

EMSC/CHILD READY CONNECTION NEWSLETTER

2016: VOLUME 4, ISSUE 3



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!

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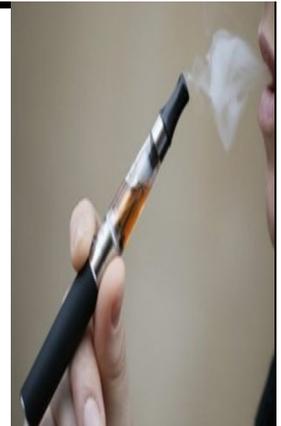
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E-CIGARETTE EXPLODES IN TEEN'S MOUTH

An electronic cigarette exploded in a 15-year-old boy's mouth, causing him to lose about a half-dozen teeth. The explosion sent hot shards of the device scattering, with some still hot like embers on the floor when firefighters arrived after a 911 Call. Firefighters stated that "His teeth literally fell out with braces on them, He had lacerations to his lip and tongue. It literally exploded in his mouth. The boy told paramedics that the so-called "vape pen" had been modified.

Fire and law enforcement officials did not report the incident to the public. However, news of the boy's injuries -- and a gruesome photograph -- spread on social media.



Available in the United States since 2007, e-cigarettes vaporize a liquid solution using a small heating element powered by a lithium-ion battery, according to a 2014 report by the U.S. Fire Administration. The report estimated about 2.5 million Americans use the devices. They are designed for tobacco use but are also sometimes used to smoke hash oil.

No agency appears to be tracking injuries related to electronic cigarettes, which are approved and regulated by the federal Food and Drug Administration only for therapeutic purposes. The FDA has issued cautions that the devices have not been fully studied. But the federal fire administration analyzed 25 media reports of fires related to e-cigarettes between 2009 and 2014 and found that, of those cases, 8 percent of fires occurred during use and 80 percent occurred while the battery was being charged.

If parents know their kids are using e-cigs, they should consider the explosion risk and the risk of having them develop a smoking habit. Plus, parents should be aware that the devices can be used to ingest concentrated marijuana. E-cigarettes are increasingly popular among teenagers. According to a California Department of Public Health report, teen use of e-cigarettes in 2014 surpassed the use of traditional cigarettes for the first time. Read the full article on [http://www.emsworld.com/news/12163695/canadian-teen-badly-hurt-when-e-cigarette-explodes?](http://www.emsworld.com/news/12163695/canadian-teen-badly-hurt-when-e-cigarette-explodes?utm_source=EMS+World+News+Recap&utm_medium=email&utm_campaign=CPS160123002)

[utm_source=EMS+World+News+Recap&utm_medium=email&utm_campaign=CPS160123002](http://www.emsworld.com/news/12163695/canadian-teen-badly-hurt-when-e-cigarette-explodes?utm_source=EMS+World+News+Recap&utm_medium=email&utm_campaign=CPS160123002)

Missoula teenager loses teeth to exploding e-cigarette

The 9KXLH.com reported on February 2, 2016 that a Missoula teenager lost teeth to exploding e-cigarette.

The Federal Emergency Management Agency reports that 80% of the explosions occurred during charging, but that 12% blew up while either in storage or in use.

A Missoula teenager's e-cigarette exploded while he was using it, causing massive damage to his mouth. A Missoula dentist who saw the aftermath said the trauma was worse than the results of any car accident he has ever seen.

The explosion caused him to lose his 4 front teeth, top front teeth, and his lower front teeth are all going to need root canals, because there was so much damage. Not only to the teeth, but it also blew out large chunks of jaw bone reported Dr. Kevin Mitko. The explosion blew a tooth out all the way through the mouth, and it took 22 stitches. It was like a bullet hole.

Read the article at <http://www.kxlh.com/story/31124776/missoula-teenager-loses-teeth-to-exploding-e-cigarette>

SOME E-CIGARETTES CONTAIN ENOUGH ALCOHOL TO AFFECT MOTOR SKILLS

Some types of e-cigarettes contain enough alcohol to affect motor skills, a new study concludes. E-cigarettes deliver nicotine by vaporizing liquids, which may contain alcohol and other chemicals.

Yale University researchers tested people who used two commercially available e-cigarettes with either high or low amounts of alcohol. Neither group said they felt differently after they inhaled the vapor. But those who used e-cigarettes with high alcohol levels performed more poorly on psychomotor tests. In some cases, they had detectable levels of alcohol in their urine.

About three-quarters of the commercial e-cigarette liquids tested contained less than 1 percent alcohol. Some e-cigarette users create their own liquids with high alcohol content, the researchers note in the *journal Drug and Alcohol Dependence*. Almost nothing is known about the prevalence of using e-liquids that contain alcohol.

The findings are worrisome, especially in light of a recent government report that found e-cigarette use among teens tripled from 2013 to 2014. An estimated 13 percent of high school students used e-cigarettes in 2014—compared with 9 percent who smoked traditional cigarettes.

Given the widespread and unregulated use of e-cigarettes, especially by youth and other vulnerable populations, further studies are needed to evaluate both the acute safety and long-term health risks of using alcohol-containing e-cigarettes <http://news.yale.edu/2016/01/12/alcohol-e-cigs-can-affect-motor-skills-yale-study-shows>

CHILDREN, MEDIA, AND POSITIVE HEALTH MESSAGING (HLOL #147)

Dina Borzekowski, Ed.D., is the Interim Director of the University of Maryland's Center for Health Literacy. She also is an international expert on children, media, and health. Borzekowski's research explores how children and adolescents use media as well as media's effect on the health and well-being of youth.

In this podcast, Dina Borzekowski talks with Helen Osborne about:

- The intersection of children everywhere with media in its many formats.
- Research about positive and negative effects of media on children of all ages.
- Recommendations for developing media messages that can improve children's lives.
- Ways professionals and parents can help when it comes to media messages.

More Ways to Learn:

Borzekowski DLG, Cohen JE, "International Reach of Tobacco Marketing Among Young Children," *Pediatrics*, Volume 132, Number 4, October 2013.

Borzekowski, DLG, "Considering Children and Health Literacy: A Theoretical Approach," *Pediatrics* 2009;124;S282.

Borzekowski is happy to chat about health literacy or children, media, and health.

Feel free to contact her by email at dborzeko@umd.edu

See more on health literacy pod casts at <http://www.healthliteracyoutloud.com/>

CONGRATULATIONS TO THE NEWEST MT PEDIATRIC PREPARED FACILITY

BEARTOOTH BILLINGS CLINIC IN RED LODGE MT HAS BEEN FORMALLY RECOGNIZED BY THE MT EMSC/CHILD READY MT PROGRAM IN MARCH 2016.

Beartooth Billings Clinic's journey to Pediatric Readiness started with deciding on a system wide pediatric readiness initiative.

The Team included the Clinics dedicated professionals and community partners such as the local EMS and Ski Patrol taking part.

Thank you to the Beartooth Billings Clinic for helping Montana become Pediatric READY!



REMEMBER EMSC DAY IS MAY 18-PART OF EMS AWARENESS WEEK

THIS YEAR'S THEME IS "EMS STRONG: CALLED TO CARE"

Each year, the federal EMSC Program partners with the American College of Emergency Physicians (ACEP), the American Academy of Pediatrics (AAP), and the Emergency Nurses Association (ENA) to celebrate EMS for Children Day or EMSC Day. This year, National EMSC Day will be held on May 18, 2016, the Wednesday of Emergency Medical Services (EMS) Week, May 15-21.

The purpose of the annual celebration is to raise awareness about the need to improve and expand specialized care for children in the prehospital and acute care settings. The 2016 celebration resources are organized by the Program's four key audiences: hospital personnel, EMS providers, EMSC grantees, and parents/caregivers.

For more information about EMS Week, how to celebrate, call attention to, and honor those who provide the day-to-day lifesaving services of medicine's "front line," download a copy of ACEP's [2016 EMS Week Planner](#) or become a fan of the [National EMS Week Facebook page](#). Go to <http://www.emscnrc.org/get-involved/emsc-day>

Montana Children's Trust Fund



April is Child Abuse Prevention Month! Don't forget to wear **Blue** every Monday in April and **#ShareYourBlue** and encourage others to **#GoBlue!**



With tax time in full swing, consider **"checking off child abuse"** through your **tax form** to help children and families.



Nurturing Children, Supporting Communities,
Strengthening Families

Follow
CTF



For more information on the Children's Trust Fund, Income Tax Check Off, April Activities, or how you can get involved, visit childrenstrust.mt.gov



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 MT Emergency Medical Services for Children (EMSC) Program.

HIGHLIGHTING NATIONAL STANDARDS FOR CULTURALLY & LINGUISTICALLY APPROPRIATE SERVICES (CLAS) WITHIN YOUR HEALTHCARE SYSTEM.

National Standards for Culturally and Linguistically Appropriate Services (CLAS) are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.
5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained persons and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.
9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

Upcoming educational opportunities

If you would like to participate from your location please email phtnschedule@sclhs.net

March 11 Friday, 12:30-1:30 p.m.

Annual Ethics Conference Mt. Oxford Auditorium -**Culture and Inclusivity ~ Cultivating Communication Excellence in a Pluralistic World** Nita Mosby Henry, Children's Hospital Colorado

March 18 Friday, 12:30-1:30 p.m.

Unfinished Journey: The Affordable Care Act and Mt. Oxford Auditorium—**The Future of Health Reform** Jonathan Oberlander, PhD—Professor /Chair, Department of Social Medicine Professor, Health Policy & Management

UNITED STATES PREVENTIVE SERVICES TASK FORCE (USPSTF) CALLS FOR DEPRESSION SCREENINGS DURING AND AFTER PREGNANCY

Women should be screened for depression during pregnancy and after giving birth, an influential government-appointed health panel stated recently, the first time it has recommended screening for maternal mental illness. The recommendation, expected to galvanize many more health providers to provide screening, comes in the wake of new evidence that maternal mental illness is more common than previously thought; that many cases of what has been called postpartum depression actually start during pregnancy; and that left untreated, these mood disorders can be detrimental to the well-being of children.

It also follows growing efforts by states, medical organizations and health advocates to help women having these symptoms - an estimated one in seven postpartum mothers, some experts say.

"There's better evidence for identifying and treating women with depression" during and after pregnancy, said Dr. Michael Pignone, a professor of medicine at the University of North Carolina at Chapel Hill and an author of the recommendation, which was issued by the [United States Preventive Services Task Force](#). As a result, he said, "we specifically called out the need for screening during this period."

See more information at <http://www.uspreventiveservicestaskforce.org/Announcements/News/Item/final-recommendation-statement-screening-for-depression-in-adults>

MORE THAN HALF OF SEXUALLY ASSAULTED TEENS ARE NOT TESTED FOR STDs BY EMERGENCY DEPARTMENTS

A new study finds that more than half of sexually assaulted teens who present to an emergency department are not tested for STDs or given preventive medication.

The Centers for Disease Control and Prevention recommends services to offer to sexual assault survivors, which include screening for chlamydia and gonorrhea and providing antibiotic prophylaxis. Researchers examined data on 12,687 cases of sexual assault among 12- to 18-year-olds at 38 emergency departments. They found wide variation in rates of screening and providing preventive medication among emergency departments participating in the study. Teens who presented at an emergency department that had a protocol for sexual assault survivors were 50% more likely to receive prophylaxis than elsewhere.

The study was published in Pediatrics in December. http://pediatrics.aappublications.org/content/136/6/e1495?sso=1&sso_redirect_count=1&nfstatus=401&nftoken=00000000-0000-0000-0000-000000000000&nfstatusdescription=ERROR%3a+No+local+token

REMINDER –THE MT EMSC/CHILD READY MT PROGRAM IS OFFERING FREE TO YOUR FACILITY OR AREA EMERGENCY NURSING PEDIATRIC COURSES (ENPC) & EMERGENCY PEDIATRIC CARE (EPC) COURSES! DON'T MISS OUT ON THIS FREE EDUCATIONAL OPPORTUNITY!! FUNDING MAY BE REDUCED AFTER MAY 2016.

Interested in an ENPC INSTRUCTOR COURSE- One will be OFFERED MAY 2016 -TBD-Location

THE NATIONAL PEDIATRIC DISASTER COALITION CONFERENCE

The [National Pediatric Disaster Coalition Conference](#) took place on November 2-4, 2015, in Scottsdale, Arizona. The purpose of the conference was to provide tools, training, resources, and information to facilitate continuous improvement in pediatric disaster preparedness. Speakers offered insights resulting from experiences with pediatric incidents across the country.

The American Academy of Pediatrics (AAP) [Disaster Preparedness Advisory Council](#) (DPAC) found the National Pediatric Disaster Coalition Conference to be very useful and would like to promote information sharing by providing the conference presentations as listed below:

A California Model for Pediatric Disaster Coalitions Presenter: Pat Frost, RN, MS, PNP

A Call to Action for our Pediatric Coalitions by the National Advisory Committee on Children & Disasters
Presenter: Michael R. Anderson, MD, MBA, FAAP

A Midwest Model for Pediatric Disaster Coalitions Presenter: Evelyn Lyons, RN, MPH

A Regional Approach to Pediatric Disaster Coalitions Presenter: Andy Rucks, PhD

Checklist of Essential Pediatric Domains & Considerations for Every Hospital's Disaster Preparedness Policies
Presenter: Anthony Gilcrest, MPA, EMT-P, FAAP; Diane Pilkey, RN, MPH

Community Recovery from Hurricane Sandy Presenter: Sunday Gustin, RN, MPH

Disaster Preparedness for Obstetric Patients: Where Babies Come From Presenter: Kay Daniels, MD

Ethical Issues in Response Pertaining to Pediatrics Presenter: Arthur Cooper, MD, MS, FAAP

Pediatric Disaster Triage Presenter: Mark Cicero, MD, FAAP

Supporting Children in the Aftermath of Crisis Presenter: David J. Schonfeld, MD, FAAP

Toward a National Concept of Operations for Children's and Family Mental Health Needs After Disaster (Executive Summary) Presenter: Merritt D. Schreiber, PhD

CHILDREN'S PSYCHOSOCIAL NEEDS IN DISASTERS

The National Center for Disaster Medicine and Public Health's second HTML pediatric learning object "Psychosocial Impacts of Disasters on Children" addresses the unique psychosocial needs of children in disasters. This learning object is geared towards all health professionals.

The lesson includes "In the Field", which provide examples of how healthcare practitioners applied concepts related to the psychosocial welfare of children after an event. Throughout the lesson, the learner will also complete knowledge-check quizzes to reinforce lesson content. After completing the lesson, the learner should be able to: Describe common adjustment reactions in children exposed to disasters, including the unique ways that bereavement and specific risk factors make adjustment more difficult; Take steps to create a healthcare delivery environment that anticipates and reduces contributions to child and family distress after a disaster; and advise parents and other caregivers about supporting children's recovery after a disaster

The National Center for Disaster Medicine and Public Health has developed this activity in cooperation with Professional Education Services Group, an accredited CME company. Professional Education Services Group has accredited this activity for continuing education credit. To learn how to use this lesson for in-person training, read the [Ten Ideas for Face-to-Face Training](#). For more information: <https://ncdmph.usuhs.edu/KnowledgeLearning/2013-Learning2.htm>

RESOURCE GUIDES ON RECENT PUBLIC HEALTH EVENTS

The National Library of Medicine (NLM) recently developed resource lists for three public health emergencies affecting both local and global communities. An incident Web page was created to gather resources on the emerging health issues arising from the Zika Virus.

Two PDF documents on recent chemical incidents have been updated. Links to these lists are included below and also can be found on our NLM Disaster Health home page. <https://disasterinfo.nlm.nih.gov>

Please share these resources freely!

[Zika Virus Health Information Resources](#)

[Aliso Canyon/Porter Ranch Gas Leak](#)

[Lead in Flint, Michigan Water System](#)

These resource lists link to a variety of sources such as:

- Local, state, federal and international agencies and organizations
- Database searches for the health information issues around the incidents

SOMETHING TO TALK ABOUT

There is a great need to verbalize your intentions during scenarios and in real time care.

Do you talk with patients and family members? Even those who don't question your care have to be wondering what you're planning. A real-time, plain-language narrative would help demystify the prehospital environment for citizens who are receiving care.

On an ambulance, a calm voice is more soothing than silence. When a scene gets quiet for more than 30 seconds while treating a patient, does it usually mean all is not well? Those are the times it would have been particularly important to say something to let the passengers know you are still in control of the outcome.

Of course, plain simple language is important. You would not want to express everything you are thinking during calls. "I'm assembling the BVM because I doubt you'll take another breath on your own" is clearly counterproductive. "I'm concerned about your pH dropping below 7.30" is too technical. "I'm trying to decide if your vasculature will support a 16-gauge angiocath" is too much information.

Putting patients at ease is reason enough to offer some form of commentary, especially in pediatric patients and their families.

Excerpts from an article by Mike Rubin, Paramedic- EMS World.

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.



TRIVIA CONTEST:

Answer the trivia and win free give away gifts for EMSC Day May 18th-pediatric first aid slide guides-first 4 to email answers to Robin -rsuzor@mt.gov NOT to the listserve.

1. What day is EMS for Children's Day?
2. What is more soothing than silence?
3. Where is Spring Fever?
4. Where is the Rimrock Trauma Conference?

TRAINING RESOURCES:

20th Annual SPRING FEVER Conference April 23, 2016, Hilton Garden Inn Conference Center MISSOULA

Registration will open March 1- Providence is pleased to offer this **free**, high quality trauma CNE-accredited conference -outstanding speakers who can teach trauma care from their personal experiences, and relate to the issues we face in rural Montana—isolated areas, long distances, extreme weather, delayed discovery & prolonged transport to a hospital.

Hospital Session – Pediatric Trauma- Presented by Daniel Beals, MD – Pediatric Trauma Surgeon. Tips, tricks and pearls of managing pediatric trauma patients.

Hospital Session – Just a closed head injury; Anatomy of a law suit -Presented by Rob Canan, RN. A first-hand account of a malpractice case-goal of this presentation is to help nurses and health care providers understand what happens during a malpractice suit,

Hospital Session – Trauma and Alcohol-Presented by Michael Clarke, MD. Explore the issues around alcohol and trauma, including prevalence, attitudes and care of this population.

Hands on Ultrasound Skills Station Presented by David Bauer, MD, Daniel Gee, MD, Daniel Beals, MD, Tina Barker, FNP and Jennifer Scalise, PA-C.

Radiology Review: Join a radiologist to review pearls of reading common plain films and CT scans

Pediatric Advanced Airway Lab: Hands-on skills lab for advanced airway management techniques utilizing young pigs (pigs died of natural causes).

Pediatric Chest Trauma Management: Hands-on skills lab for pediatric needle decompression and chest tube insertion and management on young pigs (pigs died of natural causes).

<http://montana.providence.org/events/st-patrick-hospital/professional-events/spring-fever-trauma-conference/>

Rimrock Trauma Conference

April 1st, 2016

Mansfield Center, Billings

7:30 AM to 4:30 PM

7.75 Hours CME

St. Vincent HEALTHCARE | SCL Health

Save the Date

- 0730-0745 Opening Statements Dr. Barry McKenzie
- 0745-0845 Dr. Doug Brockmeyer-Pediatric Traumatic Brain Injury
- 0845-0945 Dr. Stephen Fenton-Pediatric Solid Organ Injury and Management
- 0945-0955 Break
- 0955-1055 Dr. Stephen Morris-Comprehensive Burn Injury
- 1055-1155 Dr. Arne Olsen -Vascular Injury Management Scene to OR
- 1155-1215 Lunch Provided
- 1215-1315 Dr. Raminda Nirula-Resuscitation with Anti-Coagulants, TEG and ROTEM
- 1315-1325 Break
- 1325-1400 Dr. Stephen Fenton-Lessons Learned in Afghanistan
- 1400-1500 Dr. Adam Delavan-Radiologic Pediatric Abuse Identification
- 1505-1605 Dr. Brian Drake-Complex Pelvic Fracture Management
- 1605-1625 Q&A and Evaluations

St. Vincent Healthcare designates this live activity for a maximum of (7.75) AMA PRA Category 1 Credits™. *Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Questions? Contact Eric Fisher Trauma Services Outreach Education/Injury Prevention 1-406-237-4181

<https://www.svh-mt.org/calendar/conferences/rimrock-trauma-conference/?esk=rिमrock+trauma+april+1> For online Registration.