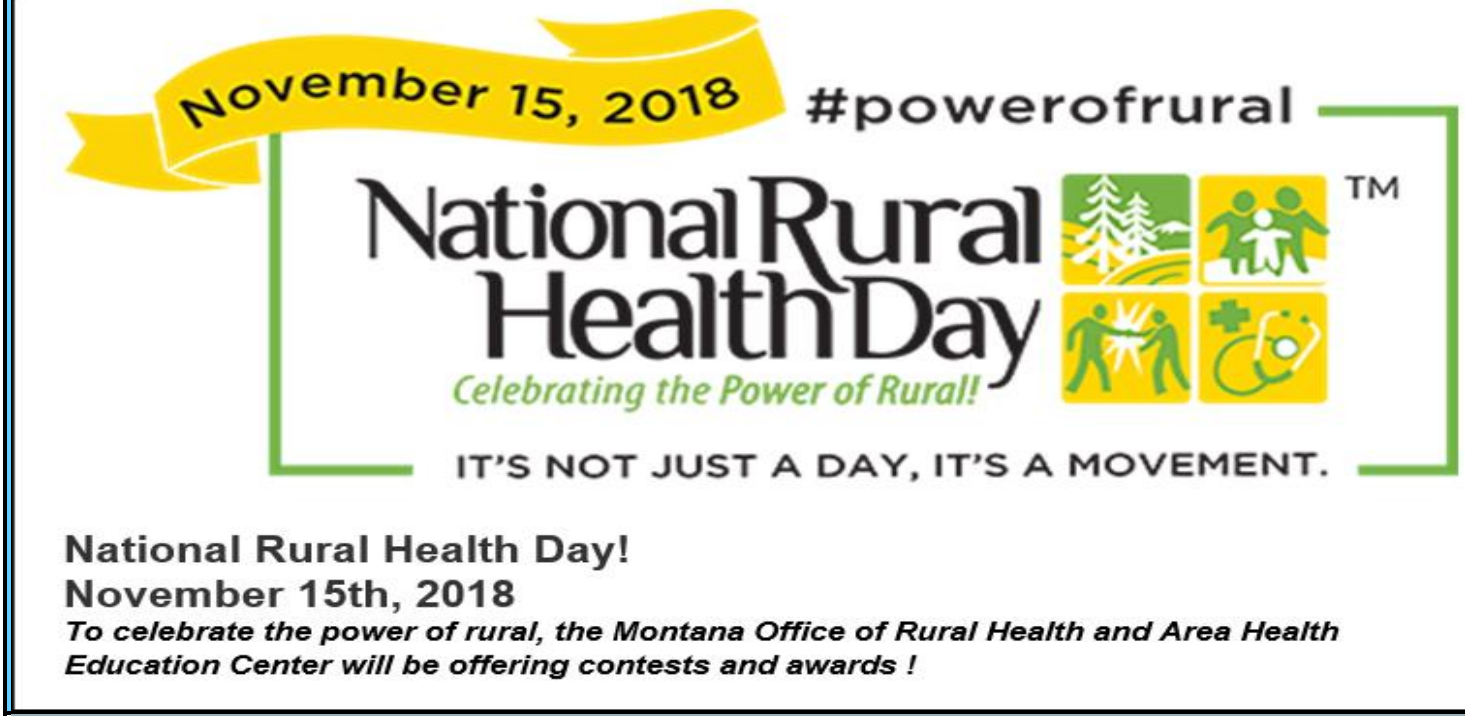
MONTANA EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC) & CHILD READY MT

MT EMSC CONNECTION NEWSLETTER 2018

This issue has information on SWAT-T (don't know what this is?) Find out by emailing jason@373consulting.com.



National Rural Health Day!
November 15th, 2018
To celebrate the power of rural, the Montana Office of Rural Health and Area Health Education Center will be offering contests and awards !

EMSC Fall Webinar Series

Pediatric Sepsis

Describe how prehospital recognition and treatment of sepsis may impact patient care in the ED

Discuss how pediatric patients may be integrated into a prehospital care protocol for sepsis

Wednesday, November 14, 2018
9am-10am CST ------*8:00 am MST*

Details and calendar
https://texaschildrens.webex.com/webappng/sites/texaschildrens/meeting/info/104060970664501538

2018 MEMSA FALL CONFERENCE (BOZEMAN -SEPTEMBER) Thanks Chris Benton for the photos.

Safe Transport for Kids Breakout Session

PEDIATRIC EMERGENCY CARE COORDINATOR/CHAMPION

Montana received a Federal Grant-PECC (Pediatric Emergency Care Coordinator/Champion) to help increase the pediatric readiness of MT EMS Agencies. The Grant is officially the Pediatric Emergency Care Coordinator (PECC) Learning Collaborative Demonstration Project. Montana was one of the 9 states to receive this funding.

The purpose of this project is to form a learning collaborative that will demonstrate **effective, replicable strategies to increase the number of local emergency medical services (EMS) agencies with a PECC**. Results from this project will inform and advance efforts within all 58 EMSC State Partnership recipient sites to increase adoption of PECC within local EMS agencies. This PECC Project supports a critical performance measure of the EMSC State Partnership program, specifically, to increase the percentage of local EMS agencies within each state that have a PECC. The PECC roles can be taken on by a staff member in your agency. This does not need to a full-time staff person. Just a person who follows through on "What About the Kids".

A **PECC within a local EMS agency has the following defined roles:**

- Ensures that the pediatric perspective is included in the development of EMS protocols;
- Ensures that fellow EMS providers follow pediatric clinical practice guidelines;
- Promotes pediatric continuing-education opportunities;
- Oversees pediatric-process improvement;
- Ensures the availability of pediatric medications, equipment, and supplies;
- Promotes agency participation in pediatric-prevention programs;
- Promotes agency participation in pediatric-research efforts;
- Liaises with the emergency department pediatric emergency care coordinator; and
- Promotes family-centered care at the agency.

State Partnership recipients first collected baseline data on this performance measure in 2017-2018. Montana had a response rate of 93% to the recent EMS NEDARC Survey**. This was the survey that had the incentive of the Pediatric Equipment/Supplies box (given to 192 EMS Agencies across Montana.)**
In this survey, we collected data on Montana Agencies that:

- Had a PECC;
- Did not have a PECC;
- Did not have a PECC, but had a plan to add this role within the next year;
- Did not have a PECC but would be interested in adding this role.

Jason Mahoney, the MT EMSC/Child Ready MT Pediatric Liaison, is the lead on this 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. He is the contractor, you may have met him recently, and he is also the owner of the 373 Consulting.

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

Identifying Victims of Human Trafficking in Healthcare Settings

This document from the National Human Trafficking Hotline outlines the role of health care professionals in identifying and serving victims of trafficking. It also includes ***red flags and indicators that health care professionals should look for***, short-term and long-term health effects of human trafficking on victims, as well as recommendations for assessment and response.

Download the job aid: https://humantraffickinghotline.org/resources/what-look-healthcare-setting

Red Flags and Indicators

General Indicators of Human Trafficking
☐ Shares a scripted or inconsistent history ☐ Is unwilling or hesitant to answer questions about the injury or illness ☐ Is accompanied by an individual who does not let the patient speak for themselves, refuses to let the patient have privacy, or who interprets for them ☐ Evidence of controlling or dominating relationships (excessive concerns about pleasing a family member, romantic partner, or employer) ☐ Demonstrates fearful or nervous behavior or avoids eye contact ☐ Is resistant to assistance or demonstrates hostile behavior ☐ Is unable to provide his/her address ☐ Is not aware of his/her location, the current date, or time ☐ Is not in possession of his/her identification documents ☐ Is not in control of his or her own money ☐ Is not being paid or wages are withheld

Labor Trafficking Indicators	Sex Trafficking Indicators
☐ Has been abused at work or threatened with harm by an employer or supervisor ☐ Is not allowed to take adequate breaks, food, or water while at work ☐ Is not provided with adequate personal protective equipment for hazardous work ☐ Was recruited for different work than he/she is currently doing ☐ Is required to live in housing provided by employer ☐ Has a debt to employer or recruiter that he/she cannot pay off	☐ Patient is under the age of 18 and is involved in the commercial sex industry ☐ Has tattoos or other forms of branding, such as tattoos that say, "Daddy," "Property of...," "For sale," etc. ☐ Reports an unusually high numbers of sexual partners ☐ Does not have appropriate clothing for the weather or venue ☐ Uses language common in the commercial sex industry

This publication was made possible in part through Grant Number 90ZV0102 from the Office on Trafficking in Persons, Administration for Children and Families, U.S. Department of Health and Human Services (HHS). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Office on Trafficking in Persons, Administration for Children and Families, or HHS.

CULTURAL AWARENESS RESOURCE CORNER

November is Native American Heritage Month, or as it is commonly referred to, American Indian and Alaska Native Heritage Month. **The month is a time to celebrate rich and diverse cultures, traditions, and histories and to acknowledge the important contributions of Native people.** Heritage Month is also an opportune time to educate the general public about tribes, to raise a general awareness about the unique challenges Native people have faced both historically and in the present, and the ways in which tribal citizens have worked to conquer these challenges.

The history of Native American Heritage Month goes back a surprisingly long time, even without considering the hundreds of years that Europeans have imposed themselves on the New World. The first inklings that such a day may come to pass occurred back in 1915 when Red Fox James, a Native American of the Blackfoot nation, took it upon himself to ride a horse from state to state seeking approval from 24 separate state governments for a day to honor the "American Indian". It was George H. W. Bush who officially took the steps to push forward a joint resolution that made November of 1990 the first official Native American Heritage Month. Multiple proclamations have been made since each year following 1994. Since then cultural sites, museums, and native tribal councils have organized events showcasing their rich and diverse culture and history so that it might be spread to the young and continue to thrive.

How to celebrate Native American Heritage Month
Celebrating Native American Heritage Month involves taking the time to recognize the rich diversities of the cultures that existed in America before it became the world power it is today. There are hundreds of tribes across the nation, but most people are only capable of naming a few, and even fewer are represented in the media of the day. If you live in the Americas, Native American Heritage Month is a great opportunity to research your local history and discover which tribes called the land you now live on home.

Then go on to find out what local tribal communities are near you, and what sort of activities they present as part of their history during Native American Heritage Month. Visit, learn, and take it all in to honor this living culture.

PREPAREDNESS FOR EXPECTANT AND NEW PARENTS

Source: Centers for Disease Control and Prevention (CDC). Published: 9/4/2018. This web page provides general tips for expectant and new parents to get prepared before a disaster, and what to do in case of a disaster to help keep everyone safe and healthy.

It provides lists to Get Prepared for an Emergency or Disaster, and What to Do During and Just After Disaster for expectant parents and parents of infants. Clinicians can provide these tips to their patients. (Text)
https://disasterinfo.nlm.nih.gov/search/id:17996

Big Sky EMS Symposium

For the early bird special the conference (Thursday and Friday) is $130 if registered by November 2nd.
After it is $150/both days or $95/one day. Billings MT

For a registration agenda please email
Lyndy at lgurchiek@billingsclinic.org or contact her cell at 406-670-5021.

We hope to see you in November!

Health in the 406: Focus on Baby-Friendly

- The Montana Nutrition and Physical Activity Program (NAPA) recognizes that breast-feeding supports the healthy development of newborns. Since 2012, NAPA has been supporting Montana Birthing facilities as they work to attain Baby-Friendly designation.
- In 2012, less than 2% of all babies in Montana were born in a Baby-Friendly designated facility; currently, 40% of all babies in Montana are born at a Baby-Friendly designated facility or one engaged in the Baby-Friendly process.
- Montana has 11 Baby-Friendly facilities; find one near you!

SLEEP DEPRIVATION COULD BE AS RISKY FOR DRIVERS AS ALCOHOL

Drivers who hit the road on less than four hours of sleep are at least as likely to be involved in a crash as drivers who had too much to drink, a U.S. study suggests.
Senior researcher at the AAA Foundation for Traffic Safety in Washington, D.C., reviewed data on more than 6,800 road accidents between 2005 and 2007 to study the effects of sleep deprivation on driving. As part of an earlier study, the drivers in these accidents had all been interviewed in depth by investigators from the U.S. Department of Transportation.

Drivers whose errors, actions, or lack of actions, led to a crash were deemed culpable, whereas those involved in crashes caused by external factors, such as brake failure or poor infrastructure, were not. **The findings showed that people who drove after getting less than seven hours of sleep were at higher risk for being culpable for the crash**. **That risk was greatest for drivers who slept less than four hours.**

The odds of being responsible for a crash go up from 2.9-fold to 15.1-fold as sleep drops from four to five hours to less than 4 hours. But that . . . is not surprising given what we know about how decreasing sleep affects other aspects of brain function. **Drivers who reported having slept for less than four hours had "crash risks" similar to what's been documented in drivers with blood alcohol concentrations (BAC) of 0.12 g/dL.** In the U.S., driving with a BAC of 0.08 g/dL or higher is illegal, with lower limits for commercial drivers.

Overall, 78 percent of non-culpable drivers and 70 percent of culpable drivers reported having slept for seven to nine hours in the 24 hours before crashing. The study also found that a large percentage of drivers had recently changed their sleep or work patterns. **Data from the National Sleep Foundation show 60 percent of U.S. adults have driven while feeling drowsy and around 33 percent have fallen asleep at the wheel.**

The study indicates sleep-deprived crashes aren't all cases of "nodding off" or being "asleep-at-the-wheel." "Judgment and decision making are highly impacted by poor sleep quantity and quality. With changes in the work economy and growth of ridesharing, we're seeing a growth of a "gig" economy where many work from home, **work irregular hours, or work multiple jobs.**

(Data like this) **may make the difference between recommendations of 'you need a cup of coffee' versus 'you need a nap.'"**
SOURCE: bit.ly/2QENPYn Sleep, online September 18, 2018.

Sign up today! (see website below)

FFY 2019 National Child Passenger Safety Technician Certification Training Dates and Locations

Provided by the Montana Department of Transportation

November 6-9, 2018
Columbus, MT
Koren Bloom (406) 259-9601

November 27-30, 2018
Great Falls, MT
Mary Kay Burns (406) 454-5072

December 3-5, 2018
Whitefish, MT
Fire Dept — **Controlled Class**
Wendy Hansen (406) 751-8106

May 1, 2019
INSTRUCTOR UPDATE
May 2, 2019
TECHNICIAN UPDATE
MACo Building—Helena, MT
Pam Buckman (406) 444-0809

May 8-11, 2019
Missoula, MT
Lorie Hutchison (406) 258-3880

June 5-8, 2019
Billings, MT
Koren Bloom (406) 259-9601

June 11-14, 2019
Havre, MT
Mary Kay Burns (406) 454-5072

Questions?
Pam Buckman (406) 444-0809
pbuckman@mt.gov
Hearing impaired: 1-800-335-7592 or Montana Relay at 711

Classroom Information

- Hands-on activities to become familiar with all types of car seats and seat belt systems
- Learn which car seat systems are appropriate for different age & weight of children and how to correctly install them
- Optimal instructor-participant ratio for maximum learning

Course highlights

- Reference manual to take home
- 20-32-hour course with 3 written tests, 3 skills evaluations
- Hands-on experience installing car seats
- Participate in a real community car seat checkup event!

Become a certified child passenger safety technician.

Use your new skills to teach parents and caregivers about proper car seat safety for their children.

Make a difference...

Help ensure Montana's little ones are safer while traveling.

There is no conflict of interest for any Planners or Presenters of this activity.

Who should attend?

- Parents
- Car dealerships
- Teachers
- Child care providers
- Firefighters
- Head Start personnel
- Law enforcement
- Caregivers
- Medical personnel/Registered Nurses
- Emergency medical technicians

A **$200 stipend** may be available for those traveling more than 50 miles each way to attend the 3-4 day training!

- POST Credits are available for law enforcement
- Teachers can earn 28 Renewal Units
- EMT's and Paramedics can earn 24 hours credits

This continuing nursing education activity was approved by Montana Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

There is no conflict of interest for any planner or provider of this activity

Criteria for successful completion: Participant must attend the entire course, pass 3 written exams with at least 42 out of 50 correct, pass 3 skills assessments, and participate in the car seat checkup event

To register

- Go to **http://cert.safekids.org**
- Click on "Find a Course" and follow the instructions
- The $95 registration fee includes your first two years of certification

Montana Department of Transportation attempts to provide accommodations for any known disability that may interfere with a person participating in any service, program or activity of the Department. Alternative accessible formats of this information will be provided upon request. For further information: (406) 444-0809; TTY (800) 335-7592; Montana Relay at 711 or fax (406) 444-9409.

This flyer was produced at a cost of $0.26 each.

PLAN WITH YOUR LOCAL SCHOOLS NOW

EMS often responds in situations ex-Marine Patrick Van Horne calls "right of bang": after something bad has happened. It doesn't have to be something tactical or horrific like an active shooter—anytime EMS responds following a 9-1-1 call, it is considered "right of bang." T**here are many things local EMS can do to interface with the schools in its district to increase everyone's collective readiness and stay "left of bang." Have your crews visited the schools in your response area**? If not, this would be a good place to start. Do it before there is an emergency. Things to identify could include:

- Do you have **maps of all the school buildings** in your ambulances?
- Where are possible places to park ambulances?
- If law enforcement/fire units are blocking points of access, are there alternative entry places?
- Where is the closest landing zone for aeromedical?
- **Where would appropriate command and staging areas be?**
- Are there multiple floors in the building? Where is the elevator? Does your stretcher fit in the elevator? How does your crew access elevator controls or an elevator key?
- Where is the **school nurse's office?**
- Is it a secure building? If so, how will your crews access it? How about after-hours?
- How do you access the fields? If there is an athletic injury, will the ambulance be able to get to the fields or gymnasium? Does the school have carts to facilitate patient movement if needed?
- **Do all classrooms have phones and the ability to dial 9-1-1?**
- Will your radios work in all areas of the school, or are there dead zones?
- Will you be able to get a cell phone signal in all areas of the building?
- Does the school have walkie-talkies or its own channel? Can you communicate on that channel?
- How does the school respond when there is a routine medical emergency? Do occupants shelter in place? Do they lock down? For both logistical and privacy purposes, it might be prudent to have students and staff out of the hallways when you transport a patient.

Many schools have a nurse who is responsible for initial treatment of ill and injured students and staff. Find out his/her level of experience and understanding of the local EMS system and its capabilities. Understanding what equipment and medications the school nurse has helps with your preparedness. Often school nurses can administer certain medications prior to EMS arrival, including EpiPens, glucagon, Benadryl, inhalers, and Narcan.

Do your protocols line up with the school's? It is a good discussion to have prior to an issue. Most schools are required to have at least a few CPR-certified staff members, and nearly all have AEDs on site. Local EMS can help inspect and maintain the AEDs.

Beyond CPR, many school staff do not have first aid or other training. ***Stop the Bleed Training*** is now available throughout Montana. Help is needed as it takes time for EMS to arrive and access the scene. Bystander training in bleeding control would help save lives in these situations. **Offer to train teachers and staff members in bleeding-control strategies, including the use of tourniquets and hemostatic gauze.** Recommend schools purchase individual bleeding-control kits or wall-mounted kits to place near the AEDs. Additional training could include basic first aid or CPR certification for school staff.

Many local law enforcement agencies drill frequently at schools, practicing their active-shooter response plans. **EMS should work with law enforcement to conduct rescue task force training for warm-zone operations—this enables EMS to learn the layout of the school**.

Additionally, have school administrators run tabletop drills that include law enforcement, EMS, the fire department, emergency management, and local government to review responsibilities, evacuation locations, reunification locations, communication protocols for parents and the community, and mutual aid agreements. EMS will play an important role in these areas and will often be on scene for parents and other possible patients long after the incident has ended.

NOVEMBER HEALTH AWARENESS:

NOVEMBER 1-7 Medical-Surgical Nurses Week
Contact: Academy of Medical-Surgical Nurses (amsn-info@amsn.org)

NOVEMBER 4-10 Medical Staff Services Awareness Week (National)
Contact: Andrew Miller, NAMSS (info@namss.org)

NOVEMBER 4-10 - Patient Transport Week (National)
Contact: Pamela Douglas-Ntagha, NAHTM (pdouglas@mdanderson.org)

NOVEMBER 4-10 - Radiologic Technology Week (National)
Contact: Marketing American Society of Radiologic Technologists (memberservices@asrt.org)

NOVEMBER 11-17 Nurse Practitioner Week (National)
Contact: Communication Department (editor@aanp.org)

The Montana EMSC/Child Ready MT Program wished to thank all Medical Surgical Nurses, Medical Staff, Patient Transport Teams, Radiologic Technology Staff, Nurse Practitioners, and all healthcare providers across Montana. Thanks for all you do for Montana families and children!

YOU ARE INVITED TO SEND PICTURES OF YOUR CELEBRATIONS TO POST IN THE DECEMBER NEWSLETTER.

NOVEMBER 15 GREAT AMERICAN SMOKE OUT (American Cancer Society)

Rylan Graham and Kallie Mitchel (thanks Grandma Shari)

Why did people start carving into pumpkins?

The Irish brought the tradition of carving pumpkins into Jack O'Lantern to America. But, the original Jack O'Lantern was not a pumpkin. Pumpkins did not exist in Ireland. Ancient Celtic cultures in Ireland carved turnips on All Hallow's Eve (All Hallows' Day is **November 1st**), and placed an ember in them, to ward off evil spirits.

New CSN Blog Post on Sudden Unexpected Infant Death Syndrome (SUID)

In honor of Safe Sleep Awareness Month, CSN has released a new blog post with data and resources on SUID. According to the Centers for Disease Control and Prevention ([CDC], 2018), sudden unexpected infant deaths (SUID) refers to:

- Sudden infant death syndrome (SIDS)
- Accidental suffocation and strangulation in bed
- Other unknown causes during the first 12 months of life

Each year in the United States, approximately 3,500 infants die suddenly and unexpectedly. The frightening fact about SUID is that it can happen without warning and to infants who seem otherwise healthy.
https://www.childrenssafetynetwork.org/blog/data-resources-sudden-unexpected-infant-death

TRIVIA

Answer the trivia and win a SWAT-T –to the first 3 to email answers to Robin -rsuzor@mt.gov NOT to the listserve.

1. **When is National Rural Health Day?**
2. **What is a PECC?**
3. **What is one red flag for Human Trafficking?**

MONTANA DPHHS Healthy People. Healthy Communities. Department of Public Health & Human Services

PublicHealth IN THE 406

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