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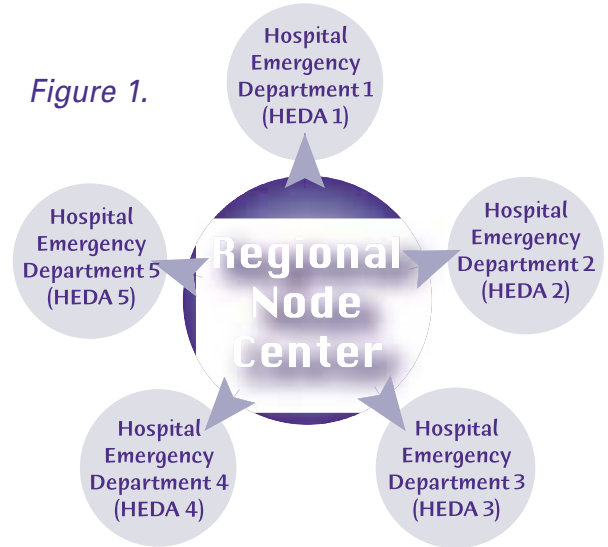
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*Wisconsin Is "Ready with BELSS On"*

## NDDP Cooperative Agreement Grants Awarded To Four Sites Across U.S.

In an exciting milestone toward a key objective of its new *Five-Year Plan*, the Emergency Medical Services for Children (EMSC) Program is pleased to announce that four cooperative agreement grants have been awarded for the Network Development Demonstration Project (NDDP). The awards, which together amount to \$2.4 million, will support regional pediatric EMS research nodes in California, Michigan, New York, and Washington, DC.

Each node, which consists of a Regional Node Center and affiliated hospital emergency departments (see Figure 1), is charged with building a research infrastructure to facilitate the collection

Figure 1.



*continue on page 3*

## EMSC Sends In Teams of Experts to Help Pacific Islands

August 2001 marked the beginning of yet another quantum leap of collaborative support between the Emergency Medical Services for Children (EMSC) Program and the U.S. Pacific territories. Teams of EMSC experts were assembled and sent to American Samoa, the Commonwealth of the Northern Mariana Islands (CNMI), and Guam to assist each in developing their grant application, drafting a multi-year strategic plan, and strengthening collaborations among key stakeholders.

"This is the first time EMSC has deployed a 'team' of experts to conduct a grantee site

visit," said Cindy Doyle, RN, EMSC program director for the Maternal and Child Health Bureau. "The technical assistance needed by these territories is drastically different from what is provided to mainland programs. Their culture; infrastructure; and political, geographical, and economical climates call for a unique, more in-depth level of expertise."

A team of experts was sent to each Island (see sidebar on page 2). Team members were selected based on their knowledge of the following: emergency medical services (EMS) system development, pediatric emergency medical care, project coordination, coalition

*continue on page 2*

**Teams of Experts Sent to Help Pacific Islands, from page 1** .....

building, political affairs, rural health care, provider education, public safety, public health, data collection and analysis, computer hardware and software, medical direction, grant writing, and grant management.



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

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During each of the four-day site visits, team members worked one-on-one with EMSC project staff; toured local hospitals and other medical systems; and met with hospital staff, fire and EMS leaders, public safety officials, and maternal and child health officers. American Samoa team members also met with senior administrators from the Governor's Office, the Department of Commerce, and the Department of Social Services, while CNMI team members met with senior health department officials, including Secretary of Health Joseph Villagomez.

After numerous meetings and tours and countless hours of analysis of EMS data, all three teams identified each territory's most immediate pediatric emergency medical need. In addition, they provided each project with a draft document outlining their grant's primary goals and objectives.

For more information about the site visits or the primary goals of each

project, contact Bob Waddell, EMS systems specialist for the EMSC National Resource Center (NRC), at [bwaddell@emscnrc.com](mailto:bwaddell@emscnrc.com).

**American Samoa Team**

**David Boer**, EMT-P, MBA, South Dakota EMSC

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**Stacey Knight**, MStat, National EMSC Data Analysis Resource Center

**Bob Waddell**, EMSC NRC

**CNMI Team**

**Nels Sanddal**, MS, REMT-B, Critical Illness and Trauma Foundation

**Stacey Knight**, MStat, National EMSC Data Analysis Resource Center

**Bob Waddell**, EMSC NRC

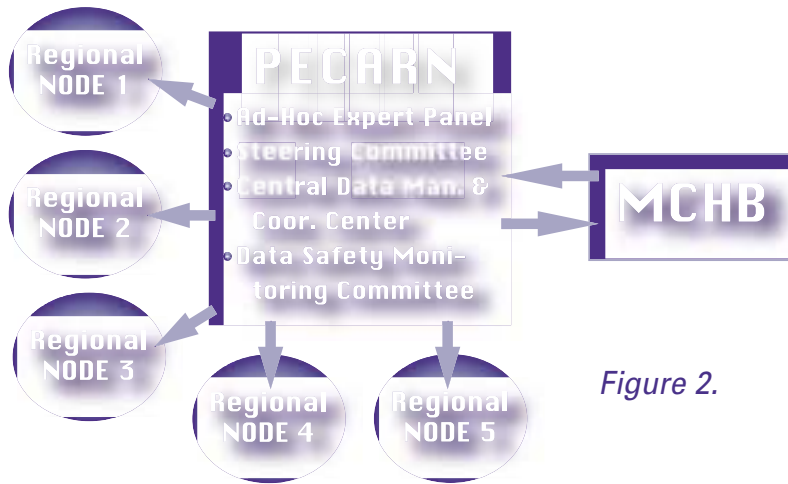
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**HHS Announces New Initiatives for Rural Health**

In September, Health and Human Services (HHS) Secretary Tommy Thompson announced the creation of a rural task force that will conduct a department-wide examination of how HHS programs can better serve rural communities. The task force, which is expected to reach across 12 divisions in HHS, will work to assess how health care and social services in rural areas can be improved and expanded. Secretary Thompson described this initiative as "a high priority," and charged the task force with returning to him in three

months a report of findings, recommendations for improvement, and a strategic plan to ensure a real change in the way HHS does business.

The report is expected to include information about the development of a "tool chest" to help improve the performance of small rural hospitals and an examination of the use of Title XII (Public Health Services Act) to keep emergency medical technician personnel on the job in rural America, where emergency medical service systems are stretched thin.



*Figure 2.*

of high-quality data for the purposes of expanding and improving the services children receive in a medical emergency.

“Despite the many advances in creating EMS systems that incorporate a pediatric component, relatively little data have been collected about how these systems operate, whether they are cost efficient, or whether the clinical procedures being provided within these systems are effective in treating the child at the scene of the emer-

gency, in transit, or at the hospital,” said Cindy Doyle, RN, EMSC program director for the Health Resources and Services Administration’s Maternal and Child Health Bureau (MCHB). “In the past, we have had trouble obtaining these data because of the relatively small incidence rates of pediatric emergency events occurring at any one site or state system. These grants serve as the mechanism to gather the data by pooling sites, systems, and

treatment experiences.” The data, standardized across sites, can now be collected from a sample size large enough to produce meaningful research results.

To facilitate data sharing between regions, representatives from each node will serve on the Pediatric Emergency Care Applied Research Network (PECARN). This collaborative group will work with MCHB’s Division of Research, Training and Education and other federal agencies to conduct multi-regional observational studies and clinical trials (see Figure 2). Once established, the research infrastructure created by the NDDP can be used to conduct studies on a variety of issues related to EMSC, including processes involved in transferring research results to treatment settings.

For more information about this project, contact Doyle at [cdoyle@hrsa.gov](mailto:cdoyle@hrsa.gov).

## NDDP Cooperative Agreement Grant Awardees

**Project Title:** Chesapeake Applied Research Network for EMSC (CARN-EMSC)

**Recipient:** Children’s Research Institute

**Organization:** Children’s National Medical Center, Division of Emergency Medicine

**Location:** Washington, DC

**Principle Investigator:** James Chamberlain, MD

**Areas Affected by Project:** Baltimore-Washington Metropolitan Area

**Regional Collaborators to Date:** Johns Hopkins Children’s Center, the Maryland Institute for Emergency Medical Services Systems, the DC Fire Department, and the Maryland and DC Health Departments.

**Project Title:** EMSC NDDP North East Regional Node (PEDNET)

**Recipient:** Columbia University and Harlem Hospital Center

**Organization:** Columbia University, Department of Pediatrics

**Location:** New York City, NY

**Principle Investigator:** Nadine Levick, MD

**Areas Affected by Project:** New York City, Buffalo, and Rochester, NY and Morristown, NJ

**Regional Collaborators to Date:** Bellevue Hospital Center, Woodhull Hospital Center, Strong Memorial Hospital, Children’s Hospital of New York, Children’s Hospital of Buffalo, Children’s Medical Center of Morristown, Atlantic Health System, and the Rural Emergency Department Network of the Finger Lakes Region

**Project Title:** EMSC Network Development Demonstration Project

**Recipient:** The Regents of the University of California

**Organization:** University of California, Davis Medical Center

**Location:** Sacramento, CA

**Principle Investigator:** Nathan Kuppermann, MD, MPH

**Areas Affected by Project:** Sacramento, CA; Cincinnati, OH; Philadelphia, PA; St.

Louis, MO; Salt Lake City, UT; and Wisconsin.

**Regional Collaborators to Date:** Children’s hospitals from Cincinnati, Philadelphia, St. Louis, and Salt Lake City, and state EMS and county health agencies in the affected areas.

**Project Title:** Great Lakes Regional Node for Pediatric EMS Research

**Recipient:** The Regents of the University of Michigan

**Organization:** University of Michigan, Department of Emergency Medicine

**Location:** Ann Arbor, MI

**Principle Investigator:** Ronald Maio, DO, MS

**Areas Affected by Project:** Washtenaw, Wayne, Genesee, Kent, and Marquette counties.

**Regional Collaborators to Date:**

Children’s Hospital of Michigan, Hurley Medical Center, the University of Michigan, Spectrum-Butterworth, Marquette General Hospital, and the Michigan Department of Consumer and Industry Services’ EMS Section.

# ... PUBLIC POLICY NETWORK ...

## Oregon Passes EMSC Legislation

**O**n August 2, 2001, Oregon Governor John Kitzhaber, MD, (D), signed into law S.B. 243, making Oregon the 20th state to pass legislation mandating an Emergency Medical Services for Children (EMSC)-related measure or program. The law's enactment was due largely to the advocacy efforts of Michael Howles, an Oregon resident whose daughter was the victim of a bicycle accident nearly two years ago.

The bill, sponsored by State Senator Peter Courtney (D-Salem/Keizer), provides for the establishment of an EMSC program within the state of Oregon's Health Division. Specifically, it calls for the program to operate in collaboration with the Emergency Medical Services (EMS) and Trauma Systems program to:

- Provide technical assistance to the State Trauma Advisory Board on the integration of EMSC into the statewide EMS and trauma system;
- Establish an EMSC Advisory Committee;
- Develop guidelines and protocols for facility designation, prehospital care, acute care, and rehabilitation services;

- Establish initial and continuing professional education programs for EMS personnel in the emergency care of infants and children;
- Conduct an education program to inform the public about EMSC, including how and when to access emergency telephone numbers;
- Collect and analyze statewide pediatric emergency and critical care medical services data for the purpose of quality improvement;
- Establish a cooperative interstate relationship to facilitate the provision of appropriate care for pediatric patients who must cross state borders to receive emergency and critical care services; and
- Collaborate with other public and private organizations interested or involved in emergency and critical care for children.

For more information about this bill, visit the Oregon State Legislature web site at [www.leg.state.or.us](http://www.leg.state.or.us).

## New Trauma/EMS Program Moves Forward

**A**fter more than a five-year hiatus, the trauma systems of this country are seeing some much needed federal support. As reported in the July/August 2001 issue of *EMSC News*, the Health Resources and Services Administration (HRSA) was appropriated \$3 million in fiscal year (FY) 2001 to support trauma systems as a critical component of a statewide emergency medical services EMS program. To help facilitate this new effort, HRSA's Maternal and Child Health Bureau and its Office of Rural Health Policy recently announced that they along with the National Highway Traffic Safety Administration (NHTSA), have awarded grants to all 50 states and three U.S. territories (American Samoa, the Commonwealth of Northern Mariana Islands and Guam). Each grantee will use the funding to convene a meeting of principal stakeholders to complete a standardized trauma needs survey.

The results of this survey, due December 31, 2001, will be analyzed and published in a national report for use by HRSA and NHTSA to raise awareness about the status of trauma systems and to establish priorities for FY 2002 and beyond.

In addition to completing the survey, grantees are required to assess their current EMS system using the SWOT (Strengths, Weaknesses, Opportunities, and Threats) Analysis. This assessment is also expected to assist HRSA and NHTSA in identifying system components that need to be enhanced. More information about this report will be featured in the next issue of *EMSC News*.



## Grantees Provide Valuable Feedback on EMSC Program Resources

**D**uring the 2001 Annual EMSC Grantee Meeting, held June 3-5, attendees participated in a special, closed-door session to provide critical input and feedback on the EMSC Program and its resources and services. Approximately 55 of the 250 attendees participated in the session. The comments were far-reaching and will be examined in detail by EMSC National Resource Center (NRC) staff and federal project officers.

Of primary interest to the EMSC Program was how grantees viewed its two resource centers: the NRC, located in Washington, DC, and the National EMSC Data Analysis Resource Center (NEDARC), located in Salt Lake City, UT. Overall, grantees felt that both centers were doing an excellent job in meeting the day-to-day needs of their programs. They appreciated staff participation in regional meetings and encouraged their continued and expanded involvement. Several grantees commented on the centers' orientation procedures for new grantees.

"A common concern was that staff need to spend more time orienting grantees to each center's functions and services," said Jane Ball, DrPH, RN, NRC's executive director. "Others referenced a need for new grantees (as well as seasoned grantees) to receive information about state programs that can serve as national models for other states to replicate." NRC is looking to address both concerns by developing an enhanced New Grantee Orientation Packet. Other outreach activities are being considered to meet the educational needs of seasoned grantees.

Two additional suggestions offered at the meeting were to increase the centers' use of state expertise when creating new maternal and child

health and emergency medical services initiatives and to increase the level of assistance the centers provide on incorporating EMSC into larger programs.

In addition to collecting input about the technical services provided by the resource centers, EMSC solicited and received the following feedback on the Program's web site, listserv, newsletter, clearinghouse, and National Congress on Childhood Emergencies.

### EMSC Web Site

- Make the web site faster and easier to navigate.
- Enhance customer-service orientation.
- Create scheduled, live interactions among NEDARC, NRC, and grantees to exchange information and resources.

### EMSC Listserv

- Tally queries submitted through the listserv (e.g., high-frequency queries), and make the results available to all interested parties.
- Promote the EMSC listserv to state coordinators and others so that it is more freely utilized.

### EMSC News

- Advertise its on-line availability.
- Include more family-centered topics/issues.
- Expand information about state programs, and profile model programs.
- Include a section on alternative funding opportunities.

### EMSC Clearinghouse

- Improve the response time for requested products and materials.
- Fine-tune the tracking system.

### National Congress

- Create a venue to publicize and profile model programs.

- Continue to move the site of the Congress around the country to increase accessibility for all grantees.

These suggestions are only a sampling of the responses gathered at the evaluation sessions. The EMSC Program appreciates and welcomes all feedback and input you may have as it continues to address the growing needs of its grantees.

## NHA Nominations Now Being Accepted

**N**ominations are now being accepted for the 2002 EMSC National Heroes Award. Winners will be honored during an Evening Gala at the Third National Congress on Childhood Emergencies, April 15-17, in Dallas, TX. Awards will be presented in the following categories.

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

Forms and information about the criteria and application process can be downloaded from the EMSC website, [www.ems-c.org](http://www.ems-c.org), or call Leslie Green, at 202.884.6879.

## 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.

## EMSC News Subscription Update Request

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Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

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## EMSC Identifies Top 10 Reasons for Visits to EDs by Children Aged 0-21

As reported in the September/October 2001 issue of *EMSC News*, the National Center for Health Statistics (NCHS) recently released the data from its 1999 National Hospital Ambulatory Medical Care Survey (NHAMCS). Additional analysis of the data by the EMSC Program has identified the 10 leading reasons why children aged 0 to 21 years visit the emergency department (ED).

Several years ago, a comprehensive report on these and related data was drawn from the results of the 1994 NHAMCS and published in 1996 as the *Child and Adolescent Emergency Department Visit Databook*, one of EMSC's most popular and highly-regarded publications. The EMSC Program will use the 1999 data to continue its progress toward updating the *Databook*.

According to EMSC Research Specialist Isabelle Melese-d'Hospital, PhD, preliminary analysis of the 1999 NHAMCS database revealed that fever is the primary reason for ED visits among children aged 0 to 14 years, while adolescents aged 15 to 21 years visited the ED most often for abdominal pain and cramps (see Table 1, page 7). Secondary and tertiary reasons for children aged 0 to 4 years to visit the ED were vomiting and coughing, while children aged 5 to 9 and 15 to 19 years sought care for sore throat and upper extremity lacerations. Motor vehicle accidents were more common reasons for visits among older youth, particularly those between 15 and 21 years of age. This is probably due to the legal driving age and increased likelihood of traveling with driving peers, says Melese-d'Hospital.

In 1999, 15% of school-age children (aged 6 to 17 years) visited the ED within the past 12 months. School-age children living below the poverty threshold were much more likely than non-poor children to have had a recent ED visit (21% compared to 14%). Unfortunately, the survey did not address severity of symptoms. It is therefore difficult to draw conclusions about whether EDs are being used appropriately by children and their parents. In addition, EMSC has not yet examined diagnosis data, which may serve as a proxy for severity.

NCHS began gathering, analyzing, and disseminating information about the care provided by hospital EDs and outpatient departments in 1992. From 1992 to 1999, the volume of ED visits increased by 14%. In fact, an estimated 102.8 million visits were made to hospital EDs in 1999, about 37.8 visits per 100 persons. However, reported ED visits within the past 12 months among all children aged 17 years and younger have shown a decline, with those having one or more ED visits falling from 19.9% to 17.9%, and those with two or more visits dropping from 7.1% to 5.5%.

*Acknowledgment: For assistance with data processing and frequency runs, EMSC would like to thank Lawrence Cook, MStat, of the National EMSC Data Analysis Resource Center in Salt Lake City, UT.*



## Table 1: Top 10 Reasons for Visits to the ED by Children Aged 0-21

Child's Age Group	Infants (<12months)	Preschool (1-4 yrs)	Elementary (5-9 yrs)	Middle School (10-14)	High School (15-19)	Youth (20-21)
<b>Total No. of Visits</b>	3,839,850	7,957,471	5,439,640	4,645,372	7,207,712	3,550,512
<b>% of Total ED Visits</b>	13.33%	27.63%	18.89%	16.13%	25.03%	12.33%
<b>Reason #1</b>	Fever	Fever	Fever	Fever	Abdominal pain, Cramps	Abdominal pain, Cramps
<b>Reason #2</b>	Vomiting	Cough	Cough	Earache	Sore throat	Laceration/ cut upper extremities (arm, hand)
<b>Reason #3</b>	Cough	Vomiting	Sore throat	Abdominal pain, cramps	Laceration/ cut upper extremities (arm, hand) headache	MVA injury**
<b>Reason #4</b>	Crying, fussy, irritable	Laceration/ cut in facial area	Earache	Injury - fall, other accident		Cough
<b>Reason #5</b>	Nasal congestion	Earache	Vomiting	Sore throat	MVA injury**	Back pain
<b>Reason #6</b>	Labored breathing	Skin rash	Abdominal pain, Cramps	Hand/finger injury	Laceration cut in facial area	Chest pain
<b>Reason #7</b>	Head cold, URI	Accident*	Laceration/ cut in facial area	Headache	Chest pain	Sore throat
<b>Reason #8</b>	Injury to head/neck/ face, TBI	Injury to head/neck/ face, TBI	Injury to head/neck/ face, TBI	Laceration/ cut upper extremities (arm, hand)	Fever	Injury to head/neck/ face, TBI
<b>Reason #9</b>	Skin rash	Labored breathing	Injury - fall, other accident	MVA Injury**	Back pain	Laceration/ cut in facial area
<b>Reason #10</b>	Diarrhea	Nasal congestion	Laceration/ cut lower extremities (ankle, foot)	Ankle pain, ache	Cough	Uterine/ vaginal bleeding

Source: 1999 NHAMCS Reasons for ED visits.

\*Not otherwise specified

\*\*Motor Vehicle Accidents

## NCSEMSTC to Develop Guidelines on Pediatric Prehospital Continuing Education

The Health Resources and Services Administration's Maternal and Child Health Bureau (MCHB) recently awarded an EMS Partnership for Children (PFC) contract to the National Council of State Emergency Medical Services Training Coordinators (NCSEMSTC) to develop guidelines for pediatric continuing education as it relates to licensing and certification of prehospital providers.

Under the contract's scope of work, NCSEMSTC will conduct an analysis of available data and current literature on prehospital provider skill retention/deterioration trends to assess the status of national pediatric prehospital certificate and license renewal training requirements. NCSEMSTC will distribute the findings from the analysis at a consensus conference it will organize to help develop recommendations for future pediatric continuing education programs. These recommendations will be used to develop guidelines, which are due to MCHB in final form on April 30, 2002.

The PFC is a multidisciplinary consortium of 17 national and professional organizations contracted by MCHB to help implement the EMSC Program's *Five-Year Plan*. In addition, PFC representatives meet twice a year to share information, discuss common interests, and identify opportunities for collaboration. NCSEMSTC is the newest member of the consortium.

NCSEMSTC was established in 1977 to promote the training of EMS personnel based on sound educational principles, current medical knowledge, and practice. The Council seeks to standardize nationwide training curricula, certification/recertification policies and procedures, and the reciprocity of certification from state to state.

For more information about NCSEMSTC, visit [www.ncsemstc.org](http://www.ncsemstc.org).



## EMSC Welcomes New NHTSA Administrator

On August 3, 2001, the U.S. Senate confirmed Jeffrey Runge, MD, as the 12th administrator for the Department of Transportation's National Highway Traffic Safety Administration (NHTSA). Dr. Runge is a nationally recognized physician expert in the area of motor vehicle injury care and prevention. As NHTSA's administrator, Dr. Runge will lead an agency of more than 600 employees with a \$403 million annual budget.

NHTSA is primarily responsible for reducing deaths, injuries, and economic losses resulting from motor vehicle crashes and for enhancing comprehensive emergency medical service systems. NHTSA co-administers the EMSC Program.



# EXHIBITORS and SPONSORS WANTED



## 3rd National Congress on Childhood Emergencies

**April 15-17, 2002  
Dallas, TX**

### Taking Action, Saving Lives

\*To obtain a copy of the Exhibitor and Sponsorship Information Guide call (202)884-4927.





## HHS Announces New “Micro-Grants” to Enlist Community Support for Health Goals

**H**ealth and Human Services (HHS) Secretary Tommy Thompson recently announced that HHS plans to award hundreds of “micro-grants” to community organizations for activities that support the goals of *Healthy People 2010*, the nation’s public health agenda for the next decade.

Worth up to \$2,010 each, the micro-grants represent a new, low-cost approach to foster effective prevention efforts at the community level. Each grant will support efforts by local groups to promote health education, quality care, access to care, and other projects that support the far-reaching national health goals of *Healthy People 2010*. Faith-based organizations will be among those eligible to apply for funding.

“This is a new idea for HHS, a way to leverage very small grants into very widespread action,” Secretary Thompson said. “Though small in size, these grants can have a large impact by tapping the potential of local organizations to make a difference in the lives of the people closest to them.”

*Healthy People 2010* has established a broad set of goals and specific targets for improving the nation’s health over the next 10 years and, for the first time, has identified the Leading Health Indicators—10 high-priority public health challenges. The plan is grouped into focus areas devoted to a comprehensive array of diseases, conditions, and public health challenges, such as promoting exercise, reducing obesity, and discouraging tobacco use.

HHS will launch the new micro-grant initiative with a two-year pilot project. If successful, the approach could be expanded nationally. HHS will commit between \$500,000 and \$700,000 to the pilot project this year.

“The application will be easy to complete, so local groups can tap the money quickly and then focus immediately on health promotion projects in their communities,” HHS Acting Assistant Secretary for Health Arthur Lawrence said. “We anticipate that much of the process will be handled electronically.”

HHS will choose several not-for-profit organizations or groups of organizations to recruit, review, and award grant applications in different geographic areas.

For more information, including application procedures, go to [www.health.gov/healthypeople/Implementation/Community/default.htm](http://www.health.gov/healthypeople/Implementation/Community/default.htm).

## What Do We Tell Our Kids?

### Talking with Children After Tragedy

**I**n the wake of the September 11, 2001, terrorist events, the EMSC National Resource Center received numerous telephone calls, faxes, and e-mails from EMSC grantees, partners, and friends asking the Program to post general information and guidance on how to help comfort children during times of tragedy.

Some of the information that was collected in the days following the events is summarized below.

Providers, parents, and teachers, as well as all adults, are encouraged to apply the information when speaking to children and adolescents about loss and disaster-related anxiety.

- Acknowledge their fear and take it seriously. At the same time continuously reassure your children that you will help to keep them safe.

- Turn off the television. Overexposure to the media can be traumatizing. If your older children are watching the news, be sure to watch with them.
- Be aware that your child’s age will affect his or her response. Adolescents in particular may be hard hit by these kinds of events. Obtaining counseling for a child or adolescent soon after a disaster may reduce long-term effects.
- Calmly express your emotions. Remember that a composed demeanor will provide a greater sense of security for your child.
- Let your children ask questions, talk about what happened, and express their feelings.
- Answer their questions directly but don’t give them more information

than they are asking for or that they need.

- Give your children extra time and attention, and plan to spend more time with your children in the following months.
- Play with children who can’t talk yet to help them work out their fears and respond to the atmosphere around them.
- Keep regular schedules for activities such as eating, playing, and going to bed to help restore a sense of security and normalcy.
- Remind children of other national tragedies (e.g., the bombing of Pearl Harbor and the Challenger Space Shuttle explosion) and explain that life goes on and the United States does overcome these tragedies.
- Consider how you and your child can help. Children are better able to regain their sense of power and security if they feel they can help in some way.

*continue on page 12*

# State of the States Grantee Update Corner

turing fire-prevention characters Smokey and Sparky. In addition, EMSC staff helped numerous other state agencies to celebrate the observances by working with them to re-enact an auto-collision rescue effort, present water and boating safety information to local elementary school students, and promote Operation Buckle Down events and key messages.

In appreciation for their participation, Guam's EMSC program would like to thank the Guam Fire Department's EMS and Rescue, the Department of Agriculture's Forestry Division, the Department of Education's Early Intervention Program and Student Support Services Section, the Guam International Airport Authority's Aircraft Rescue Fire Fighting, the Department of Public Works' Office of Highway Safety, the U.S. Air Force EMS, the Department of Parks

and Recreation's Swimming Pool Division, the Guam Police Department's Highway Safety Patrol, the U.S. Coast Guard Auxiliary, the Office of Civil Defense, and Guam Memorial Hospital.

For more information, contact Theresa Morrison-Quinata at [Taquinat@mail.gov.gu](mailto:Taquinat@mail.gov.gu).

## Illinois

Chicago Children's Memorial Hospital and EMSC of Illinois have developed a training CD-ROM entitled "Child Maltreatment Awareness." The CD is provided in PowerPoint format and includes three levels of training: EMS, teacher, and police. It also includes slides and speaker notes with a voice-over script to provide training by lecture format or self-study. It is approximately two hours in length. Copies are available for \$10 each from Peter Lazzara at (773) 880-8262 or at [plazzara@childrensmemorial.org](mailto:plazzara@childrensmemorial.org).

For more information, contact Patricia Sikorski at [psikors@wpo.it.luc.edu](mailto:psikors@wpo.it.luc.edu).

## Florida

In July at the quarterly meeting of the state's EMS Advisory Council, the Florida Department of Health's EMS Bureau awarded its first annual Emergency Medical Services for Children (EMSC) Award to Lou Romig, MD. The award is given to an individual or organization demonstrating dedication to the care of ill or injured children 18 years of age and younger in at least one of the following areas: education, clinical care, community service, or disaster management.

For more information, contact Melia Jenkins at [melia\\_jenkins@doh.state.fl.us](mailto:melia_jenkins@doh.state.fl.us).

## Guam

During this year's celebration of National EMS Week and National EMSC Day, the Guam EMSC team visited child care centers and public schools to present information on injury prevention. Staff also participated in a mini-fair at the local mall, fea-

*Fire Prevention Characters Smokey and Sparky work with EMSC staff from Guam to distribute safety promotion materials to children at a local mall during National EMSC Day 2001.*





*As part of the EMSC Day Celebration, children from Guam had the opportunity to get their picture taken with Sparky.*

health units, child care centers, clinics, hospitals, ambulance services, and the general public. The brochure is divided into four sections: When to Call An Ambulance for A Child, Calling for Help—What You Will Need to Provide, What to Do Until Help Arrives, and Be Prepared Before An Emergency Occurs.

For more information about the brochure, contact Shelly Arnold at (701) 328-1026 or sarnold@state.nd.us.

tions. The SCOPE program includes a self-study manual, lecture, three video-enhanced skill stations, and a post-test.

For more information, contact Betsy Smith, RN, at [elsmith@cnmc.org](mailto:elsmith@cnmc.org).

### Wisconsin

The Wisconsin EMSC program is working with state officials on the Safe Place For Newborns legislation, which was enacted on April 3, 2001, to provide a safe place for unwanted newborn babies in lieu of abandonment, injury, or death. The bill mandates the provision of confidential protective shelter, medical care, and treatment in a hospital setting to babies reasonably believed to be up to 72 hours old. The Wisconsin EMSC Advisory Board, in collaboration with the Bureau of EMS and Injury Prevention, has developed guidelines for EMS providers and law enforcement personnel to accept and care for infants who are abandoned.

For more information, contact Mary Jean Erschen, RN, BSN, at (608) 266-7457 or [erschmj@dhrs.state.wi.us](mailto:erschmj@dhrs.state.wi.us).

### Mississippi

On August 18, 2001, the Mississippi EMSC program participated in the third annual celebration of “A Kid’s World 2001: For Smart Parents & Cool Kids” in Jackson, MS. More than 14,000 children and adults attend the event each year to shop for the latest “cool kids stuff” and to interact with experts in children’s health care, education, and extracurricular activities. The event featured the Scooby Doo and friends back-to-school musical revue, “Scooby’s School Daze.” Mississippi EMSC distributed child safety information to parents, as well as activity books, coloring books, and stickers to the children.

For more information, contact Keith Parker, RN, at [kparker@msdh.state.ms.us](mailto:kparker@msdh.state.ms.us).

### Washington, DC

Washington, DC’s EMS and Children with Special Health Care Needs (CSHCN) project recently rolled out their prehospital educational program, SCOPE (Special Children’s Outreach and Education Program). The goal of the program is to increase prehospital providers’ awareness of CSHCN, as well as their knowledge of and comfort level with caring for chronically ill and technology-dependent children in emergency situa-

### North Dakota

The North Dakota EMSC program has completed a brochure entitled “When to Call An Ambulance for A Child.” Approximately 30,000 brochures of the 50,000 printed have already been distributed to state public

**EMSC News is available on-line, free of charge, at [www.ems-c.org](http://www.ems-c.org)**

**Once there, click on “What’s New” to access the current newsletter, as well as all back issues.**

[www.ems-c.org](http://www.ems-c.org)

# LATEST LIBRARY ADDITIONS

- Aitken, Mary; Rowlands, Leigh Ann; and Wheeler, J. Gary. "Advocating for Children's Health at the State Level: Lessons Learned." *Archives of Pediatric and Adolescent Medicine*. 155, No. 6 (2001): 877-80.
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- Bernardo, Lisa Marie; Gardner, Mary Jane; O'Dair, Joan; and Cohen, Beth. "The PAWS Program: Pediatric Animal Awareness and Safety." *Journal of Emergency Nursing*. 27, No. 4 (2001): 387-90.
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- Gallagher, Carolyn. "Before the Call: How EMS Outreach Can Help Kids." *EMS: The Journal of Emergency Care, Rescue and Transportation*. 30, No. 8 (2001): 76-79.
- Hohenhaus, Susan McDaniel. "Pediatric Emergency Preparedness in Schools: A Report From the 2001 Southeastern Regional EMSC Annual Meeting." *Journal of Emergency Nursing*. 27, No. 4 (2001): 353-56.
- Kincaid, Edward; Chang, Michael; Letton, R.; Chen, John; and Meredith, J. Wayne. "Admission Base Deficit in Pediatric Trauma: A Study Using the National Trauma Data Bank." *Journal of Trauma: Injury, Infection, and Critical Care*. 51, No. 2 (2001): 332-35.
- Lassman, Janet. "Pedestrian Safety—Teaching Points and Resources for ED Nurses Educating the Community." *Journal of Emergency Nursing*. 27, No. 4 (2001): 360-363.
- Mercy, James; Kresnow, Marcie-jo; O'Carroll, Patrick; Lee, Roberta; Powell, Denneth; Potter, Lloyd; Swann, Alan; Frankowski, Ralph; and Bayer, Timothy. "Is Suicide Contagious? A Study of the Relationship Between Exposures to the Suicidal Behavior of Others and Nearly Lethal Suicide Attempts." *American Journal of Epidemiology*. 154, No. 2 (2001): 120-127.
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- Phelan, Kieran; Khoury, Jane; Kalkwarf, Heidi; and Lanphear, Bruce. "Trends and Patterns of Playground Injuries in United States Children and Adolescents." *Ambulatory Pediatrics*. 1, No. 4 (2001): 227-33.
- Ray, R. Mark and Senders, Craig. "Airway Management in the Obese Child." *Pediatric Clinics of North America*. 48, No. 4 (2001): 1055-63.
- Sheridan, Robert and Schnitzer, Jay. "Management of the High-Risk Pediatric Burn Patient." *Journal of Pediatric Surgery*. 36, No. 8 (2001): 1308-12.

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 [kwillis@emsenrc.com](mailto:kwillis@emsenrc.com).

## What Do We Tell Our Kids? from page 9

- Provide physical reassurance with lots of hugs and touching.

Immediately following the terrorist events, the EMSC Program posted a fact sheet to its web site ([\[c.org\]\(http://www.ems-c.org\)\) entitled "After the Emergency Is Over: Post-Traumatic Stress Disorder in Children and Youth." This two-page sheet defines post-traumatic stress disorder, lists common symptoms, and provides adults with tips on how to](http://www.ems-</a></p>
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help children and youth who have suffered a traumatic event. The fact sheet, which is available free of charge, also lists additional resources to help children cope with disaster.

## NEDARC's New QI Workshop Features . . . Catapults?

For many, the word “catapult” might signify the threat of imminent warfare or the tossing of small individuals. However, for the 25 attendees at the National EMSC Data Analysis Resource Center’s (NEDARC) Quality Improvement (QI) Workshop on August 2-3, 2001, in Portland, OR, the catapult was used as a unique tool for statistical manipulation and team strategy.

NEDARC’s new QI Workshop featured a statistical exercise using statapults, small, wooden catapults designed specifically for training students in statistical process control and control charting. Racing against the clock, attendees divided into teams and took turns flinging a ball from their statapult and recording its distance. Though performance was weak on each team’s first sequence, a combination of statistical instruction, chart development, group brainstorming, and team planning enabled EMSC grantees to improve their performance

*“All of the materials and concepts presented at this workshop can be transferred to projects I am working on, helping me to identify areas to improve and streamline the process.”*

*—Workshop attendee*

at a surprising rate by their second try. The exercise was intended to demonstrate the power of statistical and quality improvement in a way that attendees could see right before their eyes.

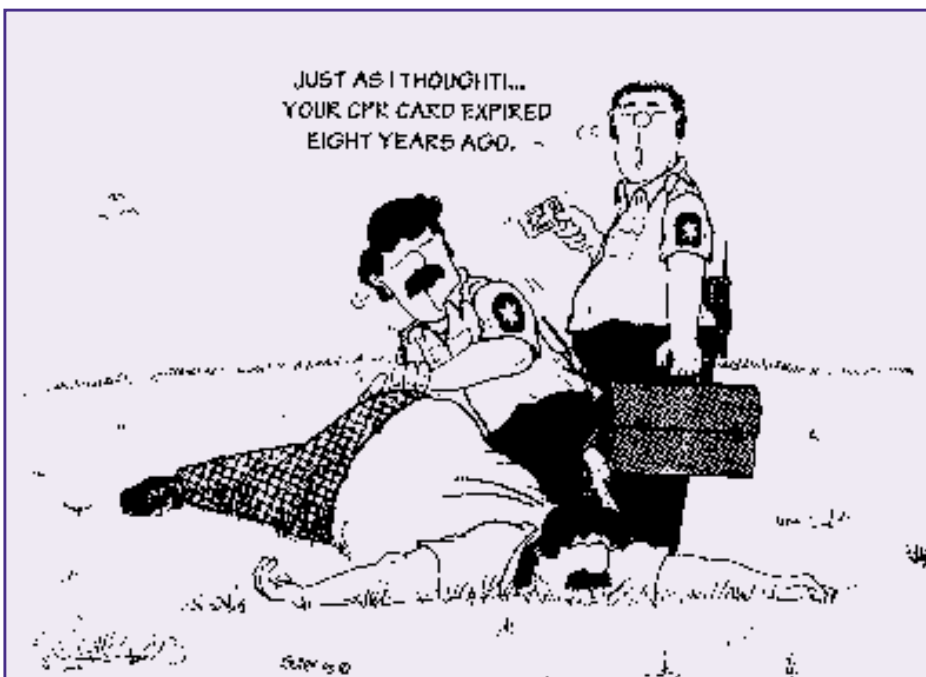
“This was a unique way of giving us a basic understanding of statistics and showing how data can help with quality improvement,” said Petra Menzel, Virginia’s EMSC project coordinator.

The workshop also featured a group QI analysis activity during which teams of people were asked to examine a common EMS problem within their states, identify a data request, and explore quality improvement ideas based on their data. Each group was then asked to develop posters to present their findings and recommended solutions. Many groups found that, just as in real life, the data were more complicated to work with than originally thought.

“It was interesting to see how tough it was for our group to try to ask the right questions and find solutions based on the data we obtained,” said Shelly Arnold, North Dakota’s EMSC project coordinator.

NEDARC provides technical assistance to EMS providers and EMSC grantees to help states develop their own data collection and analysis capabilities. To assist in this effort, NEDARC hosts several one-day workshops each year to help educate grantees on data issues, typically through a series of presentations on topics such as statistics, data collection, program evaluation, communicating data, or grant writing. The August QI Workshop was the first two-day, topic-specific workshop NEDARC has offered, and the first to be able to incorporate so much audience participation.

“We get much more interaction among participants when there’s just one topic of discussion,” said Michael Dean, principal investigator for NEDARC and instructor at the conference. “I think people liked this format. We’ll be trying to have workshops more like this in the future.”



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## Wisconsin Is “Ready with BELSS On!”

**O**n July 30-31, 2001, at the University of Wisconsin in Madison, primary and secondary educators from throughout the state gathered to learn about a new and exciting comprehensive educational model designed to incorporate basic emergency lifesaving skills training into the school curriculum. The Basic Emergency Lifesaving Skills (BELSS) model, developed by more than 25 national organizations and medical institutions, provides educators with a framework for teaching and reinforcing such topics as injury prevention, first aid, and cardiopulmonary resuscitation (CPR).

The framework is divided into developmental, age-appropriate templates that are taught each year, beginning with kindergarten. Using the Wisconsin Comprehensive School Health process, workshop participants learned how to incorporate each template into the health, math, sciences, and arts curriculums. The overall goal is to ensure that students are proficient in lifesaving skills upon graduation from high school.

In addition to BELSS, the two-day workshop included information about emergency planning and how to collaborate with community health and safety partners, such as emergency



medical services, fire, law enforcement, public health, and emergency management. It included a track for those who were interested in becoming certified CPR and automatic external defibrillation instructors. It also featured the National Fire Protection Association's Risk Watch Program for elementary educators, the American Red Cross Community First Aid Program for middle school educators, the American Heart Association's CPR in the Schools Program, and the Children's Hospital of Wisconsin's public access defibrillation program (known as Project ADAM) for high school educators. Participants received one complimentary copy of

each program's workbook to take back to the classroom.

“Participant evaluations were overwhelmingly positive,” said Mary Jean

Erschen, RN, BSN, of the Wisconsin Department of Health and Family Services' EMSC Program. “Plans are under way to hold more workshops in 2002, especially in Wisconsin's rural areas.

“We hope to reach many educators, all of whom are responsible for teaching basic lifesaving skills to meet the recently revised Wisconsin Department of Public Instruction's standards of education,” said Erschen.

Wisconsin's EMSC Program would like to thank the University of Wisconsin's Department of Health Education, Children's Hospital of Wisconsin, the Northland Affiliate American Heart Association, Children's Health Education Center, the Department of Public Instruction, and the Injury Prevention Section of the Division of Public Health for helping to sponsor this event.

For more information, contact Erschen at (608) 266-7457 or [erschmj@dhfs.state.wi.us](mailto:erschmj@dhfs.state.wi.us).



## Celebrate National Child Passenger Safety Week February 10-16

**W**hat's the biggest threat to a child's health? If you asked the average parent with school-age children this question, what would their answer be? Probably not car crashes. Most parents believe their children are safe in their own car. Yet, according to the National Highway and Traffic Safety Administration (NHTSA), motor vehicle crashes are the leading cause of death for children aged 6 to 14 years. "During 1999, an average of seven children younger than 15 years of age were killed and 872 were injured in motor vehicle crashes every day in the United States," says Laurie Flaherty, NHTSA, "It's a silent epidemic."

That's why February 10-16, 2002, is National Child Passenger Safety (CPS) Week. NHTSA wants to get the word out that children need to be properly restrained—every trip, every time. More than half of children who are fatally injured are completely unrestrained. CPS Week is also a time

to teach parents and caregivers how to properly restrain children. More than half of all child seats are misused. Even more, it's a week to take action, to prevent children from being killed or hurt in car crashes.

Participation in the observation of CPS Week can take place at many levels, such as:

- Distributing free NHTSA brochures, videos, posters, or reproducible handouts to children and their parents within your community.
- Using "teachable moments" to ask and counsel children and their parents about child seat use. Parents and caregivers are most open to receiving prevention and preparedness messages just after their child has had an emergency.
- Referring parents and caregivers to trained CPS technicians in your community to have their car seat checked. To identify local techni-

cians in your area, access NHTSA's web site at <http://www.nhtsa.dot.gov/people/injury/childps/Contacts/index.cfm>.

- Sponsoring or participating in a car seat check.
- Becoming an advocate for stronger child passenger safety laws in your state.
- Actively supporting the enforcement of CPS laws.

For more information about becoming an advocate for or an enforcer of CPS laws or to order free materials, contact Laurie Flaherty in NHTSA's Office of Communication and Outreach at (202) 366-2705 or [lflaherty@nhtsa.dot.gov](mailto:lflaherty@nhtsa.dot.gov), or visit the NHTSA web site at [www.nhtsa.dot.gov](http://www.nhtsa.dot.gov). Once there, click on "Child Passenger Safety."

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## Roving Reporter

**T**his high-energy clown is preparing for his next journey on board the "Junglemobile," a refurbished ambulance used by Denver-area Kiwanis club members and EMS providers to educate children, aged 5 to 11 years, about injury prevention. Since May 2000, the colorful, eye-catching traveling road show has visited 30 rural and frontier communities and provided more than 75 free car seats.

The Junglemobile is a collaborative effort between the Colorado Department of Public Health and Environment's Prehospital Care Program, EMS for Children Program; the Kiwanis Pediatric Trauma Institute; Children's Hospital of Denver; and St. Anthony's Hospital of Denver.



# IMPORTANT DATES TO REMEMBER

## November

National Family Caregivers Month  
National Family Caregivers Association  
Contact: Suzanne Mintz at  
(301) 942-6430 or  
(800) 896-3650

## November 7-9

National Association of Children's  
Hospitals and Related Institutions  
Annual Meeting  
Arlington, VA  
Contact: (703) 684-1355

## November 7-11

American School Health Association  
Annual Conference  
Albuquerque, NM  
Contact: (330) 678-1601

## November 13-14

California EMSC  
Annual Meeting  
San Diego, CA  
Contact: Michael Conley at  
(916) 322-4336, ext. 461

## November 28-29

Annual School Nurse Conference  
North Charleston, SC  
Contact: Susan Nichols at  
(803) 943-5052

## December

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

## December

Safe Toys and Gifts Month  
Prevent Blindness America  
Contact: Betsy Zandee at  
(800) 331-2020

## December 1

World AIDS Day  
American Association for World Health  
Contact: Emily Adams at  
(202) 466-5883

## December 3-5

Centers for Disease Control  
and Prevention  
Safe USA Conference  
Atlanta, GA  
Contact: (888) 252-7751

## January 10-12

National Association of  
EMS Physicians  
Annual Meeting  
Tucson, AZ  
Contact: (800) 228-3677

## January 26-30

National Safe Kids Campaign  
Leadership Conference  
Washington, DC  
Contact: (800) 662-0600

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Children's National Medical Center  
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