EMSC Connects

VOLUME 6, ISSUE 12 **December 2017**

Emergency Medical Services for Children
Utah Bureau of EMS and Preparedness

A Word From Our Program Manager

Special points of interest:

- *EMSC grant and purpose*
- *Recent news on Utah youth suicide rates*
- *Overview of youth mental health and suicide*
- *Behavioral Emergencies*

Inside this issue:

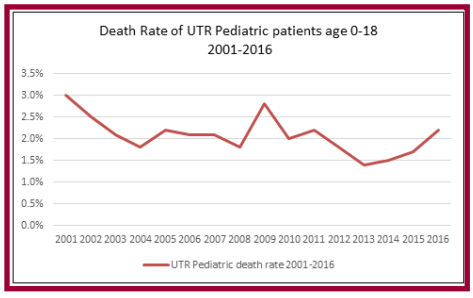
Every four to five years, the EMSC program manager with the Bureau of EMS and Preparedness must respond to a notice of grant opportunity (NOFO) in order to maintain funding for pediatric focused activities for Utah EMS agencies and hospitals. This opportunity provides us with funds to implement various methodologies and interventions to reduce pediatric morbidity and mortality from injury and illness. Unfortunately, we are seeing an increase in pediatric mortality due to intentional injuries. Unintentional injuries remain the leading cause of death for Utah children.

Did you know that Utah has the highest pediatric population in the country at 31 percent? Did you know that only 11 percent of the 911 calls during 2012-2016 were pediatric patient encounters. With less than 9,000 licensed EMS personnel in the state, on average they would see two pediatric patients a year. Obviously, this would vary per location based on call volumes in urban and rural settings.

We would like to assist in filling the void by providing EMS agencies with regular standardized pediatric education, up to date guidelines, and skills based scenario training. We would like to assist hospitals with standardized templates for agreements, guidelines, policies, procedures and disaster plans. These efforts may help to enhance EMS agency and hospitals capabilities to become more "pediatric ready" by having specific pediatric equipment, training, protocols and guidelines in place in order to provide the right care, to the right patient, at the right time, and to get them to the right place for definitive care.

I am currently writing and compiling information for this grant application. If any of you are willing to provide a letter of support to us, that effort would be greatly appreciated. Please send it to Allan Liu at aliu@utah.gov before December 15th. The funding will continue to support efforts to provide pediatric education and to assist agencies and hospitals to be pediatric ready.

Speaking of ready, are you ready for the holidays? I am. The smell of pine (because I'm kind of tired of pumpkin spice), holiday lights and festivities, getting together with family and friends, and the extra spirit of giving make me so grateful for the many blessings I have in my life. I am also grateful for the outstanding EMSC program staff and liaisons: Tia Dickson, Andy Ostler, Chuck Cruz, Whitney Levano, Hilary Hewes, Kris Hansen, Allan Liu, Janine Whaley, Bob Jex, Yukiko Yoneoka and the EMSC county coordinators. The contributions they are making to improve pediatric care are measured, thoughtful and exceed expectations. I would like to take this opportunity to publically thank them for their commitment to the program and the passion they share with the EMS community. As always, I would also like to thank the EMS and hospital healthcare providers for the support, care and devotion provided to the pediatric patients in our state. You make the difference. Let us help you. Best wishes for the holidays, and many blessings to you for the New Year.



Pedi Points
Tia Dickson RN, BSN

A recent KSl headline reads, "Report: Utah youth suicides jump 141 percent". The CDC recently came in to help our health department analyze the reason behind a spike in Utah's youth suicides rates recorded from 2010-2015. During those years Utah has seen the rate of suicides among youth 10-17 more than double. It is now the leading cause of death for this age group and our rate is 4 times the national average. Traditionally firearms are the most common method of youth suicide but in Utah we are seeing a rise in suffocation (hangings). Poisoning is the most common method of injury leading to ER visits and hospitalizations for suicide attempt.

The federal researchers did not find a single factor driving the increase in our rates, but found that mental health issues seem to be a common factor. Psychiatric or behavioral emergencies are common calls for EMS providers. These emergencies can be a challenge since these patients can lack the objective symptoms we are used to looking for.

In Utah we do see more of these behavioral emergencies and transports during the winter months. These are frequently for alcohol intoxication, states of agitation and suicidal behavior. As first contact, EMS providers can set the tone for the patients' entire experience. Arm yourself with the facts below and help us combat this epidemic. To read the UDOH's final report download this link https://health.utah.gov/wp-content/uploads/Final-Report-UtahEpiAid.pdf

Expert Input

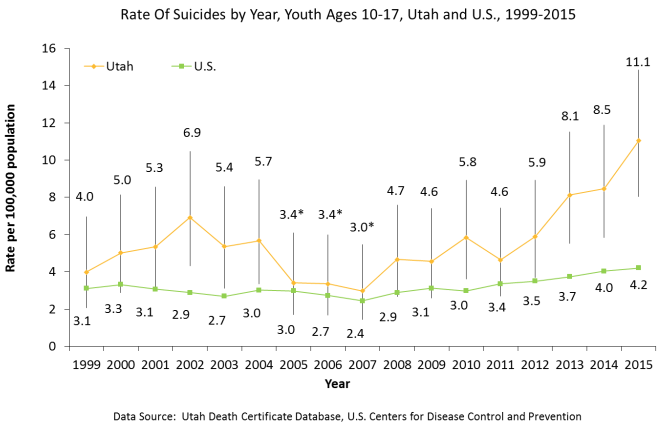
NAMI Utah
National Alliance on Mental Illness

Adapted from Kimball Gardner, J.D.'s presentation on September 8, 2017 on the National Alliance on Mental Illness

How many youth ages 10-17 years died by suicide in Utah in 2015?

44

Utah and U.S. Youth Suicide Trends



Data Source: Utah Death Certificate Database, U.S. Centers for Disease Control and Prevention

Utah Student Mental Health & Suicide Trends

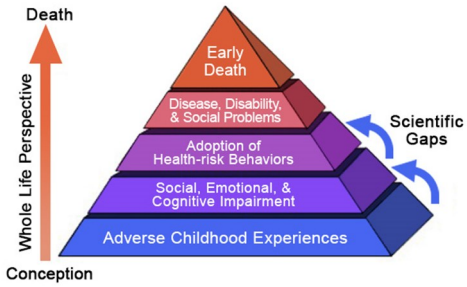
- The number of students who **need mental health** treatment increased from 11.2% in 2011 to 15.0% in 2015
- **Mental health treatment need** in 10th grade increased from 12.7% in 2011, to 20.0% in 2015
- The percentage of students **considering suicide** increased from 7.4% in 2011 to 14.4% in 2015, with significant increases in all grades surveyed (6, 8, 10 and 12th)
- The largest increase for those **considering suicide** was in 10th grade with rates of 7.2% in 2011 increasing to 20.0% in 2015.
- There was a significant increase in the percentage of students who reported they had "**attempted suicide in the past 12 months**" from 6.2% in 2013 to 7.6% in 2015.

Expert Input -continued

Adverse Childhood Experiences (ACEs) are stressful or traumatic events that occur in childhood. Many studies have examined the relationship between ACEs and a variety of known risk factors for disease, disability, and early mortality. A 10 year study; 17,000 participants; examined ACEs score to health and behaviors occurring over the participants' lifespans. This study showed a correlation in increased risk of suicide attempts. ACEs in any category increased the risk of attempted suicide by 2 to 5 fold throughout a person's lifespan. Exposure to ACEs may increase the risk of experiencing depressive disorders well into adulthood. The problems are compounded because ACEs have an intergeneration impact. Children of parents with high ACE scores are secondary victims. Parents with high ACE scores will often lack coping and resilience that fosters effective parenting. Additional factors; poverty, health disparities, addiction, poor educational priorities, violence, abuse, anger, aggression and criminal involvement sustain the cycle. The take away, childhood experiences are POWERFUL determinants of adult health outcomes.

Adverse Childhood Experiences (ACE)

- •Physical abuse
- •Sexual abuse
- •Emotional abuse
- •Physical neglect
- •Emotional neglect
- •Mother treated violently
- •Substance misuse within household
- •Household mental illness
- •Parental separation or divorce
- •Incarcerated household member



Window of Opportunity

Behaviors and symptoms that signal the development of a behavioral disorder often manifest 2 to 4 years before a disorder is present. According to the Institute of Medicine 1/2 of all people with mental and/or substance use disorders are diagnosed by age 14. 3/4 are diagnosed by age 24.

Intervening during windows of opportunity—time between when the symptoms are first detected and when the disorder is diagnosed—can prevent, or mitigate, the disorder from developing.

Suicide Risk Factors

- •Previous attempt
- •Organized plan
- •Gender (males)
- •Age (youth and elderly)
- •Chronic physical illness
- •Mental illness (90%)
- •Use of substance/alcohol
- •Less social support
- •Isolation

And Utah's CDC report also noted a connection between youth suicide and recent lost of privileges to use their electronic devices such as phones, tablets and gaming systems.

Warning Signs of Suicide

Threatening to hurt or kill oneself	**Feeling trapped**
Seeking access to means	**Increasing alcohol or drug use**
Talking, writing or posting on social media about death, dying or suicide	**Withdrawing from family, friends or society**
Feeling hopeless	**Demonstrating rage and anger or seeking revenge**
Feeling worthless/burdensome or a lack of purpose	**Appearing agitated**
Acting recklessly or engaging in risky activities	**Having a dramatic change in mood**
	Giving away prized possessions

Emergency Medical Services for Children

Protective Factors Against Suicide

- Connectedness- to individuals, family, community, and social institutions
- Availability of mental & physical health care
- Coping abilities
- Problem solving skills
- Resilience skills
- Contacts with caregivers
- Limited access to lethal means
- Family meal times

First Responder Wellness…Why Talk About It?

First responders and law enforcement officers have extremely high rate of exposure to trauma, which can be a risk factor for developing a broad range of mental disorders. They have higher per capita rate of substance abuse and are extremely vulnerable to Post Traumatic Stress Disorder (PTSD). Taking care of the yourself is an important part of protecting against suicide.

- Noticing early warning signs of stress/trauma and taking action leads to rapid recovery
- Do not ignore or disregard signs and symptoms of stress/trauma
- Do not neglect early warning signs. By doing so you can intensify symptoms
- Open discussion with family, friends and co-workers about change of activity or mood
- Cultivate lifestyle change, balance work and home life. Developing strategies for reduction of stress in every area is important, short term counseling could be helpful
- Seek professional intervention to combat self-destructive behavior

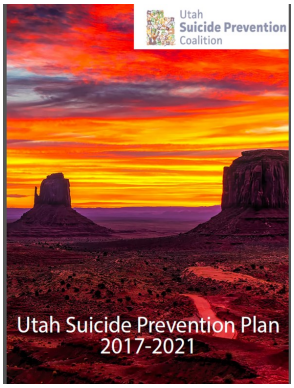
"SELF AWARENESS INVOLVES DEEP PERSONAL HONESTY. IT COMES FROM ASKING AND ANSWERING HARD QUESTIONS"
-STEPHEN COVEY

Ask yourself these questions regularly

1. Have I decided what I will do for self-care?
2. Who can I debrief with now?
3. If I feel upset or distressed later, who can I call?
4. Do my family or I need a break?
5. Take an anonymous self-assessment http://healthymindsutah.org/

Available Services for Suicide

- All Counties, 24 Hours: National Suicide Prevention Lifeline (800) 273-TALK (8255)
- National Alliance on Mental Illness (NAMI) Utah http://www.namiut.org/ 801-323-9900 Toll Free 877-230-6264, **Also offering training, they will come to you and your agency/community**.
- Mobile Crisis Outreach Team - Salt Lake County 801-587-3000
- Utah Suicide & Crisis Hotline http://www.suicide.org/hotlines/utah-suicide-hotlines.html
- Ogden Weber Mental Health Serving Davis, Morgan, & Weber Counties Crisis/Suicide Prevention Hotline 801-625-3700
- Orem Crisis Line of Utah County 801-226-4433
- Provo Wasatch Mental Health Crisis Line 801-373-7393
- Salt Lake City Valley Mental Health Serving Salt Lake, Summit & Tooele Counties 801-261-1442
- Permission to Grieve: For Survivors of a Loved One's Suicide http://health.utah.gov/vipp/pdf/Suicide/grievebooklet_final0605



Emergency Medical Services for Children

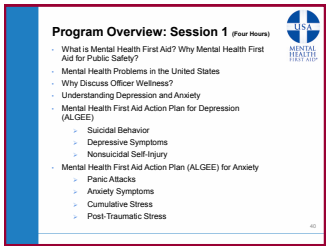
Protocols in Practice: Behavioral Emergencies

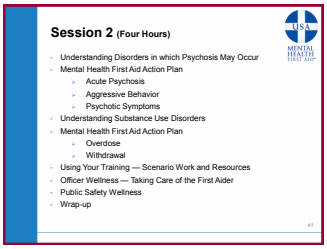
Definition: Behavioral emergencies are situations involving patients who require a medical and/or physical evaluation.
Clinical Presentation: They may have intentions to harm themselves or others. Self-harm behaviors may include cutting of arms or ingestions. They may display aggressive, destructive or violent behaviors.

BLS	1. Law enforcement should be contracted if patient is deemed a threat to self or others present 2. Determine if patient is a threat to self or others. Ask patient is they are thinking of hurting themselves or others. 3. Ensure safety of the patient and yourself A. Remove any possible weapons (lighters, matches, medications, knives, pens/pencils, and glasses) B. Use restraints if necessary C. Wear a mask to protect yourself from patient spitting. 4. Assess and maintain airway patency, oxygen 10-15 lpm via non-rebreather A. If respirations are ineffective, begin BVM ventilation with 100% oxygen B. Suction airway as needed 5. Examine the patient and treat any injuries with appropriate dressings or splints 6. Transport fro medical or psychological evaluation
ALS	1. Follow BLS procedures 2. Apply cardio-respiratory monitor and continuous pulse oximetry 3. Maintain airway 4. If there is a history of ingestion or signs and symptoms of a toxidromal state. Follow **Toxic Exposure** protocol A. Administer medications as indicated. Contact Medical Control 5. Transport for medical or psychological evaluation

Key Considerations: Be aware that parents may help keep patient calm or may be a source of anxiety for the patient and possibly escalate the situation. Do not make promises or bargains that you will not be able to fulfill.

National Alliance on Mental Illness (NAMI) Utah http://www.namiut.org/ is also offering free training, they will come to you and your agency and offer this course





December 2017

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7 PGR	8	9
10	11	12 EGR 	13	14 PGR	15	16
17	18	19	20	21	22	23
24	25 	26	27	28	29	30
31						

Pediatric Education Around the State

Pediatric Grand Rounds (PGR) are educational/CME offerings webcast weekly (Sept-May) you can watch live or archived presentations. It is geared towards hospital personnel. But will qualify for BEMSP CME Access at https://intermountainhealthcare.org/locations/primary-childrens-hospital/for-referring-physicians/pediatric-grand-rounds/

Dec. 7 ***New Pediatric Blood Pressure Guidelines: Implications for Practitioners*** **Joseph T. Flynn, MD, MS**

Dec. 14 *Pediatric Headache Management: A Comprehensive Approach to a Common Complaint* Lynne M. Kerr, MD, PhD

EMS Grand Rounds (EGR) This is offered monthly, it is geared towards EMS. Live viewings qualify for CME credit.

There are 2 ways to watch

1. Live real time viewing via the internet at: www.emsgrandrounds.com If you would like to receive CME for viewing this presentation live, email Zach Robinson (Zachary.robinson@hsc.utah.edu)
2. Delayed viewing at your personal convenience, a week after the presentation at: www.emsgroundrounds.com

Dec 12 Heather Corn MD *Endocrine Emergencies*

Peds EMS Lecture Series (PEL) Free monthly pediatric CME/CEU presentations from Primary Children's Emergency Department Attending Physicians to Utah's EMS. Offered every 3rd Thursday. Contact Lynsey.Cooper@imail.org for info

May 18th 3:30 pm *Concussion and Sports Injury*, SLC Fire Station #42 3265S 900 West

Project ECHO Burn and Soft Tissue Injury (ECHO) has a pediatric and adult component. CME/CEU and MD CME available https://crisisstandardsofcare.utah.edu click request access and follow instructions.

June 21st *Fireworks and E-Cigarette Injuries*

Upcoming Peds Classes, 2017

For PEPP and PALS classes throughout the state contact Andy Ostler Aostler@utah.gov

For PALS and ENPC classes in Filmore, Delta and MVH contact Kris Shields at shields57@gmail.com

Save the Date

February 22-23, 2018 40th annual Neonatal and Pediatric Transport Conference

April 11-12, 2018 Zero Fatalities Safety Summit

Emergency Medical Services for Children
Utah Bureau of EMS and Preparedness

Utah Department of Health
Bureau of EMS and Preparedness
Emergency Medical Services for Children
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Email: tdickson@utah.gov

The Emergency Medical Services for Children (EMSC) Program aims to ensure that emergency medical care for the ill and injured child or adolescent is well integrated into an emergency medical service system. We work to ensure that the system is backed by optimal resources and that the entire spectrum of emergency services (prevention, acute care, and rehabilitation) is provided to children and adolescents, no matter where they live, attend school or travel.

WE ARE ON THE WEB

HTTPS://BEMSP.UTAH.GOV/

Happenings

Nominations are needed for Emergency Medical Services Injury Prevention Advocate of the Year Award

The Zero Fatalities Awards Program recognizes individuals and organizations that have made an outstanding effort to change the attitudes and behaviors of motorists which has resulted in the reduction of crashes, injuries, and fatalities in Utah.

Please nominate a hospital, an ems agency, an EMSC coordinator, or EMS personnel who have contributed to EMS injury prevention in the State of Utah. Nominees will be evaluated on impact to community, program effectiveness, creativity, innovation, and overall dedication to the field of EMS Injury Prevention related to traffic safety. Please note that the activities and programs must have taken place during calendar years 2016-2018.

Submissions must be received by February 1, 2018. Please contact Allan Liu, our EMSC Coordinator, at aliu@utah.gov or 801-273-6664 for the submission form. The online submission form is located at:

https://docs.google.com/forms/d/e/1FAIpQLSc-oGDq7DQg6doCjNlzv-oHGoUT-R-