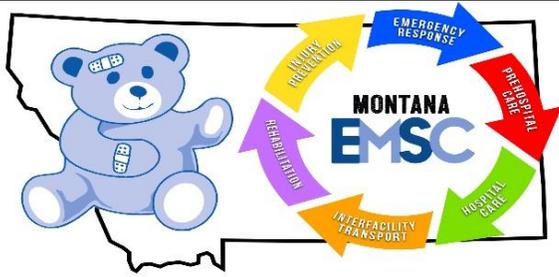


EMSC/CHILD READY CONNECTION NEWSLETTER



MONTANA EMS & Trauma Systems
 EMS for Children/Child Ready MT
 1400 Broadway, Rm C303
 PO Box 202951
 Helena, MT 59620-2951

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, play, attend school or travel.

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



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

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

Exciting news and events are going on this month

[Mini Modules to Relieve Stress for Healthcare Workers Responding to COVID-19: Stress Management Exercise \[r20.rs6.net\]](#) (a short video that can help you manage stress before, during, and/or after your shift).
<https://files.asprtracie.hhs.gov/documents/aspr-tracie-healthcare-worker-self-care-exercise-covid-19.pdf>

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Are you pediatric ready?

Now is the time!

UPDATED BROSELOW TAPE

Since 1986, emergency healthcare professionals caring for critically ill or injured children have benefited from the Broselow-Luten system. **Also known as the “Broselow Tape,” or just “The Tape,” this length-based reference tool has been an invaluable source of information and guidance in the most severe pediatric emergencies, up to and including resuscitation.** Updated every few years in accordance with the latest pediatric advanced life support (PALS) guidelines, **the current version of the tape is now available for clinical use.**

Here’s a short and sweet summary of what’s new.

There are several little changes in various tube sizes (chest tube, endotracheal tubes, NG tubes, and suction catheters), and three very helpful and important changes with the version released in late 2019. **The latest version of the Broselow-Luten tape now incorporates a color and weight chart that includes age.** So, if the age or weight of the child is known, preparations can begin before arriving on scene.

Epinephrine: Then and Now - Resuscitation and ratios go hand in hand. In BLS, we have 15:2, 30:2 and 5:1. When it comes to epinephrine, there was 1:1,000 and 1:10,000. In 2015, the Institute for Safe Medical Practices (ISMP) recommended against the use of both 1:1,000 and 1:10,000 ratios due to the high risk of preventable medical errors. They recommend that epinephrine should be listed as 1 mg/mL (aka 1:1,000) and 0.1 mg/mL (aka 1:10,000), and boxes of epinephrine have reflected this change for several years. But many of us were taught (and may only remember) 1:1,000 and 1:10,000. The new tape addresses both the old and the new by showing both identifiers.

Last but not least, there are wonderfully welcomed wording changes regarding fluid boluses. Previous versions listed a fluid bolus as “volume expansion: Crystalloid (NS or LR).” While this is technically an appropriate phrase to identify actions taken to increase circulatory system volume, it’s not what we commonly say or hear. For many years, educators have pleaded for this to be changed, because in both classes and real-life settings around the world, nurses, medics, and doctors have used the term “fluid boluses. Volume expansion” has become “fluid bolus.” The tape still lists crystalloid with “NS or LR” to differentiate between crystalloids from colloids (albumin, etc. and/or blood products), but most importantly, fluid bolus is now fluid bolus.



3 kg 4 kg 5 kg zones	3 kg 4 kg 5 kg	< 3mo
PINK	6-7 kg	3-5 mos
RED	8-9 kg	6-11 mos
PURPLE	10-11 kg	12-24 mos
YELLOW	12-14 kg	2 yrs
WHITE	15-18 kg	3-4 yrs
BLUE	19-23 kg	5-6 yrs
ORANGE	24-29 kg	7-9 yrs
GREEN	30-36 kg	10-11 yrs

ARCHIVED Webinar “**The Effect of Secondary Disasters on Children**,” (held on October 23, 2020) is a part of the *Hidden Consequences: How the COVID-19 Pandemic is Impacting Children webinar series*.

The PowerPoint presentation is now available on ASPR TRACIE at:

<https://files.asprtracie.hhs.gov/documents/aspr-tracie-effects-of-secondary-disasters-on-children-webinar-ppt-final.pdf> [files.asprtracie.hhs.gov].

The title page of the PowerPoint presentation includes a link to the webinar recording. You can also directly access the recording at

<https://attendee.gotowebinar.com/recording/5611193076099589647>

[attendee.gotowebinar.com]. You will be asked to enter your name and email address prior to accessing the recording.

Please view the recordings from the other webinars in this series and register for the last webinar: <https://files.asprtracie.hhs.gov/documents/aspr-tracie-hidden-consequences-children-and-covid-19-webinar-series-summary.pdf> [files.asprtracie.hhs.gov].

If you have any questions, comments, or suggestions for future webinars, please contact ASPR TRACIE at askasprtracie@hhs.gov or visit <https://asprtracie.hhs.gov> [asprtracie.hhs.gov].

GOVERNOR BULLOCK SECURES NURSING TEAMS TO SUPPORT RURAL HOSPITALS

MONTANA – Governor Steve Bullock today secured five teams that will include five nurses per team from the U.S. Department of Health and Human Services to assist critical access hospitals in rural areas of the state with caring for patients.

“I’m grateful for this critical support that will help to keep the doors of our rural hospitals open and ensure that patients in rural areas can receive care as COVID-19 continues to spread throughout Montana,” said Governor Bullock. **“We must get our hands around this virus and ensure that no matter where we may live, we are all working together to do so.”**

Critical access hospitals are currently facing nursing shortfalls with the increasing number of healthcare workers testing positive or quarantined due to COVID-19. This additional support for rural hospitals will help prevent patients from having to be transferred to higher care facilities in urban areas of the state.

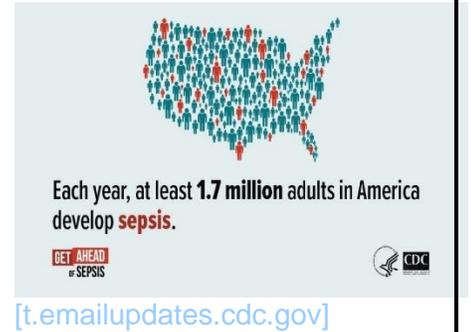
Governor Bullock first submitted the request to FEMA and HHS two weeks ago and the request was approved today. Three teams, with a total of 15 nurses, will arrive to Montana the middle of next week. Those teams are anticipated to support rural hospitals along the Hi-Line and in Eastern Montana. The other two teams are expected to arrive following the response to a hurricane in the South.

The state requested the teams be in Montana for 30 days and operations will be coordinated through the Montana State Emergency Coordination Center (SECC).

Help Save A Life: Share Free Sepsis Materials

[Get Ahead of Sepsis \[t.emailupdates.cdc.gov\]](https://t.emailupdates.cdc.gov) (GAOS) educational effort. GAOS seeks to raise awareness among consumers and healthcare professionals about the importance of preventing infections and promoting early recognition and timely treatment of sepsis.

Because sepsis can be a complication of COVID-19 infection, knowing how to recognize sepsis signs and symptoms and prevent infections that can lead to sepsis is more important now than ever. CDC has been sharing sepsis information and resources throughout September. In case you missed it, CDC:



- Shared updated materials with vital information for patients and their loved ones and healthcare professionals about sepsis, including important new information about sepsis and COVID-19:
 - [Patient fact sheet \[t.emailupdates.cdc.gov\]](https://t.emailupdates.cdc.gov)
 - [Healthcare professional infographic \[t.emailupdates.cdc.gov\]](https://t.emailupdates.cdc.gov)
 - [Partner toolkit \[t.emailupdates.cdc.gov\]](https://t.emailupdates.cdc.gov)
- Provided updated website content, including the [Clinical Information webpage \[t.emailupdates.cdc.gov\]](https://t.emailupdates.cdc.gov) with the latest sepsis studies
- Published a [Safe Healthcare blog post \[t.emailupdates.cdc.gov\]](https://t.emailupdates.cdc.gov) highlighting why sepsis awareness is more important than ever, authored by DHQP Director, Dr. Denise Cardo
- Shared sepsis information on [Facebook \[t.emailupdates.cdc.gov\]](https://t.emailupdates.cdc.gov), [Twitter \[t.emailupdates.cdc.gov\]](https://t.emailupdates.cdc.gov), and [Instagram \[t.emailupdates.cdc.gov\]](https://t.emailupdates.cdc.gov). CDC Director, [Dr. Robert Redfield \[t.emailupdates.cdc.gov\]](https://t.emailupdates.cdc.gov), and National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) Director, [Dr. Rima Khabbaz \[t.emailupdates.cdc.gov\]](https://t.emailupdates.cdc.gov), also shared messages about sepsis awareness
- Attended and presented at a variety of national and global sepsis clinical, academic, and patient safety events throughout the month

REGISTER
[\[on.hmpconnect.com\]](https://on.hmpconnect.com)

IMPROVING PEDIATRIC EMERGENCY READINESS: HOW TO REDUCE SKILLS DECAY IN THE NEW ERA OF VIRTUAL LEARNING

Children have anatomical and physiological differences that make assessment and emergency care more difficult. This is especially true in the prehospital hospital environment. Pediatric calls give every EMS provider pause, often because of lack of readiness.

The key to reducing the fear and anxiety of pediatric emergencies and improving actual outcomes lies in frequent deliberate practice. Join Dr. Jennifer Anders and Cole Sandau as they explore new approaches to the delivery of deliberate practice, and how new technologies can scale repeatable, more immersive pediatric training to improve clinical readiness and give EMS providers and instructors accessible training options. A Q&A will follow so that you can ask the questions that matter most to you.

<https://www.emsworld.com/webinar/1224869/improving-pediatric-emergency-readiness-how-reduce-skills-decay-new-era-virtual>

CARING FOR CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS DURING THE COVID-19 PANDEMIC

Children and youth with special healthcare needs (CYSHCN) are defined as those who have or are at increased risk for chronic physical, developmental, behavioral, or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally.

CYSHCN are more likely to have disruption to health care, education, and community life as a result of the coronavirus disease 2019 (COVID-19) pandemic with consequences such as delayed development, reduced learning, and mental health challenges. Interruptions to services affect subpopulations of CYSHCN, such as those of younger age, those with medical complexity, and those with behavioral health conditions, in different ways. Inequities attributable to poverty, racism, immigration status, ableism, health conditions, geography, health care access, educational access, childcare access, and other factors make these disruptions particularly dangerous for some CYSHCN.

A subgroup of CYSHCN, yet to be precisely defined, of children with certain chronic conditions are more likely to have a diagnosis of severe acute biological effects of severe acute respiratory syndrome-coronavirus 2 (SARS-CoV-2) infection requiring admission to the hospital or intensive care unit. Black and Latino children with chronic conditions experience a disproportionate burden of hospitalization thus far. Data on the risk of infection, as well as detection of its acute and chronic effects, continue to evolve as the pandemic spreads, affecting different locations with different demographic characteristics at different times. Given data limitations, it is essential to use precaution in the extrapolation of early pandemic epidemiologic data to the circumstances of the upcoming fall and winter period and specific patient contexts.

A [related article for parents](#) is available on HealthyChildren.org. Drs. Ellie Hirshberg and Linda Siegel participated as SOCC representatives on the AAP work group that developed the guidance. **Visit the [COVID-19 web page on AAP.org](#) to find clinical guidance, practice management resources, including telehealth and coding, educational resources for clinicians and families, data reports, a discussion board, and details on AAP advocacy efforts. For questions or comments related to the pandemic, email COVID-19@aap.org.**

The Regional Healthcare Coalitions are pleased to announce an opportunity for all Healthcare Providers/members in each region to apply for a **“REGIONAL HEALTHCARE COALITION COVID MINI GRANT”**.

The grant project period is from Oct 1, 2020 thru Dec 22, 2020, with a cap of \$3,500.00. The Executive Committee members from each coalition will review the applications starting January 2020 and make the awards starting in February or sooner. **Grant Applications must be submitted no later than Dec 20, 2020, although there are no guarantees grant monies will still be available.**

The following are proposed initiatives and focus areas from the Office of the Assistant Secretary for Preparedness and Response (ASPR):

- Infectious Disease Education/Training
- Infectious Disease Exercise
- Personal Protective Equipment (PPE) ** (see grant applications for more specific requirements)
- Equipment *(see grant application for more specific requirements)

Please see the link below to apply for this great opportunity:

https://pheap.formstack.com/forms/rhcc_grant_application_copy [pheap.formstack.com]

If you have any questions please feel free to contact **Cindee McKee, Healthcare Coalition Director**, Office: (406) 457-8027

WE ARE AWARE THAT MANY EMS AGENCIES ARE WORKING AROUND THE CLOCK TO MEET THEIR COMMUNITY'S NEEDS. THANK YOU FOR YOUR SERVICE.

Here are some resources that may be of assistance as you continue to respond to COVID-19 in your community. There is also a link to a weekly survey that we hope you will support.

- **Application for EMS Service Licensing Waiver**: EMS agencies may request a waiver of EMS service licensing rules (for example, ambulance staffing) by completing the application and sending to sgraham2@mt.gov.
- **Application of 37.104.410 (1,a)**: In communities experiencing higher call volumes associated with COVID, ambulance services, quick response units and medical control may find it beneficial to use the QRU's transport capable vehicles to transport a patient if an ambulance is not reasonably available.
- **COVID-19 Medical Resource Request Form** - The State Emergency Coordination Center is asking that all local resource orders, including PPE be submitted through local emergency operation center procedures and validated by the local disaster and emergency services coordinator or their designee.
- The Montana Department of Labor and Industry has published **instructions** for how lapsed, retired, expired or inactive ECPs can obtain temporary authorization to participate in Montana's COVID-19 response.
- While the Department of Labor and Industry is unable to extend the renewal period for ECP licenses, it will allow additional time to fulfill the requirements for refresher and other continuing education. Learn more [here](#).
- **EMS COVID RESOURCE REPORTING TOOL**: We understand that you have limited time, but this request is important. We use the data from this survey to inform the State Emergency Coordination Center about EMS personnel shortage and PPE needs. The survey is short and takes just a few minutes to complete each week.
- **MHMAS VOLUNTEER REGISTRY**: Montana Healthcare Mutual Aid System (MHMAS) is the Emergency System for Advanced Registration of Volunteer Health Professionals for the State of Montana. If you have availability for deployment, please register today. Please use the link provided for more information and registration.
- **VACCINATIONS**: ECPs may be called upon to assist with flu and COVID 19 vaccinations in the coming months. Participation will require local Medical Director approval. For more information contact the Montana Immunization Program by email covidvax@mt.gov or by calling 406-444-5580 .

Shari Graham, NRP, EMS SYSTEM MANAGER 406.444.6098 Sgraham2@mt.gov

CAR SEAT SAFETY AND RESOURCES

Motor vehicle crashes are the leading cause of death for Montana children. The best way to keep children safe in the car is to use the right seat, the right way. In fact, a correctly used and installed car seat can reduce the risk of injury in a car crash by 71 to 82 percent.

But four out of five car seats are incorrectly used or installed. To help ensure children are riding safely, parents and caregivers are encouraged to schedule a car seat checkup with a certified Child Passenger Safety Technician.

You can find a list of checkup events on the [Montana Department of Transportation website \[r20.rs6.net\]](https://www.mt.gov/transportation) or by contacting Erin Root at eroot@mt.gov. **Want to become a Certified Child Passenger Safety Technician? Contact Erin for the details.** You can also find a car seat fitting station near you at [NHTSA.gov \[r20.rs6.net\]](https://www.nhtsa.gov) and find electronic and print-ready safety materials to support your work with families at [trafficsafetymarketing.gov \[r20.rs6.net\]](https://www.trafficsafetymarketing.gov).

PEDIATRIC RESUSCITATION TRAINING

Do you work in an emergency department? **Could you possibly be a part of a pediatric resuscitation event (including severe respiratory distress or seizures) if such a child presented to your ED?** Do you NOT work in a quaternary care children's referral hospital?

ARE YOU INTERESTED IN IMPROVING YOUR PEDIATRIC RESUSCITATION SKILLS?

Help test new online resources designed to help all emergency departments increase their pediatric resuscitation readiness. [Click here to learn more and get started.](https://redcap.chop.edu/surveys/?s=4D39HWCFX3)

<https://redcap.chop.edu/surveys/?s=4D39HWCFX3>

The **SAVE-PEDS project** is a collaborative effort between the Children's Hospital of Philadelphia and Yale-New Haven Children's Hospital to assist and equip all hospitals for self-directed quality improvement in pediatric resuscitation.

As part of this EMSC-funded project, they are evaluating several new web-based training courses in pediatric resuscitation topics.

OPPORTUNITY FOR FREE PEDIATRIC RESUSCITATION TRAINING

The SAVE-PEDS project is a collaborative effort between the Children's Hospital of Philadelphia and Yale-New Haven Children's Hospital to assist and equip all hospitals for self-directed quality improvement in pediatric resuscitation. As part of this EMSC-funded project, they are evaluating several new web-based training courses in pediatric resuscitation topics.

The courses offer FREE pediatric training for health professionals, created by pediatric experts.

Who can participate? Any health care professional (physicians, nurses, techs, paramedics)

- who could be part of the team for a pediatric resuscitation?
- in a non-pediatric-specialized ED / hospital setting

What is involved?

1. Complete a 1-hour online training on pediatric resuscitation topics
2. Complete online pre- and post-surveys (about 20 min each)

Compensation/CME: As a thank you, compensation of \$25 will be provided upon completion of the post-survey.

Physicians and other health care professionals can claim CME credits for completion of the online training.

Go to this link for more information; <https://redcap.chop.edu/surveys/?s=4D39HWCFX3>



R is for Resilience! Sesame Street in Communities shares resources on how to support children and families struggling with parental addiction, and strategies on how to build resilience. Sesame Street began addressing parental addiction in 2019 with a new muppet, Karli.

Check out the [Sesame Street in Communities Parental Addiction \[r20.rs6.net\]](https://sesamestreetincommunities.org) website with great resources, videos & handouts. Watch the other Sesame Street in Communities Parental Addiction webinars

Check out other resources and webinars such as *Using SSIC's Health Emergencies at:* <https://sesamestreetincommunities.org/professional-development/events/?event=caring-for-each-other-how-to-use-ssic-for-health-emergencies-with-families>

NATIONAL DRUG ENDANGERED CHILDREN (DEC) ONLINE TRAINING COURSES

Drug Endangered Children (DEC) Overview [r20.rs6.net]

This course is designed to help law enforcement officers and other professionals develop an awareness of the potential impact of using a multidisciplinary approach to meet the needs of Drug Endangered Children.

You Can Change the Long-Term Outcomes of Drug Endangered Children [r20.rs6.net]

This course describes the long-term impact and needs of Drug Endangered Children (DEC) throughout their childhood and into adulthood.

Prenatal Substance Exposure – Why Should I Care? [r20.rs6.net]

This course describes how prenatal substance exposure has the potential to cause a variety of physical and developmental challenges for Drug Endangered Children (DEC) throughout their lives.

Postnatal Risks – How You Can Make a Difference [r20.rs6.net]

This course describes how postnatal exposure to an environment where there is substance use and drug activity affects Drug Endangered Children (DEC) throughout their childhood and entire life.

COVID-19 RESOURCES

- **National DEC Virtual Training Opportunities [r20.rs6.net]**
- **Amid the Coronavirus Crisis, a Regimen for Reentry [r20.rs6.net]**
- **Partnership for Drug-Free Kids' COVID-19: We Are Here for You [r20.rs6.net]**
- **Resources to Support Adults, Parents, Children, and Families During the COVID-19 Pandemic [r20.rs6.net]**
- **CDC Coronavirus Disease 2019 [r20.rs6.net]**
- **ACF Native American COVID-19 Resources [r20.rs6.net]**
- **Eluna Resource: Strategies for Thriving During the Covid-19 Pandemic [r20.rs6.net]**
- **World Health Organization [r20.rs6.net]**

DEA's response to COVID-19 [r20.rs6.net]

National Alliance for Drug Endangered Children www.nationaldec.org [r20.rs6.net]



November 1 Cook for your pets' day!

November 2: Cookie Monster Day, Look for Circles Day, Deviled Egg Day

November 4: King Tut Day, Use Your Commonsense Day, International Stress Awareness Day* (first Wednesday), National Candy Day, National Healthy Eating Day* (first Wednesday), National Military Families Recognition Day

November 8: Dunce Day, Cook Something Bold Day, International Tongue Twister Day* (second Sunday)

November 10: Young Readers Day; Sesame Street Day

November 16: International Day of Tolerance, National Button Day, Have a Party with Your Bear Day, National Fast Food Day

November 17: World Peace Day, Homemade Bread Day, National Take a Hike Day, Use Less Stuff Day (Thursday before Thanksgiving)

November 20: National Absurdity Day, Universal Children's Day, Beautiful Day

November 27: Random Acts of Kindness Friday; Buy Nothing Day; Flossing Day

Trivia

Answer the trivia and win a DOSE BY GROWTH TAPE=the first 5 to email answers to **Robin** at rsuzor@mt.gov **NOT to the listserve.**

1. What is one change in the new updated Broselow Tape?
2. What is the MHMAS?
3. What does DEC stand for?
4. What is R for (ask Karli)?
5. What is your favorite fun awareness day?



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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