

# EMSC/CHILD READY CONNECTION NEWSLETTER

JANUARY 2020

HAPPY 2020

MONTANA EMS & Trauma Systems  
 EMS for Children/Child Ready MT  
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## Greetings!

The Emergency Medical Services for Children (EMSC) Program aims to ensure that emergency medical care for the ill and injured child or adolescent is well integrated into an emergency medical service system.

We work to ensure that the system is backed by optimal resources and that the entire spectrum of emergency services (prevention, emergency response, prehospital care, hospital care, inter-facility transport, and rehabilitation) is provided to children and adolescents, no matter where they live, attend school or travel.

**THE RIGHT CARE AT THE RIGHT PLACE AT THE RIGHT TIME WITH THE RIGHT RESOURCES!**

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**Child Ready Montana-** State Partnership of Regionalized Care (SPROC)

The intent of the program is to develop an accountable culturally component and assessable emergent care system for pediatric patients across Montana.

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

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

- <https://eccguidelines.heart.org/circulation/cpr-ecc-guidelines/part-12-pediatric-advanced-life-support/>
- <https://eccguidelines.heart.org/circulation/cpr-ecc-guidelines/part-11-pediatric-basic-life-support-and-cardiopulmonary-resuscitation-quality/>

January: **National Winter Sports TBI Awareness Month**, calls attention to the fact that although **sports injuries** contribute to fatalities infrequently, the leading cause of death from **sports-related injuries** is **traumatic brain injury**.

<https://www.amhc.org/national-winter-sports-traumatic-brain-injury-tbi-aw...>



Are you pediatric ready?

## ANXIOUS ABOUT FACING THAT SICK KID?

Sing a little. That's among the advice from pediatric emergency physician Megan Marino, MD, who cares for the kids' in the ED at New Orleans' Ochsner Medical Center (and as deputy medical director for New Orleans EMS). Marino has written a children's book, *Chepecho and Her Clippity Flappity Floppity Friends*, aimed at helping kids accept each other's differences, and has a second coming this year. She sat down with EMS World to discuss the intersection of medicine and creativity in caring for our smallest patients.

**EMS World: Your career has been focused from the beginning on caring for kids. What led you to that patient group?**

**Marino:** When I was in college, I planned to go to law school and join the Peace Corps. And then my senior year, my little brother was diagnosed with brain cancer. I ended up spending 16 months with him in a children's hospital here in New Orleans, and I really learned as much as I could about his medicine and disease and what I could do to help him. I learned a ton, reading as much as I could, and through that process I realized, *Oh, this is actually a really wonderful and rewarding way to help people, and kids specifically*, because all my time was in a children's hospital. After he passed away, I still wanted to find ways to help children through medicine, so I went back and went on to medical school. I started that with the idea that I wanted to find a way to take care of kids.

**Working with a top EMS system and in the emergency department, what do you see as the big care issues for kids, both in emergency care and for their overall health and well-being?**

I think access seems to be the biggest issue, and for the EMS system giving our providers access to educational initiatives and opportunities on caring for kids. That's something I've been focusing on for several years, not just in New Orleans but when I was in Houston at Texas Children's Hospital and with the Houston Fire Department. We worked to help improve EMS education for pediatric patients.

Finding care providers with the appropriate training here is difficult. There aren't many pediatric emergency medicine subspecialists in the country, and New Orleans doesn't have enough of them. Most pediatric patients seen in Louisiana are cared for by adult emergency medicine physicians, and in the prehospital setting paramedics who maybe have just a limited amount of pediatric training and very infrequently care for pediatric patients. I think the biggest obstacle is **getting good pediatric training** to providers, both prehospital providers and adult emergency medicine physicians who care for most of these patients.

**How do the creative and caregiving sides of what you do complement each other? Do the writing and singing help you as a physician? Does the medical background help you communicate to kids through the art? How do they work together?**

I didn't realize this until people started asking me about it, but I actually sing all day while I'm at work! Whenever I'm doing a painful procedure or something unpleasant, the first thing I do is I ask the kid what their favorite song is, and we pull it up on YouTube, and, with the parents, we all sing it together. Usually it's a song I don't know, to be honest, although for a while it was *Frozen's* "Let It Go." ..... If you're doing something a child doesn't like, you sing at them, and things are a little bit better.

I think being able to find ways to develop rapport or make the experience a little bit easier for pediatric patients is worthwhile. It doesn't cost anything. It's doesn't really take any more time than you'd spend otherwise. And I think it actually saves time because if I'm able to move thing along with a little song and dance, the parents are less stressed out, the kids are less stressed out, and I'm less stressed out. I think the biggest thing—and this is what I practice in the emergency room and tell the prehospital providers I work with—is **to just explain what you're doing: "I'm going to put a straw in your arm." "You're really sick, and I'm going to help you breathe by putting this mask on your face." Just talk to them like you'd want to have something explained to you.** Often, I think providers both in the emergency room and the ambulance are so stressed about caring for kids that they don't take the time to just explain what's happening. It goes a long way to getting a child or a parent to calm down. **Sometimes we don't have time for that. But it can be as simple as singing a song or asking mom to pull up a YouTube video while you're doing things.** Everyone knows some song they could sing, and it will make everybody feel better. I know I'm more comfortable. If I'm singing a song, that's a second to pause and think about what my next steps are. So, it can definitely make a difference. **For more: [www.megmarino.com](http://www.megmarino.com), <https://chepecho.com>. John Erich is the senior editor of EMS World. Reach him at [john.erich@emsworld.com](mailto:john.erich@emsworld.com).**

## KNOW! HOW TO FIGHT TEEN DEPRESSION

If you are questioning your ability to discern typical teen behavior from something more serious, you're not alone. According to the [C.S. Mott Children's Hospital National Poll on Children's Health \[r20.rs6.net\]](#) from the University of Michigan, 40% of parents surveyed said they feel they would have a hard time telling normal ups and downs from possible depression in their tweens and teens. **In addition, 30% of parents were concerned with recognizing signs and symptoms of teen depression due to youth being good at hiding their feelings.** It is important to know that teen depression presents itself differently than adult depression in several ways. **Know! The Red Flags of Teen Depression [r20.rs6.net]**, provided tips for talking with a teen on the subject, and shared the signs and symptoms of depression, specific to teens, so that we are better armed to recognize even subtle hints. In this tip we focus on teens who are, in fact, experiencing depression during the holiday season and beyond (with these tips from [HelpGuide: Parent's Guide to Teen Depression \[r20.rs6.net\]](#)):

### Encourage Social Connection

- Make face-to-face time a daily priority. When you do, be sure to put down YOUR phone, resist the urge to multitask, and give complete attention to the child.
- Encourage your child to connect with friends. You can even take the lead by seeking out opportunities for them to connect with other teens through family events and activities.
- Get them re-engaged. It is common for depressed teens to lose interest in activities they used to enjoy. Help them find that spark again that brings them joy.
- Promote volunteerism by helping them find a cause that interests them and gives them a sense of purpose. Helping others is a great way to boost one's mood.

### Make Physical Health a Priority

- Get the child moving; exercise is essential to mental health. Ideally, youth should be getting an hour of exercise each day-- a stroll around the block, a bike ride, walking the dog, etc. So long as they're moving, it's beneficial.
- Get them off their screens. Teens tend to gravitate toward the virtual world to escape their problems, but social media has a way of making things go from bad to worse. Plus, when screen time goes up, physical activity and time spent with friends in person goes down, which can worsen symptoms.
- Encourage plenty of sleep. Sleep is as vital as the air they breathe, and most teens aren't getting enough of it. Teens need between eight to ten hours of sleep each night in order to function their best.
- Provide nutritious, balanced meals to improve mood and help them feel energized. The typical teen-preferred junk food is alright in moderation, but it is critical for brain health and mood support to incorporate healthy fats, quality proteins, and fruits and vegetables in their daily diets.

### Know When to Seek Professional Help

- Family support and healthy lifestyle changes can make a world of difference for a teen experiencing depression. However, sometimes these measures are simply not enough. If you suspect or know that your child needs something more, do not hesitate in seeking professional assistance. Start with your family physician or pediatrician for direction and guidance.

For further depression support and referrals, contact the National Alliance on Mental Illness (NAMI) Helpline at **1-800-950-6264** or go online at <https://www.nami.org/Find-Support/NAMI-HelpLine> [\[r20.rs6.net\]](#).

If you suspect that a teenager is suicidal, take immediate action! For 24-hour suicide prevention and support in the U.S., call the [National Suicide Prevention Lifeline \[r20.rs6.net\]](#) at **1-800-273-TALK**. To find a suicide helpline outside the U.S., visit [IASP \[r20.rs6.net\]](#) or [Suicide.org \[r20.rs6.net\]](#).

## State health officials launch public health campaign to raise awareness of rising STD rates

### State health officials report the upward trend over the past several years of sexually transmitted diseases (STDs) in Montana are now reaching record highs.

For example, gonorrhea rates have been increasing over the past seven years and are now projected to reach nearly 1,500 cases in 2019. Department of Public Health and Human Services (DPHHS) STD/ HIV program manager Dana Fejes said the gonorrhea numbers haven't been this high in 40 years. Other STDs like syphilis and chlamydia has also been increasing, despite the availability of free prevention supplies and information on safe sex. **Cascade and Yellowstone County have been impacted the most by gonorrhea and syphilis in 2019.** "This is very concerning," Fejes said. "And the reason we're concerned is because of the serious health consequences that can occur to an individual with an STD if left untreated. Some people are at greater risks for complications, such as those who have a suppressed immune system **and pregnant women**. Sometimes, there are no symptoms and the infection is spread to others unknowingly."

In addition, people with an STD may be at an increased risk of getting HIV. This is because the same behaviors and circumstances that may put someone at risk for getting an STD also puts them at greater risk for getting HIV. Having unprotected sex, with multiple or anonymous partners, increases the likelihood that someone might get infected.

Fejes notes the increase is not unique to Montana. According to the [Centers for Disease Control and Prevention \(CDC\)](#), syphilis and gonorrhea reports are the highest nationwide since 1991.

Public health officials said social media is also playing a role. Social media platforms and anonymous sex have further complicated the ability to reach partners to get them tested and treated. This is a necessary step to stop further infections. To keep up with the increase of online dating, local and state partners are reaching out on social media to urge sexually active persons to get tested for STDs and stay safe.

Local disease trends are posted on the DPHHS website at [STDFree.mt.gov](http://STDFree.mt.gov) to remind the public that STDs are not a thing of the past. A new public health campaign was created to raise awareness about the rising STDs in Montana. Free awareness materials are being provided to various local STD clinics and through HIV outreach contractors.

Fejes reminds everyone that STDs are entirely preventable and even though some activities can pose greater risks, there are things that everyone can do to stay healthy:

1. Talk to your health care provider about STD testing. Take charge of your own health, get tested and treated correctly. Find free or low-cost testing locations at [GetTested.MT.gov](http://GetTested.MT.gov)
2. Learn about STDs and how to avoid them at [STDFree.MT.gov](http://STDFree.MT.gov).
3. The most reliable way to avoid infection is to not have sex.
4. Reduce your number of partners and talk about sexual health with your partners.
5. Use protection correctly every time. Synthetic non-latex condoms can be used for those who have latex allergies.
6. Visit your local STD clinics, outreach workers or health departments to learn more, grab some free stuff and get the conversation started with friends.
7. Visit DPHHS on Facebook, like and share our Public Health in the 406 **#GetTestedMT** messages.



It only takes simple steps to stop STDs from spreading. Many local resources are available with little to no cost.

## OPIOID IMPACT ON CHILDREN REPORT:

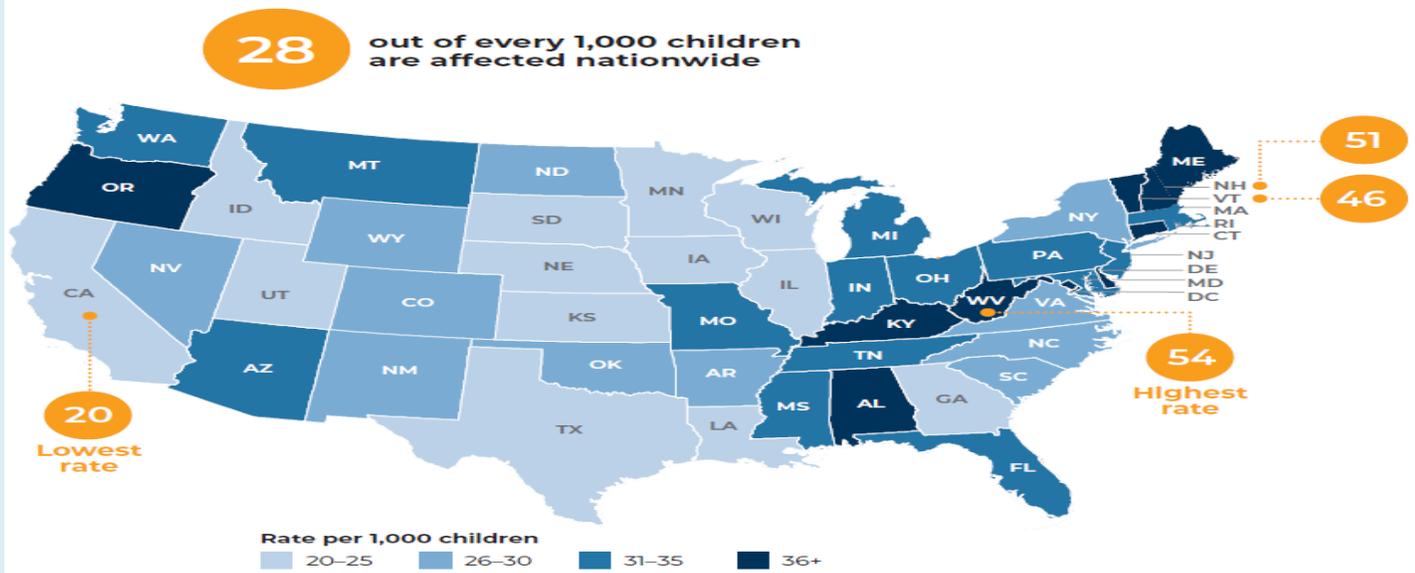
The nation's opioid epidemic placed an estimated 2.2 million children and adolescents in crisis as of 2017—28 out of every 1,000—according to a chartbook produced by United Hospital Fund (UHF) and Boston Consulting Group. *The Ripple Effect: National and State Estimates of the U.S. Opioid Epidemic's Impact on Children* maps out the impact on children in each state in 2017, revealing a wide variation. **If current trends continue, the number of children affected nationwide by opioid use will rise to an estimated 4.3 million by 2030, and the cumulative lifetime cost will reach \$400 billion in additional spending on health care, special education, child welfare, and criminal justice.**

This publication follows a March 2019 UHF report, *The Ripple Effect: The Impact of the Opioid Epidemic on Children and Families*, which examined the successive waves of loss and trauma experienced by newborns, young children, and adolescents affected by opioid use disorder.

Read the report [[uhfnyc.org](http://uhfnyc.org)] and [press release](#) [[uhfnyc.org](http://uhfnyc.org)].

Figure 4

### Rate of children affected by the opioid epidemic in 2017 by state



## CHILDREN AND ADOLESCENTS RESPONSE TO DISASTERS

Did you know a how well a community recovers is reflected in how the children are doing? Well now you do!

**Check out these important resources so you can rock pediatric recovery!**

### **Mental Health Issues and Conditions in Children and Youth Exposed to Human-caused Disasters (PDF | 369 KB)**

[\[samhsa.gov\]](http://samhsa.gov) This Supplemental Research Bulletin reviews research on mental health issues and conditions in children and youth after human-caused disasters. It follows up on the September 2018 Supplemental Research Bulletin, which covers the effects of natural disasters on children and youth.

### **Behavioral Health Conditions in Children and Youth Exposed to Natural Disasters (PDF | 296 KB) [samhsa.gov]**

This Supplemental Research Bulletin reviews research on behavioral health issues and conditions in children and youth after natural disasters. It covers risk and protective factors, as well as approaches and interventions for supporting young survivors. <https://www.samhsa.gov/dtac/disaster-behavioral-health-resources/supplemental-research-bulletin> [\[samhsa.gov\]](http://samhsa.gov)

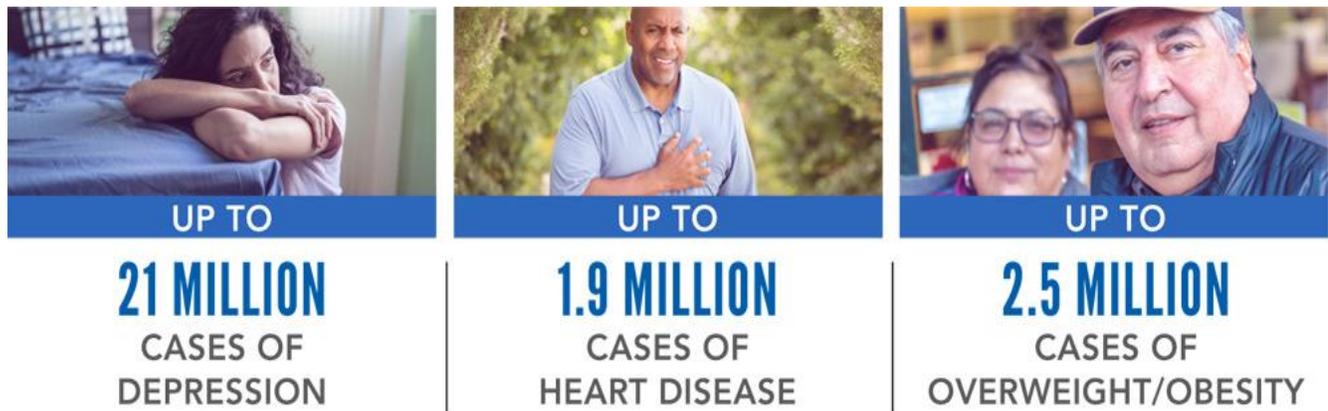
**ADVERSE CHILDHOOD EXPERIENCES (ACEs)** are potentially traumatic events that occur in childhood.

ACEs can include violence, abuse, and growing up in a family with mental health or substance use problems. Toxic stress from ACEs can change brain development and affect how the body responds to stress. ACEs are linked to chronic health problems, mental illness, and substance misuse in adulthood. However, ACEs can be prevented.

**Preventing ACEs can help children and adults thrive and potentially:**

- Lower risk for conditions like depression, asthma, cancer, and diabetes in adulthood.
- Reduce risky behaviors like smoking and heavy drinking.
- Improve education and employment potential.
- Stop ACEs from being passed from one generation to the next.

**Preventing ACEs could reduce a large number of health conditions.**



**Potential reduction of negative outcomes in adulthood**



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**Adverse Childhood Experiences impact lifelong health and opportunities. ACEs are common and the effects can add up over time.**

- 61% of adults had at least one ACE and 16% had 4 or more types of ACEs.
- Females and several racial/ethnic minority groups were at greater risk for experiencing 4 or more ACEs.
- Many people do not realize that exposure to ACEs is associated with increased risk for health problems across the lifespan.

**Healthcare Providers Can:**

- Anticipate and recognize current risk for ACEs in children and history of ACEs in adults. Refer patients to effective services and support.
- Link adults to family-centered treatment approaches that include substance abuse treatment and parenting interventions.

**Employers Can:**

- Adopt and support family-friendly policies, such as paid family leave and flexible work schedules.

**States and Communities Can:**

- Improve access to high-quality childcare by expanding eligibility, activities offered, and family involvement.
- Use effective social and economic supports that address financial hardship and other conditions that put families at risk for ACEs.
- Enhance connections to caring adults and increase parents' and youth skills to manage emotions and conflicts using approaches in schools and other settings.

**Everyone Can:**

- Recognize challenges that families face and offer support and encouragement to reduce stress.
- Support community programs and policies that provide safe and healthy conditions for all children and families.  
<http://go.usa.gov/xVvqD>

**Raising awareness about ACEs can help:**

- Change how people think about the causes of ACEs and who could help prevent them.
- Shift the focus from individual responsibility to community solutions.
- Reduce stigma around seeking help with parenting challenges or for substance misuse, depression, or suicidal thoughts.
- Promote safe, stable, nurturing relationships and environments where children live, learn, and play.

**Science Behind the Issue**

- [Morbidity and Mortality Weekly Report \(MMWR\)](#)
  - [Science Clips](#)
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# Health IN THE 406

## Carbon Monoxide: "The Invisible Killer"

- Carbon Monoxide (CO) is an odorless, colorless gas that [sends approximately 50,000 people in the U.S. each year](#) to the emergency department.
- Winter is prime time for CO poisoning as people turn on their heating systems and mistakenly warm their cars in garages; make sure to [take extra precautions](#) in winter months.
- Protect yourself and your family by [installing and maintaining CO alarms](#) in your home and by knowing the [symptoms of CO poisoning](#).

Share any comments, suggestions or experiences with us at [healthinthe406@mt.gov](mailto:healthinthe406@mt.gov). Follow us on [Facebook](#) and [Twitter](#).

*Health in the 406 is regular communication by DPHHS on a variety of wellness topics designed to raise awareness of issues that impact the daily lives of Montanans. Public health is a partnership of individuals and organizations and all Montanans have a role so they can improve their health and enhance their quality of life for themselves and loved ones. This health message is brought to you by the DPHHS, Public Health and Safety Division.*



### Summer Health Professions Education Program (SHPEP)

SHPEP is a free 6-week summer enrichment program for first year and sophomore college students from underrepresented and/or socioeconomically disadvantaged backgrounds interested in health careers. Room and board is free and students are also paid a \$600 stipend. Please help us spread the word by forwarding this information to the pre-health students, faculty, and advisors in your networks.

**Application Deadline: Wednesday, February 5, 2019**

[Click on the pamphlet for more information! \[r20.rs6.net\]](#)

STEMI CONFERENCE FEBRUARY 12-13, 2020,

AT THE BILLINGS CONVENTION CENTER, BILLINGS MT

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

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

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

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

**TRIVIA**

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

1. What are ACEs?
2. When is the STEMI Conference?
3. How many gonorrhoea cases are projected in 2019?
4. What counties in Montana have been impacted the most by gonorrhoea and syphilis in 2019?
5. What is the silent killer?



MONTANA  
EMS & TRAUMA  
SYSTEMS PROGRAM

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