

# EMSC/CHILD READY CONNECTION NEWSLETTER



JUNE 2015: VOLUME 3, ISSUE 6

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!**

**2nd Annual Awards Ceremony! See page 2.**

**Importance of Fathers= See page 3.**

**Share your EMS Celebrations with us! See page 3.**

**Are you Prepared? See page 4**

**Interested in the study on Prehospital Telemedicine? See page 5.**

**WHAT IS THIS? IT MAY BE IN YOUR COMMUNITY! SEE PAGE 4!**



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WHAT'S NEW?	PAGE
SECOND ANNUAL EMS&T AWARDS	2
PEDIATRIC DISASTER TRAINING	3
SHARE EMS WEEK CELEBRATIONS	3
Happy Fathers Day	3
DABBING SHATTERS	4
CHILD READY MT	5
MT Asthma Program Education	5
MT Pediatric Facility Recognition Project	6
Are you Prepared?	6
Center for Domestic Preparedness Free Training	7
Prehospital Telemedicine Study	7
Pediatric Planning Webinar	7
ENPC & EPC Course Available	8
Trivia	9
Video of the Week	9
Pediatric Hospital Preparedness Resource	9

# THE SECOND ANNUAL MONTANA EMERGENCY MEDICAL SERVICES and TRAUMA SYSTEMS AWARDS CEREMONY



MAY 21, 2015 - MONTANA CAPITOL ROTUNDA

## 2015 VOLUNTEER EMS PROVIDER OF THE YEAR AWARD

**DREW HENDRICKSON**, EMT ARLEE AMBULANCE SERVICE— Drew is a true leader in his community. He was the first EMT on the Arlee Volunteer Fire Department in 1979 and continues to respond to calls today 38 years later. He is a community liaison, a mentor and the backbone of EMS in Arlee.



## 2015 CAREER EMS PROVIDER OF THE YEAR AWARD

**NICK JACOBS**, PARAMEDIC COLUMBUS FIRE/EMS SERVICE— Nick started as a basic EMT, and continued to the Paramedic Level. He has continued to grow and educate both himself and other EMS personnel. Nick works closely with the Stillwater Billings Clinic. Staff state that “Nick has done wonders with EMS and Nursing relations. Respect and communication on both sides have improved.” Nick holds himself, the area medics and EMTs to a high standard of care. He works tirelessly for Stillwater County and provides mutual aid to surrounding areas as well.



## 2015 EMS SERVICE OF THE YEAR AWARD and EMSC APPRECIATION AWARD

**GLACIER COUNTY EMS** —Glacier County exemplifies what it means to be a community EMS. They are an integral part of their community. They respond to emergencies, but also understand the importance of injury prevention and being an integral part of their community. They have raised funds and given away over 700 bicycles and helmets. They have a “Be Safe Be Seen Campaign” for Halloween; provide community CPR education; and they work closely with their emergency planning committee and the local hospital. They take pride in their patient centered care.



## 2015 TRAUMA SERVICES AWARD

**JOHN BLEICHER** (MISSOULA ST. PATRICK’S HOSPITAL TRAUMA COORDINATOR)— is a Registered Nurse who began his career as an EMT in Boulder, MT then went on to become an integral part of the birth and development of the Montana Trauma System. He has helped shape Montana’s Trauma System into one of the most successful and highly respected rural trauma system in the Nation. We also wish him **Happy Retirement!**



(Pictured above are the award winners and Lieutenant Governor, Angela Mclean)

## SPECIAL RECOGNITION FROM MT EMS FOR CHILDREN & EMS & TRAUMA SYSTEMS:

Montana’s Pediatric Facility Recognition Criteria, recently endorsed by the Montana Chapter of the Academy of Pediatrics, is being utilized to help Montana become Pediatric Ready.

The first Montana Hospital to be recognized as a **PEDIATRIC PREPARED FACILITY** IS ST. VINCENT’S HEALTHCARE IN BILLINGS.

The first Montana Hospital to be recognized as a **PEDIATRIC CAPABLE FACILITY** IS STILLWATER BILLINGS CLINIC IN COLUMBUS.

THANKS TO ALL FOR HELPING MONTANA’S FAMILIES AND CHILDREN!!

## "PEDIATRIC DISASTER RESPONSE AND EMERGENCY PREPAREDNESS"

The Montana EMS for Children (EMSC) and Child Ready MT will host the new 16-hour course developed by the Texas A&M Engineering Extension Service and the National Emergency Response and Rescue Training Center (TEEX.) DATE: June 18-19, 2015 in Billings, Montana (Course #: FPMGT439 27)

**COURSE DESCRIPTION:** This course prepares students to effectively, appropriately, and safely plan for and respond to a disaster incident involving children. The course addresses the specific needs of pediatric patients in the event of a community-based incident.

**WE STILL HAVE OPENINGS AVAILABLE-DON'T MISS THIS GREAT OPPORTUNITY**

Registration form is located at: <http://dphhs.mt.gov/publichealth/EMSTS/calendar.aspx>

### TOPICS:

- . Introduction to Pediatric Response
- . Implications for Planning and Response
- . Mass Sheltering
- . Allocation of Scarce Resources
- . Pediatric Decontamination Considerations
- . Emergency Management (EM) Considerations
- . Functional Access Needs Considerations
- . Pediatric Triage
- . Pediatric Reunification Considerations

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.



### HAPPY FATHER'S DAY

The direct impact on child well-being and the benefits of having a father present have been linked not only to improved pregnancy outcomes but also enhanced child development.

A father's involvement has shown to have a positive impact on a child's emotional and psychological state, educational development, and school readiness, as well as increased ability to socialize and build good relationships. In contrast, research has shown that the lack of fatherhood involvement can have long-term negative effects on children. They are more likely to be poor, have a greater risk of being involved in dangerous or unhealthy behaviors influenced by peers, and have an increased risk of developmental delays.

The presence of males and fathers in the lives of children is essential to their emotional, social, educational, and physical development. The recommendations were presented by the Commission on Paternal Involvement in Pregnancy Outcomes (CPIPO.) CPIPO urge national public health agencies to expand their programs around preconception health and reproductive life planning to have a greater emphasis on the role of fathers in not only the lives of the children but also in the lives of the mother.

The CPIPO are also calling on major public health programs, **health related professional associations**, and national organizations to increase education and raise awareness on the roles of fathers throughout pregnancy and childbirth.

**From promoting more father friendly hospital settings** and policies to increasing funding for researchers to conducting studies on the physiological and behavioral changes in expectant fathers. **These recommendations encourage us all to re-examine our work around fathers and male involvement.** When we can change our systems, we can change our communities, and we can improve the lives of families. For more information about this brief, please contact NHA at 202.296.2195 or [info@nationalhealthystart.org](mailto:info@nationalhealthystart.org)

# OK, so what does it look like?



## THE BASICS- IT'S CALLED "DABBING," AND IT'S A NEW DRUG CRAZE

Butane hash oil (BHO) also known as dabs, honey oil, ear wax, oil, shatter, or budder—is a potent marijuana concentrate that can exceed 80% THC content.

Users inhale a highly concentrated and potent marijuana vapor; there are serious dangers they face, including burns and injuries. Fires and explosions are occurring because the drug is cooked, and the process requires highly flammable materials. Blow torches, butane and highly concentrated hash oil or THC oil are used. Consuming BHO usually involves the user touching the concentrate onto a heated surface (like a nail) and inhaling its vapors. Some dabbing paraphernalia resembles traditional meth or crack pipes,

Highly combustible butane is used to cook the oil, which comes from cannabis, turning it into a wax. Later, the butane is used a second time to heat up the wax and turn it in to a vapor. The vapor emitted is reported to be four to five times stronger than smoking marijuana, and is described as the free-basing of marijuana.

A practice related to dabbing includes placing hash oil in vaping devices, which look like e-cigarettes and don't emit any smoke. This decreases opportunities to get caught using hash oil, and gives middle and high school aged youth the opportunity to get high in increasingly public places, even at school.

BHO is produced by one of two methods: "open" or "closed." The open method involves packing a stainless steel tube with marijuana and "blasting" the tube with butane (an extraction solvent). The resulting extract—a thick, yellow-orange oil—trickles out onto a pan. This method can be dangerous: [FEMA reports](#) increasing incidents of explosions across the US. The closed system, uses a machine called a butane oil extractor—which is also used to perform oil extraction from botanical herbs like lavender and mint to produce aromatics, infusions, and tinctures.

There have been increasing news reports of houses and apartment buildings exploding as a result of the extraction process, leaving individuals in need of skin grafts and reconstructive surgery for severe burns, broken bones or can even lead to death. In addition, contaminants in the hash oil, including butane and other neurotoxins, can lead to serious allergic reactions and even poisonings. Dabbing comes with a slew of negative side effects, including a rapid heartbeat, blackouts, feeling like something is crawling under the skin, loss of consciousness and psychotic symptoms, including paranoia and hallucinations.

For a great presentation and more information see:: [Ben Krakowka](#) <http://youtu.be/TO6UOIErNQc>

## What are Shatters made of?

- Shatters are chemically condensed marijuana.
- The chemical process specifically removes the active ingredient from Marijuana which is THC.
- In most Marijuana the THC content is now between 10% and 25% in really high quality product.
- In Hashish the THC can be from around 50% to 65%.
- In Shatters the THC can be over 90%.





## 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.

### St. Vincent Healthcare recognized as first Pediatric Prepared Facility in Montana

“As a regional Pediatric Care Facility, we have had an opportunity to work with a number of Critical Access Hospitals throughout Montana,” said St. Vincent Healthcare Pediatric Critical Care Physician, Dr. Richard Salerno. “This partnership has helped us provide the best care possible, at the right time, at the right place.”

As a recognized Pediatric Prepared Facility, St. Vincent Healthcare is able to provide advanced pediatric care for the majority of pediatric medical emergencies including illness and injury. This certification recognizes that St. Vincent Healthcare meets specific criteria for personnel training, equipment and facilities that support optimal care for ill or injured infants, children and adolescents. Within those criteria, all physicians, mid-level providers, and nursing staff will maintain pediatric emergency medicine education every 2 years, including Pediatric Advanced Life Support (PALS) and/or Emergency Nursing Pediatric Course (ENPC).

“We are very pleased to invest the time and resources required to be recognized as a Pediatric Prepared Facility,” said St. Vincent Healthcare Chief Medical Officer, Dr. Michael Bush. “The ability to extend this knowledge and these resources to our region is an important part of our mission.” In addition to providing the highest quality of care for pediatric patients on-site, St. Vincent Healthcare is also prepared to provide specialized pediatric care through telemedicine to rural facilities throughout the region. “We see this as a great opportunity to partner with surrounding communities to ensure that patients are offered the best possible care with the least amount of variation in order to optimize outcomes,” said St. Vincent Healthcare Emergency Medical Director, Dr. James Bentler.

Lorna Dyke service line Director of Women’s and Children’s at St. Vincent Healthcare accepted the recognition May 21<sup>st</sup> in Helena.

Pictured are Lorna and Lieutenant Governor Angela Mclean.



## CONTINUING EDUCATION OPPORTUNITIES OFFERED ONLINE

### Access webinars offered by the Montana Asthma Control Program

The Montana Asthma Control Program (MACP) has archived webinars that can be accessed at:

<http://dphhs.mt.gov/Asthma/webinars.aspx>

These webinars are each approved for **1 Continuing Education (CE)** hour by the **Montana Board of Pharmacy** and the **Montana Board of Respiratory Care Practitioners**. Since these two organizations are accredited agencies for providing CE, the hours **can be applicable for other health care professionals** as well, such as nurses. Check with your accrediting agency to see if you can use them, too!

Stop in to learn about spirometry, asthma and pregnancy, difficult asthma, and other topics. If you have suggestions for topics you’d like to see covered or any questions, contact the MACP at [asthmainfo@mt.gov](mailto:asthmainfo@mt.gov).



## 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. At the Visit, the facilities will be asked to provide a short description of the facility, the Criteria Checklist, copies of 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)

## Are You Prepared For Kids?

- *“By failing to prepare you are preparing to fail”*

✧ *Benjamin Franklin*



## PATIENT IDENTIFICATION TECHNOLOGY INTRODUCED AT CDP

Students attending healthcare training at the **Center for Domestic Preparedness (CDP)** are helping to perfect automated capabilities **to track patients during mass casualty exercises**. Automated patient tracking is used in a variety of healthcare facilities throughout the United States and is a key component to incident response and management. **CDP has been testing the new tracking system from Global Emergency Resources and expects full implementation in their training programs early this year.**

The software is HIPAA/HITECH ( Health Information Technology and Clinical Health Act) compliant for patient and hospital data, and allows responders to use a smartphone to scan a bar code for patient tracking, and attach pictures and videos to help chart medical progress. The software allows users to securely transmit patient information to a range of interconnected players including incident command, hospital command centers and public health officers. It includes the ability to scan barcodes on triage tags or ID cards, linking patients directly to a specific number, ensuring that the patient is properly identified. Any items (such as pets) included into the record will be associated with that person throughout the cycle of triage and care to discharge.

Additionally, photographs and pertinent information such as a patient's name, age, gender, symptoms, associated injuries and treatment provided can also be recorded in the system. The data transmission can be used in conjunction with popular web-based programs found in a majority of first responder command and control elements. Data collection enables hospital leadership to maintain situational awareness, determine the number of patient admissions and hospital occupancy levels. **CDP training is fully funded for tribal, state, and local response personnel. Round-trip air and ground transportation, lodging, and meals are provided at no cost to responders or their agency or jurisdiction. To learn more about the Center for Domestic Preparedness, visit <http://cdp.dhs.gov> or call 866-213-9553.**

## NPSTC SURVEY SEEKS TO STUDY PREHOSPITAL TELEMEDICINE

The EMS Working Group of the National Public Safety Telecommunications Council (NPSTC) is currently studying the use of prehospital (EMS) mobile telemedicine. A new nationwide public safety broadband network, called FirstNet, will allow EMTs and paramedics to access a dedicated high speed data network. This new network will allow secure live video, pictures, text and patient data or vital signs telemetry to be shared with receiving physicians, hospitals and trauma centers, in addition to automated crash telemetry sensor data that is becoming standard on many vehicles. The EMS Working Group is examining the operational use cases for prehospital telemedicine (video and picture images). While the field of video conferencing and multi-media messaging technology is advancing quickly, there is no consensus in the healthcare community on how it should be used most effectively. **This survey is one step to help determine how video and images might be used in the prehospital patient care setting.**

## WEBINAR: PEDIATRICS PLANNING IN DISASTERS

The Emergency Medical Services for Children (EMSC) National Resource Center hosted the webinar **"Essential Pediatric Domains and Considerations for Hospital Disaster Preparedness: Where Do We Begin?"** on Thursday, April 2nd. This webinar was geared toward hospital administrators; clinical managers; physicians; nurses; disaster management specialist; community disaster planners; state and local policy makers.

This webinar is a detailed talk about the **"Checklist of Essential Pediatric Domains and Considerations for Every Hospital's Disaster Preparedness Policies"** and how hospital leadership can use this tool to incorporate pediatric considerations into existing hospital disaster policies. Those planning to view this educational event may find it helpful to review the Checklist prior to the webinar;

The webinar was recorded and available for viewing. <https://emscnrc.adobeconnect.com/p4a8onb9bf6/?launcher=false&fcsContent=true&pbMode=normal>

## EMERGENCY NURSING PEDIATRIC COURSE OPPORTUNITIES (ENPC)

Description/Dates	Location	Contact for Further Info
Emergency Nursing Pediatric Course (ENPC) Training June 12-13, 2015	COLUMBUS, MT- STILLWATER BILLINGS CLINIC	COURSE FULL
Description/Dates	Location	
Emergency Nursing Pediatric Course (ENPC) Training June 12, 2015 AND June 28, 2015	HAVRE, MT	COURSE FULL
Emergency Nursing Pediatric Course (ENPC) Training SEPTEMBER 17-18, 2015	HELENA, MT  St. PETER'S HOSPITAL	MT EMSC Attn: Robin Suzor Helena, MT 59620 <a href="mailto:rsuzor@mt.gov">rsuzor@mt.gov</a> 406-444-0901

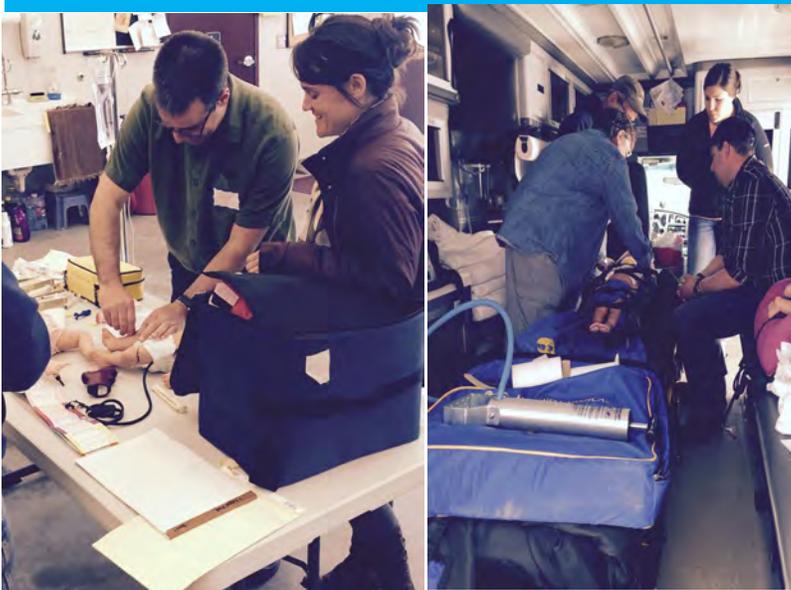
FOR MORE INFORMATION REGARDING AN ENPC COURSE IN YOUR AREA contact ROBIN at [rsuzor@mt.gov](mailto:rsuzor@mt.gov). These courses are sponsored by the MT EMSC/Child Ready MT Project and includes Instructors, manuals, and equipment if needed.

## EMERGENCY PEDIATRIC CARE (EPC) COURSES OFFERED FOR PREHOSPITAL SERVICES.

Emergency Pediatric Care Course (EPC) Training  July 25, 2015	Big Sky Fire Department  Big Sky, MT  Deadline for Registration 7/01/2015
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FOR MORE INFORMATION REGARDING AN EPC COURSE IN YOUR AREA CONTACT ROBIN at [rsuzor@mt.gov](mailto:rsuzor@mt.gov)

OR Benjamin King at [bking@bestpracticemedicine.com](mailto:bking@bestpracticemedicine.com) (the MT EMSC EPC Course Coordinator)



### **Emergency Pediatric Care**

(EPC) is a comprehensive education program for EMS practitioners on the care of sick and injured children, addressing a full spectrum of emergency illnesses, injuries and scenarios that an EMS practitioner might encounter.

EPC uses the Pediatric Assessment Triangle (PAT) as a tool to help EMS practitioners rapidly and accurately assess pediatric patients and incorporates family centered care throughout all scenarios. Training encompasses lectures, hands-on skills practice and small group critical thinking discussions.



## TRIVIA CONTEST:

Answer the questions & win a free EMS Field Guide (either ALS or BLS). Email [rsuzor@mt.gov](mailto:rsuzor@mt.gov) (1st 5 to answer)

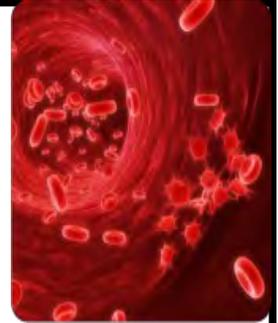
1. What is the PAT?
2. Which service won the EMS Service of the Year Award?
3. What is shatters?
4. By failing to prepare you are preparing to ??

## TRAINING RESOURCES:

One of every 5,000 baby boys is born with hemophilia, and about 20,000 males in the US currently live with the bleeding disorder. Hemophilia can lead to joint disease, pain, and death if the bleeding can't be stopped or if it occurs in the brain or other vital organ.

Healthcare professionals can earn continuing education credits by completing CDC's online course, [Introduction to Hemophilia Care](#).

<http://www.cdc.gov/ncbddd/hemophilia/training>.



## Newest Products and Resources



Download

[Checklist of Essential Pediatric Domains and Considerations for Every Hospital's Disaster Preparedness Policies \(2014 - Interactive Version\)](#)

[Checklist of Essential Pediatric Domains and Considerations for Every Hospital's Disaster Preparedness Policies \(2014 - Non Interactive Version\)](#)

## 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.

REEL DEX EDUCATION

REELDX.COM

MY ACCOUNT

Search Case

### From the field this week

Real patient videos

#### [4-year-old with abdominal injury from MVA](#)

Case summary >> This patient was strapped into his car seat when his car was side-swiped by another vehicle. [View case](#).



<https://meded.reeldx.com/#/>

