EMSC news
EMERGENCY MEDICAL SERVICES FOR CHILDREN NEWSLETTER
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AAP/ACEP Release Guidelines for ED Pediatric Preparedness

It is widely known within the medical community that many hospitals and local emergency medical services (EMS) systems throughout the U.S. are not adequately prepared to handle a sudden pediatric illness or injury. To help improve the situation, the American Academy of Pediatrics (AAP) and the American College of Emergency Physicians (ACEP), working under an Emergency Medical Services for Children Contract, recently released "Care of Children in the Emergency Department: Guidelines for Preparedness."

According to Susan Tellez, manager of AAP's Division of Hospital Surgical Services, the guidelines outline recommendations for emergency department (ED) staff and administrators to help manage the different physical, emotional, and psychological needs of ill and injured children. They also provide information about the timely transfer of children to a facility with specialized pediatric services, if needed.

"More than 20 million children each year are treated in the nation's emergency departments," said ACEP President Robert Schafermeyer, MD. "These guidelines represent a significant benchmark toward continued improvement of emergency care. They are attainable by all EDs, and they represent the collaboration and support of 18 national organizations involved in caring for children."

The 15-page document covers six topics: administration and coordination of the EDs; physician and nurse knowledge and training; quality improvement; policies, procedures, and protocols; support services; and equipment, supplies, and medications. Any ED that provides care 24 hours a day, seven days a week, and is continuously staffed by a physician will benefit from use of these recommendations.

The guidelines are available free of charge as a downloadable document from the AAP and ACEP web sites at www.aap.org and ww.acep.org, respectively.

Call for Program Proposals, Research Abstracts Now Available for 2002 National Congress

Each year, more than 30 million children and adolescents need emergency care for a serious injury or illness. Of that number, nearly 20,000 children die and another 50,000 are permanently disabled. The third National Congress on Childhood Emergencies, scheduled for April 15-17, 2002, in Dallas, TX, seeks to reduce these numbers by educating and training emergency medical professionals, parents, caregivers, and child health care advocates about how to improve the entire system of pediatric medical care.

The theme of the 2002 Congress, "Taking Action, Saving Lives," reflects the conference's primary goal: to provide health care professionals, parents, and advocates the information and resources needed to take action toward ensuring that every child in the nation receives the highest quality care possible.

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Call for Program Proposals, from page 1

Conference sessions will focus on illness and injury prevention, primary care, prehospital and emergency department (ED) care, acute care, rehabilitation, and reentry of children with special needs into the home and community. The conference will also explore patient safety, advances in clinical care, pediatric mental health, bereavement, child and school health care, and family-centered care. Participants will include medical (emergency physicians, pediatricians, surgeons, nurses, emergency medical technicians, paramedics, school and mental health professionals, emergency medical services (EMS) planners, and health care administrators), and non-medical (parents, youths, community advocates, business leaders, and policy makers) professionals.

Most of the educational programming for the Congress will be developed through a national Call for Program Proposals and Call for Research Abstracts. Both documents are available through the Emergency Medical Services for Children (EMSC) web site (www.ems-c.org).

Call for Program Proposals

Individuals and members of any professional group are encouraged to submit a proposal for an innovative EMSC-related program, initiative, or protocol. The National Congress Program Planning Committee will evaluate and rank each proposal. Those that are approved will be selected for a 75-minute concurrent session or a poster session. Concurrent sessions are limited to two speakers. Posters are limited to one. The deadline for proposal submission is Friday, August 3, 2001.

Call for Research Abstracts

Abstracts for presentation of original research are being solicited for the following topics: basic, behavioral, clinical, costs, education, outcomes, policy, systems, translational, or other research areas of importance to the field of EMSC. All submissions will be evaluated and ranked according to a peer review process. Papers will be judged on originality, scientific quality, and potential impact on EMS care. Selected authors will be invited to present the work as a poster, poster symposium, or platform presentation. The deadline for submissions is Friday, November 30, 2001.

For more information about the Calls for Proposals and Abstracts visit www.ems-c.org or contact the EMSC National Resource Center at (202) 884-4927.

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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.

U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration
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The "Wheel" Meaning of Safety

National statistics show that bike-related crashes kill 900 people each year and send approximately 567,000 to hospital emergency departments. Of those killed, 30% are younger than 16 years of age. As alarming as this may seem, the Consumer Product Safety Commission's National Survey on Bicycle Helmet Usage found that bicycle helmet usage actually increased from 18% in 1991 to 50% in 1998. As illustrated by the following story, this is due in part to the efforts of the emergency medical services community.

Gisele Wellborn and Dillon Williams learned the "wheel" meaning of safety from Thomas Valley Emergency Medical Services (TVEMS) paramedics Shawn Sorrow and Susan Nichols. These paramedics surprised the children with new bicycles and helmets as part of the TVEMS Bicycle Helmet Program. "Since the summer of 1999, paramedics have given away more than 1,600 helmets to area youths," said Julie Sullivan, deputy chief for EMS in Loveland, CO. "We are proud to say that the program has grown from a one-employee operation to a community-wide safety effort."

All TVEMS vehicles are equipped with bike helmets. Kids who are seen riding without helmets are stopped and given a helmet at no cost. Kids who wear helmets are given coupons from local restaurants for treats such as ice cream and kids' meals.

For more information about this program, contact Thompson Valley EMS at (970) 669-1235.

EMSC Unveils 2002 National Congress Theme and Logo

"Taking Action, Saving Lives" is the official theme of the 2002 National Congress on Childhood Emergencies to be held April 15-17, in Dallas, TX. The Emergency Medical Services for Children (EMSC) Program hopes that the early unveiling of the theme and two-color logo design for the meeting will give grantees, Partnership for Children organizations, federal representatives, and other friends of EMSC a head start in helping to promote and plan ahead for the Congress. In 2000, more than 900 individuals attended the second National Congress. EMSC hopes to nearly double this figure in year 2002.

Theme

In February, five themes were presented to federal Program Officers from the Maternal and Child Health Bureau (MCHB). "Taking Action, Saving Lives" received the most votes because it is proactive and conveys a sense of urgency and energy. "It's catchy and easy to remember," said MCHB project officer Cindy Doyle RN, BSN, MA. "Staff also like the idea of a broad, all-encompassing theme that does not reflect one issue or aspect of pediatric medical care." This conference addresses the entire system of pediatric emergency medical care and crosses all disciplines—any medical (physicians and surgeons, nurses, emergency medical technicians, emergency medical services system planners, hospital faculty) and nonmedical individuals interested in improving emergency care for children are welcome to attend.

Logo

Capitalizing on the National Public Information and Education Campaign, the logo uses bright red and vivid yellow to capture attention and communicate urgency. It features the theme, name of event, and a silhouette of a person with one hand reaching for a star. The goal of the logo is to inspire providers, parents, caregivers, and advocates to take child health care to the next level. According to Doyle, "We've accomplished much in the last 17 years, and although we need to continue to explore the crucial issues for which this program was found, we also need to explore new areas of concern, such as outreach and training to primary care providers, child care workers, school-based personnel, mental health specialists, and physician residents."

The 2002 National Congress on Childhood Emergencies will be held at the Adams Mark Hotel just north of downtown Dallas. For more information about the conference, read the corresponding article "Call for Program Proposals, Research Abstracts Now Available for 2002 National Congress" or contact the EMSC National Resource Center at (202) 884-4927.

Six New Targeted Issues Awarded in FY 2001

In April, six new targeted issue grants for emergency medical services for children (EMSC) officially were up and running. This year, the Maternal and Child Health Bureau (MCHB) received 22 applications in this category.

Targeted issue grants were established to address special needs or concerns of regional and national significance affecting children throughout the EMSC continuum of care. These grants typically yield new products, data and research findings, clinical practice guidelines, and model systems.

EMSC wishes to congratulate all of the grant recipients, listed below by grant title, organization, and principle investigator.

- *Coordinating Discharge Care for Children with Injury and Special Health Care Needs*, Arkansas Children's Hospital, Mary Aikens, MD, MPH
- *Economic Evaluation of Intensive Care Services for Pediatric Traumatic Brain Injury Patients*, Arkansas Children's Hospital Research Institute, John Tilford, PhD
- *Emergency Preparedness for Infants with Significant Heart Disease,* Regents of the University of Minnesota, Lee Pyles, MD
- *Quality Improvement in Emergency Medical Services for Children,* Loyola University of Chicago, Division of Emergency Medical Services, Evelyn Lyons, RN, MPH
- *Intimate Partner Violence and Protocol: A Model for the Child-Centered Visit*, The Curators of the University of Missouri, Denise Dowd, MD
- *The School Nurse and Emergency Medical Services Project in New Mexico,* University of New Mexico Health Sciences Center, Department of Emergency Medicine, Robert Sapien, MD

Emergency Care Planning: You've Heard of It, Are You Using It?

A child is severely ill or injured and requires immediate care. Local paramedics are called to the scene and the child is rushed to the emergency department (ED). Situations such as this are a parent's worst nightmare. This fear only intensifies if the ill or injured child has a special health care need. Do the paramedics and ED staff have the information needed to provide the best care possible?

To help parents of children with special health care needs (CSHCN) prepare for a medical emergency, the health care community must embrace the emergency care plan concept. The Emergency Medical Services for Children (EMSC) Program supports written emergency care plans for CSHCN. EMSC also suggests similar plans be developed for healthy children.

One of the best tools currently available to help facilitate the planning process is the American Academy of Pediatrics' (AAP) and the American College of Emergency Physicians' (ACEP) Emergency Information Form (EIF). Both AAP and ACEP recommend that primary care physicians and specialists work with parents to complete this two-page document, which provides EDs and health care workers with critical information about the child's chronic physical, developmental, behavioral, or emotional conditions that are beyond those of normally developed children. The form is available free of charge from the AAP and ACEP web sites at www.aap.org and www.acep.org, respectively.

Awareness Does Not Equal Utilization

Many journal articles, trade newsletters, and even national newspapers and programs have promoted the availability of the EIF form. And although health care providers are familiar with the EIF and other notification tools, there is still a growing need to help facilitate the utilization of such resources.

Many states, such as Minnesota, Tennessee, Alaska, and Wisconsin, as well as the District of Columbia are integrating the EIF into their emergency medical services (EMS) system. Other states may not be utilizing the EIF but have similar programs that will ensure that a child's medical history is available when needed the most.

The EMSC National Resource Center tracks CSHCN notification initiatives, as well as other programs designed to assist emergency care providers in treating children with special needs. Information about each state's activities is available by calling Ms. Wayne Neal, CSHCN specialist, at (202) 884-6890.

Utilization Helps Providers, Parents

The Children with Special Health Care Needs Project at Children's National Medical Center (CNMC) in Washington, DC, has had its notification program in place for more than a year. "About 420 children are enrolled in the program," said Betsy Smith, CSHCN project director for CNMC. "The program has had a substantial effect on staff as well as community." To help illustrate this impact, she recently shared the following story with *EMSC News*.

TJ, a child with special health care needs, was one of the first people enrolled in the hospital's CSHCN program. In October 2000, CNMC contacted TJ's mother to update his medical information and found that he needed a heart transplant. His mother requested he be flown by Med-evac to CNMC if he experienced an emergency at home. That request was sent in writing to Fauquier County EMS.

Three days later, TJ's mother called 9-1-1 when her son began experiencing stroke-like symptoms. "While waiting for paramedics to arrive TJ asked his mother repeatedly to get 'the paper,' referring to a 4-by- 6 summary card that contained all his pertinent medical information as part of the prehospital notification system," explained Smith.

EMS Captain Ray Triccario was the first person to respond to TJ's call for help. He hadn't received the updated information; however, the 9-1-1 dispatcher had, and informed responding units that there was information in their computer that the boy be flown to CNMC in the event of an emergency.

"When flight paramedics arrived at the scene, the mother requested to go along on the flight," said Captain Triccario. "Her request was granted because paramedics had prior EMS notification of TJ's chronic illness."

As the helicopter was crossing the DC tidal basin, the flight medic lifted TJ's head so he could see the city lights. TJ died two weeks later.

"His mother was grateful for the CNMC program and said it allowed her to take her last flight with her son," said Smith. "She also said it gave her great comfort knowing that EMS knew about TJ's problems in advance."

For more information about CNMC's program, contact Betsy Smith at elsmith@cnmc.org.

EMSC Regional Meeting Update

Mark your calendars!

Two Emergency Medical Services for Children (EMSC) regional meetings are scheduled to take place this summer: the Intermountain Regional EMSC Coordinating Council (IRECC), to be held August 16-29, in Big Sky, MT, and the Center of America Regional EMSC (CARE) meeting, to be held September 6-7, in St. Louis, MO.

IRECC draws child health care advocates, educators, administrators, and local and state EMSC representatives from Arizona, Colorado, Idaho, Montana, New Mexico, Nevada, Utah, and Wyoming. The CARE meeting covers Illinois, Indiana, Iowa, Kentucky, Michigan, Minnesota, Missouri, Ohio, and Wisconsin. If you live or work in one of these states and would like more information about these or future meetings, contact IRECC's Teri Sanddal at tsanddal@citmt.org or CARE's Diana Fendya at dfendya@ssmhc.com.

The EMSC Program began funding region meetings in 1994 to provide states the opportunity to assemble, network, and share experiences. These meetings also help to educate the pediatric community about current EMSC topics and priorities.

In addition to IRECC and the CARE meeting, the EMSC Program funds region meetings in the Southeast, Midwest, and Northeast. Descriptions and contact information for each are provided below.

Southeastern Regional EMSC Meeting

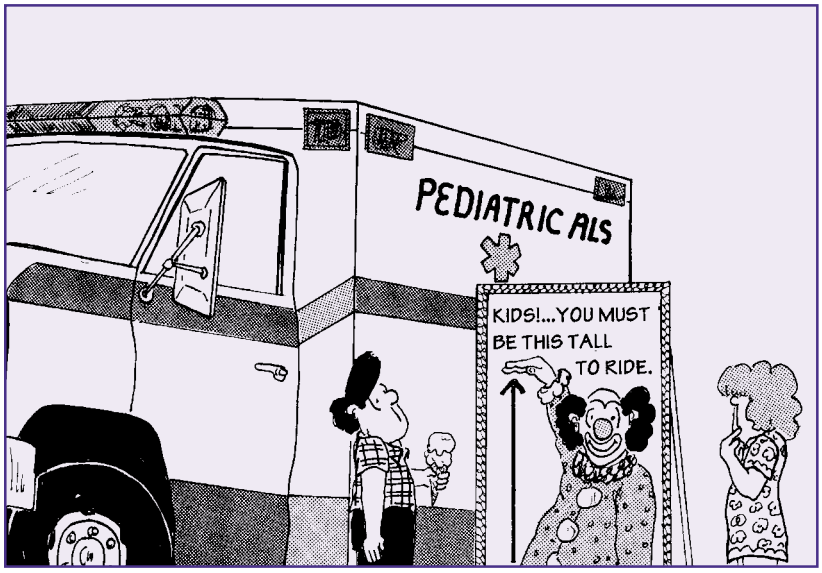
Meeting date: held each spring
Participating states: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee
Contact: Susan Hohenhaus at sue.hohenhaus@ncmail.net

Heartland EMS for Children Coalition Regional Meeting

Meeting date: held each spring
Participating states: Iowa, Kansas, Minnesota, Nebraska, North Dakota, South Dakota, and Wyoming
Contact: Shelly Arnold at sarnold@state.nd.us

New England EMSC Regional Meeting

Meeting date: held each fall
Participating states: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont
Contact: Patrick Malone at pmalone@zoo.uvm.edu



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Have You Moved?

The editors of *EMSC News* want to make sure you don't miss a single issue. If you have recently moved or the contact person for your organization has changed, please let us know by completing the below *EMSC News* Subscription Update Request and mailing it to: Leslie Green, Communications Assistant, EMSC National Resource Center, 111 Michigan Avenue, NW, Washington, DC 20010.

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STAT: Enhancing Injury Prevention Programs in States

In 2000, a new initiative known simply as STAT (State Technical Assessment Team) was established to help states develop and enhance their injury prevention and control programs. Since that time, four states have benefited from a STAT visit. Many more states are awaiting their turn. In fact, the initiative is so successful that states are now required to apply for STAT assistance. Listed below are several frequently asked questions about STAT and their answers.

What is STAT?

State Technical Assessment Team, or STAT, is a group of five or six injury prevention professionals who visit a state to assess the status of injury prevention programs and to make recommendations for improvement.

What components of injury prevention programs does STAT assess?

The assessment focuses on the five core components of a successful state health department injury prevention program, as outlined in the publication *SAFE STATES: Five Components of a Model State Injury Prevention Program & Three Phases of Program Development.* These components include data collection and analysis; program design, implementation, and evaluation; coordination and collaboration; technical support and training; and public policy. STAT also reviews each state's program resources.

How do states benefit from a STAT visit?

STAT provides participating states with an outside perspective on their strengths, weaknesses, and opportunities. The process often serves to refocus a state's activities. STAT also brings different members of the injury prevention community together, providing an opportunity to strategize ideas, tackle barriers, and share success stories.

How does a state request a STAT visit?

The intention is to involve as many states as possible in the STAT process. However, as with all initiatives, funding is limited. Because the number of states requesting STAT visits outnumbers the available support, an application process is required. To obtain an application, contact Ellen Schmidt, committee chair for STAT, at (202) 466-0540 or eschmidt@edc.org.

Who runs the STAT program?

STAT was created and is administered by the State and Territorial Injury Prevention Director's Association (STIPDA), a national nonprofit organization of professionals committed to protecting the health of the public by sustaining, enhancing, and promoting the ability of state, territorial, and local health departments to reduce death and disability associated with injuries. In pursuit of this mission, STIPDA engages in activities to increase awareness of injury as a public health problem; enhance the capacity of public health agencies to conduct injury prevention and control programs; and support public health policies designed to advance injury prevention and control.

For additional information about STAT, membership in STIPDA, or to request or participate in a STAT visit, contact Schmidt or David Scharf, executive director for STIPDA, at (770) 690-9000 or stipda@mindspring.com.

Roving Reporter

James Broselow, MD, and Cindy Doyle, MA, RN, BSN, take turns presenting information during the Color-coding: Enhancing Pediatric Patient Safety meeting, held January 30-31, 2001, at the Jury's Doyle Hotel in Washington, DC.

Public Policy Network

During the past several months, the Emergency Medical Services for Children National Resource Center has fielded several calls concerning the federal budget and how government funds are allocated each year. For your convenience, described below are the three fiscal processes Congress uses to distribute the resources of the federal government: authorization, appropriations, and budget.

- The *authorization process* establishes federal tax laws and other policies and creates federal programs to respond to national needs. Authorizing legislation also may make recommendations concerning the proper spending level for a program or agency. The Senate has 14 authorizing committees and the House has 17 authorizing committees that have jurisdiction over particular areas of national concern.

- The *appropriations process* provides for the funding of federal government agencies and federal programs. The Senate and House each have a Committee on Appropriations with 13 subcommittees.

- The *budget process* establishes an overall fiscal policy on total spending and revenue and determines how total spending should be divided among the major functions of government, such as agriculture, defense, health, and so forth. The Senate and House each have a Committee on Budget, and the Congressional Budget Office (CBO) supports the process by providing economic and program analyses and cost information on existing and proposed federal programs.

To begin, Congress needs to know what the executive branch believes is necessary to fund the operations of the federal government. Early each year, therefore, the President is required to submit to Congress the Administration's budget request for the upcoming fiscal year that begins the following October 1.

In the early spring, the Senate and House Budget Committees, using the President's budget request, information from their hearings, views and estimates from other committees, and CBO reports, draft a budget plan, known as the concurrent resolution on the budget or the budget resolution. In addition to containing budget totals—total spending, total revenues, and the resulting deficit or surplus—and spending broken down by budget function, the budget resolution can include a procedure known as reconciliation that directs authorizing committees to change existing law. In general, under the reconciliation procedure, Congress directs its committees to report legislation that decreases spending or increases revenues by a specified amount by making changes in laws within the committees' respective jurisdictions.

In the Spring and Summer, after Congress has adopted a budget plan, it proceeds to work on annual spending or appropriations bills, tax bills, and any reconciliation legislation mandated by the budget resolution. The appropriations bills are a series of measures that, together, fund federal operations for a fiscal year (October 1 to September 30). There is one appropriations bill for each of the 13 subcommittees of the Senate and House Appropriations Committees. Total spending approved in the budget resolution is allocated among the 13 appropriations subcommittees.

The House claims the exclusive right to originate appropriations bills—a claim the Senate denies in theory, but accepts in practice. Consequently, the Senate Committee on Appropriations usually waits for the arrival of a bill passed by the House and then reports it with whatever amendments it chooses. The target for action on these bills in the House is June 30 and in the Senate is September 30. When action is not complete on one or more of the 13 appropriations bills by the start of the new fiscal year, Congress may enact a continuing resolution to provide appropriations on a temporary basis.

EMSC Welcomes New National Center Staff

The Emergency Medical Services for Children (EMSC) National Resource Center is pleased to announce that five new staff members have joined its team: Yvonnada Cousins, Diane Fendya, Susan Eads Role, Millree Williams, and Rhonda Willingham.

Yvonnada Cousins serves as the EMSC National Resource Center's new meeting planner. She and Ken Allen will coordinate the National Congress on Childhood Emergencies and Annual EMSC Grantee Meeting. In addition, Cousins will be responsible for planning more than 20 internal task force and committee meetings. Cousins joins EMSC from J & E Associates, where she coordinated meetings on behalf of the National Health Service Corps. Cousins can be reached at (202)884-8280 or ycousins@emscnrc.com.

Diane Fendya, MSN (R), RN, fulfills a new position at the EMSC National Resource Center—emergency medical services (EMS) specialist. As such she is the Center's primary contact for issues related to acute care, practice guidelines, patient safety, and hospital categorization. Fendya teleworks from St. Louis, MO, were she previously served as the Missouri EMSC coordinator. Fendya can be reached at (202) 884-6867 or dfendya@emscnrc.com.

Susan Eads Role, JD, MSLS, joined the EMSC National Resource Center earlier this year. She is responsible for managing public policy activities and coordinating the Partnership for Children consortium. She also provides technical assistance to federally funded EMSC projects about issues related to public policy for children's health within the state's emergency medical services system. Before joining EMSC, Role worked in the office of Congresswoman Julia Carson on Capitol Hill, where she held several positions, including deputy chief of staff and legislative director. Role can be reached at (202) 884-6874 or serole@emscnrc.com.

As the new communications manager, **Millree Williams** directs the Center's national, regional, and local communication efforts. He also will maintain the EMSC web site, market the National Congress, and support EMSC grantee efforts to promote EMSC activities through statewide media events and public awareness initiatives. He has more then 20 years experience in strategic healthcare and education communications. Williams can be reached at (202) 884-6843 or mwilliam@emscnrc.com.

This past December, **Rhonda Willingham,** MA, joined the EMSC National Resource Center as its communications specialist. In this capacity, she is responsible for developing relationships with the national, trade, and local media outlets and assisting Williams in writing press releases, publications, and other promotional materials to enhance the visibility of the EMSC Program. Prior to joining EMSC, Willingham was employed at Erickson Retirement Communities' Greenspring Village, where she was responsible for special events and media and community outreach. Willingham can be reached at (202)884-6871 or rwilling@emscnrc.com.

AAP Develops Ken Graff Emergency Medicine Research Award

A new pediatric emergency medicine research award has been established by the American Academy of Pediatrics' (AAP) Section on Emergency Medicine in memory of Ken Graff, MD, to promote and support young investigators in their pursuit of quality pediatric emergency research. Fellows and assistant professors in pediatrics will be encouraged to apply for the $10,000 grant through a competitive grant application process. Proposals will be solicited through section correspondence, newsletters, and collaborative emergency medicine organizations, such as the Emergency Medical Services for Children (EMSC) Program.

Dr. Graff, a member of AAP's Section on Emergency Medicine, was a talented young pediatric emergency physician and investigator who died recently as a result of a tragic accident. His accomplishments include receiving the 1994 AAP Willis Wingert Award for outstanding research on the sedation of pediatric patients with orthopedic injuries and a prestigious EMSC federal grant for the study of sedation and analgesia.

The AAP Section on Emergency Medicine has established the Ken Graff Emergency Medicine Research Award Endowment Fund to ensure the future distribution of the award. "Our goal is to raise $100,000, which will enable AAP to grant the award once every two years at the AAP Annual Meeting held each Fall," said Susan Tellez, manager of AAP's Division of Hospital Surgical Services. "Section members have already contributed more than $57,000 and are actively searching for companies to match this donation."

For more information about the grant or how to apply for grant funding, contact Tellez at stellez@aap.org.

EMSC Systems Scoop

EMSC News editors recently asked a first-time mother about the safety issues that concerned her most during the summer months. Her answer was both enlightening and shocking. Enlightening because she expressed the desire to know about seasonal issues that could affect her son. Shocking because this mom – who is not unlike many of the mothers the emergency medical services for children (EMSC) family encounters every day – was unaware of common safety precautions.

Many of the issues some of us have personally experienced or encountered on the job are foreign concepts for new parents or caregivers. We must remember that part of our responsibility is to pass on this knowledge and expertise.

As we move into the summer season, take extra measures to educate the community about these hot weather safety topics:

Hypothermia/Overheating

Too little or too much heat can have potentially damaging effects on a small child. Bright sunshine and warm nights stimulate us to think about summer. While these benefits of warm weather are nice to enjoy, caution must be exercised with newborns and infants. Their normal body temperature is 98.6 degrees. Despite feelings of warmth to the adult, the outside temperature can continue to be less than 80 degrees. That's nearly 20 degrees lower than normal body temperature. A young child may not be able to generate enough body heat to make up the difference and become hypothermic. Early signs and symptoms of hypothermia are irritability, slurred speech, and shivering. Keep the infant dressed in appropriate layers and wrapped in a warm dry blanket with their head covered.

As the days grow hotter, care must also be given to prevent the child from over heating. Excessive clothing and wraps can cause the child's temperature to rise without the ability for them to cool off. Remember, never leave a child in a vehicle unattended. The temperature inside a closed vehicle can reach more than 100 degrees and be fatal to any child left inside.

Drowning

Children have a great affinity for adventure, but lack any sense of danger. Toddlers can find amazing interest in the smallest bodies of water. In addition to swimming pools, lakes, and streams, buckets, toilets, bathtubs, and decorative fishing ponds are a few of the containers that pose a threat to children. Buckets and tubs should be emptied. Toilet lids should be kept shut. Swimming pools and other outside water hazards need to be fully fenced with self-closing and latching mechanisms. Remember, never leave a child alone near any body of water.

Poisoning

According to the American Association of Poison Control Centers, 88.7% of poisonings occur in or around the home. Summer brings with it an increase use of suntan lotions, pool cleaners, weed killers, and bug sprays—all of which are potential hazards to children. Common plants, such as AloeVera, Amaryllis, Azalea, Chrysanthemum, Mums, Dieffenbachia or Dumb cane, English Ivy, Morning Glory, and Philodendron, can also be dangerous if ingested by a young child. Remember, most anything can be a poison, including vitamins, if taken in excess.

Choking

Infants and toddlers explore their environment by placing anything that meets the hand into the mouth. Never leave small objects within the child's reach. If they find it, it will go into their mouth, and the potential of choking is increased. Two of the most common summertime pediatric airway obstructers are hot dogs and peanuts. These popular, lightweight finger foods can be life threatening if a child inhales and a piece of hot dog or the peanut is sucked into their airway.

Finally, think like a child – everything is an adventure, everything needs to be explored. What can you find on the floor, under the couch, or in the other room? The electrical outlets, the curtain cords, the heat registers, and old chipping paint are all things that we see everyday, but from a different perspective.

For more information on ways to safe proof your home and yard, read *How to Prevent and Handle Childhood Emergencies*, which is available as a downloadable document from the EMSC web site at www.ems-c.org.

Illinois

On March 2, 2001, the Illinois Emergency Medical Services for Children (EMSC) program held its Illinois EMSC Educational Session/Luncheon, an annual event that brings together numerous individuals within the state to share their expertise by serving on EMSC committees, reviewing EMSC standards and guidelines, conducting pediatric educational programs, volunteering as emergency department site surveyors, and serving as advocates for EMSC. Guest speaker Mirean Coleman, MSW, of the National Association of Social Workers spoke on the topic of bereavement guidelines in the emergency care setting. For more information about this and future meetings, contact Evelyn Lyons at elyons@wpo.it.luc.edu.

New York

The Center for Pediatric Emergency Medicine is in its second year of the National Child Protection Education Project. More than 2,000 emergency medical technicians (EMTs) and paramedics have responded to the national survey on child abuse and neglect recognition, treatment, and reporting. More responses are expected. A conference to create the Child Abuse and Neglect Educational Blueprint is being scheduled for Fall 2001. The Paramedic TRIPP (Teaching Resource for Instructors in Prehospital Pediatrics) core chapters, consistent with American Hospital Association guidelines, can be found on the Center's web site at www.cpem.org.

For more information about either of these topics, contact Marsha Treiber at mt31@nyu.edu.

Oregon

The Oregon EMSC program is using the Saving Kids' Lives CD-ROMs that were distributed nationwide last Fall to provide continuing education to EMTs at the paramedic, intermediate, and basic levels. The program is becoming so popular that Oregon is considering placing the content of the CD on its web site for easier access.

Oregon also reports that on June 1, 2001, it will be holding the EMSC Clinical Conference, a two-day meeting targeting physicians, nurses, and EMTs. Mary Jagin, RN, president of the National Emergency Nurses Association will serve as keynote speaker. For more information about this conference, contact Fred Neis at (503) 731-4011 or visit the web site www.ohd.hr.state.or.us/ems/welcome.htm.

South Dakota

South Dakota EMSC will be providing its first Advanced Pediatric Life Support Course (APLS) for physicians July 13-14, 2001, at the University of South Dakota School of Medicine. The South Dakota chapter of the American Academy of Pediatrics will cosponsor the course.

Training in Pediatric Education for Prehospital Professionals (PEPP) continues with three advanced life support and six basic life support courses yet to be completed at various sites across the state. Instructor courses haven already been conducted in Chamberlain and on the Rosebud Sioux Indian Reservation.

For more information, contact Dave Boer at (605) 333-6652 or boerd@siouxvalley.org

Tennessee

Tennessee reports that it has established a new 501(c)3 organization, the Children's Emergency Care Alliance. The Alliance's primary goal is to work with the state Committee on Pediatric Emergency Care to expand EMSC resources throughout the state. The Board of Directors for the Alliance is composed of a diverse group of professionals from the business, con-

sumer/family, fundraising, legal, marketing, and medical communities. Rhonda Phillippi will serve as its executive director. For more information, contact Phillippi at Rhonda.Phillippi@mcmail.vanderbilt.edu.

Virginia

Virginia reports that it is working on the following activities:

- hosting PEPP coordinator and Managing School Emergencies courses;
- supporting injury prevention activities of local emergency medical services (EMS) agencies;
- helping to implement Risk Watch in Virginia schools;
- assisting the Office of EMS in planning the 2001 EMS Symposium;
- completing a survey about disaster and emergency preparedness of schools; and
- updating the Pediatric Morbidity and Mortality Report, which details injury death data, injury hospitalization discharge data, and crash files for the EMS regions of the Commonwealth.

For more information, contact Petra Menzel at pmenzel@hsc.vcu.edu

Washington

The Washington State EMSC web site just went on-line! You can locate the site at www.washingtonemsc.org. The site is designed to provide information and resources to pediatric health care providers (hospital and prehospital), parents, and other health and social service professionals serving families. The site contains a plethora of information you may find useful. Check it out and use the evaluation form to send your feedback! For more information, contact Sheri Reder at sreder@chmc.org

Statistic of Importance

Rate of Child Injury Death in the 1970s and 1990s

The longer bars show annual injury deaths per 100,000 children aged 1 to 14 in 1971-75 (the basis for the ranking) and the shorter bars show the rates in 1991-95

Source: A League Table of Child Deaths by Injury in Rich Nations. *Innocenti Report Card No.2, February 2001. UNICEF Innocenti Research Centre, Florence, Italy.*

STATISTIC OF IMPORTANCE

••WHAT'S NEW? An EMSC Product Update••

Development and Implementation of EMS-C: A Step by Step Approach (CD-ROM)

by the State of California Emergency Medical Services Authority (2000)

This resource offers time-tested suggestions, recommendations, and referrals to assist local emergency medical service (EMS) agencies in enhancing emergency medical care for children. According to the developers, the key to any pediatric program is building on the experience of others and collaborating with the many agencies and organizations concerned about the care of children. The cost for the CD is $5. Ask for product #872.

EMTALA and the Prudent Layperson in Emergency Medical Services for Children (Reprint)

by the EMSC National Resource Center (2000)

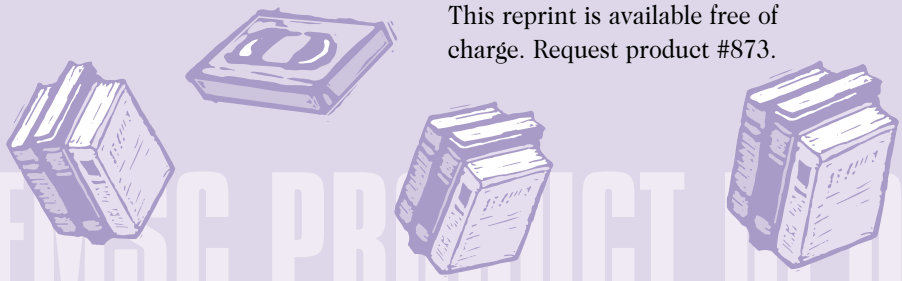
This addition to the White Paper Series examines the definition of a medical emergency through a critical analysis of legislation governing the definition of emergency and provisions for appropriate use of emergency care. It also discusses the implications for children in managed care and suggested approaches for reducing problems encountered while establishing appropriate use of emergency services under managed care. This reprint is available free of charge. Request product #873.

The Impact of Managed Care on Access to Emergency Services: An Analysis of Managed Care Contracts of State Medicaid and Federal Employee Health Benefit Plans (Reprint)

by the EMSC National Resource Center (2000)

This White Paper analyzes contract provisions affecting emergency services in two contexts: Medicaid managed care contracts developed between state Medicaid agencies and managed care organizations and managed care contracts arising under the Federal Employees Health Benefit Plan. These purchasers were chosen because they reflect practices that deal with very different populations with different health needs and access to care. This reprint is available free of charge. Request product #874.

To obtain hard copies of any of these resources, contact the EMSC Clearinghouse at (703) 902-1203 or access the online order form located on the EMSC web site at www.emsc.org. Once there, click on "Products and Resources.



Children with a Regular Healthcare Provider Less Likely to Visit ED

According to a report published in the March issue of *Pediatrics,* continuity of primary care lowers the risk that children will be taken to the emergency department (ED) or be hospitalized.

Dimitri Christakis, MD, of the Child Health Institute at the University of Washington and colleagues evaluated continuity of care among 46,097 patients 17 years of age and younger who had made at least four visits to a single health maintenance organization. The investigators calculated an index of continuity of care related to total number of visits, number of visits to a specific provider, and number of providers.

Those in the lowest tertile of continuity were 58% more likely to have visited the ED and 54% more likely to be hospitalized than those in the highest tertile. The benefit of consistent contact with their own primary care physician was more pronounced for children with asthma.

Correctiom Notice

In the March/April 2001 issue of *EMSC News* we accidentally omitted one of the agencies that participated in the Interagency Committee on Emergency Medical Services for Children joint program announcement. The statement should have read as follows:

"The committee is composed of research program staff from several federal agencies, including those who participated in the program announcement: HRSA, the Agency for Healthcare Research and Quality, the Centers for Disease Control and Prevention, and five of the National Institutes of Health."

Census Bureau Releases Report on Daily Activities of Children

According to a recently released report by the U.S. Department of Commerce's Census Bureau, 85% of 6- to 11-year-old children have rules about the types of television programs they watch at home, 42% of children 12 to 17 years old participate in sports activities, and 65% of children ages 3 to 5 are currently in or have been in organized child care.

"This is the first time the Census Bureau has looked at how kids are spending their days," said Jason Fields, one of the authors of *A Child's Day: Home, School and Play*, which is based on 1994 data. "Decisions that families make about their children's daily activities are important, since many will affect their children's success over time."

According to the report:

- Children ages 6 to 11 are subject to more television rules than older children. While 60% of them have rules about the types of programs, numbers of hours, and time of day they can watch television, only 40% of children ages 12 to 17 follow such rules.
- About 75% of 12- to 17-year-old children who participated in an extracurricular activity are on track academically (that is, in the grade at school expected for their age), compared with 60% of children in this age group who did not participate in such activities.
- About 32% of 3- to 5- year-old children started some type of non-parental child care by the time they were 3 months old, and nearly half (47%) had been in some type of regular child-care arrangement by their first birthday. On average, children younger than 3 years old spent 30 hours per week in their first child-care arrangement.
- Nearly half of the 3- to 5-year-old children (47%) were read to seven or more times per week. About 9% of children in this age group were not read to at all in the week prior to the survey.

The report is based on data from interviews conducted in late 1994 with parents in a sample of households selected in 1992 and 1993 as part of the Survey of Income and Program Participation. To obtain a copy of the report, go to www.census.gov/population/socdemo/child/p70-68.pdf.

This Summer Think Bicycle Safety

For many people, especially children, summer means a shift in activities from inside to outside; and bicycling is a very popular choice.

- Did you know that more than one fourth of the bicyclists killed in traffic crashes in 1999 were between 5 and 15 years old?
- Did you know it takes years for children to gain the judgment, balance, skill, and knowledge they need to ride safely?
- Did you know setting a good example by obeying traffic rules and wearing a helmet has been proven as one of the most effective ways to encourage a child to do the same?

Celebrate summer by holding a bicycle safety event for children in your community, and involve as many groups and organizations as possible. Some ideas for events include bicycle helmet fittings, bike safety demonstrations, bike safety checkups, and bike rodeos or bike skills development workshops. Involve children by hanging posters in schools or distributing safety materials at libraries, grocery stores, and other public areas. For other creative ideas contact the League of American Bicyclists, the Bicycle Federation of America, the Bicycle Helmet Safety Institute, the Consumer Product Safety Commission, the National SAFE KIDS Campaign, the National Highway Traffic Safety Administration (NHTSA), and the National Safety Council. Many organizations also provide free materials or technical assistance to help make your activity successful.

Be active! Remember, if we can teach bike riders to avoid painful mistakes, we all win! Help someone develop safe biking habits for life! For more information on bicycle safety or bicycle safety materials, contact Laurie Flaherty in NHTSA's Office of Communications and Outreach at (202) 366-2705.

Are children in your state or city required to wear a bicycle helmet? Many states, such as Alabama, California, Connecticut, Delaware, Florida, Georgia, Maryland, Massachusetts, New Jersey, New York, Oregon, Pennsylvania, Rhode Island, Tennessee, and West Virginia, have "age-specific" bicycle laws. Check with the local law enforcement office to see if there is a law in your community.

Latest Library Additions

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Ylvisaker, Mark; Todis, Bonnie; Glang, Ann; Urbanczyk, Beth; Franklin, Cecilia; Depompei, Roberta; Feeney, Timothy; Maher Maxwell, Nancy; Pearson, Sue; and Siantz Tyler, Janet. "Educating Students with TBI: Themes and Recommendations." Journal of Head Trauma Rehabilitation. (2001): 76-92.

If any interesting publication or product (written or produced within the last 18 months) has crossed your desk that you would like to share, please contact the EMSC National Resource Center Medical Librarian, Kathryn Willis, at (202) 884-6835 or via e-mail at kwillis@emscnrc.com

News from NEDARC

Wouldn't it be nice to know your state's response times and the trends they indicate? Do you want to know if providers think the educational programs you're offering are useful? The National EMSC Data Analysis Resource Center (NEDARC) can help you answer these questions.

NEDARC's goal is to provide Emergency Medical Services for Children (EMSC) grantees and emergency medical services (EMS) agencies the tools needed to develop EMS data systems and then put that data to good use. NEDARC's team of statisticians, researchers, computer professionals, and other data specialists can help collect, analyze, and communicate data so that the programs and health care you provide can be improved for everyone.

Sign Up for NEDARC's Data Workshops

NEDARC held two general data workshops this past January in Atlanta and Chicago. Topics of discussion included data collection, statistics, probabilistic linkage, and quality improvement. Grantees who have not had the opportunity to attend a NEDARC workshop this year—a new requirement for all federally funded EMSC grant programs—have three more chances. The first data workshop will be held May 11, in St. Louis, MO, the second on August 3, in Portland, OR, and the third on September 14, in Providence, RI. Sign up soon before space fills up! If you have specific topics that need to be addressed, let NEDARC know so your needs can be met.

NEDARC Holds Advisory Board Meeting

In February, NEDARC held its first-ever Advisory Board Meeting. The board—composed of EMSC administrators, coordinators, and data professionals—met in Salt Lake City, UT, to identify ways in which NEDARC can better serve EMSC.

For more information about NEDARC or to register for a data workshop, call (801) 581-6410 or visit http://nedarc.med.utah.edu.

In Memory of Keith Neely

On January 28, 2001, Keith William Neely, an advocate for emergency medical services for children (EMSC) who helped modernize and humanize Oregon's emergency medical services (EMS) system, died of melanoma. He was 51.

Neely served as director of system development for EMS at Oregon Health Sciences University (OHSU). During his tenure at OHSU, he also served as coordinator and operations director for the Emergency Communications Center (ECC), which provides medical advice from emergency physicians at OHSU Hospital to paramedics at the emergency scene. Under his leadership, ECC grew from a single radio unit into a sophisticated system.

Neely is also credited with helping to develop a concept for an on-line monitoring system (Computer Hospital On-line Resource Allocation Link, or CHORAL) that allows hospitals to divert ambulances according to available resources. The idea has been copied in many large cities.

In addition to these technological strides, he helped establish the Oregon Critical Response Team, a stress management program that provides counseling to emergency workers; served as a panelist for the *EMS Agenda for the Future Implementation Guide;* and served as the first nonphysician board member of the National Association of EMS Physicians.

Those within the EMSC community best remember Neely for his work on the *2001-2005 Five-year Plan.* His invaluable insight will help propel EMSC into the 21st century. He also played a major role in the development of EMSC's white paper on managed care reimbursement and, most recently, conducted a pilot project to determine whether firefighters and paramedics could identify and enroll children in the State Child Health Insurance Program.

Neely published two novels, *The Street Dancer*, in 1990, and *Memories of the Dance*, in 1999. Both books are based on his experiences as a paramedic. He also authored numerous articles that appeared in several emergency medicine journals, and served on the editorial board of *Prehospital Emergency Care.*

He received a master's degree in public administration from Portland State University in 1988 and recently received a doctorate in public administration and policy at the same institution.

Important Dates to Remember

May
Asthma and Allergy Awareness Month
Asthma and Allergy
Foundation of America
Contact: Colleen Horn at
(202) 466-7643

May
National Teen Pregnancy
Prevention Month
Advocates for Youth
Contact: Susan Pagliaro at
(202) 347-5700

May 6-12
National Nurses Week
American Nurses Association
Contact: Lisa Pearl at
(800) 274-4262

May 7-13
National Suicide Awareness Week
American Association of Suicidology
Contact: Amy Kulp at
(202) 237-2280

May 8
Childhood Depression Awareness Day
National Mental Health Association
Contact: Tracey Dowtin at
(703) 837-4782

May 20-23
The American Pediatric
Surgical Association
Annual Meeting
Naples, FL
Contact: Hilary Hitchner at
(847) 480-9576

May 20-25
American Trauma Society
Annual Conference
Arlington, VA
Contact: Tracy Hanbury at
(301) 420-4189

May 20-26
National EMS Week
American College of
Emergency Physicians
Contact: Lt. Erik Johnson at
(202) 673-3360, Ext. 6476

May 23
National EMSC Day
Emergency Medical Services
for Children
National Resource Center
Contact: (202) 884-4927

June 1- July 4
Fireworks Safety Month
Prevent Blindness America
Contact: Alice Kelsey at
(847) 843-2020

June 10-13
American Association of Health Plans
Annual Conference
Washington, DC
Contact: (202) 778-3200

June 23-25
General Federation of Women's Clubs
Annual International Convention
Saint Paul, MN
Contact: Natasha Kalteis at
(202) 347-3168

June 27-July 1
National Association of School Nurses
Annual Conference
Phoenix, AZ
Contact: Gloria Durgin at
(877) 627-6476

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EMSC
Emergency Medical Services for Children

U.S. Department of Transportation
National Highway Traffic Safety Administration