

# EMSC/CHILD READY CONNECTION NEWSLETTER

MAY 2015: VOLUME 3, ISSUE 5

A word from the EMSC Program Manager:

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, interfacility 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!**



**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!**

Don't forget to Register for the free Pediatric Disaster Response and Emergency Preparedness - <http://dphhs.mt.gov/publichealth/EMSTS/calendar-slots> still OPEN

**Come and help celebrate Montana's EMS Strong And Trauma Awards!**

**EMS for Children's Day is May 20! See how Glacier County EMS works with their community-Page 2**

**See the Trauma Month ToolKit-page 3**

**Autism and considerations for treatments—see page 7**



may the source be with you

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**YOU ARE INVITED TO THE SECOND ANNUAL MONTANA EMERGENCY MEDICAL SERVICES and TRAUMA SYSTEMS AWARDS CEREMONY**

**THURSDAY, MAY 21, 2015 ON THE MONTANA CAPITOL STEPS (HELENA)**

**10:00-11:00 am**

Every day across Montana EMS providers respond to assist the citizens and visitors of our State in their time of medical need. In 2014 the EMS and Trauma Systems section of the Department of Public Health and Human Services established an annual awards program. These recognitions are given annually during EMS Week and National Trauma Month

**The intent of this program is to recognize an exceptional EMS Provider, EMS Agency and EMS System. The Montana Trauma Systems Program will also recognize an exceptional person.**

This program provides a mechanism through which extraordinary acts and meritorious service in the Montana EMS and Trauma System can be recognized.

The community, EMS providers, supervisors and managers were encouraged to be alert to the opportunity to recognize outstanding acts and performances by nominating the responsible individual, agency or system for an award.

**COME AND HELP CELEBRATE THE EMS STRONG OF MONTANA!**



[http://www.emscnrc.org/Events/EMSC\\_Day.aspx](http://www.emscnrc.org/Events/EMSC_Day.aspx)

**LET ME KNOW HOW YOUR EMS SERVICE CELEBRATED EMS WEEK AND EMS FOR CHILDREN DAY!**

**I WILL INCLUDE THE INFORMATION IN NEXT MONTH'S NEWSLETTER!**

**SHARE YOUR GREAT IDEAS WITH OTHERS & LET THE MONTANA EMS FOR CHILDREN'S PROGRAM HELP YOU SPREAD THE WORD ABOUT YOUR GOOD WORK.**



**GLACIER COUNTY EMS-**

**Mc-EMS Night & Albertson's Grocery Bagging:** Glacier County EMS in Cut Bank hosts EMS Night at McDonald's, where EMS personnel serve food and take orders. They also do full-service bagging and carry-out at the nearby Albertson's grocery store.

All proceeds go to a special cause; last year, the proceeds bought bike helmets for children in pre-kindergarten through sixth

**WAY TO GO GLACIER COUNTY EMS!!**

## MONTANA EMS FOR CHILDREN (EMSC) CHILD READY MT PROJECT

**MONTANA PEDIATRIC FACILITY RECOGNITION CRITERIA** - See the MT EMSC Webpage for a copy of the Criteria or call and request a copy.

**The 2 Levels are: PEDIATRIC PREPARED AND PEDIATRIC CAPABLE**

### Application Instructions

Request a Montana Pediatric Recognition application packet from the Montana Emergency Medical Services for Children Program, Child Ready MT Project if your facility has not received a copy.

The application packet includes the following:

- ✓ Montana Pediatric Readiness Summary—your facility may also request a duplicate copy of the Pediatric Readiness Gap Analysis report for your facility. Call the MT EMSC at (406) 444-0901 for details. **Visit the MT EMSC webpage at <http://dphhs.mt.gov/publichealth/EMSTS/emsc/Pedsfacilityrecognition> for electronic copies.**
- ✓ **Demographic Information Form (DIF)** - Complete the DIF enclosed in the application packet and return it as directed. Mail or fax completed copy to the Montana EMS for Children, 1400 Broadway, C314A, PO Box 202951, Helena MT 59620 or fax (406) 444-1814.
- ✓ Guidelines for Care of Children in the Emergency Department Criteria Checklist
- ✓ **Montana Pediatric Facility Recognition Criteria**

**We will call each facility and schedule a Pediatric Facility Recognition Site Visit.** You may help facilitate the scheduling by submitting the completed DIF. The visits will take approximately 2 hours. Please provide a short description of your facility, documentation requested by the Child Ready MT Team at the time of their visit to your facility i.e., Criteria Checklist, copies of your policies, etc.

We will review the checklist with your team at the site visit and tour your facility.

If you have questions, please contact Robin Suzor, EMS for Children Program Manager at [rsuzor@mt.gov](mailto:rsuzor@mt.gov) or (406) 444-0901 or Kassie Runsabove at (406) 238-6216 or [Kassie.runsabove@sclhs.net](mailto:Kassie.runsabove@sclhs.net)

## NATIONAL TRAUMA AWARENESS MONTH (NTAM) 2015 TOOLKIT Now Available

The American Trauma Society, in collaboration with the Society of Trauma Nurses, is once again pleased to present National Trauma Awareness Month. This May, **National Trauma Awareness Month celebrates its 27th anniversary with the campaign slogan, “3D Trauma Prevention”** and focuses on contributors to motor vehicle crashes - **Drugs/Drinking, Distraction and Drowsiness.**



This is an all too familiar list that makes driving in the US a risky endeavor. In 2013, the US saw over 32,000 fatalities and over 2.3 million injuries from motor vehicle crashes.

Of those, 31% involved an alcohol-impaired driver and 18% involved a distracted driver. While these numbers have decreased slightly over the past few years, the promotion of prevention strategies and education around risky behaviors must continue until these statistics are eliminated.

Several new resources are now available. <http://www.amtrauma.org/?page=NTAM2015>

# NATIONAL ASTHMA AND ALLERGY AWARENESS MONTH

Sponsored by the Asthma and Allergy Foundation of America (AAFA)

May is **Asthma and Allergy Awareness Month!** As a peak season for asthma- and allergy-related medical problems, it is a great time to educate and spread awareness.

In particular, asthma patients should be receiving information about **asthma pathophysiology, asthma triggers,** the correct use of **long-term control and quick-relief medications,** and **Asthma Action Plans** to better self-manage their conditions.

To learn more, visit [www.aafa.org](http://www.aafa.org) or [www.dphhs.mt.gov/asthma](http://www.dphhs.mt.gov/asthma). You can find a toolkit designed for Asthma and Allergy Awareness Month at [http://www.cdc.gov/asthma/world\\_asthma\\_day.htm](http://www.cdc.gov/asthma/world_asthma_day.htm). The toolkit features information for people with asthma, schools, public health practitioners, and others.

**May 6, 2015** is World Asthma Day

**May 11-17, 2015** is Food Allergy Awareness Week



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

NCADD Alcohol & Other Drug Related Birth Defects Awareness Week beginning on Mothers' Days a reminder that alcohol and drug use during pregnancy can be detrimental to a mother and her child. Prenatal alcohol and drug use can result in a spectrum of adverse conditions.

One of the most severe outcomes being fetal alcohol syndrome (FAS), which is the constellation of developmental defects that result from maternal abuse of alcohol during pregnancy, including infant facial malformations, growth deficits, and central nervous system problems that can persist throughout a child's life.

Approximately **one in every 100 children born nation-wide is adversely affected by prenatal alcohol and drug** exposure, including children with the full fetal alcohol syndrome, as well as children who may not have all of the external features of the syndrome, but whose brains have been injured.

**NCADD believes children deserve better.** An educated mother and her spouse and/or sexual partner can prevent the fate such newborns face. NCADD knows these tragic births can be prevented if people understood the realities behind alcohol and drug use during pregnancy.

On May 11-17, 2014, please join NCADD and other National Network of Affiliates get the message out. Together we can prevent birth defects.

- For more information and a current [Fact Sheet on Alcohol & Other Drug Related Birth Defects.](https://ncadd.org/in-the-news/1024-alcohol-and-other-drug-related-birth-defects-awareness-week-to-begin-on-mothers-day-) <https://ncadd.org/in-the-news/1024-alcohol-and-other-drug-related-birth-defects-awareness-week-to-begin-on-mothers-day->



## CHILD READY MONTANA

Child Ready Montana is a State Partnership Regionalization of Care Grant (SPROC) funded by the Federal Health Resource and Services Administration (HRSA). Montana is one of 6 states to be awarded this grant with the Montana Emergency Medical Services for Children (EMSC) Program.



Over 70-percent of graduates from RiverStone Health’s Montana Family Medicine Residency program stay in Montana, often times practicing in rural areas of the state. To help prepare the residents for emergency situations in a rural setting, St. Vincent Healthcare Telehealth and The Child Ready MT Program held a pediatric mock code simulation training for the 15 residents in the program on Wednesday, April 22.

The simulation portion of the training involved an infant simulator and a pediatric intensivist from St. Vincent Healthcare was on site via video from the hospital to assist the residents through the treatment process.

“We have found that the mock code simulations provide much needed and appreciated training for rural providers regarding pediatric urgent and emergent situations,” said St. Vincent Healthcare’s Telehealth Director, Doris Barta. “They also provide the pediatric intensivist at St. Vincent with an opportunity to meet and work with our providers in the rural setting where their resources may be limited. It is a great resource building activity for both the urban specialist and the rural provider.”

Residents also participated in intubation and intraosseous infusion (IO) training. Intubation is the placement of a flexible plastic tube into the trachea (windpipe) to maintain an open airway or to serve as a conduit through which to administer certain drugs. IO is the process of injecting directly into the marrow of a bone to provide a non-collapsible entry point into the systemic venous system. The training was beneficial for the Residents that plan to stay in Montana and work in rural healthcare facilities.



# Fort Peck Health and Resilience Symposium: Creating a Trauma-Informed Tribal Community

May 27-29, 2015

Fort Peck Community College Campus in Poplar, MT

*A public health symposium to engage the community about the prevalence and impacts of current and historical trauma on health across the lifespan, discuss community-based approaches to address trauma, and provide an opportunity to develop a plan to become a trauma-informed tribal community. Professionals in medicine, social work, education, the judiciary system, and law enforcement, as well as community members, are encouraged to attend.*

### Featured Topics & Speakers:

#### Adverse Childhood Experiences

Robert Anda, MD, MS – ACE Study Co-Founder & Co-Principal Investigator

#### Intimate Partner Violence

Jacquelyn Campbell, RN, PhD – Johns Hopkins University School of Nursing

#### Educating the Community: Health Impact of Violence & Abuse

Tasneem Ismailji, MD, MPH – Academy on Violence & Abuse

#### Stress & Neurobiological Changes

Holly Wilcox, PhD – Johns Hopkins Bloomberg School of Public Health

#### Historical Trauma: Intergenerational Transmission of Trauma

Maria Yellow Horse-Brave Heart, PhD – University of New Mexico

**Panel Discussions:** Prevention of Trauma in the Community; Principles of Building a Trauma-Informed Tribal Community; Legacies of Historical Trauma; Historical Trauma Recovery; & Treating Trauma/Addressing the Needs of Traumatized Families



### For More Information Contact:

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Fort Peck Community College  
(406) 768-6300

Teresa Brockie, RN, PhD  
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**Continuing Education Units (CEUs):**  
Available for Physicians, Nurses, Social Workers, Counselors, & Therapists



## **AUTISM**

*Picture being trapped in a vehicle. You're not sure what happened. Your Mom was driving you to school. Now you can't move, your arm feels funny and your mom is beside you moaning softly. Strangers are stopping and are pounding on the windows. Why are they pounding? You are going to be late for school. Late isn't good. You get a tardy. You begin to hear loud sirens, and see flashing lights. Don't look at them—flashing lights give you seizures. Your hands begin to flap. You start rocking. People are yelling. They've opened the door now and are asking lots of questions. Your mom told you not to talk to strangers. They grab your head and won't let you move. You need to rock, but you can't move because they are holding you still. You are definitely going to be late now.*

**Autism is considered a spectrum disorder.** Affected individuals may range from non-verbal individuals with severe learning disabilities to those with above average IQs. **Autism now affects 1 in 68 children, occurs in all racial, ethnic, and socioeconomic groups and is almost 5 times more prevalent in boys than girls.** It is important to note that the majority of persons on the autistic spectrum do not have a co-existing intellectual disability.

### **SIGNS AND SYMPTOMS OF AUTISM**

**Individuals with autism have difficulties in three main areas, including social interaction, social communication and social imagination.** They often are very literal thinkers and have difficulty with change. Those with autism may not be able to communicate at all or may have difficulty interpreting body language, respecting personal space or may have **trouble holding a conversation.**

Autistic individuals often have very restricted interests and prefer **repetitive motions such as flapping, spinning or twisting.** These repetitive behaviors often become more pronounced when the individual is under stress or heightened anxiety. There may also be a **hyper- or hypo-sensitivity to sound, light, touch, pain or other external stimuli.**

**AUTISM AND AGGRESSIVE BEHAVIOR**—Research identifies that individuals on the **autism spectrum are 20 to 30% more likely to exhibit aggressive behavior** than the general population. These aggressive behaviors are often escalated when the individual is distressed due to feeling unwell or uncomfortable. This aggressive or violent behavior must be thought of differently than as an act of violence that is planned and purposeful. **Aggression in autistic individuals is often due to their inability to communicate verbally, and rather than an intentional act, it is a reaction to pain, irritability or fear.**

Recognizing this behavior as a form of communication and altering approach accordingly is important for the safety of the emergency responder and patient. To decrease the likelihood of the autistic patient becoming violent, the emergency responder should:

- ✓ **first try to determine what the patient is trying to communicate.**
- ✓ Understand the behavior-this will better enable the emergency responder to provide proper help.
- ✓ **Utilize the caregiver to help decipher and assist EMS to respond to the patient's aggressive behavior.** This may be the most important tool the EMS provider has at his/her disposal. Caregivers know what words, actions or stimuli can calm a child and which could have the opposite effect.

This information was shared from EMS World. [http://www.emsworld.com/article/11362588/considerations-for-ems-response-to-autistic-patients-and-understanding-autism-challenges-in-emergency-situations?](http://www.emsworld.com/article/11362588/considerations-for-ems-response-to-autistic-patients-and-understanding-autism-challenges-in-emergency-situations?utm_source=EMS+World+News+Recap&utm_medium=email&utm_campaign=CPS150328005)  
utm\_source=EMS+World+News+Recap&utm\_medium=email&utm\_campaign=CPS150328005

## **CONSIDERATIONS FOR EMS PROVIDERS- BEFORE THE EMERGENCY-**

**EMS personnel may want to consider:**



- ✓ Seeking to identify those persons in their communities with a diagnosis of autism. **Invite parents of autistic individuals to speak on their experiences as caregivers.**
- ✓ **Hosting special events for those in the community with autism where autistic individuals can interact with EMS personnel in an “autistic friendly” environment.** Persons with autism can meet the providers and become familiar with the basic equipment used in emergency situations.
- ✓ Host a **Community Outreach Education Program, EMS providers can help families register with their community 911 service and provide stickers or other identifiers to be placed on the door or window of the home.** The Autism Society offers personal identification records that allow autistic individuals or their caregivers to outline information which may be pertinent in the case of an emergency. **These records include information on specific behaviors diagnosed individuals may exhibit in emergent situations (such as hand-flapping) and direct EMS providers on specific approaches to care.**

### **DURING AN EMERGENCY:**

- **Avoid the use of lights and sirens when possible** ( reduces hypersensitive to external stimuli.)
- Allocating a key individual to the patient so the patient can better understand what is happening to them.
- **Provide direct requests using simple language.** “Please move over here.”
- If transporting the patient, consider the response to the **safety straps on a stretcher. Explain the purpose of the straps before application.**
- **Inform the receiving facility of the patient’s diagnosis.**
- Persons who may have autism may be less aware of danger, may give misleading statements or may not be able to communicate the extent of the trauma. Use clues from the patient’s environment and bystanders’ accounts to obtain a complete picture of the situation.
- **Minimize distractions,** providing very deliberate care with a distal to proximal approach. Explain each move before proceeding.
- Recognize that although the individual may be non-verbal, autistic patients often have remarkable and intact receptive abilities. **They are literal thinkers.** Avoid idioms or other figures of speech such as, “This will only hurt for a minute.”
- **Allow the patient to perform self-stimulating activities unless it would other compromise care.** These activities may be the patients’ way of calming and comforting themselves.
- Remember that autistic patients may be **hyper- or hypo- sensitive to tactile stimuli.** EKG patches, tape or gauze pads may be an added discomfort to them. Oral medications may be especially repugnant.
- Assess for pain, recognizing that autistic individuals may not respond to commonly used instruments such as the Wong-Baker FACES pain rating scale, **due to their inability to read facial expressions.**
- **Utilize the patient’s caregivers whenever possible,** allowing the caregiver to accompany the patient during transport. In essence, they can be used in the role of an interpreter.
- **Performing only those procedures that are absolutely vital to the patient’s well-being** and eliminating those that can be delayed until after transport will also help lessen anxiety-based behaviors.
- If time permits, **demonstrating any procedures that must be done first on a stuffed animal or toy** may help alleviate some of the patient’s fear.

**ONLINE RESOURCES** such as Autism Speaks and The Autism Society provide useful, current information that can be utilized by the EMS provider as they continue to educate themselves on autism.

<http://www.emsworld.com/article/11362588/considerations-for-ems-response-to-autistic-patients-and-understanding-autism-challenges-in-emergency->

We are excited to announce that our new Prescription Drug Overdose website is now live!

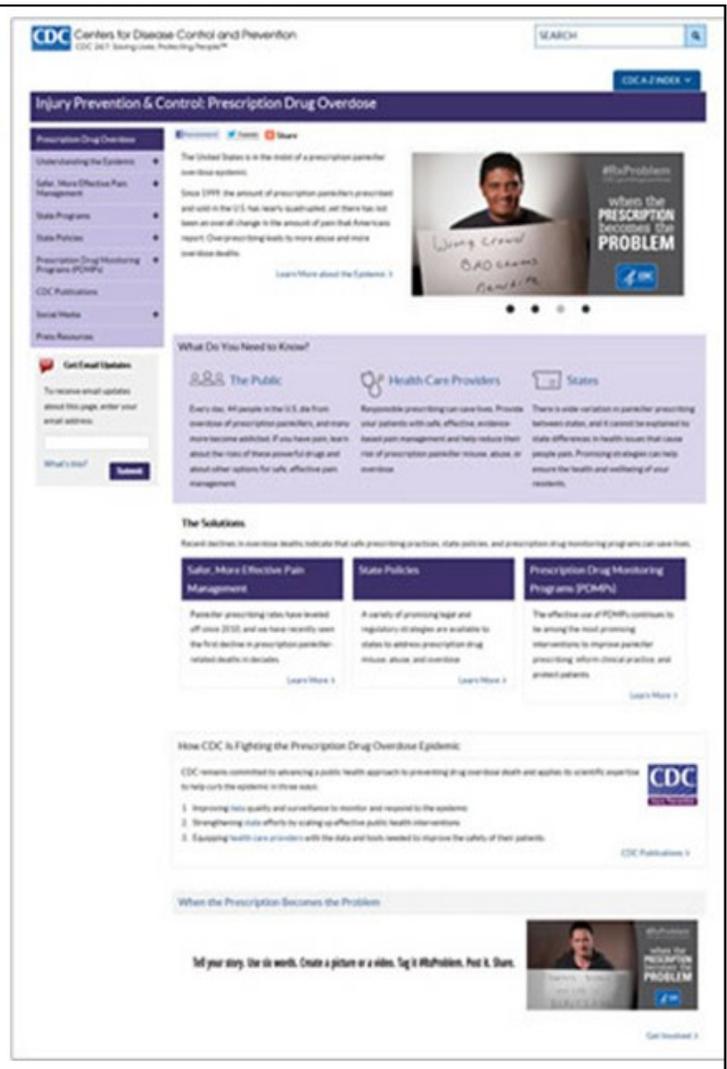
This new website helps shine a spotlight on the epidemic of prescription drug overdose and provide the public, health care providers, and states with the data and promising strategies to reverse it.

Check out the new website ([www.cdc.gov/DrugOverdose](http://www.cdc.gov/DrugOverdose)) to get quick access to the following topics and resources:

- [Understanding the Epidemic](#)
  - [Risk Factors](#)
  - [Data Overview](#)
- [Safer, More Effective Pain Management](#)
- [State Programs](#)
- [State Policies](#)
- [Prescription Drug Monitoring Programs](#)
- [CDC Publications](#)
- [Social Media Resources](#)

### Spread the Word

Click to share in your social media networks:



CHECK OUT THIS SHORT SEGMENT ON EDS AND DRUGS- HELPS GET THE POINT ACROSS.

<http://www.ems1.com/ems-humor/video/2089706-Taylor-Swift-parody-highlights-ER-drug-abuse/>

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## Taylor Swift parody highlights ER drug abuse



SAVE THE DATE FOR THE 2015 ROCKY MOUNTAIN TRAUMA SYMPOSIUM IN BILLINGS ON SEPTEMBER 24-25, 2015.

PEDIATRIC TOPICS WILL INCLUDE TRAINING ON THE IDENTIFICATION OF CHILD ABUSE AND NEGLECT AND ABUSIVE HEAD TRAUMA.



## TRIVIA CONTEST:

Answer the questions & win a free Packet of EMS for Children EMSC Day giveaways including coloring books, poison control stickers, children's first aid slide guides & children's first aid kits. Email [rsuzor@mt.gov](mailto:rsuzor@mt.gov) (1st 5 to answer) **Great giveaways on EMS for Children's Day!**

1. What does the 3D slogan focus on?
2. How many children (approximately) are born adversely affected by prenatal alcohol/drugs?
3. What is one of the repetitive motions children with autism may exhibit?

## TRAINING RESOURCES:

The 31st Annual **COMMUNITY AND SCHOOL PEDIATRIC CONFERENCE** with a Billings Video Conference Site is scheduled on **June 11-12, 2015** at the Riverstone Health Lil Anderson Center, 123 South 29th ST, Billings.

This year's conference emphasizes children's needs and the value of family, community and the healthcare team as integral partners in the care and well-being of children and youth.

For registration information go to children's Colorado.org/ce. Or the direct link to the brochure-: <https://cmetracker.net/CHCOL/Files/Brochures/33709.pdf>.

The **Cost is only \$40.00 for the Video Conference Sites** and the educational activity for **13.75 Nursing contact hours (6.5 hours 6/11 and 7.25 hours on 6/12)** are provided. The Objectives include:

- Benefits and caveats related to having dedicated care coordinators for children;
- Adopt and utilize brief cognitive interventions that will assist in anxiety reduction;
- Describe the common management on a patient who has been triaged.

RNs, School Nurses, Care Coordinators, Pediatric Champions, entire inter-professional team of pediatric healthcare providers, and any others working with kids.

## EMSC ONLINE TRAINING PORTAL

The EMSC National Resource Center's (NRC) new website features an [Online Training Portal](#). These flexible, pediatric-focused trainings are convenient and available 24 hours a day to meet the participant's lifestyle. In general, the courses are all self-paced and should take approximately 30 to 90 minutes to complete, depending on the course selected. Participants may enter and exit a course at any time, then re-enter to complete the course at their convenience.

Many of the courses offer continuing education credit.

A variety of courses are available targeting [EMS Professionals](#), [Acute Care Professionals](#), [Residents and Fellows](#), [School Nurses](#), and [Family and Caregivers](#).

## 7-year-old with abdominal pain

**Case summary >>** This patient presents with ~2d referred, RLQ abdominal pain, 103 F fever, nausea/vomiting. Hx genetic disease, **AUTISM**.



[https://meded.reeldx.com/#!/cases/581?utm\\_campaign=newcasenotification&utm\\_medium](https://meded.reeldx.com/#!/cases/581?utm_campaign=newcasenotification&utm_medium)

