EMSC news
EMERGENCY MEDICAL SERVICES FOR CHILDREN NEWSLETTER
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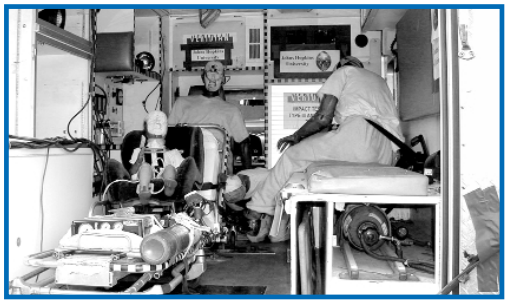
Crash Testing for Pediatric Ambulance Transport Safety Begins

In July, the first ever ambulance vehicle crash safety tests using instrumented crash test dummies (CTDs) were conducted to test the performance of these vehicles and a variety of occupant and equipment restraint practices currently available or in use. The data will be used to develop a comprehensive approach for safe emergency medical services (EMS) pediatric transport.

Left: Fully prepared ambulance test vehicle prior to the first test. On board are Dr. Levick, safety engineer David Travale, and crash test dummies.

Above: Vechicles after the first crash test.

According to Nadine Levick, MD, assistant professor for the Johns Hopkins University School of Medicine and the study's lead researcher, "This is the first vehicle-to-vehicle ambulance intersection crash test in the world. The data from these and other detailed safety tests are currently being analyzed and will be an integral element in the development of safety guidelines for the transport of ill and injured children."



The interior of second crash test, demonstrating the unrestrained occupant having been thrown forward towards the bulkhead.

In each crash test, electronic sensors were placed in the rear of the ambulance to measure the forces that are generated during an ambulance crash. Each ambulance included medical and monitoring equipment to model real-world conditions and fully instrumented CTDs resembling an adult male and female and a child. A variety of late-model vehicles were tested under side and frontal impact conditions in simulated intersection crashes.

The tests were conducted at The Calspan University of Buffalo Research Center in Buffalo, NY. Many people from throughout the country attended the benchmark event, including EMS and emergency medicine leaders; military personnel; federal, state, and local government representatives; and automotive safety experts.

INSIDE THIS ISSUE

AHA Approves EMSC Course for Use with PALS

The American Heart Association (AHA) has completed their review of a new Emergency Medical Services for Children (EMSC) course developed by the Tennessee and North Carolina EMSC programs, and approved it for use in conjunction with their widely recognized Pediatric Advanced Life Support (PALS) course.

"I think that this is an extraordinary opportunity to partner with EMSC to get this critical information to rural communities to treat pediatric emergencies," said Mike Bell, director of training and field operations for AHA.

According to Rhonda Phillippi, RN, project coordinator for the Tennessee EMSC program, the soon-to-be-released Pediatric Emergency Care Course (PECC) was designed specifically for hospital personnel. "It utilizes attributes of the PALS course but goes beyond caring for children in respiratory failure, shock, or cardiopulmonary arrest to include asthma, bronchiolitis, pneumonia, medical emergencies (seizures, meningitis, sepsis, diabetic ketoacidosis, status epilepticus, etc.), behavioral emergencies (violence, suicide, schizophrenia, and drug-related psychiatric emergencies), and trauma care (burns, poison, and near-drowning)." In addition, it includes information about pain and sedation, triage, family-centered care, and children with special health care needs, as well as how to identify and report child abuse and inform and provide follow-up care to family members after the death of a child.

> *"I think that this is an extraordinary opportunity to partner with EMSC to get this critical information to rural communities to treat pediatric emergencies."*
>
> *– Mike Bell, AHA.*

"We are very excited about this course," said Jane Ball, DrPH, RN, director for the EMSC National Resource Center. "We have courses, guidelines, and other material targeting prehospital providers, but this is the first comprehensive product designed specifically for doctors, nurses, and technicians who are responsible for treating children's emergency conditions. It's something that has been in the making for years."

"It is thrilling to see the original PECC developed by Sarah Norwood and Arno Zaritsky mature in to a comprehensive pediatric emergency care course," said Susan Hohenhause, RN, project coordinator for the North Carolina EMSC program.

In November, more than 5,000 health care providers and decision-makers will be among the first to receive a copy of this course. According to Suzanne Sellman, communications director for the EMSC National Resource Center, "This course is one of 25 products featured on an EMSC CD-ROM that is being distributed free of charge as part of an aggressive outreach and communications effort aim-ed at the EMSC provider community." For more information about this campaigns see page 9.

Both printed and downloadable versions of the course are expected to be available early next year. More information about how to order the printed version will be included in future issues of *EMSC News*.

Mark Your Calendar

2001 Annual EMSC Grantee Meeting

June 3-5

Sheraton Premier at Tysons Corner
Vienna, VA

EMSC News

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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.

Bereavement Guidelines for ED Staff Lead to National Training; Heightened Interest

Despite the best medical care, thousands of children and adolescents die suddenly in the emergency department (ED) each year. The emotional toll of a child's death on parents, siblings, relatives, and even health care providers is enormous. Confusion, grief, guilt, disbelief, and anger are just a few of the feelings to be expected.

In this situation, ED staff must act quickly, compassionately, and in an organized manner. The quality of assistance provided can make a huge difference in the way the family responds to staff and multiple decision-making issues.

In 1999, the National Association of Social Workers (NASW), working under an Emergency Medical Services for Children (EMSC) Partnership for Children (PFC) contract, released practice guidelines designed to assist ED staff in providing assistance to family members coping with the sudden death of a child. The *Bereavement Practice Guidelines for Health Care Professionals in the Emergency Department* were developed by a consensus panel made up of emergency physicians, nurses, psychiatrists, social workers, chaplains, emergency medical services providers, psychologists, child life specialists, and parents. The 30-page booklet is divided into five sections or phases of care and offers guidance on how best to:

- Prepare the ED to help the family by establishing protocols and procedures;
- Respond quickly and in an organized manner when the family arrives in the ED;
- Inform family members when a child dies in the ED;
- Provide follow-up after the death of a child in the ED; and
- Help staff cope with childhood deaths in the ED

According to Mirean Coleman, EMSC project director for NASW, developing practice guidelines that address the mental health and communications needs of families experiencing the sudden death of a child enhances the quality of care provided to the family. "However, we were very surprised to discover that other professionals were also very interested in these practice guidelines and would like to be involved in the training at some point," Coleman said. NASW has received hundreds of telephone calls and e-mails from their members and other professionals about the possibility of expanding the training to include other health care professionals.

This past fall, NASW began conducting training sessions to enhance the skills of social workers who counsel families who have experienced the sudden loss of a child in the ED. "This has been one of our most popular training sessions," Coleman said. "The two that we have held thus far have both sold out." For more information about the dates and locations of future workshops, contact Coleman at (202)336-8265. To obtain a copy of *Bereavement Practice Guidelines for Health Care Professionals in the Emergency Department,* contact the EMSC Clearinghouse at (703) 902-1203 or access the EMSC web site at www.ems-c.org. Once there, go to Publications and Resources.

News from NEDARC

NEDARC is coming to a location near you! The National EMSC Data Analysis Resource Center (NEDARC) held its first data workshop on August 23, 2000, in Salt Lake City, UT, and will be holding two additional workshops this winter.

EMSC representatives from 11 states attended the first workshop, which focused on identifying solutions to data collection barriers. In addition, NEDARC staff presented information on EMS Information Systems (EMSIS) courses, data analysis, probabilistic linkage, data communication, using EMS data to drive quality improvement, and program evaluation.

So what if you missed out on this workshop? Never fear. NEDARC is pleased to announce that two additional, all-day workshops will be held this January. The first will be held on January 19 in Atlanta, GA, followed by a second workshop on January 26, in Chicago, IL.

EMSC grantees received additional funding in their budgets to attend one of the three workshops. For more information about the workshops or to register, access NEDARC's web site at http://nedarc.med.utah.edu.

Highly Anticipated JumpSTART Video Released

Offers Triage Guidelines for Children Involved in MCIs

Participants of JumpSTART video receive direction befor taping taping starts.

Imagine being the first person at the scene of a crash involving a bus full of children with various levels of injuries. What will you do? Who should receive care first? Until recently, the lack of objective triage criteria for pediatric patients involved in a multi-casualty incident (MCI) made these questions difficult to answer. In many instances, rescuers' natural emotional responses to injured children influenced their clinical judgment during the triage process. As a result, children may have been incorrectly triaged. Rescuers with strong sympathy may also have wasted time and resources in attempting to save a child who was not realistically resuscitatable.

In an effort to provide concrete guidelines for the effective triage of children involved in an MCI, the Virginia Emergency Medical Services for Children (EMSC) program received supplemental funding to create a video based on the pediatric triage system known as JumpSTART. This system was developed by Lou Romig, MD, medical director of the South Florida Regional Disaster Medical Assistance Team. Listed here are some commonly asked questions and answers regarding the new program.

The JumpSTART camera crew shot this scene depictiing a multi-casualty incident involving approximately 10 children and three adults who were thrown from the back of a trailer hitched to a tractor.

What Is JumpSTART?

Modeled after the widely recognized START (Simple Triage and Rapid Treatment) program, the JumpSTART system is designed to help rescuers quickly and accurately categorize pediatric patients into treatment groups. It is extremely useful in the MCI setting because it maximizes responder efficiency until additional help arrives. Like its predecessor, which was designed primarily for adults, JumpSTART is built on the premise that rapid primary triage (less than 60 seconds per patient) based on assessment of respiration, perfusion, and mental status (RPM) is effective in "doing the best for the most with the least."

Why Was JumpSTART Developed?

Dr. Romig developed the JumpSTART system to assist in maximizing outcome for the greatest number of MCI patients by addressing the unique anatomy and physiology of children. Any factor that increases the efficiency and effectiveness of triage for a specific group of victims also enhances the appropriate expenditure of resources for all victims. By providing age-specific guidelines, JumpSTART also helps to counter the negative emotional aspects of pediatric triage decision-making. An objective triage system not only inhibits subjective, emotion-influenced triage decisions but also helps to insulate triage personnel from the heavy emotional burden of having to make potential life-or-death decisions for children.

Should JumpSTART Be Used in Conjunction with the START System?

Yes. Anyone familiar with START should easily be able to integrate the pediatric modifications proposed in JumpSTART, thereby requiring minimal additional training time and permitting simultaneous refresher training. However, it can be used as a stand-alone training tool.

Who Should Use JumpSTART?

The program is targeted to all prehospital professionals, including firefighters, police officers, lifeguards, forestry personnel, and ambulance attendants. Industrial or school safety personnel and other medical professionals should also use JumpSTART.

Will It Be Widely Distributed?

Yes. Thanks to the enthusiastic support of the Virginia Office of Emergency Medical Services (OEMS), JumpSTART was aired via closed circuit satellite on August 16, 2000. Virginia's OEMS operates the Emergency Medical Services Satellite Training (EMSAT), a monthly, one-hour interactive training and information program available to anyone in the U.S. and abroad with the capability to downlink satellite feed.

The Virginia EMSC program will distribute the JumpSTART video to all licensed EMS agencies in Virginia and to every EMSC project coordinator.

Additional copies will be available in 2001 by contacting the EMSC Clearinghouse at (703) 902-1203 or via e-mail at emsc@circsol.com.

For more information about JumpSTART, contact Dr. Romig at louromig@aol.com or Petra Menzel, MPH, Virginia EMSC program coordinator, at pmenzel@hsc.vcu.edu. To locate additional information about START, access the Newport Beach Fire and Marine Department's web site at www.start-triage.com.

More than 25 people participated in the taping of JumpSTART, including: several child actors and actresses, parents, Dr. Romig, Petra Menzel, and providers from the Powhatan Volunteer Rescue Squad and the Manchester Volunteer Rescue Squad

Facilities Accepting Medicare, Medicaid Get New Guidelines for Helping Persons with Limited English Skills

The U.S. Department of Health and Human Services (HHS), Office of Civil Rights (OCR) recently issued written policy guidelines to assist health and social services providers in ensuring that persons with limited English proficiency (LEP) or skills can effectively access critical health and social services. Title VI Prohibition Against National Origin Discrimination as it Affects Persons with Limited English Proficiency applies to all state-administered as well as private and non-profit facilities, including prehospital and emergency care services that receive Medicare and Medicaid payments or other HHS assistance.

The guidelines are very important given the increasing diversity of children requiring emergency medical services. "Effective communication is the key to meaningful access, whether it is a hospital, a clinic, or a benefits program," said OCR Director Thomas Perez. "Failure to communicate effectively can have serious consequences for millions of Americans."

Some states were already addressing the issue prior to the release of these guidelines. For example, Massachusetts recently passed the Emergency Room Interpreter Services Bill, which requires competent interpreter services be available to every non-English speaker who is a patient or who seeks appropriate emergency care or treatment.

The new guidelines were designed to address several problem practices identified by OCR. These include providing services to LEP persons that are more limited in scope or lower in quality than those provided to other persons; subjecting LEP persons to unreasonable delays; limiting an LEP person's participation in a program or activity on the basis of English proficiency; providing services to LEP persons that are not as effective as those provided to persons proficient in English; and failing to inform LEP persons of the right to receive free interpreter services or requiring them to provide their own interpreter.

To provide satisfactory service to children and families with limited English skills, the guidelines recommend:

- Having polices and procedures in place for identifying and assessing the language needs of the individual provider and its client population;
- Notice to LEP persons of the right to free language assistance;
- Staff training and program monitoring;
- A range of oral language assistance options, appropriate to each facility's circumstances; and
- A plan for providing written materials in languages other than English when a significant number or percentage of the affected population requires services or information in another language to communicate effectively.

Options for providing oral language assistance range from hiring bilingual staff or on-staff interpreters to contracting for interpreter services as needed, engaging community volunteers, or contracting with a telephone interpreter service.

For more information or to download a free copy of the new guidelines go to www.hhs.gov/ocr.

Take Part in National Effort to Prevent Drunk Drivers

The month of December kicks off a busy travel season as families across America take to the road for the holidays. Unfortunately, it is one of the most dangerous times on the nation's roadways. Last year, nearly 16,000 people lost their lives due to impaired driving. This translates to one fatality every 33 minutes, one injury every two minutes, and one arrest every 47 seconds. The numbers are staggering, and no one is immune.

Just as surprising is the fact that the majority of children who die in alcohol-related vehicle crashes are not killed by an impaired driver who hits them, but by the impaired driver who is transporting them. According to a study reported in the May 2000 issue of the *Journal of the American Medical Association,* nearly two out of three children who are killed in alcohol-related crashes are passengers driving with an impaired driver. In the majority of these cases, the drinking adult did not have the presence of mind to buckle the children into their seats.

This December marks National Drunk and Drugged Driving Prevention Month. Within this 30-day celebration, December 15-17 has been set aside in observance of National Holiday Lifesavers Weekend. During this three-day period, law enforcement agencies will stage a 72-hour mobilization to combat impaired drivers through the use of sobriety checkpoints and saturation patrols.

The weekend kicks off with "Lights on for Life" Day, which encourages drivers and law enforcement officers to drive with their headlights on throughout the day to recognize those who have been killed or injured by drunk drivers. The event also serves as a reminder that law enforcement is using the observance to focus on impaired driving.

In addition to driving with vehicle headlights on, there are other ways to show support for the weekend's events:

1. Encourage employers, community groups, and schools to make "Lights on for Life" Day an annual holiday observance.

2. Work with local media organizations to raise awareness about the deadly consequences of impaired driving.

3. Work with local school bus, public bus, and taxicab companies to stage a public transportation "Lights on for Life" event. Ask each company to display banners or placards supporting the effort.

4. Turn on porch lights, holiday lights, and floodlights to send messages throughout neighborhoods against impaired driving. Display holiday trees with white and red lights, indicating impaired driving fatality tolls.

5. Post informational posters and brochures in your office.

There is never enough help, and never too many voices. By working together, we can reduce the impact of impaired driving on our communities. For more information or to receive posters, brochures, and campaign kits, visit the National Highway Traffic Safety Administration's web site at dot.gov/people/outreach/safesobr/ydydyl or contact Laurie Flaherty at lflaherty@nhtsa.dot.gov.

STATISTIC

Statistic of Interest

Inappropriate Use of Out-of-hospital Intervention by EMS Personnel on Children with Respiratory Illnesses.

Intervention	% Inappropriate	If Inappropriate	
		% underutilized	*% Overutilized*
Oxygen	16	85	15
Assiste ventilation	2	100	0
Medication use	9	70	30
Vascular access	11	30	70
Phlebotomy	9	32	68
Cardiac monitor	18	26	74

Source: Scribano, Philp, DO, MS. "Use of Out-of hospital Interventions for the Pediatric Patient in an Urban Emergency Medical Services System." Academic Emergency Medicine, *7:7 (July 2000).*

Public Policy Network

The Association of State and Territorial Health Officials (ASTHO) publishes *Primary Care Network News,* a bi-weekly electronic news exchange for state health officials, state primary care policy professionals, and ASTHO national association and government partners. Excerpts from a recent newsletter are highlighted below. Previous issues are available at www.astho.org/access/newsletters.htm

Policy Assistance for Children with Special Health Care Needs

To promote comprehensive, family-centered systems of care for children with special health care needs, Johns Hopkins University, Health Systems Research, and Family Voices created the National Policy Center for Children with Special Health Care Needs. This center, funded under a cooperative agreement with the Maternal and Child Health Bureau, produces information relevant to the operational needs of managed care organizations and state agencies, professional and family program administrators, federal and state officials, and families. Some of the Center's resources include documents on defining medical necessity, measurements of quality for children with special health care needs, data uses to enhance quality of care for children with special health care needs, and new opportunities to serve children with special needs under the State Children's Health Insurance Program (SCHIP). For more information about the Center or to receive copies of documents, call (410) 614-5553 or send an e-mail to jlambert@jhsph.edu.

Health Systems Miss Most Mentally Ill Children and Adolescents

More than 7 out of 10 American adolescents with mental health problems are not getting care, according to data released at the Surgeon General's Conference on Children's Mental Health. Studies from both the RAND Corporation/University of California at Los Angeles (UCLA) and the Behavioral Sciences Institute at Puerto Rico University found:

- a lack of mental health need identification by systems that serve children and adolescents;
- worsening problems among minority children and among those who lack health insurance as a result of language barriers; and
- a strong cultural stigma associated with mental illness that inhibits them from seeking care.

The studies also cited inconsistent delivery of mental health care services to these populations. For example, nearly 60% of adolescents identified by their primary care doctors as needing mental health services never receive care. Conference participants were asked to identify barriers to mental health services for children and adolescents and to make recommendations for action that utilized collaborations between primary health care services and school systems to identify more children with mental health problems and obtain treatment for them if needed. A summary of conference activities will be available in the coming months from the Surgeon General's office. Copies of *Mental Health: A Report of the Surgeon General,* as well as an executive summary, resource directory, and other related materials, are available at www.surgeongeneral.gov.

New Brief Examines State Partnerships Between MCH Programs and SCHIP

The Association of Maternal and Child Health Programs (AMCHP) has released an issue brief, which provides examples of some of the roles state Title V MCH Block Grant programs played in outreach and enrollment related to SCHIP and Medicaid. The brief, "Building Healthier Kids Through Successful Partnerships: SCHIP/Medicaid Outreach and Enrollment" is available by contacting AMCHP at (202) 775-0436.

For more information about these or other Emergency Medical Services for Children (EMSC)-related public policy activities, please contact Crissy Rivers, public policy associate for the EMSC National Resource Center, at (202) 884-4927 or crivers@emscnrc.com.

EMSC Systems Scoop

"Each year, approximately 30,000 patients with allergic reactions present to the emergency department," states Melissa Smith of the Food Allergy Network (FAN). "Of these, approximately 200 to 300 die from anaphylactic reactions, many of them children."

Recently, staff from the Emergency Medical Services for Children (EMSC) National Resource Center and FAN met to discuss food anaphylaxis and its impact on emergency medical services (EMS). The problem is that in many communities throughout the U.S., EMT-Basics are not allowed to administer epinephrine, the initial drug of choice for treating bronchoconstriction and hypotension resulting from anaphylaxis. Why? Complexities exist that prevent EMT-Basics from administering this life-saving medication.

In the mid-1990s when the National Highway Traffic Safety Administration (NHTSA) revised the EMT-Basic National Standard Curriculum, the issue of increasing the scope of practice to include administration of epinephrine was positively received by the EMS industry. However, to increase scope of practice, an increase in training time was required. When this was communicated to the EMS community, NHTSA received an overwhelming amount of negative comment. Increasing the length of training was not an option the industry was willing to accept.

Experts agree that without additional training, EMT-Basics may not be prepared to identify and properly treat the complexities of anaphylaxis. They may lack necessary preparation regarding indications, methods, contraindications, and complications of administering epinephrine for non-cardiac arrest situations.

Training is not the only barrier. An active medical director and medical direction oversight program is needed, as well as adequate quality improvement and quality assurance programs to evaluate the impact of a scope of practice change.

In the absence of national guidelines, should states begin identifying local solutions? Yes. Washington and New York, for example, have passed legislation allowing EMT-Basics to administer epinephrine via the EpiPen® for anaphylactic reactions. The language in both bills calls for more training, skill maintenance, and local medical direction.

"No one has questioned the critical nature of anaphylaxis and the need to properly treat the symptoms," said Bob Waddell, EMS system development director for the EMSC National Resource Center. "What is at the heart of this life-threatening malady is assuring proper recognition and treatment of afflicted patients."

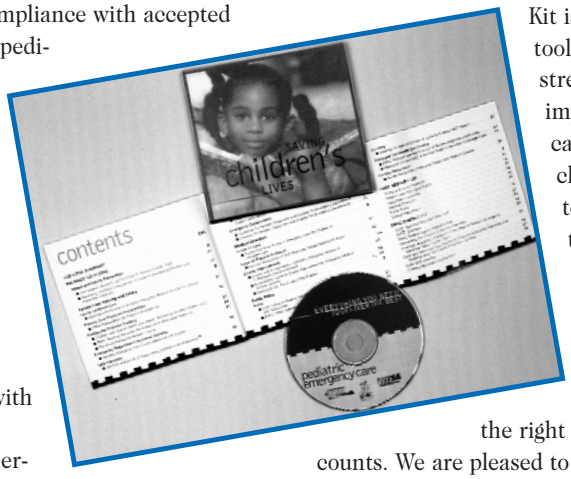
According to Waddell, until national or state guidelines are available, personal preparedness and responsibility may be the best solution. Families and caregivers should have the knowledge and skills needed to properly assist the child during a true life-threatening emergency, including how and when to administer epinephrine. In the meantime, local response agencies should work with primary care physicians and the EMS medical director to develop a plan for addressing this complex issue. Whether that includes a change in scope of practice or a change in patient preparedness is not important. What is important is the systems' preparedness, which includes family involvement.

Roving Reporter

North Carolina's EMSC project is busy conducting course coordinator rollouts for the American Academy of Pediatrics' recently released Pediatric Education for Prehospital Professionals (PEPP) Training Program. The program is designed to help prehospital professionals better assess and manage ill or injured children. Pictured here are paramedics from several western North Carolina county services who participated in the second rollout course held on August 9-10, 2000, in Haywood County, NC. For more information about North Carolina's courses, contact Sue Hohehaus at Sue Hohehaus@ncmail.net.

19 Organizations Collaborate in Effort to Increase Medical Professionals' Preparedness For Pediatric Emergencies

In a significant move to help ensure medical professionals have the resources they need to provide "state-of-the-art" pediatric emergency care, representatives from more than 19 government, national, and professional organizations released a comprehensive Resource Kit designed to help evaluate and bring organization(s), communities, and states into compliance with accepted standards for pediatric emergency care. The announcement took place on October 23, 2000, at a trade press event held in conjunction with the American College of Emergency Physicians' Annual Scientific Assembly in Philadelphia, PA.



The Resource Kit, available in CD-ROM format, contains more than 2,000 pages of critical information on pediatric injury and illness prevention, treatment, and rehabilitation. It includes:

- A collection of protocols, training courses, guidelines, and procedures that address illness and injury prevention, patient care training and safety, equipment guidelines, medical direction, and public policy.
- A reference guide of additional available resources and where to obtain them.
- Contact information on organizations in the emergency medical services for children (EMSC) community that are committed to strategic partnership building.

The Kit will be distributed to more than 5,000 emergency care decision-makers throughout the nation. In addition, the entire kit is available free of charge at www.ems-c.org.

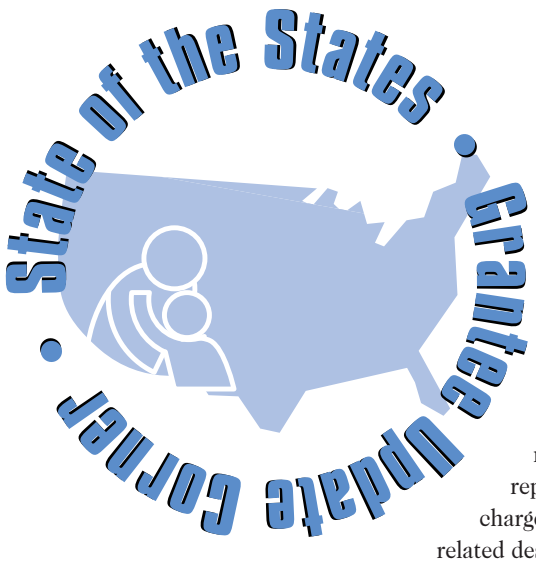
During the press conference, Jane Ball, DrPH, RN, director for the EMSC National Resource Center, stated that "This Resource Kit is a powerful tool to help streamline and improve the care we offer children system wide and to ensure our EMS systems are prepared to provide children the right care when it counts. We are pleased to have had the opportunity to collaborate on this important effort with so many leaders in the medical community."

"The Resource Kit is not only a landmark practice manual, but a living one," said David Heppel, MD, director for the Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau's Division of Child, Adolescent, and Family Health. "We are dedicated to keeping it current by continually updating it with the latest and best practice information." Ongoing updates will be posted to the EMSC web site.

In addition to HRSA and EMSC, 17 other organizations participated in the development of the kit. They include: the National Highway Traffic Safety Administration, the American College of Emergency Physicians (ACEP), the American Academy of Pediatrics, the Emergency Nurses Association, the Ambulatory Pediatrics Association, the American Association of Poison Control Centers, the National Association of State Head Injury Administrators, the Brain Injury Association, the American Pediatric Surgical Association, the American Psychological Association, the American Trauma Society, the National Association of Children's Hospitals and Related Institutions, the National Association of EMS Physicians, the National Association of Emergency Medical Technicians, the National Association of School Nurses, the National Association of Social Workers, and the National Association of State EMS Directors.

"The American College of Emergency Physicians is delighted to join HRSA and EMSC in launching this new resource for emergency care providers," said Robert Schafermeyer, MD, president for ACEP. "Emergency physicians are advocates for quality emergency care, and this CD will be a valuable tool in assisting them and others in the EMS community to provide the best possible emergency care, as well as in preventing childhood emergencies."

The Resource Kit was produced as part of a three-year national educational campaign to help reduce pediatric disability and death from injury and illness. The next phase of the campaign will focus on outreach to parents, caregivers, and children. Emphasis will be provided on prevention methods and preparation for pediatric medical emergencies, such as identifying illness warning signs, choosing the best hospitals for pediatric emergencies, and guidelines for treating ill or injured children.



Alaska

The Alaska Emergency Medical Services for Children (EMSC) program is sponsoring an Emergency Trauma Technician (ETT) course in three rural high schools. The course encompasses 40 hours and is delivered over a semester, often in conjunction with a health class. Upon completion of the course, students are eligible to take the state ETT exam. Those who pass are registered as an ETT in the state of Alaska. According to Doreen Risley, state EMSC project coordinator, students who enroll in this course often get involved in their local emergency medical services (EMS) agency or pursue a medical career. For more information, contact Risley at (907) 465-8633 or via e-mail at doreen_risley@health.state.ak.us.

Delaware

We failed to mention in the July/August issue of *EMSC News* that Trauma Symposium 2000 was sponsored by Christana Care Hospital. Linda Jones, trauma coordinator, served as the conference manager. We apologize for this oversight.

Illinois

Illinois EMSC has developed an online, menu-driven electronic data system that queries five statewide databases—death certificate, prehospital report, trauma registry, traffic crash report, and hospital discharge—and provides health-related descriptive information at the state, EMS region, and county levels. To access the *EMS Data Reporting System* go to www.idph.state.il.us/emsrpt. For more information, contact Evelyn Lyons at (708) 327-2556.

North Carolina

North Carolina EMSC is busy conducting staged pediatric emergencies to test emergency department preparedness at hospitals and EMS agencies throughout the state. To date, EMSC staff have visited 35 hospitals. According to Sue Hohenhaus, the state EMSC project coordinator, feedback from the hospitals has been overwhelmingly positive. Following the mock event, a debriefing is conducted to review the equipment and protocols used in responding to childhood emergencies. North Carolina is also working with the Tennessee EMSC project in implementing the soon-to-be-released Pediatric Emergency Care Course: Advanced Life Support. For more information, contact Sue Hohenhaus via e-mail at Sue.Hohenhaus@ncmail.ne.

North Dakota

The South Dakota EMSC project is partnering with local agencies to provide additional train-the-trainer classes for the Pediatric Education for Prehospital Professionals (PEPP) course. All EMS instructors responsible for continuing education training for prehospital providers will be targeted. South Dakota is also working with its state chapter of the American Academy of Pediatrics to provide Advanced Pediatric Life Support: The Pediatric Emergency Medicine Course to 50 pediatricians and family practice physicians in the next year. For additional information, contact Dave Boer via e-mail at dboer@usd.edu.

Dr. Bernardo Receives Prestigious Award

Congratulations to Lisa Bernardo, PhD, RN, MPH, Emergency Medical Services for Children (EMSC) Steering Committee member, on receiving the Emergency Nurses Association's Lifetime Achievement Award for her significant contributions in the areas of nursing practice, education, research, and professionalism. Dr. Bernardo received the award on September 26, 2000, during ENA's Annual Scientific Assembly in Chicago, IL.

Dr. Bernardo is an assistant professor in the School of Nursing, Health and Community Systems at the University of Pittsburgh. She is also a staff nurse for the Casual Emergency Department and Primary Care Center at the Children's Hospital of Pittsburgh.

Your Question Counts!

Q: Will the EMSC Program Be Offering Any New Grant Opportunities Next Year?

A: Yes. Three new grant priorities were recently published in the *Federal Register* (see below). All three coincide with new initiatives identified in the soon-to-be-released *EMSC Five-year Plan, 2001-2005,* and are responsive to the Institute of Medicine Report, *To Err Is Human. Building A Safer health System.*

The issues addressed in these new grants are responsive to national concerns for patient safety and the need for national data about pediatric emergencies. For more information about each grant, contact Cindy Doyle, Emergency Medical Services for Children (EMSC) program director, at (301) 433-8888 or cdoyle@hrsa.gov.

National Injury Surveillance System for Children Grant (CDFA # 93.127J)

The group receiving this grant will be responsible for developing an infrastructure to collect and analyze information on pediatric injuries for the purpose of developing effective prevention and treatment strategies. Data collection sites included in the sampling frame will be dispersed throughout the U.S, providing a mechanism to generate national estimates of childhood injury. Data elements contained in the database will be or applicable to elements in other national injury registries, allowing large databases to be easily consolidated. A subset of the surveillance data points will include both prehospital and short-term functional status data collected at hospital discharge. Data will be linked to vital statistics records, extending the data collection window and facilitating research questions associated with the continuum of care among injured children.

Estimated funding for this project is $500,000 for one three-year award. The application will be available on February 1, 2001, through the Health Resources and Services Administration's (HRSA) web site (www.hrsa.gov), and must be submitted by April 2. The projected award date is July 1, 2001.

Clinical Practice Guidelines for Emergency Care of Children (CDFA # 93.127I)

The purpose of this grant is to develop a set of clinical practice guidelines applicable to all medical personnel who are responsible for treating children's emergency conditions (e.g., pediatricians, family practitioners, nurse practitioners, emergency department physicians, physician associates, etc.). The goal of the guidelines is to improve care for common problems of children who present in emergency departments and doctors' offices. The guidelines will be based on an assessment of published research and will permit compilation of valid summary statistics. Estimated funding for this project is $500,000 for one three-year award. The application will be available on April 2, through HRSA's web site (www.hrsa.gov), and must be submitted by June 1. The projected award date is September 1, 2001.

A Color-Coded System for Equipment and Medication for Pediatric Resuscitation Grant (CFDA # 93.127H)

The purpose of this grant is to demonstrate the effectiveness of a color-coded system, which allows access to accurate precalculated medication doses and equipment sizes, and emergency treatments for critically ill and injured children. The effectiveness of implementing a color-coded system in the clinical setting will be appropriately evaluated using scientifically based data collection and analysis techniques. The estimated funding for this project is $250,000 for one three-year award. The application will be available March 1, through HRSA's web site (www.hrsa.gov), and must be submitted by June 1. The projected award date is September 1, 2001.

2001 National Heroes Award

Emergency Medical Services for Children

The EMSC National Heroes Award program was established in 1998 by the Maternal and Child Health Bureau, Health Resources and Services Administration to recognize and reward outstanding achievement in emergency medical services for children (EMSC) and to encourage continued excellence in the field. The award categories provide an opportunity to honor individuals, state teams, and organizations dedicated to advancing the purposes of the EMSC Program.

Year 2001 Award Categories

- EMSC Project Coordinator of Distinction Award
- EMSC State Achievement Award
- EMS Provider of the Year
- EMSC Parent Volunteer of the Year
- EMSC Community Partnership of Excellence Award
- Innovation in EMSC Product or Program Development

Review Criteria

The following criteria will be used to evaluate nominations for the EMSC National Heroes Awards:

EMSC Project Coordinator of Distinction Award.

The recipient of this award must:

- be currently active in the EMSC Program;
- have a minimum of three years direct coordinating experience;
- have a comprehensive understanding of his or her state's EMSC-related issues;
- have successfully integrated EMSC into his or her state's EMS program(s) for the long term; and
- have successfully collaborated with other organizations to overcome barriers to integrating the needs of children in his or her state's EMS system.

EMSC State Achievement Award.

The state receiving this award must:

- be a current grantee;
- have a minimum of four years of EMSC funding;
- have successfully created a dynamic and creative EMSC team that addresses a wide range of EMSC-related issues;
- have established collaborative relationships with other organizations and agencies in the state; and
- have had a significant statewide impact, plus a major regional influence on the advancement of pediatric emergency care.

EMS Provider of the Year.

The recipient of this award must:

- be a pre-hospital professional with a minimum of two years of experience;
- be dedicated to providing the highest level of pediatric patient care;
- have an excellent understanding of pediatric emergency medical services issues; and
- provide leadership in addressing priority EMSC issues, such as training, injury prevention, children with special health care needs, cultural competency, and family-centered care.

EMSC Parent Volunteer of the Year.

The recipient of this award must:

- have been a volunteer for a minimum of two years; and
- have provided meritorious service that results in a significant impact on the emergency medical needs of the children in his or her community. (Improving family-centered care and cultural competency are key goals for EMSC parent volunteers.)

EMSC Community Partnership of Excellence Award.

The recipient of this award must:

- be a business or organization that effectively promotes activities that serve children and adolescents; and
- demonstrate an ability to work collaboratively with a state EMSC program to address one or more pediatric emergency medical issues.

Innovation in EMSC Product or Program Development.

To receive this award, the product, publication, or program must:

- be no more than two years old;
- be designed to educate or advance EMSC-related issues;
- be unique and cost-effective;
- be appropriate for use by other EMSC projects; and
- have a significant statewide impact, plus a major regional influence on improving pediatric emergency care.

Review Process

The EMSC National Resource Center (NRC) Steering Committee will review each nomination. The criteria will be weighted equally, each receiving a separate numerical score. The Committee reserves the right to award more than one award in each category.

Presentation of Awards

The fourth annual EMSC National Heroes Awards will be presented at a special luncheon during the 2001 Annual Grantee Meeting to be held in June in Vienna, VA.

Application Process

To nominate an individual, organization, product, or program, please submit the following:

Nomination Form. Please complete the attached nomination form and indicate the award for which you are applying. Additional forms can be downloaded from the EMSC web site, www.ems-c.org, or call Leslie Green, NRC communications assistant, at (202) 884-6879.

Summary Statement. Prepare a summary statement no longer than two double-spaced typed pages describing how the nominee meets the award criteria.

Supporting Materials. Supporting materials are limited to five pages and can include articles, letters, and any additional information to support the candidate's nomination.

Please Note: If the nominee is selected to receive a National Heroes Award, the nominator will be requested to submit a black and white or color photograph of the recipient.

To receive a confirmation of entry submission, please enclose a self-addressed stamped postcard that includes the award name and the words "National Heroes Award Nomination Received."

Deadline

All applications must be postmarked by February 15, 2001, and sent to: EMSC National Resource Center, c/o National Heroes Awards, 111 Michigan Avenue, NW, Washington, DC 20010-2970. Please do not send nominations by fax.

For More Information

For additional information, please contact Suzanne Sellman at (202) 884-6843 or ssellman@emscnrc.com.

Nomination Form

Please complete this form and mail it with the summary statement describing how the nominee meets the award criteria and any additional materials (articles, letters, etc.) to support his or her nomination.

Nominee's Name: _____

Organization (if applicable) _____

Address: _____

_____

_____

Telephone: _____ Fax: _____

E-mail: _____

Nominator's Name: _____

Organization (if applicable): _____

Address: _____

_____

_____

Telephone: _____ Fax: _____

E-mail: _____

Award Category *(check only one):*

- ❑ EMSC Project Coordinator of Distinction Award
- ❑ EMSC State Achievement Award
- ❑ EMS Provider of the Year
- ❑ EMSC Parent Volunteer of the Year
- ❑ EMSC Community Partnership of Excellence Award
- ❑ Innovation in EMSC Product or Program Development

All applications must be postmarked by February 15, 2001, and sent to: EMSC National Resource Center
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111 Michigan Avenue, NW
Washington, DC, 20010-2970

U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration
Maternal and Child Health Bureau

EMSC
People Saving People

Latest Library Additions

• Allen, Ken and Ball, Jane. "Consensus Recommendations for Responding to Children's Emergencies in Disasters." *National Academies of Practice Forum.* 2, No. 4 (2000): 253-257.

• Ball, Thomas M., Castro-Rodriguez, Jose A., Griffith, Kent A., Holberg, Catherine J., Martinez, Fernando D., and Wright, Annie L. "Siblings, Day-Care Attendence, And The Risk Of Asthma And Wheezing During Childhood." *The New England Journal of Medicine*. 343 (2000): 538-43.

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• Jurkovich, Gregory J, Pierce, Becky, Pananen, Laura, and Rivara, Frederick P. "Giving Bad News: The Family Perspective." *The Journal of Trauma: Injury, Infection, and Critical Care.* 48, No. 5 (2000): 865-73.

• Kann, Laura, Kinchen, Steven A., Williams, Barbara I., Ross, James G., Lowry, Richard, Grunbaum, Jo Anne, and Kolbe, Lloyd J. "Youth Risk Behavior Surveillance - United States, 1999." *Journal of School Health.* 70, No. 7 (2000): 271-85.

• Kazdin, Alan E. "Developing a Research Agenda for Child and Adolescent Psychotherapy." *Archives of General Psychiatry.* 57 (2000): 830-35.

• McAbee, Gary N and Wark, James E. "A Practical Approach to Uncomplicated Seizures in Children." *American Family Physician.* 62 (2000): 1109-16.

• McPherson, Mona, Sachdeva, Ramesh C., and Jefferson, Larry S. "Development of a survey to measure parent satisfaction in a pediatric intensive care unit." *Critical Care Medicine.* 28, No. 8 (2000): 3009-13.

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• Mulvey, Holly J., Ogle-Jewett, Ethan A. B., Cheng, Tina L., and Johnson, Robert L. "Pediatric Residency Education." *Pediatrics.* 106 , No. 2 (2000): 323-29.

• Nedza, SM, Mulligan-Smith D, and Harris, R. "Emergency Departments and Uninsured Children: An Enrollment Opportunity." *Annals of Emergency Medicine.* 36, No. 3 (2000): 240-42.

• Pate, Russell R., Trost, Stewart G., Levin, Sarah, and Dowda, Marsha. "Sports Participation and Health-Related Behaviors Among US Youth." *Archives of Pediatric Adolescent Medicine.* 154 (2000): 904-11.

• Piehl, Mark D., Clemens, Conrad J., and Joines, Jerry. "Narrowing the Gap: Decreasing Emergency Department Use by Children Enrolled in the Medicaid Program by Improving Access to Primary Care." *Archives of Pediatric Adolescent Medicine.* 154 (2000): 791-95.

• Seidel, James S. and Knapp, Jane F. "Pediatric Emergencies in the Office, Hospital, and Community: Organizing Systems of Care." *Pediatrics.* 106, No. 2 (2000): 337-38.

• Sinclair, Douglas and Ackroyd-Stolarz, Stacy. "Home Care and Emergency Medicine: A Pilot Project to Discharge Patients Safely from the Emergency Department." *Academic Emergency Medicine.* 7, No. 8 (2000): 951-54.

• Singer, Mark I. and Flannery, Daniel J. "The Relationship Between Children's Threats of Violence and Violent Behaviors." *Archives of Adolescent Medicine.* 154 (2000): 785-90.

If any interesting publication or product (written or produced within the last 18 months) has crossed your desk which 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.

Studies Find SIDS Cases Often Occur in Bed Sharing and Child Care

A study published in the September 2000 issue of *Pediatrics* found that babies may be at risk from sudden infant death syndrome (SIDS) if they share a bed with another person or are put to sleep on a sofa, chair, or adult bed.

A study of 119 infant deaths in the St. Louis area revealed that almost half of the deaths happened when the babies slept with their mothers, fathers, siblings, or babysitters. In more than 75% of the cases the baby died on an unsafe sleep surface, such as an adult bed, a sofa, or an easy chair. In approximately 30% of the cases the infant's head or face was covered by bedding.

A recent *USA Today* article quoted Bradley Thach, MD, an author of the study and a professor of pediatrics at the Washington University School of Medicine in St. Louis, as saying, "In seven of the 119 cases, it was documented that another individual had their body, their leg, or their arm pressed against an infant in a way that would have led to suffocation. I think in the other cases where the babies were lying in adult beds, the babies had scooted under pillows, blankets, or quilts, and our conclusion is that suffocation had contributed to their deaths."

In a separate, yet similar study released in the August 2000 issue of *Pediatrics* researchers found that a significant number of crib deaths (20%) occur in day care, where caretakers may be less likely to have heard about the importance of putting babies to sleep on their backs.

Sixty percent of the day care deaths occurred in home day care, which tends to be unlicensed and run by older women with less access to pediatricians and others who promote risk reduction efforts for SIDS.

According to Rachel Moon, the study's lead author and a pediatrician at Children's National Medical Center in Washington, DC, "SIDS deaths in child care ranged from a high of 40% of all SIDS deaths in Minnesota to a low of 9% in Florida, with an average of 20.4% in all 11 states participating in the study." The other states in the study include Arizona, California, Colorado, Maryland, Massachusetts, Michigan, Missouri, New Hampshire, and New Jersey.

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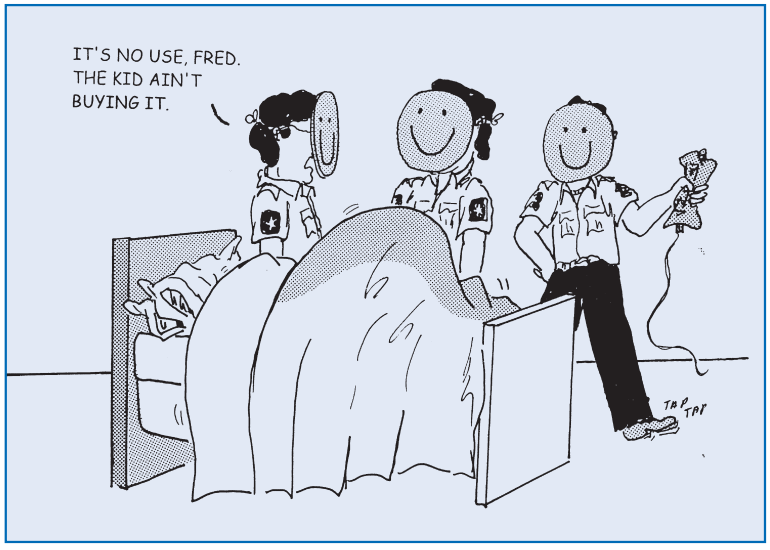

Need EMSC Promotional Items for Your Next Event?

The Emergency Medical Services for Children (EMSC) Program now has novelty items available online at www.ems-c.org! These items range from wearables to giveaways and can be individually customized to promote your organization or next event.

This month's featured products include:

EMSC Embroidered Sweatshirt: This heavyweight 100% cotton navy sweatshirt allows you to spread the EMSC message every time you wear it. It's perfect for exhibitors or staff participating in special events.

Hanes Silkscreened EMSC T-Shirt: Too hot to wear a sweatshirt? We've got you covered. Try one of our 100% cotton t-shirts. Choose between two colorful designs promoting one of two messages: Put Emergency Numbers Near Your Phone, and Safety Is the Key to Staying Well … So Always Wear Your Protective Shell. Both t-shirts where created by children.

EMSC Baseball Cap. Perfect for wearing around the community, these six-panel, brushed cotton caps feature an adjustable strap with brass buckle. Each cap is navy and off-white. This product cannot be customized.

EMSC Enamel Pin. Everybody loves to be recognized for a job well done. EMSC's blue, white, and gold teddy bear pin is the perfect way to tell your employees and volunteers "Thank you." Each pin features a military clutch. Buy a bunch today!

Bandage Dispenser. Everyone uses bandages, making this the ideal giveaway at health fairs and other community outreach events. Each dispenser features the EMSC bear insignia and includes five teddy bear bandages.

Many more items are available by accessing the EMSC web site at www.ems-c.org. Once there, click on Products and Resources.

Important Dates to Remember

November 11-15
National Fire Protection Association
Fall Education Conference
Orlando, FL
Contact: (617) 770-0700

November 12-16
American Public Health Association
Annual Conference
Boston, MA
Contact: Edward Shipley at
(202) 777-2478

November 16-18
National Perinatal Association
Annual Clinical Conference and
Exposition
Charlotte, NC
Contact: Sheila Sorkin at
(888) 971-329

November 16-18
EMS Technology 2000
Austin, TX
Contact: (800) 926-2262

December
Safe Toys Month
Contact: American Red Cross at
(703) 248-4343

December
Drunk and Drugged Driving
Prevention Month
Contact: National Highway Traffic
Safety Administration at
(202)366-2679

December 1-3
Annual Health Policy Conference
Charlotte, NC
Contact: National Conference of State
Legislatures at (202) 624-5400

January 17-20
National Safe Kids Leadership
Conference
Washington, DC
Contact: (202) 662-0600

January 18-20
National Association of EMS
Physicians Annual Meeting
Fort Myers, FL
Contact: www.naemsp.org

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