



## Paying Tribute to an EMSC Friend, Colleague, and Leader MCHB's Jean Athey Retires



by children and their families. For the last six years, she has immersed herself in EMSC as a federal project officer, a leader, and an advocate for child health.

Dr. Athey knows how to get things done. In 1993 after reading the Institute of Medicine's 1993 report, *Emergency Medical Services for Children*, she visualized the need for an EMSC long-term national agenda. Her idea became a reality in 1995 when the EMSC *Five-year Plan, 1995-2000* was published. This document

*(See Athey, page 7)*

## Healthy People 2010 Draft Document Includes Many EMSC-related Initiatives

Administered by the U.S. Department of Health and Human Services (HHS) over the past two decades, Healthy People is a national health promotion and disease prevention initiative that identifies opportunities to improve the health of all Americans.

The first set of national health objectives was published in 1979 in *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention*. Healthy People 2000, which reinforces the lessons of the first Surgeon General's report, is the product of unprecedented collaboration among government, voluntary and professional organizations, businesses, and individuals. Its framework is based on three primary goals: (1) to increase the span of healthy life for Americans; (2) to reduce health disparities among Americans; and (3) to achieve access to preventive services for all Americans.

*(See Healthy People, page 5)*

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## 48 Hours Airs "Save My Child!"

*EMSC Secures Follow-up Stories in Several Local Media Markets*

On Thursday, October 8, 1998, CBS's *48 Hours* aired "Save My Child!" This one-hour program featured a behind-the-scenes look at Cincinnati Children's Hospital Medical Center, one of the busiest pediatric facilities in the nation. For two days and two nights producers followed the doctors and nurses, and interviewed patients and parents entering the hospital's emergency department.

The Emergency Medical Services for Children (EMSC) National Resource Center (NRC) assisted CBS producers by providing key statistics about the state of pediatric emergency care. Much of the information provided was included in Dan Rather's



*Left: While filming "Save My Child," 48 Hours Anchor Dan Rather took viewers on an emergency department tour at Cincinnati Children's Hospital.*



opening statement at the beginning of the program.

The segment was accurate and compelling, serving as an excellent educational piece for pediatric emergency care. Several EMSC grantees used the national report to generate local media coverage on EMSC activities. Two states—New York and Tennessee—secured follow up stories on their local 11 o'clock evening news programs.

New York EMSC Project Coordinator Gloria Hale worked with Albany's ABC-affiliate WTEN to air a three-minute story on the national EMSC Program and regional EMSC efforts, such as New York's train-the-trainer program. Tennessee's EMSC project secured local coverage from the CBS affiliates in Memphis (WREG), Nashville (WTVF), and Knoxville (WVLT). All three stories, which ran between one to three minutes in length, focused on finding appropriate emergency department care for children and the recent enactment of EMSC federal legislation.

Several other representatives of state EMSC projects reported that

local correspondents were interested in running follow-up stories. However, tight time constraints limited their ability to secure spokespersons and obtain administrative approval.

"Many more follow-up stories would have aired had grantees been properly trained in working with their local reporters," said NRC Communication Director Suzanne Kieffer. A "how-to" workshop has been added to the EMSC Annual Grantees Meeting to help grantees and other advocates pitch EMSC-related stories to local media representatives. The workshop will take place from 1:30 PM to 3:00 PM, on Sunday, January 31, 1999.

The *48 Hours* segment will be available for viewing at the Grantees Meeting. To purchase videotaped copies, call CBS Worldwide Inc. at (800) 934-NEWS. Transcripts are also available by calling (800) 777-TEXT. A small fee will be assessed.



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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 Kieffer at the EMSC National Resource Center.

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## Four EMSC Targeted Issue Grants Awarded in FY 1998

In October 1998, four new emergency medical services for children (EMSC) targeted issue grants were awarded. A brief description of each new grant and an update on the current targeted issue grants is provided below. For additional information, please access the EMSC web site at [www.ems-c.org](http://www.ems-c.org). Once here, click on "Data Collection and Research."

### New Targeted Issue Grants

*Partners in Safety: An Intervention to Encourage Parents to Implement Graduated Driver Licensing Guidelines.* Connecticut Children's Medical Center, Hartford, CT. Contact: Gary Lapidus at [Glapidu@ccmckids.org](mailto:Glapidu@ccmckids.org).

*EMS and Children with Special Health Care Needs: A Model Program to Evaluate Systems and Propose Improvements.* Children's National Medical Center, Washington, DC. Contact: Terry Adirim, MD, at [tadirim@cnmc.org](mailto:tadirim@cnmc.org).

*Evaluating Occupant Safety Systems for Pediatric Patients in Ambulance Vehicles: Pediatric-safe Transport.* Johns Hopkins Medical Institutions, Baltimore, MD. Contact: Nadine Levick, MD, at [nlevick@welch-link.welch.jhu.edu](mailto:nlevick@welch-link.welch.jhu.edu).

*Reducing Adolescent Risk Behavior.* Harborview Injury Prevention and Research Center, Seattle, WA. Contact: Frederick Rivara, MD, MPH, at [fpr@u.washington.edu](mailto:fpr@u.washington.edu).

### Current Targeted Issue Grants

*Outcomes Research in Pediatric Trauma Patients.* University of Arkansas for Medical Sciences, Little Rock, AR. This grant continues to assess the benefits of early access to rehabilitative services to families and children. Approximately 84% of the

# ...PUBLIC POLICY NETWORK...

Before the 105th Congress came to a close, policy makers successfully completed work on two emergency medical services for children (EMSC)-related measures: federal program funding and its continuation through the year 2005.

### EMSC Program Funded at \$15 Million

For fiscal year 1999, Congress appropriated \$15 million for the federal EMSC Program. This represents a \$2 million increase over the 1998 level and \$4 million above the President's budget request.

Other funding allocations of the \$88.1 billion Labor, Health and Human Services, and Education portion of the Omnibus Appropriations bill (H.R. 4328) include:

- \$15.6 billion for the National Institutes of Health.
- \$700 million for the Maternal and Child Health Title V Block Grant.
- \$5 million for the Health Resources and Services Administration's (HRSA) Traumatic Brain Injury State Demonstration Projects.
- \$2.6 billion for the Centers for Disease Control and Prevention (CDC).
- \$25 million for the Medicare Rural Hospital Flexibility Grants Program authorized in the Balanced Budget Act of 1997. (Operated by HRSA, this program will provide grants

to help states improve access to essential health care services in rural communities, including improving rural emergency medical services.)

- Support for CDC and HRSA to help establish a toll-free telephone number linking certified poison control centers with a nationwide databank. CDC will be encouraged to support an ongoing public service media campaign to familiarize the public with the toll-free number and its services.

### EMSC Program Reauthorized

Congress also passed the Health Professions Education Partnerships Act of 1998, which provides for the federal EMSC Program reauthorization. Originally sponsored by Senator Bill Frist (R-TN), S.1754 includes the following programmatic changes:

- Expands the funding cycle of each grant from two years to three years with an optional fourth year;
- Increases the maximum number of grants per state from one to three, per fiscal year; and
- Extends the authorization of EMSC federal appropriations through 2005.

The bill was signed by President Clinton on November 13, 1998.

For more information on EMSC-related public policy activities, please contact the EMSC National Resource Center at (202) 884-4927 or [info@emscnrc.com](mailto:info@emscnrc.com).

families invited to participate in the project have been enrolled. The project is also assessing the preparedness of community physicians in providing care to children with special health care needs. Contact: Kathy Barrett at [kbarrett@CARE.ACH.UAMS.EDU](mailto:kbarrett@CARE.ACH.UAMS.EDU).

*The Adoption and Appraisal of EMSC Standards.* Loyola University Medical Center, Maywood, IL. This grant is using a linked EMSC data set to assist local, regional, and statewide agencies in assessing their compliance with EMSC standards and to launch

## Johns Hopkins Awarded Grant for EMS Pediatric Transport Safety Study

It is estimated that emergency medical service (EMS) vehicles in the United States transport approximately five million pediatric patients per year. Unlike the well developed and publicized community-based automotive childhood passenger safety recommendations, testing standards and guidelines for the safe EMS transport of ill and injured children have yet to be developed (see Systems Scoop, *EMSC News*, Vol. 11, No. 3).

In 1996, a study was conducted in Australia to test a range of currently used or available restraint devices (i.e., child restraint blankets, Plexiglas cots, and infant and child safety seats). Results of the preliminary testing suggest that available pediatric restraint devices can fail if subjected to loads similar to those of a real crash environment. However, the study also found that pediatric transport restraint safety can be improved with simple and inexpensive modifications to exist-

ing devices, especially the infant and child safety seats. Nadine Levick, MD, the study's lead researcher, concluded that dynamic crash testing of pediatric ambulance transport devices can and should be performed, and that ambulance restraint safety standards and regulations may further enhance current ambulance restraint effectiveness.

This past year, the National Highway Traffic Safety Administration awarded a grant to the Johns Hopkins University School of Medicine to develop more advanced testing in the United States. Dr. Levick will head the research team.

On November 9, 1998, Dr. Levick met with several emergency medical services for children (EMSC) experts at the EMSC National Resource Center in Silver Spring, MD, to review plans for and share background information about her upcoming study on ambulance child transport safety. According to Dr. Levick, the objectives of the new study are to:

- Estimate the annual number of pediatric emergency transports, by age, nationally;
- Determine an ambulance transport profile of biomechanical risk factor

and hazard profiles for each pediatric age group by:

- Reviewing and integrating existing epidemiologic and biomechanical dynamic test data and
- Identifying gaps in existing knowledge; and
- Propose safety guidelines for the transport of ill and injured children.

Although adverse events related to ambulance transports are infrequent, particularly compared to passenger car road trauma, the safety of ambulance vehicles and patient transport is paramount. The absence of formal practice guidelines force prehospital and interhospital transport providers to make ad-hoc practice decisions that may inadvertently place already ill and injured children at risk of injury in the EMS transport environment. EMSC's goal, and the purpose of this study, is to develop a comprehensive approach for safe EMS pediatric transport based on available scientific data.

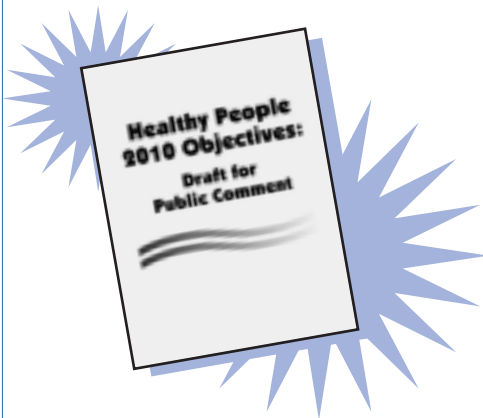
For more information on Dr. Levick's study, contact the EMSC National Resource Center at (202) 884-4927.

## Roving Reporter

*The EMSC National Resource Center (NRC) exhibits at more than 20 national and regional conferences per year, distributing EMSC products and resources to tens of thousands of people throughout the nation. Pictured here from left to right are NRC's Sonja Jones and Crissy Rivers at the American Public Health Association's Annual Meeting held from November 15-19, 1998, in Washington, DC. More than 13,000 individuals attended the meeting, making it the largest health care conference in the nation.*



## Healthy People 2010 (from page 1) . . . . .



The recently introduced Healthy People 2010 (Draft for Public Comment) consists of two overarching goals: (1) to increase the quality and years of healthy life and (2) to eliminate health disparities. Hundreds of national objectives are organized into the initiative's 26 priority areas, which serve to promote healthy behaviors, promote healthy and safe communities, improve systems for personal and public health, and prevent and reduce diseases and disorders.

Most emergency medical services for children (EMSC)-related objectives are covered under priority 10: access to quality health services. Priority 10 is subdivided into four categories: preventive care, primary care, emergency services, and long-term care and rehabilitative services. The goals and objectives of the emergency services category are described below. For information on other categories or to review the entire Healthy People 2010 document refer to the web site: [web.health.gov/healthypeople/2010Draft](http://web.health.gov/healthypeople/2010Draft).

### **Goal: Assure Access to Timely Emergency Services**

*Objective 1:* Increase to at least 90% the proportion of all individuals who have access to rapidly responding prehospital emergency medical ser-

vices (EMS). (Defined in urban areas as a response time of less than 9 minutes between initiation of an emergency call and arrival of EMS on the scene for 90% of such calls. Defined in rural areas as availability of EMS within 40 miles of the place where an emergency call is initiated.)

*Objective 2:* Increase the proportion of patients whose access to emergency services when and where they need them is unimpeded by their insurance status or by their health plan's coverage or payment policies.

*Objective 3:* Establish a single toll-free telephone number for access to Poison Control Centers (PCC) on a 24-hour basis throughout the United States. (Baseline: as of early 1998, 12 of 74 PCCs in the U.S. share a single toll-free telephone number: 1-800 POISON1.)

### **Goal: Assure Appropriate, High-Quality Emergency Care**

*Objective 1:* Assure access to time-sensitive care for individuals with symptoms and signs of an acute myocardial infarction or who have a witnessed out-of-hospital cardiac arrest.

*Objective 2:* Increase to at least 25% the proportion of eligible patients with acute myocardial infarction who receive clot-dissolving therapy within an hour of symptom onset.

*Objective 3:* Increase to at least 90% the proportion of persons with witnessed, out-of-hospital cardiac arrest who receive their first therapeutic electrical shock within 10 minutes of collapse recognition.

### **Goal: Increase Access to Emergency Care that Meets the Special Needs of Children in the Prehospital and Hospital Settings**

*Objective 1:* Increase to 50 the number of state EMS agencies that have pediatric protocols for both online medical direction of emergency medical technicians and paramedics at the scene of an emergency and overall medical direction in the development of written pediatric protocols, medical policies, and guidelines. (Baseline: 11 states in 1997.)

*Objective 2:* Increase to 50 the number of states that have adopted and disseminated pediatric guidelines that categorize acute care facilities with the equipment, drugs, trained personnel, and facilities necessary to provide varying levels of pediatric emergency and critical care. (Baseline: 18 states in 1997.)

### **Goal: Assure Access to Follow-up Mental Health Services for Persons Treated in Emergency Departments**

*Objective 1:* Increase to 75% the number of hospital emergency departments that provide or arrange follow-up mental health services for persons treated for mental health problems, including self-destructive behavior. (Baseline: in 1995-1996, of persons seen in emergency departments for self-destructive behavior or for mental illness (ICD-9-CM range 290-315), 35.6% were referred to another physician or clinic.)

For more information, contact Jean Moody-Williams at (301) 650-8143.

# HEALTHY PEOPLE 2010

## Healthy Start and EMSC Urged to Join Forces in Advocating for Children's Health

The Healthy Start Initiative, a national program funded through the Health Resources and Services Administration's Maternal and Child Health Bureau, works to reduce infant mortality in the United States by improving access to and usage of perinatal care, as well as developing community and corporate involvement for the improvement of infant health and survival. As a result, Healthy Start and Emergency Medical Services for Children (EMSC) have tremendous potential for collaboration, enabling each group to learn from one another and improve health services and access to care.

Why should EMSC and Healthy Start join forces? According to the *Child and Adolescent Emergency Department Visit Databook* (Weiss et al, 1997), between 1992 and 1994 the greatest number of medical-related visits was found in the 0-2 age group. This age group made 2.5 times as

many emergency department visits as any other age group.

By working together and sharing resources, EMSC and Healthy Start grantees can help reduce these numbers.

As a first step toward enhancing the relationship between the two organizations, EMSC National Resource Center State Outreach Coordinator Shulamit Lewin gave a presentation to attendees of Healthy Start's Annual Grantee Meeting, held from October 31-November 3, 1998, in Washington, DC. In addition to providing a brief overview of the Program and distributing EMSC grantee contact lists, Ms. Lewis reiterated the importance for EMSC and Healthy Start to collaborate and share resources on improving the health outcomes of infants, children, and adolescents.

To identify a Healthy Start program in your state, call Ms. Lewin at (301) 650-8026 or access Healthy Start's web site at [www.healthystart.net](http://www.healthystart.net).



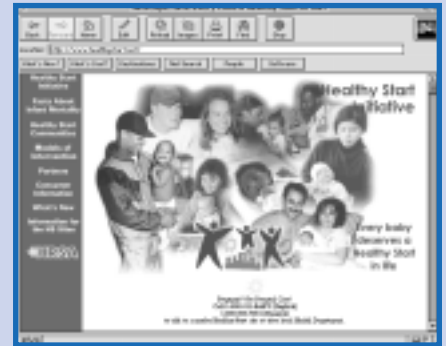
## KidsCampaigns Offers Free Volunteer Lists

Sponsored by the Benton Foundation, KidsCampaigns is an award-winning project providing tools and resources to help people become more active citizens—from volunteering to voting—on behalf of kids. One of its most visible activities is the national "The More You Know" public service announcement campaign sponsored by NBC-TV. Recently, KidsCampaigns compiled a list of callers to its (888) 544-KIDS line who expressed an interest in volunteering for local children's groups. Individuals

interested in securing the names, telephone numbers, and addresses of hundreds of potential local supporters should contact Julie Lin at (202) 638-5770 or send an e-mail to [julielin@benton.org](mailto:julielin@benton.org).

KidsCampaigns also posts Help Wanted ads at its web site [www.kidscampaigns.org](http://www.kidscampaigns.org). Organizations that are interested in submitting an ad may request an application form by e-mailing Ms. Lin. Sample Help Wanted ads are available at [www.kidscampaigns.org/helpwanted/ads](http://www.kidscampaigns.org/helpwanted/ads).

## Healthy Start Initiative Addresses Needs of Women and Children



Healthy Start's web site at [www.healthystart.net](http://www.healthystart.net).

Established as a demonstration program in 1991, the Healthy Start Initiative uses community-driven strategies to attack the causes of infant mortality and low birth-weight, especially among high-risk populations. Healthy Start empowers communities to fully address the medical, behavioral, cultural, and social service needs of women and their infants in three key ways: increasing community and personal awareness of what causes infant mortality and how to prevent it; streamlining and coordinating services between public and private agencies; and building partnerships of commitment among families, volunteers, businesses, and health care and social service providers.

During its first five years (1992-97), Healthy Start supported model (demonstration) programs in 22 selected communities to identify best strategies for reducing infant deaths in diverse settings. The number of Healthy Start projects has grown to 60, with an additional 14 projects currently being planned.

# ...EMSC SYSTEMS SCOOP...

## EMSC Focuses on Children's Emergencies in Disasters

Over the past several years, a variety of natural and "man-made" disasters have challenged our country's experts. The Oklahoma City bombing; hurricanes Hugo, Iniki, and Andrew; the Loma Prieta firestorm; and the Northridge earthquake demonstrated the unique problems and challenges disasters can present for children and their families. While disaster managers and researchers have provided an adequate overall approach to disaster mitigation, preparation, response, and recovery, little attention focused on the special needs of the pediatric population. However, in a disaster environment, children sustain specific patterns of physical and psychological injuries that are different from adults.

For several years, the Emergency Medical Services for Children (EMSC) Program has addressed pediatric disaster issues. Last February, more than 100 individuals participated in the EMSC national workshop, Children's Emergencies in Disasters. The workshop was a follow-up to a 1995 national EMSC meeting on pediatric disaster issues. Using the information collected from these two workshops, a Call to

Action was developed with specific recommendations for improving community, school, medical, and mental health responses to children during and after disasters. This Call to Action will be widely distributed in the near future.

In addition, the EMSC Program funded Pediatric Disaster Life Support, a training program developed by Richard Aghababian, MD, of the University of Massachusetts Medical Center. The training program was offered from December 3-4, 1998, in Frederick, MD, and will be offered from February 10-11, 1999, in St. Petersburg, FL. It also will be offered a third time at a date to be announced in southern California. For more information on the training program, contact the University of Massachusetts at (508) 856-3043.

As reported in the last issue of *EMSC News*, Deborah Mulligan-Smith, MD, of the North Broward Hospital District in Ft. Lauderdale, FL, is spearheading an effort to develop a Family and Community Pre-disaster Preparedness Kit. The kit is partially based on the recommendations provided in the aforementioned Call to Action.

## Athey (from page 1).....

became the road map for the Program's development. Federal agencies, Members of Congress, and the White House have used the document to help set national priorities, and it continues to serve as the foundation for future Program growth.

A year later Dr. Athey founded the Partnership for Children Consortium, a multi-disciplinary group of organizations working together to achieve the EMSC Program's ultimate goal: saving kid's lives. Each consortium member is responsible for implementing activities that support the EMSC Program's five-year plan. Today, the Consortium includes 14 national and professional organizations.

Dr. Athey's most significant contribution is her ability to promote visibility and support for EMSC. Under her direction, federal funding for the Program has increased from \$5 million to \$15 million. MCHB currently oversees more than 100 EMSC grants and contracts each year. Thanks to her tireless efforts thousands of professionals and volunteers are now working in every state and U.S. territory to enhance pediatric emergency medical care.

Please join the EMSC National Resource Center, the National EMSC Data Analysis Resource Center, and hundreds of EMSC grantees in wishing Dr. Athey success and happiness. Her dedication to children has been extraordinary and her results tremendous.



## Second Biannual National Congress on Childhood Emergencies

March 27-29, 2000  
(Annual EMSC Grantees Meeting:  
March 26-27)

Omni Inner Harbor Hotel  
Baltimore, MD

For information,  
please call (202) 884-4927



## News from NHTSA

### NHTSA Conducts National Survey; EMSC-related Questions Included

Conducted once every two years by the National Highway Traffic Safety Administration (NHTSA), the Motor Vehicle Occupant Safety (MVOS) Survey includes several questions relating to emergency medical services for children (EMSC). The 1998 survey was administered in November by telephone to a randomly selected national sample of approximately 4,000 individuals. Data is scheduled to be released in early February 1999.

The questions submitted include:

1. If your child experiences a serious medical emergency, which would you do first?
  - a) Call your clinic or doctor's office.
  - b) Take your child to the emergency department.
  - c) Call 911 or your local emergency number.
2. In the past two years have you received training in:  
(Check all that apply.)
  - a.) First aid for infants and children?
  - b.) CPR for infants and children?
3. Has a doctor or nurse ever talked to you about:  
(Check all that apply.)
  - a.) How to prevent childhood injuries?
  - b.) What constitutes a child health emergency?
  - c.) What to do when your child has a serious medical emergency?

### Feds Introduce An Easier Fit for Child Safety Seats

The Clinton Administration and NHTSA recently unveiled a universal system for installing child safety seats,

a step designed to eliminate a frustrating experience for parents and ensure that children are properly secured.

Under the plan, every seat would be required to fit in every car the same way thus eliminating the current mishmash of 100 varieties of child seats and myriad installation systems in the 300 different passenger vehicles currently on the market. Older child seats would be able to use the new anchors, though it isn't clear whether older models of cars could be retrofitted with the new system.

The plan will have broad implications for the safety of infants and small children, who often are at risk of death or serious injury because they are either unrestrained or improperly secured. The announcement ended a federal rule-making process that started in June 1996.

### Traffic Death Rate Dropped to Record Low in 1997

U.S. Transportation Secretary Rodney E. Slater recently announced that the nation's traffic fatality rate last year dropped to the lowest level since record-keeping began in 1966. The 1997 rate, 1.6 fatalities per 100 million vehicle miles traveled, was down from 1.7, the rate since 1992. The 1966 rate was 5.5.

Alcohol-related traffic fatalities also dropped to a record low. This, combined with an all-time high rate of seat belt use in 1997, helped make last year one of the safest years on U.S. roads in history.

These and other findings are included in NHTSA's preliminary 1997 Fatality Analysis Reporting System (FARS) report. The final FARS report will be available later this year. Copies of the preliminary report are

available from NHTSA's Office of Public and Consumer Affairs at (202) 366-9550 or at its web site, [www.nhtsa.dot.gov](http://www.nhtsa.dot.gov).

### Slater Announces \$53 Million in Grants to Boost Nationwide Seat Belt Use

Secretary Slater also announced that 38 states, the District of Columbia, and Puerto Rico in fiscal year 1999 will share \$53 million in incentive grants for increasing seat belt use. The act is part of a \$1.2 billion effort to improve safety on the nation's highways over six years.

The grants are authorized by the Transportation Equity Act for the 21st Century, which includes up to \$500 million in incentive grants to states over five years to increase seat belt use and another \$700 million in incentive grants for states over six years to enact and enforce laws to prevent drunk driving.

### NHTSA to Launch National Bystander Care Campaign

NHTSA's bystander care for the injured campaign, entitled "First There, First Care," will be launched this summer, to increase public knowledge of how to assist victims in motor vehicle crashes.

One of the most common reservations people have about assisting in medical emergencies is "what to do," meaning what type of emergency care to perform. In response, NHTSA is developing an awareness kit and encouraging the public to attend local bystander care training sessions.

Additional information about bystander care can be accessed at [www.nhtsa.dot.gov/people/injury/ems](http://www.nhtsa.dot.gov/people/injury/ems).



## APA Workgroup Identifies Barriers to Pediatric Research

**O**n November 30, 1998, the Ambulatory Pediatric Association (APA) began the first of two meetings in Washington, DC, to discuss barriers to initiating research in pediatric emergency medicine.

Workgroup participants—including representatives from the American Academy of Pediatrics, American College of Emergency Physicians, National Institutes of Health, Emergency Medical Services for Children (EMSC) National Resource Center (NRC), and other national organizations—identified more than 20 barriers. Some of these include:

1. *Communication/Consensus.* A lack of communication and consensus among pediatric specialists, researchers, and funding sources is inhibiting pediatric emergency care research.

2. *Time.* Researchers have limited time to conduct studies because of competing responsibilities, such as a clinical practice or teaching assignment.

3. *Funding.* Researchers do not fully understand where to go and how to secure funding for pediatric studies.

4. *Training.* Research training is inadequate. A set of core competencies for researchers should be defined.

5. *Resources.* Many existing pediatric assessment tools and outcome measures, most of which have been adapted from adult models, are not appropriate for children.

Participants then drafted an action plan to overcome the barriers. During the second meeting, scheduled for mid-March, the action plan will be refined with specific tasks assigned to each action step. The final plan will be published and made available through APA.

For more information about this meeting, please contact NRC at (301) 650-8059.

## ...WHAT'S NEW? An EMSC Product Update ...

### Emergency Guidelines for Schools

by: *Ohio Department of Health (1998)*

These color-coded, first-aid flowcharts serve as an emergency care resource for school staff without full-time medical or nursing support. More than 35 of the most common pediatric illnesses or injuries are listed alphabetically and in tabbed format for quick and easy reference. The guidelines also include a list of recommended first aid equipment and supplies for schools, universal precautions to prevent or reduce the spread of infectious diseases, and advice for caring for students with special health care needs. The cost is \$5 per book.

### Emergency Medical Services for Children: Abstracts of Active Projects FY 1998-1999

by: *EMSC National Resource Center (1998)*

This directory provides abstracts of projects active in fiscal years 1998 and 1999 that are supported by the Emergency Medical Services for Children (EMSC) Program. Each abstract includes: a summary of the problem the project seeks to address; and its goals and objectives, methodology, method of evaluation, and experiences to date. The publication concludes with indexes organized by project type and state. Single copies are provided free of charge.

### Federal Funding for the New Investigator

by: *National EMSC Resource Alliance (1997)*

This 24-page booklet was developed with EMSC in mind, and written

in a user-friendly format that new investigators will appreciate.

Explaining how the government is an important source of funding for many areas of research, this booklet details the federal agencies that fund research and how to navigate through the often-complex system of grant submission. Single copies are provided free of charge.

### PEP—Pediatric Education for Paramedics Program

by: *State of California Emergency Medical Services Authority (1997)*

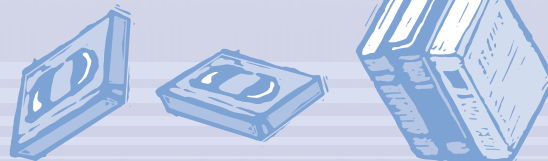
PEP is a pediatric training program for advanced prehospital providers. It includes an instructor manual, student manual, lecture slide set, and videotape. (Please note: This program may contain certain segments that may not comply with current standards of care. Statements made in the program may or may not be factual.) The cost is \$55 per kit.

### Training EMSC Providers in Violence Prevention

by: *American Psychological Association (1998)*

This is the final report from the American Psychological Association's (APA) July 1997 one-day conference on violence prevention. It includes useful definitions, training strategies, resources, and a briefing book. Single copies are provided free of charge.

To obtain any of these resources, contact the EMSC Clearinghouse at (703) 902-1203 or access the EMSC web site at [www.ems-c.org](http://www.ems-c.org).





### Arkansas

The Arkansas Emergency Medical Services for Children (EMSC) project continues to be very active. Its EMSC Working Group examined the required ambulance equipment list for the State of Arkansas and made recommendations to add pediatric materials. The list of recommendations was presented to and approved by the Governor's EMS Council. Memos were sent to inform ambulance services about the changes.

Arkansas is also developing materials to help services produce injury prevention programs. The materials will allow ambulance services to design their own safety programs. Many services have been receptive and are looking forward to making safety presentations in their communities.

In addition, project staff are helping the Safety Belt Coalition to pass a law that would enforce the use of seat belts.

For more information, please contact Brian Nation at (501) 280-4903 or via e-mail at [bnation@mail.doh.state.ar.us](mailto:bnation@mail.doh.state.ar.us).

### Colorado

Colorado's EMSC project reports the release of "Operation: Cheat the Reaper," a teen anti-driving under the influence (DUI) planning kit for Colorado public safety agencies. Instead of focusing solely on treating the tragic effects of DUI, the "Cheat the Reaper" kit helps emergency medical service (EMS) responders, firefighters, law enforcement personnel, and injury prevention advocates initiate successful interventions addressing the causes of this problem.

The kit includes sample materials for conducting two dramatic anti-DUI programs ("Mock Crash/Wreck" and "Ghost Out") in secondary schools. It also includes a comprehensive manual, forms, checklists, and sample letters.

The "Cheat the Reaper" planning kit is posted as a WordPerfect file that can be downloaded at the State of Colorado's web site, [www.state.co.us/gov\\_dir/cdphe\\_dir/em/emlib](http://www.state.co.us/gov_dir/cdphe_dir/em/emlib).

For additional information and technical assistance, contact Michael Merrill at (303) 692-2994 or via e-mail at [michael.merrill@state.co.us](mailto:michael.merrill@state.co.us).

### Kentucky

Kentucky's EMSC grant focuses on prehospital and emergency department personnel training. To date, project staff have:

- Modified the Pediatric Education for Paramedics (PEP) course for basic level providers;
- Conducted three PEP instructor courses and six provider courses, training 24 instructors and 179 prehospital providers;

- Provided pediatric basic life support (BLS) training, using the North Carolina EMSC course, to 581 prehospital care providers;
- Conducted 25 provider and 10 instructor Pediatric Advanced Life Support (PALS) courses, reaching 468 healthcare providers;
- Trained 46 physicians in Advanced Pediatric Life Support (APLS); and
- Surveyed families of severely injured kids to assess their obstacles in obtaining recommended follow-up care.

For more information, please contact Coy Harris at (502) 866-2121 or via e-mail at [kyemsc@duo-county.com](mailto:kyemsc@duo-county.com).

### New Hampshire

The chances of surviving a severe injury in New Hampshire just got better thanks to the Trauma Medical Review Committee, which recently developed a statewide trauma system. All hospitals participating in the system have undergone a voluntary review to determine their trauma care capabilities and identify areas in need of improvement. Guidelines for out-of-hospital triage and interfacility transfer for both pediatric and adult patients are under development.

For more information, contact Janet Houston at (603) 650-1813 or via e-mail at [jhouston@dartmouth.edu](mailto:jhouston@dartmouth.edu)

### New Mexico

For the fifth consecutive year, the New Mexico EMSC Project is offering competitive funding to support emergency medical technician (EMT)-driven, community-based injury prevention projects. The application requests a five-page proposal to enhance EMT's skills in project

planning, implementation, and evaluation. This component of the EMSC Partnership Grant has been effective in encouraging and enabling EMTs to conduct local injury prevention activities. It also has exceeded in expanding the grassroots network of EMTs around the state who are interested and involved in primary prevention.

For more information about the application process, contact Lenora Olson at (505) 272-5063 or via e-mail at lolson@salud.unm.edu.

### North Carolina

The North Carolina EMSC project reports that it:

- Selected four pilot sites for the Color-Coding Kids in the Emergency Department project: Duke University Medical Center, North Carolina Baptist Hospital, Womak Army Medical Center, and Northern Hospital of Surry County.

- Held a PEP master instructor program involving 35 candidates.

- Successfully integrated PEP into numerous EMS systems. One county, which required the program for all paramedics, offered five programs in November and December.

- Started revising the North Carolina Pediatric Education Curriculum, which was originally developed in 1990. In collaboration with the Tennessee EMSC project, North Carolina will add chapters on triage and child maltreatment.

- Began exploring grant funding options for distributing "Identification of Child Maltreatment for EMS," a program being piloted in 1999 using a series of "train-the-trainer" programs.

For more information on any of these projects, contact Sue Hohenhaus at (919)733-2285 or via e-mail at shohenha@dhr.state.nc.us.

### North Dakota

Last year North Dakota's EMSC project provided pediatric training to 442 BLS and advanced life support (ALS) prehospital care providers and 40 instructors. This exceeded the state's first year goal.

In November, project staff participated in the North Dakota Conference on Injury Prevention. Current projects include: developing EMS pre-hospital protocols; assembling a BLS/ALS minimum ambulance equipment list; and creating a reference card for EMS personnel.

This year North Dakota will develop a prevention program to address the growing problem of suicide on North Dakota reservations and throughout the state. In 1997, the number of deaths from suicide surpassed the number of motor vehicle fatalities. As an initial step toward addressing this crisis, North Dakota will form the first statewide Adolescent Suicide Prevention Task Force.

For more information, contact Kandis Keller at (701) 328-1026 or via e-mail at msmail.kandise@ranch.state.nd.us.

### South Dakota

South Dakota EMSC is looking forward to launching a new era in their grant program with the successful funding of a partnership grant. Working with the State Department of Health, EMSC project staff plan to create an injury prevention and bystander first aid education program for daycare providers across the state. EMS providers will serve as the primary cadre of instructors. Required training will include injury prevention education for daycare, bystander first aid, and cardiac pulmonary resuscitation.

For more information, contact Dave Boer at (605) 357-1371 or via e-mail at dboer@sunflowr.usd.edu.

### Wisconsin

Wisconsin's EMSC Advisory Committee formed seven new subcommittees. A brief description of each follows.

- *Prehospital Education*: This committee will evaluate primary and refresher curricula for adequate and appropriate pediatric content, and develop a statewide continuing education program.

- *Clinics and Urgent Care Centers*: Committee members will evaluate pediatric resources, educational needs, and equipment in clinics and urgent care centers throughout the state.

- *Child Care Providers and General Public*: This committee will focus on public information and education activities.

- *Equipment*: Committee members will develop and distribute an ambulatory pediatric equipment list for EMS providers and medical directors.

- *Child Alert 10-33/Assessment and Treatment Guidelines*: This committee's goal is to increase the usage of these products to 100% by EMS services throughout the state.

- *Planning, Evaluation, and Research*: This committee will collect and review data from the Wisconsin EMS Information System and State Run Report to evaluate outcomes related to EMSC interventions.

- *Funding*: This committee will evaluate funding options to promote the continuance of the program and various projects and initiatives.

For more information, contact Mary Jean Erschen at (608) 266-7457 or via e-mail at erschmj@dhfs.state.wi.

## NAGHSR Releases Report on State Safety Belt Activities

*Report on Child Passenger Safety Scheduled for Release in Fall 1999*

The National Association of Governors' Highway Safety Representatives (NAGHSR) has announced the results of a nationwide survey of state activities to increase the use of safety belts. "Survey of the States: Safety Belts" was released to raise awareness of the many activities being performed by NAGHSR members at the state level to increase the percentage of motorists wearing safety belts. Each state write-up includes a brief description of the programs being coordinated by the state's highway safety office.

Conducted in July 1998, the survey asked state highway safety offices

to report their current safety belt usage rate, percentage increase or decrease in belt use during the past five to 10 years, the greatest challenges to persuading people to buckle up, and the extent that a given state pursued goals consistent with the national Buckle Up America Campaign.

Seat belt use has proven to be the best way to prevent injuries or death in a crash. State highway safety offices are targeting the segments of the population that still refuse to buckle up, such as young people, particularly males, and certain ethnic groups. State educational efforts have been created to reach these groups.

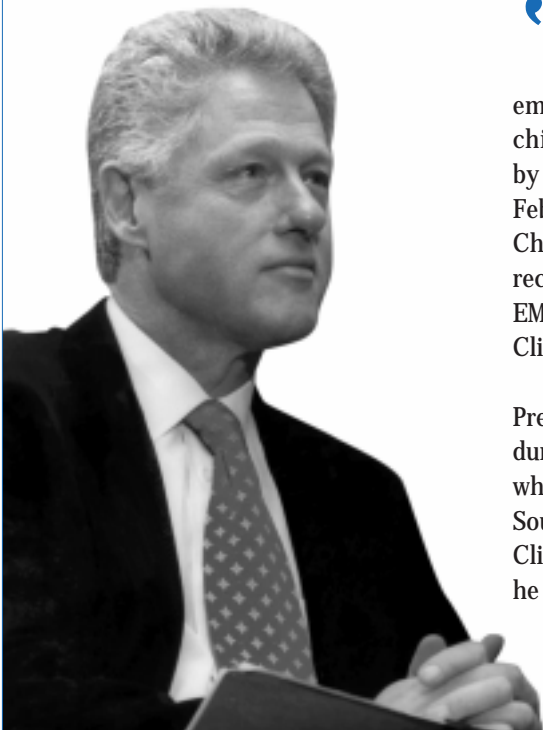
The safety belt survey is the first of a series to be released by NAGHSR. Future surveys will center on child passenger safety, impaired driving, airbag safety, and aggressive driving. According to NAGHSR Official Tad Lee, the survey on child passenger

safety will help identify existing state laws and programs to reduce child passenger injuries. "If everything goes as planned, we hope to release the child passenger safety report in the Fall of 1999," Lee said.

A copy of the safety belt report is available for \$5. For more information, contact NAGHSR at (202) 789-0942 or send an e-mail to [tlee@naghsr.org](mailto:tlee@naghsr.org).



## EMSC Paper Presented to Clinton, Nominated for FEMA Award



"Mental Health Services for Children in the Laguna Beach Firestorm"—an emergency medical services for children (EMSC) paper presented by Merritt Schreiber, PhD, at the February 1998 national workshop, Children's Emergencies in Disasters—received one of the highest honors in EMSC history: praise from President Clinton.

The paper was presented to President Clinton in March 1998 during an official visit to families who survived the El Nino floods in Southern California. When President Clinton asked family members how he could provide added support, one

of the attendees, Michael Parra, PhD, asked for additional support for EMSC and mental health programs. Before leaving, Dr. Parra handed the President Dr. Schreiber's paper.

Three months later, Dr. Schreiber received a letter from the Federal Emergency Management Agency (FEMA) indicating that the paper is being "nominated for inclusion in the annual Compendium of Exemplary Practices in Emergency Management."

The EMSC National Resource Center would like to thank Drs. Schreiber and Parra for their efforts to raise the President's awareness of the emergency medical and mental health needs of children.

## Colorado's LSH Takes Injury Prevention 'On the Road'

As a traveling hands-on safety and injury prevention learning center, Colorado's Life Safety House (LSH) reaches thousands of Colorado children each year. Similar to the concept of Fire Safety Houses, LSH is a miniature house on wheels, featuring rooms with the greatest hazards for fires, scaldings, and other burns.

However, LSH is unique because it goes beyond the prevention of fire-based injuries to include programs on motor vehicle safety, bike and pedestrian safety, falls, and other common childhood injuries.

"LSH is a mix between Fire Safety Houses and Risk Watch," said Michael Merrill, Colorado EMSC project coordinator. "Another major difference is that Colorado's LSH travels throughout the state unlike other safety houses that are funded for travel within certain cities only."



**Colorado's Life Safety House reaches thousands of Colorado children each year.**

According to Mr. Merrill, the goal of LSH is to bring safety information to the communities that have limited or no injury prevention resources. Last year, 61 elementary schools in 31 towns had the opportunity to showcase LSH in their own schoolyard. "The majority of these small towns would not have had the resources nor the opportunity to provide injury pre-

vention programming without LSH," Mr. Merrill said.

More than 300 health care professionals—including local fire and emergency medical services (EMS) personnel—have volunteered to "go on the road," visiting their region's schools, churches, hospitals, and other community groups.

In addition to the hands-on instruction, donated bicycle helmets, car seats, smoke detectors, fire extinguishers, and other safety products are distributed. LSH also is promoted at special events, such as the Apple Blossom Festival and Broomfield Days. In 1997 and 1998, it was one of the featured attractions at the Colorado State Fair.

Coordinated by the Fire Safety Educators of Colorado (FSEC), LSH recently received a second year of funding through the Colorado Department of Public Health and Environment's EMS and Prevention Division. For more information about LSH, please contact Mr. Merrill at (303) 692-2994 or send an e-mail to michael.merrill@state.co.us.

## Statistic of the Quarter

### Injury Deaths by Cause and Age, 1995, United States

Injury Cause	0-4	5-9	10-14	15-19	Total
Motor Vehicle Traffic	873	851	1,076	4,962	7,762
Firearm	102	103	622	4,312	5,139
Suicide (no firearm)	0	5	137	506	648
Drowning	631	229	246	461	1,567
Fire/burn	566	249	115	84	1,014
Suffocation (includes choking)	538	74	60	67	739
Fall	61	27	33	97	218
Cutting/piercing	19	6	33	245	303
Poisoning	38	14	28	178	258
Other	588	54	77	215	934
Total	3,416	1,612	2,427	11,127	18,582

Source: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 1998.

## EMSC Targeted Issue *(from page 3)* . . . . .

their own quality improvement initiatives. The computerized reporting and querying system will be located at the state health department web site. Contact: Evelyn Lyons at [elyons@wpo.it.luc.edu](mailto:elyons@wpo.it.luc.edu).

*Montana: Establishing an EMS Continuum of Excellence.* Montana Department of Public Health and Human Services, Helena, MT. This grant focuses on a comprehensive quality improvement (QI) program for the state's emergency medical services (EMS) system. Key system performance indicators and outcome measures will be developed. A major emphasis is being placed on improving data collection systems and providing training in EMS-related QI. Contact: Drew Dawson at [ddawson@mt.gov](mailto:ddawson@mt.gov).

*What Constitutes "Appropriate" Use of Emergency Medical Services for Children in Managed Care?* University of New Hampshire, Durham, NH. This study will provide important information about emergency department utilization by children whose care is reimbursed through various insurance mechanisms. An analysis of payment patterns of numerous managed care programs will be conducted. Contact: Michele Solloway, PhD, at [micheles@hopper.unh.edu](mailto:micheles@hopper.unh.edu).

*New York City EMSC Resources.* New York University School of Medicine, New York, NY. This grant is developing a paramedic version of the popular Teaching Resource for Instructors in Prehospital Pediatrics (TRIPP). The project is also publishing a quarterly newsletter called *CPEM Bear Facts*, which provides regular updates on TRIPP. Contact: Marsha Treiber at [mt31@is6.nyu.edu](mailto:mt31@is6.nyu.edu) or visit the Center for Pediatric Emergency Medicine web site at [www.cpem.org](http://www.cpem.org).

*Child Care Health and Safety Training and Network.* University of Oklahoma Health Sciences Center, Oklahoma City, OK. This project is completing a prevention and emergency preparedness curriculum for day care providers. A similar initiative is underway in Ohio. Contact: Paul Marmen at [emsc@uokhsc.edu](mailto:emsc@uokhsc.edu).

*Developing A Pediatric Severity of Illness Model for Transport System Evaluation and Triage.* University of Pittsburgh, Pittsburgh, PA. Preliminary findings from one study in the Pittsburgh area suggest that the use of pediatric specialty care teams in the transport setting may reduce patient morbidity as defined by specific types of unplanned events. Over the next year, this project will analyze data from four sites to test the validity of a model for predicting pediatric mortality based on a set of key data points collected in the transport setting. This will help assess the severity of illness for children seen by prehospital care providers. Contact: Richard Orr, MD, at [orr@smtp.anes.upmc.edu](mailto:orr@smtp.anes.upmc.edu).

*PEDI-STAT—A Model for the Coordination of EMS for Children with Special Health Care Needs.* Rhode Island Hospital, Providence, RI. This project enrolls children with special health care needs in a dispatch-based system that facilitates critical information-sharing with prehospital care providers and emergency department personnel. Contact: Gary Kleinman at [gkleinman@lifespan.org](mailto:gkleinman@lifespan.org).

*Outcomes-based Office Practice Emergency Self-assessment Tool.* University of Texas Southwestern Medical Center, Dallas, TX. Project staff mailed surveys to more than 23,000 pediatricians and general and family practitioners to assess the pre-

paredness of their offices for pediatric emergencies. The differences in outcomes among children seen by "best prepared" and "poorly prepared" offices will be studied. Contact: Patricia Primm, MD, at [PPRIMM@childmed.dallas.tx.us](mailto:PPRIMM@childmed.dallas.tx.us).

*Utah EMSC for Children with Special Health Care Needs.* Department of Health, Salt Lake City, UT. The grant recently published its popular guide for prehospital care of technology-assisted children. This material is being formatted for CD-ROM and will be distributed through the EMSC Clearinghouse. One study conducted by the project found that 28% of children with special health care needs required care from EMS within six months of discharge from an acute care facility. Contact: Breck Rushton at [brushton@doh.state.ut.us](mailto:brushton@doh.state.ut.us).

*Adolescent Drowning Risk Assessment and Prevention.* Washington State Department of Health, Olympia, WA, and Children's Hospital and Regional Medical Center, Seattle, WA. This grant developed a comprehensive set of tools designed to help identify adolescent risk factors for drowning. Currently, the tools are being pilot tested. Project staff are also working with regional coalition groups to implement life vest prevention programs targeting adolescents. In addition, staff are considering making submersion injuries reportable conditions, thereby mandating emergency departments and medical examiners to report to local health jurisdictions. The reporting process is being developed with a pilot in Spring 1999. Contact: Kathy Williams at [kjw1303@doh.wa.gov](mailto:kjw1303@doh.wa.gov) or Elizabeth Bennett at [ebenne@chmc.org](mailto:ebenne@chmc.org).

# LATEST LIBRARY ADDITIONS

## Notable EMSC-related Articles:

- Auble T. E.; Menegazzi J. J.; and Nicklas K. A. "Comparison of Automated and Manual Ventilation in a Prehospital Pediatric Model." *Prehospital Emergency Care* 2, no. 2 (1998): 108-111.
- Committee on Pediatric Emergency Medicine. "The Role of the Pediatrician in Rural EMSC." *Pediatrics* 101, no. 5 (1998): 941-943.
- Gausche, M. "A Prospective, Randomized Study of the Effect of Out-of-Hospital Pediatric Intubation on Patient Outcome." *Academic Emergency Medicine* 5, no. 5 (1998): 428.
- Gausche, M.; Tadeo, R. E.; Zane, M. C.; and Lewis, R. J. "Out-of-Hospital Intravenous Access: Unnecessary Procedures and Excessive Cost." *Academic Emergency Medicine* 5, no. 9 (1998): 878-882.
- Lewin, S. "School Emergencies: What Every Family Should Know About Being Prepared." *Our Children* 24, no. 3 (1988): 32-33.
- Markenson, D.; Foltin, G.; and Tunik, M.T. "Description of Use of the Kendrick's Extrication Device for Prehospital Pediatric Spinal Immobilization." *Prehospital Emergency Care* (1998).
- Mlcak, R.; Cortiella, J.; Desai, M.; and D. N. Herndon. "Emergency Management of Pediatric Burn Victims." *Pediatric Emergency Care* 14, no. 1 (1998): 51-54.
- Quan, L.; Bennett, E.; Cummings, P.; Trusty, M. N.; and Treser, C. D. "Are

Life Vests Worn? A Multiregional Observational Study of Personal Floatation Device Use in Small Boats." *Injury Prevention* 12, no. 4 (1998): 203-205.

- Rosenberg, N.; Knazik, S.; Cohen, S.; and Simpson, P. "Use of Emergency Medical Service Transport System in Medical Patients Up to 36 Months of Age." *Pediatric Emergency Care* 14, no. 3 (1998): 191-193.
- Shaw, K. N.; McGowan, K.L.; Gorelich, M. H.; and Schwartz, J. S. "Screening for Urinary Tract Infection in Infants in the Emergency Department: Which Test Is Best?" *Pediatrics* 101, no. 6 (1998): E1.
- Winston, F. K.; Shaw, K. N.; Kreshak, A. A.; Schwarz, D. F.; Gallagher, P. R.; and Cnaan, A. "Hidden Spears: Handlebars as Injury Hazards to Children." *Pediatrics* 102, no. 3 (1998): 596-601.

## Notable Publications Crossing the Librarian's Desk:

- *America's Children: Key National Indicators of Well-Being*. Federal Interagency Forum on Child and Family Statistics. Washington, DC: U.S. Government Printing Office, 1998.
- Gotschell, C.; Solloway, M.; Barta, L.; and Avery, A. *Emergency Medical Services for Children: An Evaluation of Sustainability in Seven States*. Washington, DC: George Washington University Center for Health Policy Research, 1996.
- Ikeda, R.; Gorwitz, R.; James, S.; Powell, K.; and Mercy, J. *Fatal*

*Firearm Injuries in the United States 1962-1994*. *Violence Surveillance Summary Series*, 3. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 1997.

- Snyder, H. Elvin, *The Elephant Who Forgets*. Wolfeboro, NH: Lash & Associates, 1998. (A children's book about living with a traumatic brain injury.)
- Stevens, Judy A. and Christine M. *Home and Leisure Injuries in the United States: A Compendium of Articles from the Morbidity and Mortality Weekly Report, 1985-1995*. Atlanta, GA: Centers for Disease Control and Prevention, 1996.
- Thompson, N. J. and H. O. McClintock. *Demonstrating Your Program's Worth: A Primer on Evaluation for Programs to Prevent Unintentional Injury*. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 1998.

If an interesting publication or product (written or produced within the last 18 months) has crossed your desk, please contact the EMSC National Resource Center Librarian Linda Pierce at (301) 650-8015 or send an e-mail to [lpierce@emscnrc.com](mailto:lpierce@emscnrc.com). Notices or copies of journal articles, books, videos, and reports on EMSC-related topics should be mailed to: EMSC National Resource Center, Attention: Linda Pierce, 111 Michigan Avenue, NW, Washington, DC 20010-2970.

# IMPORTANT DATES TO REMEMBER

## February 5-6

5th National HELP Network Conference  
San Francisco, CA  
Contact: Children's Memorial Medical  
Center at (773) 880-3826

## February 19-21

Emergency Nurse Association  
Leadership Symposium  
Los Angeles, CA  
Contact: (847) 698-9400

## February 21-23

American Association of Health Plans  
Policy Conference  
Washington, DC  
Contact: Danielle Skripack  
at (202) 778-3200

## February 22-23

Children '99 Countdown to the  
Millennium  
Washington, DC  
Contact: Child Welfare League of  
America at (202) 942-0289

## March 6-10

American Public Human Services  
(formerly APHA) Annual Conference  
Washington, DC  
Contact: (202) 682-0100

## March 10-12

Washington Business on Health 19th  
Annual Health Agenda  
Washington, DC  
Contact: Astrid Christensen  
at (202) 408-9320

## March 29-30

2nd European Convention in Safety  
Promotion and Injury Prevention  
Edinburgh International Conference  
Centre, Scotland  
Contact: Copson International  
Limited at +44 (0) 151 707-0970;  
copson@mail.cybase.co.uk (e-mail)

## March 29-April 1

The Driving Force in Managed Care  
Atlanta, GA  
Contact: National Managed Healthcare  
Congress, Inc. at (888) 882-2500

## April 17-20

American Academy of Pediatrics  
Spring Conference  
Chicago, IL  
Contact: Kim Solinger at  
(800) 433-9016

## April 23-24

National Highway Traffic Safety  
Administration/Health Resources  
Services Administration's  
EMS Education Agenda - Blue Ribbon  
Conference  
Alexandria, VA  
Contact: Kathy Hildreth at  
(703) 893-5305, Ext. 328

## April 26-28

Society of Pediatric Nurses  
9th Annual Conference  
Houston, TX  
Contact: (800) 723-2902

## April 29-May 1

National Trauma Conference  
Arlington, VA  
Contact: American Trauma Society  
at (800) 556-7890

## May 1-4

Ambulatory Pediatric Association  
Annual Meeting  
San Francisco, CA  
Contact: Jennifer Barberick  
at (703) 556-9222

## May 10-12

3rd National Conference on Injury  
Prevention and Control  
Brisbane, Australia  
Contact: Conference Secretariat at  
+66 (73) 617 3369-0477;  
ipc99@im.com.au (e-mail)

## May 24-27

EMS Today Conference  
Denver, CO  
Contact: JEMS Communication at  
(800) 266-5367, Ext. 6663

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