

EMSC/CHILD READY CONNECTION NEWSLETTER



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A word from the EMSC Program Manager:

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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, 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!

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PROTECTING OUR INFANTS ACT 2015

From 2000 to 2012 the number of infants displaying symptoms of drug withdrawal after birth increased approximately fivefold nationwide. Neonatal Abstinence Syndrome (NAS) results in more complicated and longer initial hospitalizations than other newborns experience. Today, to assist these infants and their mothers, the President signed bipartisan legislation: "The Protecting Our Infants Act of 2015,

Because prevention and treatment efforts vary widely, the new law will help identify evidence-based approaches to care for babies and their mothers. The law requires the U.S. Department of Health & Human Services to conduct a study and develop recommendations for preventing and treating prenatal opioid use disorders and NAS. In addition, the CDC & Prevention will continue to assist states in improving availability and quality of data collection related to NAS, and encourage public health measures aimed at decreasing its prevalence.

The law builds upon ongoing efforts by the Obama Administration to make sure affected pregnant women have access to prenatal care and mothers and their babies have safety and stability, as well as access to evidence-based treatment.

Research shows that NAS can have origins in the use or misuse of legitimate medical prescriptions or treatment for substance use disorders, as well as in the use of drugs without an approved medical use, like heroin. In addition, the majority of people report the prescription pain medications they use non-medically are obtained from friends and relatives. This suggests that **NAS rates may be altered by reducing over-prescribing and opioid diversion.**

Among women who are pregnant, illicit drug use is low, reported at 5.4 percent, however research shows that proportionately more pregnant women with opioid use disorders are entering substance use disorder treatment than prior to the opioid use epidemic. Research also shows that approximately two thirds of these women do not receive the standard of care for pregnant opioid users: medication-assisted treatment with methadone or buprenorphine.

Reducing new non-medical prescription drug use is essential for decreasing the number of infants born with NAS. Two pillars of the Administration's 2011 Prescription Drug Abuse Action Plan are especially relevant to this: prescriber education and monitoring. Prescriber education on safer opioid prescribing is required in only eleven states. Increasing prescriber education requirements will create a more informed workforce that will take measures to reduce unnecessary prescribing and consider alternatives to opioid prescribing for pain medications in women of childbearing age, where clinically appropriate, including non-pharmacological therapeutic options.

Expanding prescription drug monitoring programs (PDMPs) to help prescribers identify active substance use and, where necessary, creating linkages to treatment can also help address NAS. Only a small number of states mandate use of PDMPs. However where they do, evidence is starting to show decreases in the percentage of patients who obtain pain medicines from multiple providers and pharmacies. Research shows certain types of medicines – especially long acting ones -- are closely tied to NAS incidence. OB/GYNs can and should make use of PDMPs as a way to understand patient drug use and the risks for having a NAS birth, even if they are not prescribing controlled substances.

The U.S. Department of Health and Human Services is currently providing guidance to strengthen the capacity of states and local jurisdictions to improve the safety, health, and well-being of substance exposed infants, with an emphasis on opioid dependent women, and the recovery of pregnant and parenting women and their families. The 18-month initiative, funded by the Federal Substance Abuse and Mental Health Services Administration, is supporting state efforts to strengthen collaboration and linkages across child welfare, addiction treatment, medical providers, early child care, and education systems in Connecticut, Kentucky, Minnesota, New Jersey, Virginia and West Virginia (<https://ncsacw.samhsa.gov/technical/sei-idta.aspx>)

January is Winter Sports Traumatic Brain Injury Awareness Month

Winter in Montana is a great time and place for people to get outdoors and enjoy the many recreational activities that this season affords us. Skiing, snowboarding, sledding, ice skating, hockey and snowmobiling are just a few of the thrilling activities that Montanans of all ages partake in each year. Along with the health benefits of physical activity, there are also risks of serious injury due to the high speeds and slippery surfaces associated with these winter sports.

One type of injury that can occur during winter recreation is a concussion. Also known as a mild traumatic brain injury, it occurs when a jolt or blow to the head or body, shakes the brain inside the skull. This can result in a change of function of the brain, though effects are often temporary.

Prepare yourself with these **injury prevention tips** so that you and your loved ones can stay safe and enjoy all the activities that Montana winters have to offer.

Always wear a proper fitting helmet and replace it after a serious crash or hit

Never participate in winter sports alone

Take a lesson from a qualified instructor

Know your ability level and know your limits

Avoid participating in sports when you are exhausted or in pain

Be familiar with your surroundings and stay alert



If an injury does occur be aware of **concussion signs and symptoms**:

Headaches, weakness, numbness, decreased balance, blurred vision, mood changes, sensitivity to lights or sounds, confusion, slurred speech, nausea, vomiting

Children with a brain injury can have the same signs and symptoms, but sometimes have trouble letting others know how they feel. Call your child's doctor if he/she may have hit their head and you notice any of the following symptoms: ***Tiredness or listlessness, irritability or crankiness, changes in eating, changes in sleep patterns, changes in the way the child plays, changes in performance at school, lack of interest in favorite toys or activities, loss of new skills, such as toilet training, loss of balance or unsteady walking***

After hitting their head, a person may complain of "not feeling right" or might brush it off as a minor injury, but if you or a loved one notice any of these symptoms, the injured person should seek medical attention right away. Sometimes symptoms are seen immediately following the injury and sometimes they may not appear until several days or even weeks later.

If diagnosed with a concussion, make sure to allow time to heal and get medical clearance before returning to activity. Experiencing a second head injury before the first one can heal can lead to serious and life threatening consequences. Prevention is the key to staying safe, but when injuries do occur, seek treatment immediately to prevent more serious problems later on.

This message is brought to you by the Montana Injury Prevention Program, reminding you to have a fun and safe winter. For more information contact Jeremy Brokaw, Injury Prevention Coordinator at jbrokaw@mt.gov or 406-444-4126.

Interested in being a Certified **CHILD PASSENGER SAFETY (CPS) TECHNICIAN??**

What Techs Do- CPS technicians and instructors use their considerable knowledge and expertise at community-based activities, such as child safety seat checks, where parents and caregivers receive education and hands-on assistance. CPS technicians and instructors keep up-to-date on the latest technical information about child passenger safety through seminars and other continuing education opportunities.

All CPS technicians must take and pass the CPS Certification Course and pay a course fee of \$85. **The MT EMS for Children's Program will sponsor up to 20 Child Passenger Safety Technician opportunities for Nurses and ECPs-this is the start of a collaboration to have at least two CPS per county.**

THE CERTIFICATION COURSE —In order to become a nationally certified child passenger safety (CPS) technician, you **must be 18 or older** and pass the CPS Certification Course. Students pass the course if they: attend every part of the course and earn passing grades for three sets of tests: written quizzes; hands-on skills assessments; and a checkup event. Before registering for the course, please be confident that you can meet all the course requirements:

Attend every part of the course. The CPS Certification Course is usually **three to four days long** and combines classroom instruction, indoor and outdoor hands-on activities, skills assessments with car seats and vehicles, and **a community safety seat checkup event**. You will receive a copy of the technician guide and will be expected to read it as part of the course instruction. All course materials, including the workbook, are included in your registration fee. You can get a head start on the course by checking out the technician guide.

Written quizzes. Your instructor will test you with three written, open-book quizzes. "Open-book" means that you are encouraged to use your CPS technician guide while you are taking the quiz. To pass the combined quizzes, you must answer at least 42 out of 50 questions correctly, which means a passing score of 84 percent or better.

Hands-on skills assessments. Instructors will test your skills with three hands-on skills assessments, and will award a grade of either pass or fail following each assessment. If you fail any of the three assessments, you will be notified during the course and may continue attending the class as an observer, but only at the discretion of the lead instructor.

Checkup event. The checkup event is also graded as either pass or fail. To pass the checkup event, you must successfully demonstrate skills learned during class; ability to follow event procedures and instructions; proper use and installation of child restraints and safety belts; and the ability to teach parents and caregivers how to properly protect their family on the road. The lead instructor will enter all your grades online at the end of the course. You can see your grades by logging on to your CPS online profile. Safe Kids will mail official notification letters directly to newly certified technicians within 20 business days after the lead instructor finalizes the course. Notifications of failure to qualify for certification will also be sent at that time.

When You Pass the Course- Successful completion of this course certifies you as a **CPS technician for two years**. You can register for the Billings training now on the web link under "find a course" <http://cert.safekids.org/> . Other courses will be available in 2016. For more info contact Pam Buckman at pbuckman@mt.gov.

Please let me know if you would like to become a Certified Passenger Safety Technician. Help kids be safer on our roads!

Early car seat- Picture courtesy of Francine Janik, EMS Licensing & PI Specialist

Use not recommended!



HAVE YOU ASSESSED YOUR AMBULANCE COMMUNITY FOR PEDIATRIC SAFETY DURING GROUND TRANSPORT?

[Here to Help: Proper Child Restraints in Emergency Vehicles.](http://www.ncems.org/pediatric-transport/)

Go to <http://www.ncems.org/pediatric-transport/> 50 minute online (video)

Developed by the North Carolina EMSC, this course targets prehospital providers and addresses the importance of restraining children when being transported in an ambulance. The course also demonstrates the use of a variety of child restraint devices. Students that complete the quiz at the end of the training and receive a passing grade of at least 70% will be eligible to apply for one hour of continuing education credit.

BABY SAFETY: KNOW YOUR CAR SEAT

Most families with newborn babies make at least one serious error in the use and installation of their car safety seat, according to research published in *The Journal of Pediatrics*. **Most parents do not set up the car seat correctly.**

In 2013, around 8,500 infants under 1 year of age needed hospitalization or emergency care, and 135 died following road traffic accidents. **Used correctly, car seats can reduce the risk of infant death and injury by 71%.**

Many hospitals have child passenger safety programs, and prenatal classes often address safe transportation of newborns, but the content is variable due to constraints on time, staffing needs, financial resources and risk management concerns.

The US National Highway Traffic Safety Administration (NHTSA) recommends a small, portable rear-facing car seat for newborns up to 8-9 months. In a crash, it will cradle and move with the child to minimize stress to the fragile neck and spinal cord. **Research has shown that over 90% of families made errors with car seat use.**

Each family was asked to position the newborn in the car seat and, if not already done, install the car seat. Certified car safety technicians evaluated the positioning and installation, noting and correcting all instances of misuse. The CPS technicians spent an average of 35 minutes with each family.

At least one error in car seat use was made by 95% of families, and 91% made a serious error. The most common errors included loose harness and car seat installation, low chest clip and incorrect recline angle. Of the 15% of families who had already worked with a certified car safety technician, 83% still had at least one error in use. In addition, six families had an expired car seat, and three seats had visible damage that made them unusable.

Factors contributing to a higher rate of car seat misuse included lower socioeconomic status, lower educational attainment and non-English primary language. The researchers recommend that families work with certified car seat technicians before hospital discharge, but they say that **more needs to be done to ensure infant safety**, such as a review of the safety programs provided.

Installation tips- NHTSA recommendations on use and installation of a car seat for an infant include the following points:

- ✓ Choose a rear-facing seat
- ✓ When installing, read the instruction manuals for both the car seat and the vehicle, because seats and vehicles vary.
- ✓ Use either the lower anchors or the seat belt to secure the seat; if using the seat belt, make sure you know how to lock it.
- ✓ Place the car seat in the back seat of the vehicle, tightly secured and unable to move side-to-side or front-to-back more than 1 inch when pulled at the belt path; and
- ✓ Ensure the seat is installed at the correct recline angle by using the built-in angle indicator or adjustor.

Adapted from the article written by [Yvette Brazier](#)



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.

TIPS TO PREVENTING RESPIRATORY SYNCYTIAL VIRUS OR RSV

Because RSV can be easily spread by touching infected people or surfaces, washing hands well and often is key in stopping it. Try to wash your hands after having any contact with someone who has cold symptoms. And school-age kids who have a cold should be kept away from any younger siblings — especially babies — until their symptoms pass.

To prevent serious RSV-related respiratory disease, at-risk infants can get a monthly injection of a medicine with RSV antibodies during peak RSV season (roughly November to April). The protection it gives is short-lived, though, so the injections must continue in each RSV season until the child is no longer at high risk for severe RSV infection. Ask the doctor if your child is considered high risk.

(kidshealth.org)



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PATIENT- AND FAMILY-CENTERED CARE MODULE.

Joe Hansen, Montana's Family Representative for the EMS for Children Program was instrumental in the development of this new module. Thanks Joe!

The Patient- and Family-Centered Care module is released online for education and CE!

This is the direct link <http://emed.unm.edu/pem/programs/ems-for-children-emsc/emsc-online-collaborative-course-directory.html>

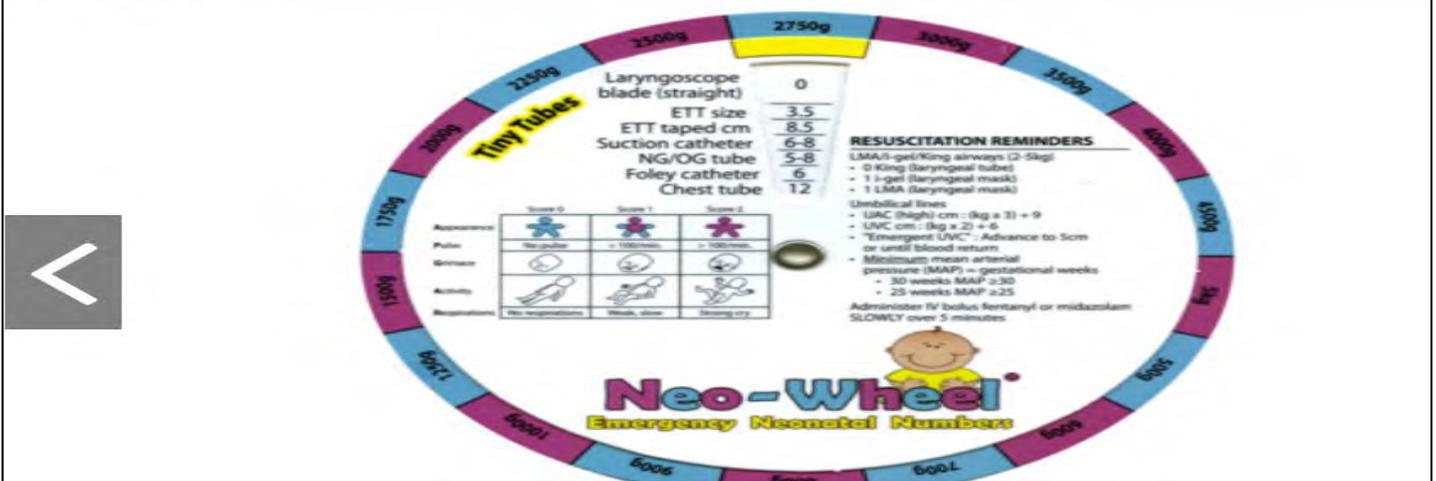
It can also be found in the list of courses at www.pediatricemergencytraining.com.

Scott DeBoer, RN, MSN, CPEN, CEN, CFRN, CCRN, brings to life a reference guide that can be kept in your pocket and used for neonatal emergencies. This double-sided slide chart holds volumes of vital newborn information in the hopes of saving precious lives and avoiding medical mistakes.

Previously working with the company who created the Pedi-Wheel, a similar device for children, DeBoer found a need for a similar product for babies from 500 grams to 5 kilos (just over a pound to about 11 pounds). Providing calculations such as resuscitation medication doses, suggested sizes for ET tubes and laryngoscope blades, suction catheter, NG/OG, Foley catheter, and chest tube sizes, the Neo-Wheel is perfect for everyday use or as a study aid. Visit www.peds-r-us.com.

Pediatric Nurse Expert Gives Birth To Neonatal Creation

NOV 17, 2015



The MT EMSC/Child Ready MT program has reviewed 13 healthcare facilities in Montana. Seven facilities have been recognized. *THANK YOU TO ALL THE FACILITIES!*

PEDIATRIC RECOGNIZED FACILITIES: (alphabetical order)

- Central Montana Medical Center** in Lewistown received recognition in October 2015
- Colstrip Medical Center** Colstrip Montana received recognition in July 2015
- Northern Montana Hospital** in Havre Montana received recognition in August 2015
- North Valley Hospital** in Whitefish Montana received recognition in October 2015
- Phillips County Hospital** in Malta Montana received recognition in May 2015
- St. Vincent Healthcare** in Billings Montana received recognition in May 2015
- Stillwater Billings Clinic** in Columbus Montana received recognition in April 2015

If you would like to schedule a visit please visit the EMSC webpage at:
<http://dphhs.mt.gov/publichealth/EMSTS/emsc/Pedsfacilityrecognition>.

Look forward to our telephone call and/or email to schedule a recognition visit with your facility.

CDC announced an updated version of [DATING MATTERS®: Understanding Teen Dating Violence Prevention](#), a free, online course available to educators, school personnel, youth mentors and health care providers, and others dedicated to improving teen health.

New features include graphic novel scenarios, interactive exercises, updated resources and a fresh user experience. **What You'll Learn**

- Characteristics of healthy and unhealthy teen relationships
- Early warning signs and factors that may increase a teen's risk for dating violence
- Statistics, examples, and consequences of teen dating violence
- Ways to promote healthy relationships and prevent unhealthy and violent ones

Learn More at <http://vetoviolence.cdc.gov/apps/datingmatters/>

– DISASTER RESILIENCE CARTOONS AND WORKSHEETS FOR YOUTH/STUDENTS

Building Resilience with Hunter and Eve is an animated series featuring a young fox (Hunter) and owl (Eve) who together learn how to be resilient and cope with disasters and emergencies.

Each episode of this series focuses on one important skill (for example staying safe, keeping calm, solving problems) and provides clear steps toward achieving the skill.

Child and youth worksheets are available for each episode in the series. The worksheets include activities that reinforce the steps presented in each video.

Discussion starters are also provided, which provide questions for children and youth to think and talk about before and after watching each episode. Discussion starters can be used with individual children or with groups.

The first two episodes and accompanying worksheets are available here: <http://dcc.missouri.edu/hunter-eve>

In one episode, Hunter learns three steps to stay safe in a disaster or emergency. Watch the video learn how you can stay safe too!





TRIVIA CONTEST:

Answer the trivia and win a free set of the PALS Algorithm Cards—First 4 to email answers to Robin -rsuzor@mt.gov.

1. What is the new NAS legislation?
2. What are two symptoms of a TBI?
3. What is a CPS?
4. What is one of the most common errors in car seat installation?

TRAINING RESOURCES:

The National Action Partnership to Promote Safe Infant Sleep released *The National Action Plan to Increase Safe Infant Sleep* on a webinar hosted by HRSA's Maternal and Child Health Bureau.

This is a webinar hosted by HRSA's Maternal and Child Health Bureau launched the new plan and covered how work on promoting safe sleep practices and breastfeeding fits into this national framework.

The archive of that webinar follows. Please note that the introduction of the webinar (1st three slides) have been edited from this archive due to poor sound quality; those slides are available on the webpage.

A [PDF of the Presentation](#) is also available.

<http://nappss.org/plan/webinar.php>



Education/Training



If I have seen further it is by standing on the shoulders of giants.

Isaac Newton

Resource Awareness

Montana 211 System

