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National Congress: Getting There and Getting Around

AAPCC Receives \$1 Million for National Poison Control Toll-free Number

In October, the Centers for Disease Control and Prevention and the Health Resources and Services Administration awarded the American Association of Poison Control Centers (AAPCC) \$1.05 million to implement a national poison control toll-free telephone number. The funds will be used to establish the number, enhance the nationwide data collection system for poison exposures, and develop a national public education campaign promoting poison prevention and the toll-free number.

“More than 130 emergency phone numbers for poison centers exist in the U.S.,” said Rose Ann Soloway, associate director of AAPCC. “By advertising this single number, we will be able to simplify access to poison control information.”

Poison Control Centers are located throughout the nation. The number of centers within a state usually depends on the size of its population. For example, only one center covers the state of New Mexico, but New York City has its own Poison Control Center.

Poison Control Centers answer more than 2 million calls each year. The types of calls received can range from a parent or caregiver calling about a youngster who has ingested products from a medicine cabinet, to a factory worker calling about a toxic exposure at a job site, to a camper calling about a spider bite.

According to Soloway, “The national hotline will not change the operation of poison centers. Calls to the toll-free number will be routed to the nearest center where experts will determine if what happened is potentially dangerous and then recommend treatment.” After the initial assessment and treatment, experts will follow up with the caller to ensure that he or she followed the

center’s instructions and to address any questions or problems.

The new number, which has been selected but not publicized, will be activated during Summer 2000. How the hotline will be promoted and where it will be initially tested has yet to be determined. However, Soloway said that the testing will be conducted at one center at a time to help troubleshoot problems within the new system.

For more information about AAPCC or its new contract, contact Soloway at ras@poison.org.

National Congress to Feature the Latest Research in EMSC

Sessions Added to Address Research Methodology and Government Funding

Attention all current and future researchers! By attending the upcoming National Congress on Childhood Emergencies, individuals can learn about state-of-the-art research in emergency medical services for children (EMSC). The meeting’s core research sessions will be divided into two categories: platforms and posters. Each of the seven platform sessions will address five or six original research topics. (The platform abstracts will be published in the February issue of *Pediatric Emergency Care*.) The poster session will highlight 12 additional research studies.

Attendees also will have the opportunity to participate in five informative 90-minute sessions on research methodology and

Fourteen Organizations to Receive PFC Contracts or PIC Grants to Help Improve EMSC

The Emergency Medical Services for Children (EMSC) Program is pleased to announce that 14 of the nation's largest and most prestigious organizations involved in pediatric or emergency care have been or will be awarded Emergency Medical Services Partnership for Children (PFC) contracts or Partners in Information and Communication (PIC) grants by the Maternal and Child Health Bureau to help improve pediatric emergency care. Eight of these organizations are featured with a description of their respective fiscal 2000 activities below.

Ambulatory Pediatrics Association

The Ambulatory Pediatrics Association (APA) represents 1,600 physicians, nurses, nurse practitioners,

epidemiologists, psychologists, and other health care professionals who are involved in academic pediatrics. Its mission is to facilitate improved patient care, teaching, and research in general pediatrics.

Activities are underway to:

- Update APA's annotated bibliography of pediatric emergency medical research with relevant articles and books published from 1998 through 2000;
- Convene the National Research Conference on EMSC in Washington, DC, by identifying speakers, arranging logistics, developing programming, and recruiting participants; and
- Prepare a report summarizing participant discussions and recommendations for submission to an appropriate journal for publication.

American Academy of Pediatrics

The American Academy of Pediatrics (AAP) is an organization of 55,000 pediatricians dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults. AAP focuses its efforts and resources on professional education; advocacy for children, youth, and pediatricians; policy development; public education; membership services; and research.

Activities are underway to:

- Convene a meeting with representatives of the American College of Emergency Physicians (ACEP) to identify opportunities for collaboration;
- Help promote National EMS Week;
- Collaborate with ACEP and Medic Alert to develop and distribute an information kit about emergency preparedness for children with special health care needs. The kit will aim to increase utilization of an emergency information form by physicians and other health care professionals;
- Add a pediatric emergency medicine section to AAP's web site; and

- Convene a task force meeting with ACEP and American Hospital Association representatives to discuss opportunities for collaborating on the development of a first-aid training curriculum for child care providers and parents.

American Association of Poison Control Centers

The American Association of Poison Control Centers (AAPCC) is a nonprofit organization representing the poison centers throughout the United States. Since 1983, AAPCC has managed the Toxic Exposure Surveillance System (TESS), the only current system for collecting national data on poison exposures in the United States. AAPCC also certifies poison centers and specialists in poison information. In addition, the association cosponsors the annual North American Congress of Clinical Toxicology, a national scientific meeting devoted to the study of clinical toxicology.

Activities are underway to:

- Identify approximately 800 pediatric poisoning categories, the frequency of poisoning occurrence, the reasons for these exposures, the involvement of health care facilities, and poison outcomes, using 1998 data collected from AAPCC's TESS;
- Develop and submit for publication in a standard medical journal a review of pediatric poisonings reported in TESS from 1994 to 1998, focusing on case severity rather than frequency;
- Create poison prevention public education materials for posting at the AAPCC web site; and
- Develop ongoing reports on product recalls, product tampering and contamination, and emerging drugs or product hazards for placement on the AAPCC web site.



EMSC Program Director, MCHB
David Heppel, MD

Director, EMSC National Resource Center
Jane Ball, RN, DrPH

Managing Editor
Susanne Sellman, MA

Associate Editor
Makita Weaver

Editor
Margo Gillman

Design
Design Central, Inc.

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EMSC News welcomes articles on people, programs, and procedures related to emergency medical services for children. All manuscripts, artwork, or photography should be submitted to Suzanne Sellman at the EMSC National Resource Center.

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American College of Emergency Physicians

ACEP is the oldest and largest representative body for emergency physicians. Its membership services include the publication of a monthly scientific medical journal; professional education programming for physicians, nurses, and hospital administrators; consumer education programs developed in cooperation with emergency physicians, corporations, and the general public; and government representation.

Activities are underway to:

- Help coordinate the AAP/ACEP meeting;
- Work with AAP to develop and distribute an information kit about emergency preparedness for children with special health care needs; and
- Develop a pediatric emergency medicine policy kit for distribution to emergency departments.

American Psychological Association

With a membership of more than 132,000 researchers, educators, clinicians, consultants, and students, the American Psychological Association (APA) is the largest scientific and professional organization representing the field of psychology in the United States. APA works to advance psychology as a science, a profession, and a means of promoting human welfare.

Activities are underway to:

- Develop a bibliography of articles, journals, books, and other resources that address the psychological and behavioral aspects of EMSC, such as Post Traumatic Stress Disorder, Critical Stress Debriefing, and Critical Incidence Stress Management; and
- Organize a consensus meeting to identify the mental health needs of providers who treat children for significant injuries, examine the emotional implications of emergencies, and identify research questions concerning mental health and medical emergencies.

National Association of School Nurses

The National Association of School Nurses (NASN) represents more than 10,000 school nurses and 48 State School Nurses Associations. Its mission is to advance the practice of school nursing and provide leadership in the delivery of quality health programs to the school community.

Activities are underway to:

- Develop a student curriculum and instructor manual to educate school nurses about prehospital care in the school setting. Building on the courses of *Managing School Emergencies I and II*, the curriculum will include information about multiple trauma as it relates to respiratory, circulatory, and neurological emergencies; triage principals; communicating assessment and interventions to EMS personnel; and the value of developing a community/school disaster plan;
- Pilot-test the curriculum and instructor manual at two sites; and
- Train a national cadre of instructors to teach the course.

Two additional organizations have been awarded PIC grants: the American Pediatric Surgical Association (APSA) and the National Association of State EMS Directors (NASEMSD). Both organizations have a five-year grant as oppose to a one-year PFC contract.

American Pediatric Surgical Association

Chartered in 1970, APSA is the world's largest professional organization for pediatric surgeons. APSA's membership includes more than 90% of the board-certified pediatric surgeons from 45 states in the continental U.S., seven Canadian provinces, Puerto Rico, and the District of Columbia.

Activities are underway to:

- Develop specific national, evidence-based quality measures that are applicable across the continuum of care for certain types of injury com-

mon among children; and

- Disseminate findings to pediatric emergency care providers and planners to allow evaluation and modification of current trauma systems, assist in the design of new systems, facilitate strategic planning by public policy officials, and modify professional practices among different providers.

National Association of State EMS Directors

Established in 1980, NASEMSD provides leadership and support in developing effective EMS systems throughout the nation and in formulating national EMS policy. It also fosters communication and information-sharing among state EMS directors.

Activities underway are to:

- Establish and support more effective methods of promotion and collaboration on specific maternal and child health issues and concerns among PIC members, and enhance existing communication channels to encourage the greater integration of ideas.
- Develop and distribute to all NASEMSD members a diagram and description of both Maternal and Child Health and NASEMSD programs, initiatives, and priorities and plot "points of intersection" where activities and interests join at federal and state levels.
- Initiate ongoing dialogue between and among PIC organizations in an effort to learn about and communicate program initiatives or priorities that may affect EMS; and
- Increase and document the number of NASEMSD activities addressing key maternal and child health issues.

Six additional PFC contracts will be awarded. Information about each organization's activities will be featured in a future issue of *EMSC News*.

For more information, contact the EMSC National Resource Center's Renee Barrett, PhD, or Ms. Wayne Neal, RN, at (202) 884-4927.

AAP and ACEP Unveil Emergency Information Form for Special Needs Children

Through a partnership with the Emergency Medical Services for Children (EMSC) Program, the American Academy of Pediatrics (AAP) and the American College of Emergency Physicians (ACEP) have created an Emergency Information Form (EIF) to ensure that children with special health care needs receive prompt and appropriate emergency care when a parent or pediatrician is unavailable.

The two-page document provides emergency departments and health-care workers with critical information about children with chronic physical, developmental, behavioral, or emotional conditions that are beyond those of normally developed children.

"These children have very complicated histories," said ACEP's Michael Gerardi, MD. "Without having access to their extensive medical records, it's very hard (for emergency department personnel) to get a handle on what's going on."

The EIF contains the following information:

- Parent or guardian contact information;
- Primary care and specialty physician contact information;
- Diagnoses;
- Allergies;
- Critical procedures to avoid;
- Immunizations;
- Life-saving maneuvers or interventions; and
- Relevant past medical history.

After the form is completed by the child's physician, AAP and ACEP recommend that parents register their children with a central repository, such as the MedicAlert 24-hour Emergency Response Center. In fact, the MedicAlert

... PUBLIC POLICY UPDATE ...

President Signs Wireless Communications Bill

On October 26, 1999, President Clinton signed the Wireless Communications and Public Safety Act of 1999 (Public Law 106-81) into law, designating 9-1-1 as the emergency telephone number for all wireline and wireless telephones within the United States.

"People with wireless phones can speed the delivery of public safety services by providing rapid reports of car crashes, incidents of aggressive or drunk driving, serious crimes, and natural disasters," Clinton said. "Getting rapid care to someone who is suffering from a heart attack or is involved in a car crash can mean the difference between life and death."

Introduced by Senator Conrad R. Burns (R-MT), the law will allow telecommunications carriers to provide the location of mobile phone users to:

- Emergency dispatchers and emergency service personnel;
- The user's legal guardian or family member in an emergency situation involving the risk of death or serious physical harm; and

- Database management services and information providers who assist emergency services. Telephone exchange service providers also must provide listed and unlisted subscriber information to providers of emergency care and emergency support services.

The law also:

- Encourages statewide coordination of public safety and law enforcement officials' efforts to protect citizens and save lives;
- Increases private sector investment in emergency wireless services by providing wireless companies with the same level of liability protection that "wireline" telecommunications companies have; and
- Mandates the Federal Communications Commission to encourage and support state efforts to build emergency communications infrastructure and provide appropriate transition periods for areas that currently do not have 9-1-1 service.

For more information, contact Pam Benson, the Emergency Medical Services for Children National Resource Center's senior public policy associate, at (919) 788-7757.

Foundation has established an agreement with ACEP and AAP to use its call center as a central repository for EIFs.

Children who are registered with MedicAlert receive a medical identification bracelet or necklace. In the case of an acute illness or injury, a health care professional can call the MedicAlert Foundation toll-free from anywhere in the world to request the EIF for the affected child. Within minutes, the EIF would be faxed to the health care professional.

"The original goal was to produce a snapshot of a child's health status that was easy to access and could be

utilized by the general public as well as health care workers," said Ms. Wayne Neal, RN, EMSC's children with special health care needs specialist. "After two years of cooperative work, I believe we have hit the nail on the head."

The EIF can be downloaded from the AAP and ACEP web sites at www.aap.org and www.acep.org, respectively. Forms are also available in packets of 100 for a nominal fee. In addition, camera-ready forms have been published in the October 1999 issues of ACEP's *Annals of Emergency Medicine* and AAP's *Pediatrics*.

NEDARC to Conduct EMSIS Region Meetings as Part of FY 2000 Grant

Recently, the National EMSC Data Analysis Resource Center (NEDARC), located at the University of Utah School of Medicine in Salt Lake City, UT, was awarded funding to continue functioning as the EMSC Data and Quality Improvement Center. The primary goals of the new grant are to provide technical assistance with the collection, maintenance, and analysis of high quality data related to pediatric care within the EMS system; increase the capabilities of state EMS offices in managing information systems, including data analysis; and develop successful quality improvement based on the information collected.

To help reach these goals, NEDARC will collaborate with the Maternal and Child Health Bureau (MCHB) and the National Highway Traffic Safety Administration (NHTSA) to conduct regional, multi-state EMS Information Systems (EMSIS) demonstration courses to states interested in having the course presented to all relevant stakeholders at the local level.

The EMSIS workshop is an eight-hour seminar developed by NHTSA's Emergency Medical Services Division,

in collaboration with the National Association of Governors' Highway Safety Representatives. It is designed to provide guidance to states interested in developing a statewide EMS database for system evaluation. The seminar helps states to develop a framework for a data plan of action, which includes defining minimum data information sought by out-of-hospital stakeholders, as well as discussing the various methodologies for data collection and evaluation. Specific program objectives include having participants:

- Identify the need to collect EMS out-of-hospital data utilizing the consensus-based Uniform Prehospital Data Set (UPHDS) for system evaluations;
- Describe the process and initial steps needed to develop an action plan for implementing an out-of-hospital EMS information system using UPHDS; and
- Determine the advantages and disadvantages of the different types of EMS data technologies.

In addition to helping facilitate the course, NEDARC will provide follow-up technical assistance to states that take the EMSIS course. The specific dates and times for conducting

the EMSIS demonstration courses have not been finalized. However, one option under consideration is to conduct the EMSIS demonstration courses at EMSC Regional Meetings.

Other objectives of NEDARC's new grant are to:

- Collaborate with national groups and federal agencies on the development of national EMS data;
- Conduct data collection and analysis workshops at EMS/EMSC regional and national meetings and work with NHTSA to provide workshops addressing probabilistic linkage; and
- Provide technical assistance — primarily with database design and implementation, statistical analysis, probabilistic linkage, and quality improvement in health care — to EMSC grantees, EMS state offices, MCHB, and NHTSA.

Individuals who are interested in having an EMSIS course taught within their state, or who would like information about NEDARC, should contact Lenora Olson, MA, at (801) 585-9157.

2000 Annual EMSC Grantee Meeting to Coincide with National Congress

The 2000 Annual EMSC Grantee Meeting will be held on Sunday, March 26, at the Omni Inner Harbor Hotel in Baltimore, MD, in collaboration with the National Congress on Childhood Emergencies. The meeting is intended for all current emergency medical services for children (EMSC) grantees, parent advocates, and selected guests. More than 200 attendees are expected.

Meeting sessions will cover topics related to leadership development,

grant writing, data and software utilization, foundation funding, news media training, and site survey preparation. Additional discussions will focus on parent and consumer involvement in EMSC activities.

The meeting is structured to enable attendees to participate in the American Academy of Pediatrics' Pediatric Education for Prehospital Professionals (PEPP) Course or the National Association of EMTs' Pediatric Prehosp-

ital Care Program — two preconference programs that will be offered during the National Congress.

Meeting registration packets were distributed to every grantee in late-November. All grantees are required to pre-register by Friday, February 18, 2000. For additional meeting information, please contact the EMSC National Resource Center's Ken Allen at (619) 299-8990.

Keep Up the Good Work Kansas!

Pediatric Symposium Features Renowned Speakers, Great Entertainment

Approximately 250 participants from multiple disciplines enjoyed listening to renowned speakers, interesting topics, and unparalleled entertainment at the second annual Kansas Pediatric Symposium, held October 14-16, 1999, at the Holidome Conference Center in Topeka, KS. The symposium featured 15 general sessions, 17 breakout sessions, and 31 faculty from Colorado, Florida, Kansas, Missouri, Montana, Utah, and Washington, DC.

Nineteen continuing education hours were provided to allied health care providers and 16 continuing medical education hours were offered to physicians. Topics addressed



Above: Joe Cobb, of Pittsburgh, helps entertainer Vince Vance sing a duet.

included pediatric trauma care, EMSC national initiatives, clinical and social aspects of asthma care, coalition building, disaster management, pediatric triage, head trauma, rapid sequence intubation, emotional life support, and much more.

Among the noted speakers were:

- Lou Romig, MD, of Miami Children's Hospital, who delivered presentations on pediatric disaster management, the pediatric assessment triangle, and JUMP START — a triage system she developed;
- Brent Cass, EMT-P, the first

paramedic to enter Columbine High School with the Special Weapons and Tactics (SWAT) team, who recounted personal details of the rescue effort;

- Brad Vaughan, DO, of Children's Mercy Hospital in Kansas City, MO, who delivered a well-received presentation on pediatric drownings;



Above: Approximately 250 people attended the Kansas Pediatric Symposium. Dr. Dennis Ailin, chairman of the Board of EMS, explains the Kansas trauma plan.

- Author Joe Tobias, MD, of the University of Missouri Children's Hospital, who spoke about airway management, acute pain management, and sedation of children; and
- Katherine Gnauck, MD, of the Washington University School of Medicine, who addressed the controversial topic of rapid sequence intubation.

The symposium was cosponsored and facilitated by the Kansas Board of EMS and the Kansas Chapter of the American Academy of Pediatrics. The third annual symposium either will be held in October or November 2000.

For more information, contact Joe Moreland, MPA, RN, EMT-P, at jmoreland@cjnetworks.com.

NRC Updates Report on Integration of Pediatrics into State EMS Systems

How well have states integrated the emergency medical needs of children into their EMS system?

A new report, scheduled for publication this Summer by the Emergency Medical Services for Children (EMSC) National Resource Center (NRC), will provide a clearer picture of what states and U.S. territories are doing to address pediatric emergency needs. The state-by-state profile data will include demographic information; basic child health

indicators, such as infant mortality rates, adolescent suicide rates, and risk behaviors; indicators of contact with the EMS system, such as ambulance run data; and more.

Sandra Adomako, NRC's new research intern, will develop the report using data from the EMSC Needs Assessment Tool, the Centers for Disease Control and Prevention's National Center for Health Statistics, regional EMSC reports, and other health and

ambulatory care information sources.

Adomako is a master of public health candidate at the George Washington University School of Public Health and Health Services, who is specializing in maternal and child health. Once it's completed, the report will be available through the EMSC Clearinghouse.

For more information about the report, contact NRC at (202) 884-4927.

EMSC SYSTEMS SCOOP

Have prehospital care providers kept pace with the incredible advances in medicine? Are they truly providing the best care possible to children?

When seeking answers to these questions, it is easy to identify external factors, such as educational opportunities, system protocols, and quality of medical equipment, which can influence the quality of care EMS professionals provide to children and adolescents. It is much harder to point the finger inward and assess the energies we as individuals dedicate to improving the quality of care provided.

Ask yourself: "Do I truly provide the best pediatric care possible, given my personal and professional resources?" If the answer is no, contact the Emergency Medical Services for Children (EMSC) National Clearinghouse at (703) 902-1203 and ask for a copy of the EMSC Product Catalog, or visit the EMSC web site at www.ems-c.org.

A wealth of self-paced educational CD-ROMs, covering everything from community-based assessments to advanced airway management, are available through the Clearinghouse, including:

- *Pediatric Basics: Age and Growth Characteristics/Psychological Aspects* (product #575);
- *Pediatric Respiratory Emergencies* (product #719);
- *Pediatric Vascular Access* (product #792);

- *Pediatric Assessment* (product #791);
- *A Child in Need* (product #784);
- *Helping Kids Survive: Interactive Training for Prehospital Providers* (product #828);
- *EMSC's Emergency First Care and Injury Prevention and EMSC's First Aid for Child Day Care* (product #829);
- *Meeting the Challenge: Improving Emergency Medical Care for Children with Special Health Care Needs* (product #834);
- *Red Flags in Pediatric Medical Emergencies* (product #835);
- *High Risk Obstetrics* (formatted for MacIntosh only; product #836);
- *Prehospital Trauma Management: Critical Decisions* (product #833);
- *Advanced Airway Management Skills* (product #837).

In addition to these CDs, innovative programs are continually being developed and publicized via EMSC channels. For example, the Minnesota EMSC project is working on *Comprehensive Advanced Life Support (CALS) and Benchmark Procedural Skills Lab*, a program that trains participants on how to handle 50 of the most common critical pediatric emergencies seen in rural emergency departments. The National Association of EMT's has recently developed a community assessment guide to help community and civic organizations assess the quality of local emergency

medical services for children. The National Fire Protection Association's critically acclaimed injury prevention program, *Risk Watch*, also is available through the Clearinghouse.

To provide quality care, providers must perpetually expand their knowledge, hone their skills, and actively participate in the improvement of the continuum of care. For most EMS providers, time and energy are precious commodities that should not be wasted. This is why the EMSC Program strives to provide a wide range of easy-to-digest information through its Clearinghouse services.

For more information about these and other self-paced learning and skill retention products, contact the Clearinghouse at the telephone number provided above or the EMSC National Resource Center librarian at (202) 884-4927. After receiving this information, get involved in EMSC issues to ensure that children receive the best care possible!



EMSC SYSTEMS

EMSC Region Meeting Update

On October 1, 1999, hundreds of emergency medical services for children (EMSC) representatives from seven states — Connecticut, Maine, Maryland, Massachusetts, New Hampshire, New York, and Vermont — participated in the second annual **New England EMSC Regional Videoconference**. Coordinated by the Vermont EMSC program, the event featured presentations on pediatric disaster life support by Richard Aghababian, MD, on youth suicide prevention gatekeeper training by Susan O'Halloran and Cheryl Dicara; on thermal injury by Dennis Vane, MD; on shaken baby syndrome by Lawrence Ricci, MD, and on injury prevention by Martin Eichelberger MD.

The videoconference was conducted at Fletcher Allen Health Care on the campus of the University of Vermont. Each of the seven states hosted at least one site for downlinking the program.

For additional information about this session and future videoconferences, contact Pat Malone at pmalone@zoo.uvm.edu.

The **Region IX Injury Prevention Network (IPN)** held its annual meeting on September 16-17, 1999, at the Waikiki Terrace Hotel in Honolulu, HI, with 16 individuals from California, Arizona, Nevada, and Hawaii in attendance. Key speakers included The Prevention Institute's Larry Cohen, the National Center for Injury Prevention and Control's La Tanya Beal-Butler, and Tripler Army Medical Center telemedicine staff. Sessions addressed violence prevention; unintentional injury resources, initiatives, and research; and the future use of telemedicine in injury control. Region IX will conduct a meeting next

Fall, if funding is available.

For more information about this conference or future Region IX meetings, contact IPN Secretary Lois Williams at (916) 322-4336.

On September 16-19, 1999, approximately 90 individuals from Montana, Nevada, Colorado, Idaho, Arizona, New Mexico, Wyoming, North Dakota, Wisconsin, and Utah attended the **Intermountain Regional EMSC Coordinating Council (IRECC)** meeting at the John Ascuaga's Nugget Resort in Sparks, NV. Topics concerning adolescent suicide prevention, interventions, postventions, and evaluation highlighted the meeting's agenda. Guest speakers included the National Center for Injury Prevention and Control's Lloyd Potter, PhD, MPH; the American Association of Suicidology's Lanny Berman, PhD; and Morton Silverman, MD, editor-in-chief of *Suicide and Life Threatening Behavior*.

Participants received a draft copy of IRECC's *State of the Region Report 2000*, which focuses on adolescent suicide. The new Surgeon General's report, *Call to Action to Prevent Suicide*, was also distributed. A session on the new CDC-funded National Suicide Prevention Research Center was particularly well received. It detailed how the center is concentrating its activities in the Intermountain region in response to the area's high suicide rates.

IRECC's next meeting will take place during Fall 2000. For more information, contact Nels Sanddal, MS, REMT-B, at nsaddal@citmt.org.

On September 24-25, 1999, approximately 70 individuals from Illinois, Kentucky, Ohio, Iowa, Indiana,

Missouri, Wisconsin, Minnesota, and Michigan attended the **EMSC/Great Lakes Injury Prevention Network** (now referred to as Central America Region EMSC (CARE)). The meeting addressed state reports and the future direction of the region. A presentation from the Maternal and Child Health Bureau's Maria Baldi and the EMSC National Resource Center's Shulamit Lewin, MHS, and Ken Williams, MA, discussed EMSC national activities and changes in the grant cycle.

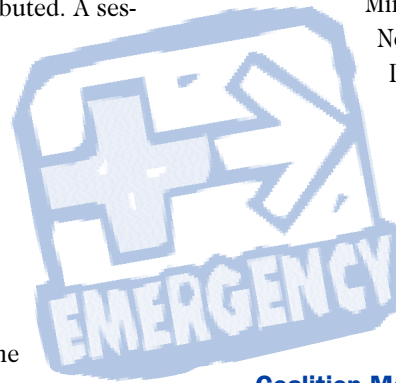
Key speakers included Child Fatality Review Teams Expert Michael Durfee, MD; Children's National Medical Center's Joseph Wright, MD; and the National Center for Health Statistics' Lois Fingerhant, MA.

Participants also received a copy of CARE's first *State of the Region Report*. CARE's next meeting will take place during Fall 2000. For more information, contact Evelyn Lyons at elyons@wpo.it.luc.edu.

On October 16, 1999, following the Kansas Pediatric Symposium (see related story, page 6), representatives from seven states — Iowa, Kansas, Minnesota, Nebraska, North Dakota, South Dakota, and Wyoming — and the Aberdeen Native American Health Services convened briefly at the Holidome Conference Center in Topeka, KS, for the **Heartland EMSC**

Coalition Meeting. Each state representative shared information about their EMSC activities. Guest speakers included IRECC's Nels Sanddal, MS, REMT-B, and the EMSC National Resource Center's Bob Waddell, EMT-P.

For additional information about this meeting or the next annual meeting, which is scheduled for Spring 2000,



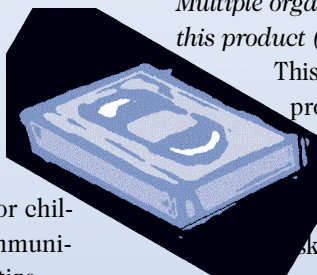
WHAT'S NEW? An EMSC Product Update



Child and Adolescent Health Care: A Community Assessment Guide

By the National Association of Emergency Medical Technicians (NAEMT) (1999)

This 38-page guide enables community organizations to assess the quality of emergency medical services for children (EMSC) within their communities and to identify and prioritize activities to enhance the health of the community's children and adolescents. The guide is a five-part interview tool containing questionnaires for prehospital care professionals, public health practitioners, local primary care physicians, community hospital emergency departments, and pediatric specialty centers. The entire guide can be reviewed at NAEMT and EMSC web sites, www.naemt.org and www.ems-c.org, respectively. The cost of each



Helping Kids Survive: Interactive Training for Prehospital Providers

Multiple organizations helped create this product (1999)

This three-volume CD-ROM program helps basic and advanced life-support prehospital personnel sharpen their critical decision-making skills. After viewing short scenarios, users are taught how to make assessment and treatment decisions about pediatric medical and respiratory emergencies. Pediatric emergency procedures also are presented through step-by-step demonstrations. The cost of each CD-set is \$5. Ask for product #828.

Psychological Factors in EMSC: Abstracts of the Psychological, Behavioral, and Medical Literature, 1991-1998

By the American Psychological Association (1999)

This bibliography provides an overview of the international research conducted with the EMS pediatric population between 1991 and 1998. It describes some of the psychological, behavioral, and cultural factors that arise for patients, families, and providers involved with EMSC. It is

classified into eight categories: psychological dimensions of illness and injury; mental disorders presenting to EMS; children's reactions to disasters; violence and abuse; quality improvement strategies; children's systems-of-care and EMS; cultural competence; and utilization of EMS. The cost per bibliography is \$20. Ask for product #832.

EMSC Managed Care Task Force List of Recommendations and Priorities

By the EMSC National Resource Center (1999)

This document lists 11 managed care priorities with recommendations for addressing each issue. The priorities relate to access, development of national guidelines and performance measures, continuity of care, reimbursement, definition of medical necessity, and development of parent and caregiver resources. This document may be downloaded from www.ems-c.org, by clicking on "Products and Resources," then "downloadable files." Look for product #831.

To obtain hard copies of any of these resources, contact the EMSC Clearinghouse at (703) 902-1203 or access the EMSC web site at www.ems-c.org.



contact Joe Moreland, RN, EMT-P, MPA, at jmoreland@ejnetworks.com.

The Southeastern EMSC Regional Meeting is tentatively scheduled to take place on April 7-9, 2000, in Charleston, SC. Participating states include Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee. For more information, contact Karen Frush, MD, at frush002@mc.duke.edu.



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Alaska

The Alaska Emergency Medical Services for Children (EMSC) program is currently developing criteria for Pediatric Technical Assistance Teams that will provide pediatric training and evaluate the pediatric emergency medical care of rural volunteer ambulance services. Upon request, these regional teams will travel to communities to review pediatric run reports, inventory pediatric equipment and supplies, and engage in other activities to improve pediatric emergency medical care.

The criteria and model will be tested in at least one community during 2000, with additional tests to follow in the next few years. For more information, contact Doreen Risley via e-mail at Doreen_Risley@health.state.ak.us.

Arkansas

Earlier this year, the Arkansas EMSC program produced a multi-part injury prevention curriculum that was distributed to state ambulance services. As a result, the Pro-Life EMS of Marion, with assistance from the Arkansas EMSC project coordinator, presented injury prevention information at Avondale Kindergarten Center on November 1, 1999.

For more information, contact Brian Nation via e-mail at bnation@mail.doh.state.ar.us.

Connecticut

The Connecticut EMSC program and the state Safe Kids Coalition are helping EMS providers reduce the rate of unintentional injuries to children by conducting injury prevention workshops and working with communities to implement local training.

In addition, physicians and mid-level practitioners from Connecticut's hospitals continue to participate in EMSC-sponsored Advanced Pediatric Life Support courses.

Finally, the EMSC Advisory Committee is continuing to work on its proposal to ensure the long-term survival of EMSC in Connecticut. For more information, contact Cheryl Mayeran at (860) 509-7978 or via e-mail at cheryl.mayeran@po.state.ct.us.

Idaho

The Idaho EMSC program is engaged in problem assessment and community building for its "Analyses of Idaho EMS" project. Staff are using an epidemiological approach to capture the nature, extent, and severity of pediatric events in the prehospital setting. This information will be used to establish planning and programming priorities.

For more information, contact Boni Carrell via e-mail at CarrellB@idhw.state.id.us.

Illinois

The Illinois EMSC program is pleased to announce that Patricia Sikorski, RN, MSN, has joined its team as EMSC coordinator. Sikorski has a wealth of experience and expertise in the areas of maternal and child health, education, and program development. She can be reached at (708) 327-3672 or via e-mail at psikors@luc.edu.

Louisiana

Louisiana's EMSC program is currently promoting its Clowning for Safety injury prevention workshops, which combine safety information with clownful entertainment. Depending on regional needs, issues range from gun and water safety to wearing seatbelts and helmets.

For more information, contact the Louisiana Bureau of EMS at (225) 342-4881.

New York

The New York state affiliate of the American Public Health Association (APHA) recently awarded the New York EMSC program funding to develop a multi-faceted approach to help emergency medical services providers, pediatricians, traffic safety specialists, and public health practitioners increase the use of seat belts and child safety restraints in motor vehicles. The mini-grant is provided by APHA, the National Highway Traffic Safety Administration, and the American Medical Association through their State Level Leadership in Public Health, Medicine, and Traffic Safety Initiative for fiscal year 2000.

In addition, the state's EMSC Advisory Committee has developed a pediatric prehospital care reference card for field use. The two-sided card contains guidance on pediatric assessment and a variety of useful charts and treatment algorithms. The card is currently being reviewed for statewide distribution in early 2000.

For more information, contact Gloria Hale via e-mail at ghe08@health.state.ny.us.

North Carolina

More than 80 educators attended the North Carolina EMSC program's Child Abuse Recognition Education (C.A.R.E.) train-the-trainer course

during the Annual Emergency Medicine Today Conference, held September 25-29, 1999, in Greensboro, NC. North Carolina's *KIDBase*, *Risk Watch*, and a school health emergency preparedness program were also highlighted during the conference.

Available through the EMSC National Clearinghouse, the C.A.R.E. course can be modified to serve the needs of systems in other states. To order a copy, contact the Clearinghouse at (703) 902-1203.

For more information, contact Sue Hohenhaus via e-mail at Sue.Hohenhaus@ncmail.net.

Puerto Rico

In September, Puerto Rico's EMSC program conducted car seat safety checks for parents, teachers, and students during "Safety Month" activities at a local school.

Staff members currently are training first-responders, paramedics, nurses, and doctors in basic and advanced pediatric life support. To date, 100 first-responders have received basic pediatric life support training, while 190 have completed advanced training.

An initiative to institutionalize Puerto Rico's EMSC program is currently being debated by the local legislature. For more information, contact Mariali Vega via e-mail at mar_vega@remaxp.upr.edu.

South Dakota

South Dakota's EMSC program is working with United Tribes Technical College in Bismarck, ND, to address childhood injury rates in Native American communities. Through the partnership, students from the school's Injury Prevention Associates program will be placed in Native American communities next Summer to participate in three-week internships aimed at collecting data, providing injury

prevention education, and promoting "Safe Community" initiatives. At the end of the program, each community will be encouraged to hire the students as full-time injury prevention specialists.

For more information, contact Dave Boer at (605) 333-6652 or via e-mail at dboer@usd.edu.

Washington D.C.

The Washington, DC EMSC program has teamed up with the Virginia State Office of EMS (OEMS) to produce and air via closed circuit satellite a two-part EMS children with special health care needs prehospital training program.

Virginia's OEMS operates the Emergency Medical Services Satellite Training (EMSAT), a monthly one-hour interactive training and information program for Virginia EMS providers. EMSAT broadcasts and videotapes offer required EMS topics at the basic and advanced life support levels and enrichment classes that may not be widely available throughout the state. Continuing education credit is available for individuals viewing EMSAT broadcasts and videotapes.

The first part of the children with special needs training program aired on September 15, 1999. Part two will air in January 2000. Since project implementation, more than 700 prehospital care providers in the Washington, DC, and Virginia areas have been trained.

Copies of the prehospital training program will be available through the EMSC Clearinghouse this Spring. Orders may be placed by contacting the Clearinghouse at (703) 902-1203.

For more information, contact Betsy Smith at (202) 884-5358.

Florida EMSC Hosts "National Walk Our Children to School" Day

The North Broward Hospital District's Emergency Medical Services for Children program teamed up with Broward General Medical Center's (BGMC) Chris Evert Women and Children's Center to celebrate the third annual National "Walk Our Children to School" Day on October 6, 1999, in Ft. Lauderdale, FL.

At 7:30 a.m., approximately 75 students from Harbordale Elementary School arrived at BGMC for a nutritious breakfast. At 8:00 a.m., the students witnessed a safety demonstration by the Fort Lauderdale Police Department and crash test dummies, Vince and Larry. Then the students were escorted to Harbordale School by Freak Seales, chief counsel of the National Highway Traffic Safety Administration, U.S. Coast Guard Rear Admiral Thad Allen, U.S. Navy Rear Admiral Ronald Route, sailors from the Navy Destroyer USS Cole, and the Ft. Lauderdale police. Students carried homemade stop signs and posters to visually impart their messages.



Pedestrian Safety Tips

- 1. Cross at the corners.**
- 2. Look right and left before crossing.**
- 3. Obey all traffic signs and lights.**
- 4. Use the sidewalk and never wander from the path to school.**
- 5. Walk, never run through a crossing.**
- 6. Obey the crossing guard.**

YOUR QUESTION COUNTS! ?

Q: Why is it Important for EMSC to Collaborate with Families?

A: Listed below are a few of the many reasons why Emergency Medical Services for Children (EMSC) grantees and advocates should involve families in their activities to improve the care provided to children in emergency situations.

- Families can support public policy activities by participating in town meetings, public receptions, and events that feature their local, state, and federal legislators. They can create a telephone tree or letter-writing campaign. In general, once a legislative office receives 10 or more calls or letters about a vote or piece of legislation, it becomes an issue of which policy makers take note.
- Family members may have connections to community resources, funding sources, and other organizations that can assist with statewide planning. For example, a parent may work for a company that has programs for funding children's projects.
- Families can help raise public awareness about specific issues. Some families have agreed to share their experiences with the emergency care system on videotape, which can be developed into commercials or public

service announcements for national distribution. Others have shared their stories with the media or served as spokespersons at news conferences and other media events.

- Families can help ensure that programs and services are culturally effective. In Oklahoma, Native American families helped to develop a bystander care program on the reservations by translating patient information materials.
- Families bring important skills and perspectives to the design and implementation of injury prevention and other types of programs and systems. With appropriate training, they can also help teach the programs.
- Families, particularly parents, have the greatest influence on children's health and well-being. Many parents have met with paramedics and emergency department staff to educate them about the care their special needs children may require in an emergency situation. Others have developed emergency care plans.
- Parents can serve as peer counselors for other parents of severely injured children. When trained appropriately, they can offer comfort, answer basic questions, solve problems, and alleviate stress by sharing their personal stories.

• Parents without health profession training who have experienced emergency care provided to their child can provide important information to the EMS system, such as

1. How family members might interpret the action/words of providers, and
2. Suggestions for improving communication to family members and children.

• Family members can share the knowledge gained from their personal experiences by volunteering their time with local schools and religious organizations.

• Parents have the opportunity to educate pediatricians about the importance of EMSC and related activities within their communities, during regular office visits.

The 2000 Annual Grantees Meeting, taking place on March 26, at the Omni Inner Harbor Hotel in Baltimore, MD, will offer sessions on working with families to enhance pediatric emergency medical care. Parents who are interested in attending the sessions, should contact Ken Allen, senior program planning associate, at (619) 299-8990.



Roving Reporter

On September 28, 1999, Emergency Medical Services for Children (EMSC) National Resource Center Director Jane Ball, RN, DrPH, received the Health Resources and Services Administration Administrator's Special Citation Award for exceptional skill and selfless dedication to the EMSC Program. Pictured above from left to right are Mark Nehring DMD, MHP; Maria Baldi; Dr. Ball; and Jean Athey PhD.

Research Sessions

(from page 1)

government funding. Following is a brief description of each session.

- Marianne Gausche, MD, and Roger Lewis, MD, PhD, of Harborview-UCLA Medical Center, will present a session entitled, "Field Research and Clinical Studies: The Research Process in EMSC."

- Health Economists Ann Had-dix, PhD, and John "Mick" Tilford, PhD, of Emory University and Arkansas Children's Hospital Research Institute, respectively, will share their experiences and insights on costs and cost-effectiveness methodology in EMSC research.

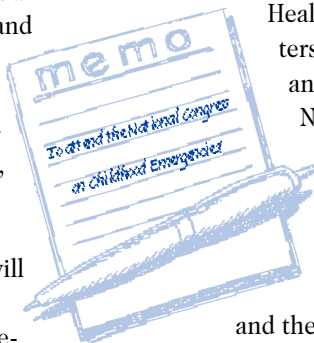
- Lynne Haverkos, MD, MPH, of the National Institute for Child Health and Human Development's Behavioral Pediatrics and Health Promotion Program, will moderate a discussion

about government funding opportuni-ties for EMSC research. Panelists for this session will include representa-tives of the Agency for Health Care Policy and Research; the Health Resources and Services Administra-

tion's Maternal and Child Health Bureau; the Cen-ters for Disease Control and Prevention's National Center for

Injury Prevention and Control and National Institute for Occupational Safety and Health;

and the National Institutes of Health's National Heart, Lung, and Blood Institute, National Institute for Mental Health, and National Institute for Nursing Research. This session will describe the funding that is available and provide application instructions.



- Murray Pollock, MD, MBA, a pediatric trauma outcomes researcher who created the Pediatric Risk of Mor-tality (PRISM) Scoring System, and Mary Aitken, MD, of Arkansas Chil-dren's Hospital, will lead a workshop on EMSC outcomes and severity measures.

- Arlene Fink, PhD, author of *How to Prepare Survey Questions* (Sage, Newbury Park, CA 1995) and several other books about survey methodology, and Steven Blumberg, PhD, of the National Center for Health Statistics, will team up to present a session enti-tled, "Better Data from Better Tools: Designing A Good Questionnaire."

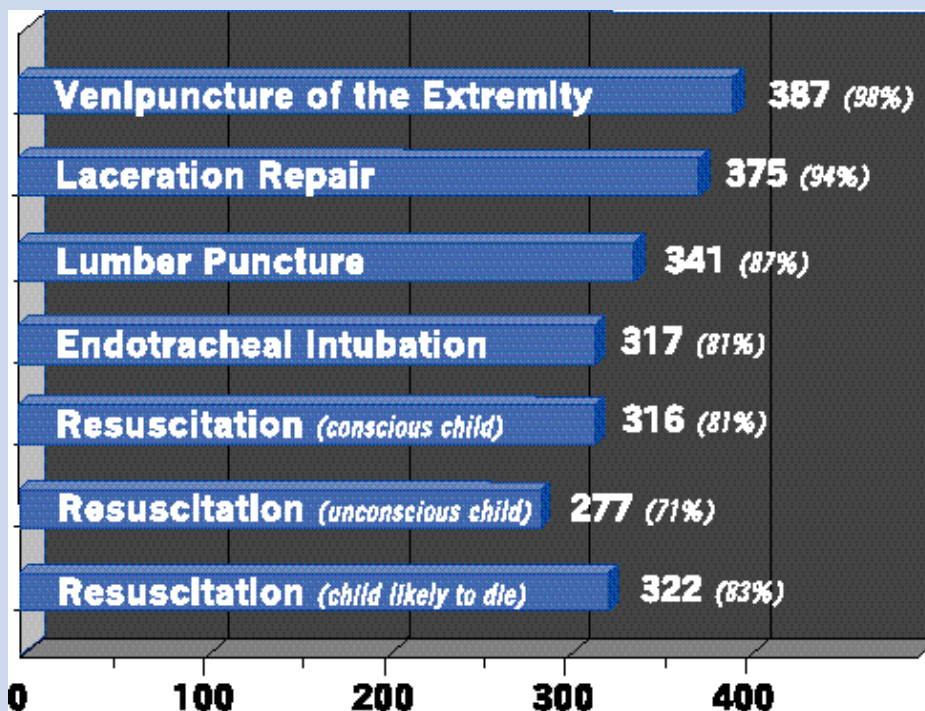
Continuing education credits will be available for session participants. Online registration for the Congress is available at www.ems-c.org.

Statistic of the Quarter

Number of Parents Who Want to be Present During Invasive Procedures Performed on Their Children in the Emergency Department: A Survey of 400 Parents

STATISTIC

Source: Boie, Eric; Moore, Gregory, et al. "Do Parents Want to Be Present During Invasive Procedures Performed on Their Children in the Emergency Department? A Survey of 400 Parents." *Annals of Emergency Medicine*, 34:1 (1999).



National Congress: Getting There and Getting Around

Prior to arriving at the Baltimore Washington International (BWI) airport to attend or exhibit at the March 2000 National Congress on Childhood Emergencies, preparations for hotel accommodations, travel, and leisure must be made. Special group rates have been arranged for accommodations at the exhibiting hotel, the Omni Inner Harbor, at \$129 for a single or double room, if reserved by February 16, 2000. Please call the hotel for reservations at (410) 752-1100.

BWI airport is approximately 12 miles from the Omni Inner Harbor Hotel. Transportation from the airport to the hotel will cost about \$20 by taxicab and \$12 by the BWI Super Shuttle. The shuttle arrives every half-hour, on the hour, outside of the baggage claim area without prior reservations.

If arriving at the Reagan National or Dulles airports, which are more than 50 miles away from Baltimore, it may be necessary to rent a car. Contact Reagan National at (703) 417-8000 or Dulles at (703) 572-2700 to obtain a list of rental car agencies and rates. Reagan National also has access to the Washington, DC METRO (subway) system, which connects to the Baltimore-bound MARC train. Detailed information about routes and rates can be obtained by calling METRO at (202) 637-7000 and MARC at (800) 325-7245.



Pride of Baltimore II

A wide range of spectacular restaurants, shops, and tourist attractions are within two to six blocks from the hotel, including Ann Taylor, Bath & Body Works, The Coach Store, The Disney Store, The Cheesecake Factory, Phillips Harborplace, Planet Hollywood, The National Aquarium, ESPN Zone, Center Stage, Maryland Science Center, and much more.

Most of these attractions, which are located in the heart of downtown at the Harbor Place and The Gallery, can be reached by taking the Omni's free shuttle. The shuttle leaves every hour,

on the hour.

Additional attractions can be reached by taking the Water Taxi from the Harbor Place to one of its 17 landings, including The National Aquarium, Maryland Science Center, Fells Point, and Fort McHenry. The fares are \$4.50 for adults and \$2.00 for children, which includes special discount offers to area shops and restaurants as well as Trolley passes to the B&O Museum, Babe Ruth Museum, Port Discovery, and Oriole Park at Camden Yards. For more information, call Harbor Boating Inc. at (410) 563-3901.

The average temperature in Baltimore during late March is between 50 and 60 degrees Fahrenheit.



Harbor Place at night, Baltimore, MD.

EMSC News to be Published Bimonthly

Starting with this issue, *EMSC News* will change from a quarterly to a bimonthly newsletter, with publication dates tentatively set for January, March, May, July, September, and November.

"When the newsletter first was published in 1990, the EMSC Program was only a few years old," said Suzanne Sellman, communications director of the Emergency Medical Services for Children (EMSC) National Resource Center (NRC). "In less than 10 years, our subscription rate has grown from a few hundred to approximately 12,000. In the past six months, subscriptions have jumped to more than 17,000."

According to Sellman, the increase is a result of growing interest in pediatric emergency care. The EMSC Program currently provides grants in 50 states, the District of Columbia, and six U.S. territories. Active partnerships have been established with more than 20 national and professional organizations, including members of the Partnership for Children consortium, the General Federation of Women's Clubs, Kiwanis, and the National Organization for Youth Safety. In addition, pediatric emergency medicine has become a well-recognized discipline. "Simply put, we have more news to report and this news needs to be disseminated in a more timely fashion," Sellman said.

EMSC News is published and distributed by NRC, free of charge. To subscribe to or submit articles on people, programs, and procedures related to pediatric emergency medical services, contact Sellman via e-mail at ssellman@emsenrc.com.

Due to the numerous activities surrounding the National Congress on Childhood Emergencies, the March 2000 issue will not be published.

News from NEDARC

National EMSC Data Analysis Resource Center (NEDARC) staff have “gone back to the classroom.” In collaboration with the Utah Department of Health Violence and Injury Prevention Program, NEDARC compiled a statewide report on school injuries. The report detailed Utah school injury information from 1990-1998, as well as data on emergency department visits and inpatient hospital stays for injured students. It primarily will be distributed to school superintendents and principals, but will also be used to promote legislative and injury prevention efforts.

The report was highlighted in an article entitled, “Epidemiology of School Injuries in Utah: A Population-Based Study,” which was published in the December issue of the *Journal of School Health*.

NEDARC also is excited to announce that it has received funding (see related article, page 5) to expand its focus by assisting states with EMSC-related needs, organizing regional meetings, and continuing its own EMSC research. NEDARC staff members will contact each state EMSC director soon to determine how the center can help fulfill EMSC project data needs. For more information about NEDARC, call (801) 581-6410 or visit the web site,



... LATEST LIBRARY ADDITIONS ...

Notable EMSC-Related Articles:

- Bernardo, Lisa Marie; Henker, Richard; and O'Conner, Joan. “Pediatric Update: Temperature Measurement in Pediatric Trauma Patients: A Comparison of Thermometry and Measurement Routes.” *Journal of Emergency Medicine*. 15, No. 3 (1999): 215-20.
- Boie, Eric; Moore, Gregory; Emswiler, Chad; and Nelson, David. “Do Parents Want to Be Present During Invasive Procedures Performed on Their Children in the Emergency Department? A Survey of 400 Parents.” *Annals of Emergency Medicine*. 34, No. 1 (1999): 70-74.
- Carlton, Susan. “When to Call 911.” *Emergency Medicine*. 74, No. 8 (1999): 59, 61-62.
- Chaffee, Mary. “A Telephone Survey of Emergency Department Nurses.” *American Journal of Nursing*. 99, No. 7 (1999): 27-31.
- Committee on Children with Disabilities, American Academy of Pediatrics. “Care Coordination: Integrating Health and Related Systems of Care for Children with Special Health Care Needs.” *Pediatrics*. 104, No. 4 (1999): 978-81.
- Committee on Injury and Poison Prevention, American Academy of Pediatrics. “Safe Transportation of Newborns at Hospital Discharge.” *Pediatrics*. 104, No. 4 (1999): 986-87.
- “Transporting Children with Special Health Care Needs.” *Pediatrics*. 104, No. 4 (1999): 988-92.
- Committee on Pediatric Emergency Medicine, American Academy of Pediatrics. “Emergency Preparedness for Children with Special Health Care Needs.” *Pediatrics*. 104, No. 4 (1999): e53.
- Esposito, Thomas; Sanddal, Nels; Dean, Michael; Hansen, Joseph; Reynolds, Stuart; and Battan, Keith. “Analysis of Preventable Pediatric

Trauma Deaths and Inappropriate Trauma Care in Montana.” *Journal of Emergency Medicine*. 47, No. 3 (1999): 243-53.

• Furnival, Ronald and Schunk, Jeff. “ABCs of Scoring Systems for Pediatric Trauma.” *Prehospital Emergency Care*. 15, No. 3 (1999): 215-20.

• Greenes, David and Schutzman, David. “Clinical Indicators of Intracranial Injury in Head-Injured Infants.” *Pediatrics*. 104, No. 4 (1999): 861-67.

• Hudson, Susan; Thompson, Donna; and Mack, Mick G. “The Prevention of Playground Injuries.” *Journal of School Nursing*. 15, No. 3 (1999): 30-33.

• Leach, Charlotte; Blair, Peter; Fleming, Peter; Smith, Iain; Platt, Martin Ward; Berry, Peter; Golding, Jean;

and the CSDI Study Research Group. “Epidemiology of SIDS and Explained Sudden Infant Deaths.” *Pediatrics*. 104, No. 4 (1999): e43.

• Paul, Tim; Marias, Mark; Pons, Peter; Pons, Kathryn; and Moore, Ernest. “Adult Versus Pediatric Prehospital Trauma Care: Is There a Difference?” *Journal of Trauma, Infection, and Critical Care*. 47, No. 3 (1999): 455-59.

• Shorter, Nicholas; Mooney, David; and Harmon, Bethany. “Snowboarding Injuries in Children and Adolescents.” *American Journal of Emergency Medicine*. 17, No. 3 (1999): 261-63.

If an interesting publication or product (written or produced within the last 18 months) has crossed your desk, please contact the EMSC National Resource Center Library Technician Rebecca Zeltinger at (301) 650-8043 or via e-mail at rzeltinger@emscnrc.com. Notices or copies of journal articles, books, videos, and reports on EMSC-related topics should be mailed to: EMSC National Resource Center, Rebecca Zeltinger, 111 Michigan Avenue, NW, Washington, DC 20010-2970.

IMPORTANT DATES TO REMEMBER

January 6-8

National Association of EMS Physicians
Annual Meeting
Dan Point, CA
Contact: (913) 492-5858

January 24-28

Healthy People 2010
Washington, DC
Contact: Jan Smallwood at
(703) 925-9455

January 26

National School Nurse Day
Contact: National Association
of School Nurses at (207) 883-2117

January 29 - February 5

Controversies in Emergency and
Primary Care
Kauai, HI
Sponsored by: University of
California School of Medicine
Contact: Edith Bookstein at
(858) 454-3212

February 13-19

Child Passenger Safety Week
Contact: Phillip Gulak at
Pgulak@nhtsa.dot.gov

February 18-20

Sixth Annual Scientific Assembly
of the American
Academy of Emergency Medicine
San Antonio, TX
Contact: Eric Lane at
(800) 884-2236

February 21-24

Fourth International Congress on
Pediatric Pulmonology
Nice, France
Contact: 33 (0) 4 93 80 76 80

February 28 - March 3

38th Annual Symposium on
Critical Care,
Trauma and Emergency Medicine
Las Vegas, NV
Contact: (323) 442-2555

March 12-14

Lifesavers National Conference
Atlanta, GA
Contact: Mary Magnini at
mmagnini@bellatlantic.net

March 13-16

Joint Meeting with
Pediatric Academic Societies
Spring Session
Boston, MA
Contact: (847) 228-5005

March 19-25

Children and Healthcare Week
Contact: Association for the Care
of Children's Health at
(800) 808-2224

March 19-25

National Poison Prevention Week
Contact: Ken Giles at
Kgiles@epsc.gov

March 21-24

20th International Symposium
on Intensive Care
and Emergency Medicine
Brussels, Belgium
Contact: (32) (2) 555 3631

March 27-29

2000 National Congress on
Childhood Emergencies
Baltimore, MD
Contact: EMSC National Resource
Center at (202) 884-4927

March 28-31

Advances in Emergency Medicine
San Francisco, CA
Contact: University of California at
(415) 476-5208

EMSC National Resource Center
Children's National Medical Center
111 Michigan Avenue, N.W.
Washington, DC 20010

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Fees
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