

The presentation will begin shortly.

You may not have sound at the moment, but will have sound once the presentation begins.

Thank you for your patience.



Indiana State
Department of Health

Questions?

Email questions to:

indianatrauma@isdh.in.gov

OR

Utilize chatbox underneath the video.



Indiana State
Department of Health

**Injury Prevention
Advisory Council (IPAC)
Friday, September 21,
2018**



Indiana State
Department of Health

Injury Prevention- Member Updates

- Name
- Position
- Organization/ Association
- Updates
- Current Projects and Programs
- Upcoming events



@INDTrauma #SafetyIN

Email questions to: indianatrauma@isdh.in.gov



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Invite New Members to IPAC

Please forward my contact information to
colleagues interested in violence & injury
prevention!

Email questions to: indianatrauma@isdh.in.gov



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Resource Guide App



- Injury Prevention at your fingertips
- Free download for iOS & Android
 - phone & tablet capabilities
- Available in Apple & Google Play stores

Email questions to: indianatrauma@isdh.in.gov



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Updates

Katie Hokanson, *Director of Trauma and Injury Prevention*



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Email questions to: indianatrauma@isdh.in.gov

Division staffing updates

- Eldon Whetstone
 - Health & Human Service Commissioner
- Madeline Tatum
 - Records Consultant
- Carrie Bennett
 - Transitioned to PDO community outreach coordinator
- Cassidy Johnson
 - Resources & Records Consultant
- Trinh Dinh
 - Registry Coordinator



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Email questions to: indianatrauma@isdh.in.gov

Firework injury reporting

- No longer required!
 - Starting July 1, IC 35-4-7-7 has eliminated the requirement of fireworks injuries reporting.

Email questions to: indianatrauma@isdh.in.gov



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Who is still reporting?

1. Deaconess-Gateway ED
2. Community-Gary
3. Jay Co Hospital
4. St. Joseph-Mishawaka
5. St. Vincent Anderson
6. IU Health - Riley Hospital for Children
7. Dukes Memorial (2)
8. RediMed, Fort Wayne
9. Adams Health Network
10. FPN Express Care
11. IU Health Riley Physicians-Bedford
12. Lutheran Health-St. Joe
13. IU Urgent Care-Lafayette
14. Clark Memorial Hospital
15. Eye Center of So IN
16. St. Catherine East Chicago
17. LaPorte Hospital
18. Franciscan Express Care
19. St. Vincent Urgent Care
20. Lutheran ER Fort Wayne
21. Community Hospital South
22. Community Hospital North
23. IU Health Arnett Hospital

Email questions to: indianatrauma@isdh.in.gov



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Who is still reporting?

24. Franciscan Health
25. Parkview-Whitley
26. Eskenazi Pediatric Outpatient
27. IU Health - Ball Memorial
28. St. Vincent-Warrick
29. Hancock Immediate Care
30. MedCheck-Greenwood
31. Immediate Care
32. Elkhart Urgent Care
33. St. Vincent Noblesville
34. Hendricks Regional Health
35. Memorial Hospital South Bend
36. Franciscan Express Care
37. Porter Regional Hospital
38. Schneck Medical Center
39. Baptist Health-Floyd
40. Franciscan-Hammond
41. Major Health Partners
42. Franciscan Health - Crown Point

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2018 Indiana Public Health Conference: Saving Lives and Communities: Reducing Harm, Stigma, Overdoses, and Death



2018 INDIANA
Public Health
CONFERENCE

SAVING LIVES AND COMMUNITIES:
Reducing Harm, Stigma, Overdoses, and Death

OCTOBER 10-11, 2018 | INDIANAPOLIS MARRIOTT EAST

Overview

Register

Faculty

Add Event to your Calendar:

Date & Location

Thursday, October 11, 2018, 9:00 AM - 4:00 PM, Indianapolis Marriott East, Indianapolis, IN

Target Audience

Emergency Medicine, Family Practice, Internal Medicine, Nursing, Pain Management, Pharmacy, Public Health, Social Work

Overview

The public health conference provides a forum in which people from diverse perspectives can work together to achieve a shared goal of addressing Indiana's most pressing public health issues. The theme for the 2018 conference is **harm reduction**, a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm reduction services and policies are effective, humane, equitable, and life-saving strategies that are vital to any comprehensive response to the opioid epidemic.

The conference will focus on:

- The life-saving and cost-saving impact of harm reduction services
- Evidence-based and effective harm reduction services and policies, including syringe exchange services, housing first, and law enforcement diversion programs
- How to plan and implement harm reduction services
- National, state, and local examples of harm reduction services and policies
- Engaging in cross-sector collaboration
- Addressing attitudes about and relationships to drugs and drug users



Indiana State Department of Health

A road to recovery: Treatment options in Indiana

**Tuesday, Oct. 16
10-11 a.m. (EDT)**

The Indiana State Department of Health is hosting a live webcast on opioid use disorder treatment programs available across the state. This will include a discussion of outpatient, inpatient and residential services, as well as programs that incorporate the use of medication assisted treatment (MAT). The webinar will also cover the Fresh Start Recovery Program, which provides opioid treatment services to current and expectant mothers.



Email questions to: indianatrauma@isdh.in.gov

Midwest Injury Prevention Alliance (MIPA) Summit

- Save the Date!
 - November 29 & 30



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Email questions to: indianatrauma@isdh.in.gov

Division grant activities

- Comprehensive Opioid Abuse Site-based Program (COAP)
 - Category 6: Public Safety, Behavioral Health & Public Health Information-Sharing Partnerships.
- Opioid Crisis response grant
 - Assisted Preparedness division.
 - Awarded & funded!
- HRSA – Rural Communities Opioid Response Program
 - Partnered with Fayette County.
 - Worked with ISDH HIV/STD/hepC division.
 - Submitted application end of July.

Email questions to: indianatrauma@isdh.in.gov



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Division grant activities

- HRSA – Partnership for Disaster Health Response
 - Dr. Box provided letter of support from ISTCC/ISDH.
- BJA STOP School Violence Prevention and Mental Health Grant
 - Submitted application mid-July.

Email questions to: indianatrauma@isdh.in.gov



Indiana State
Department of Health

Injury Prevention State Strategic Plan

Email questions to: indianatrauma@isdh.in.gov



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Current State Plan

ISTCC Statewide Trauma System Planning Subcommittee tasked IPAC in 2014 to complete Injury Prevention component of state plan

1. Establish a sustainable and relevant infrastructure that provides leadership, funding, data, policy and evaluation for injury prevention

2. Collaborative injury prevention efforts in:
 - Traffic Safety
 - Poisoning
 - Traumatic Brain Injury

Email questions to: indianatrauma@isdh.in.gov



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Current State Plan

3. Statewide direction and focus for older adult (age 65+) **falls** prevention

4. Statewide direction and focus for child injuries
 - Safe sleep
 - Child passenger safety
 - Bullying

Email questions to: indianatrauma@isdh.in.gov



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Current State Plan

5. Statewide direction and focus for violence prevention

- Indiana Violent Death Reporting System
- Focus on homicides, suicides, and other violence

6. Enhance the skills, knowledge, and resources of injury prevention workforce

- Resource Guide
- IPAC membership
- IPAC conference

Email questions to: indianatrauma@isdh.in.gov



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Additions to State Plan

Items suggested at the Last IPAC meeting:

1. Cross Cutting Prevention
2. Inclusion of Intentional & Unintentional Injuries
3. Expansion of tertiary prevention Tools
 - Stop the Bleed
 - Harm Reduction
4. Focused effort aimed at childhood abuse & neglect
5. Improvement in Traumatic Brain Injury prevention & post acute care

Email questions to: indianatrauma@isdh.in.gov



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CDC Priority Topics

Violent Injury

1. Cross Cutting Prevention
2. Child Abuse and Neglect
3. Youth Violence
4. Intimate Partner Violence
5. Sexual Violence
6. Self-Directed Violence

Unintentional Injury

1. Prescription Drug Overdose
2. Older Adult Falls
3. Motor Vehicle Injury
4. Traumatic Brain Injury

Email questions to: indianatrauma@isdh.in.gov



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Additions to State Plan

Any further ideas and suggestions?

Email questions to: indianatrauma@isdh.in.gov



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Scholarships and Resources

Pravy Nijjar, *Injury Prevention Program Coordinator*
Trauma and Injury Prevention



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Become a Child Passenger Safety Technician!

- Become a certified passenger safety technician
- 4 day course for a 2 year certification through Safe Kids Indiana.
- Fee of 85 dollars (scholarships available through Automotive Safety Program)
- Courses all over Indiana
 - <http://cert.safekids.org/become-tech>

The Child Passenger Safety Technician (CPST) Scholarship Program

- The Child Passenger Safety Technician (CPST) Scholarship Program is funded through the Maternal Child and Health Services (TITLV) grant
- Recipients can be reimbursed up to \$250 for taking the 3-4 day training to become a Certified Child Passenger Safety Technician, sponsored through Safe Kids Worldwide
- Up to 5 people per organization can be reimbursed

Host a Booster Bash!

- ISDH will provide a toolkit
- ISDH will provide booster seats for the event
- For more information reach out to our Injury Prevention Program Coordinator Pravy Nijjar
pnijjar@isdh.in.gov

BIG KID BOOSTER BASH TOOLKIT



@INDTrauma

Become a fitting station!

- How to become fitting station:
 - Indiana Criminal Justice Institute manages a network of child safety seat inspection stations
 - Must be staffed by at least 1 CPST; available 10 hours per month and document inspections on forms
 - Must provide replacement seats if necessary and report monthly activities to ICJI as well as provide a yearly expense report
 - For more information contact Autumn Nicoletti
ANicoletti@cji.IN.gov

Websites to visit for helpful info.

- Order free brochures on child passenger safety:
 - <http://www.preventinjury.org/Brochures>
- More information on child passenger safety:
 - <https://www.safekids.org/child-passenger-safety>
- Find a technician:
 - <http://www.preventinjury.org/Child-Passenger-Safety/Child-Safety-Seat-Inspection-Stations/List-of-Child-Safety-Seat-Inspection-Stations>
- Check for recall:
 - <https://www.safercar.gov/parents/CarSeats/Car-Seat-Registration.htm?view=full>

Contact Information

Pravy Nijjar, MPH CPST

Injury Prevention Program Coordinator

Indiana State Department of Health

Division of Injury & Trauma Prevention

pnijjar@isdh.in.gov

(314)-234-1304

Acquired Brain Injury: The Silent Epidemic



September 20, 2018
Wendy Waldman, BSW, CBIST
IPAC Meeting

Brain Injury – “The Silent Epidemic”

- The term “Silent Epidemic” is used to characterize the incidence of brain injury worldwide, in part because many cases are not recognized and are, therefore, excluded from official statistics
- You typically can’t “see” the disability after brain injury (that is why hundreds of different tests have been developed.
- Because of impaired awareness, most people with brain injury won’t report their injury or its effects
- Brain Injury does not discriminate, it can happen to anyone.

Populations at Risk of BI

- People with addiction issues
- People in domestic violence situations
- People in the criminal justice system
- People experiencing homelessness
- Athletes
- Males
- Veterans

Mental health population—may develop depression, anxiety, PTSD after the brain injury (up to 60% of TBI population has depression)

The “Umbrella” of Acquired Brain Injury



Aquired **B**rain **I**njury



Acquired Brain Injury

An **Acquired Brain Injury** is an injury to the brain, which is not hereditary, congenital and degenerative.

- **All Brain Injuries** are considered **Acquired Brain Injuries**.
- Some examples of **Acquired Brain Injury** include stroke, intracranial hemorrhage, tumor, encephalopathy (e.g. hypoxia, infectious), neurotoxins or electric shock, TBI.

Traumatic Brain Injury (TBI)

Traumatic Brain Injury or **TBI** is defined as an alteration in brain function, or other evidence of brain pathology, caused by an external force.

- Any **Traumatic Brain Injury** is considered an acquired brain injury
- **Traumatic Brain Injuries** are considered preventable.
- Some examples of **TBI** are motor vehicle accidents, motorcycle accidents, bicycle accidents, assaults, falls, gunshot wounds, concussions, sports accidents, etc.

Common Effects after Brain Injury

- Cognitive:

- Short-term memory loss
- Slowed processing speed
- Concentration/attention problems
- Awareness
- Lack of judgment
- Organizational Problems
- Mental flexibility
- Lack of Initiation
- Decision-making

- Physical

- Seizures
- Muscle Spasticity
- Vision Issues
- Loss of smell and/or taste
- Speech Impairments
- Headaches
- Fatigue
- Balance

- Emotional/ Behavioral

- Depression
- Anxiety
- Irritability
- Egocentric Behaviors
- Impulsivity
- Mood Swings

Brain Injury as a Chronic Condition

- Higher risk factors for medical and psychosocial difficulties that will prevent or disrupt vocational stability and increase recidivism
 - Hormonal disorders
 - Seizures
 - Psychiatric and psychological disorders
 - Substance abuse
 - Premature cognitive decline
 - Family instability
- Vulnerability to external stressors or change
- “Condition” Management

Undiagnosed Brain Injury

- “You just had a concussion”
- Never went to the doctor—lots of reasons!
- Other injuries distract
- Incorrect diagnosis

Important to ASK!

- Have you ever hit your head or been knocked unconscious or dazed?
- Use OSU Screening Instrument

OSU-TBI-ID

- Originally published in 2007 by John Corrigan, PhD
- A standardized procedure for eliciting lifetime history of TBI via a structured interview
- Strong psychometric properties
- We utilize an adapted version of the OSU TBI-ID Short Version because:
 - Of clinical, research or programmatic purposes
 - It can typically be administered in 5 minutes
 - It can be used free of charge, and
 - It can be used without further permission from the authors as long as no changes are made to the provided version.

*After someone is screened for a possible ABI, your LSN will assist and help you to triage the client accordingly.

Services, Supports and Resources for Individuals with ABI



Resource Facilitation for Individuals with Acquired Brain Injury

Acute Care - - - - - Return to Work



 Rehabilitation
Hospital of Indiana

What is Resource Facilitation

- Resource Facilitation (RF) at RHI is a research-based, evidence-based model intervention developed to help individuals with acquired brain injury to return to work/school.
- RF is an individualized treatment specializing in connecting patients and caregivers with community-based resources and services to mitigate barriers to employment and education.

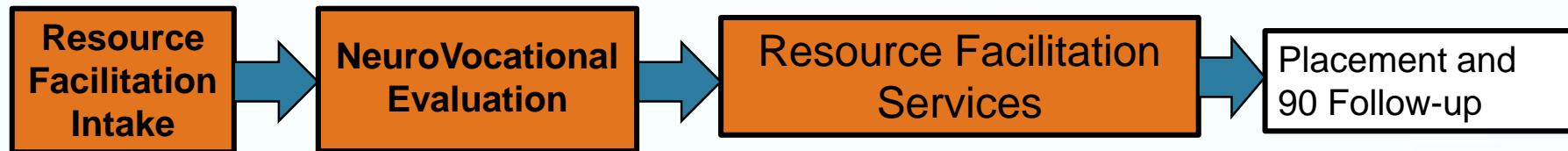
Eligibility for Resource Facilitation

- Acquired non-progressive brain injury
- Goal of return to competitive employment or school that will lead to competitive employment

Resource Facilitation is provided by a Brain Injury Specialized Team

- Indiana VRS Counselors – Brain Injury Specialists
- Employment Specialists. Education Providers
- Resource Facilitators
- Rehabilitation Neuropsychologist
- Clinical Manager, Brain Injury OTR
- Local Support Network Leader
- External Supports: Mental Health, Transportation Services, Social Service Providers, Therapies, etc.

Resource Facilitation Model



- Contact with client every two weeks - - - - - >
- Monthly team conferences - - - - - >

- Resource Facilitator
- Local Support Network Leader
- Neuropsychologist
- Clinical Therapist

NeuroVocational Evaluation (NVE)

Scope of testing includes core cognitive functions and psychological status, but also incorporates:

- Neurobehavioral issues
- Substance abuse
- Coping skills
- Level of disability associated with their injury
- Family and social support
- Transportation
- Pain
- Fatigue;
- Sleep
- Mobility
- Self-Efficacy

RF Services

- RF working with client to navigate their NVE recommendations and services listed on IPE.
 - Ex.: Setting up cognitive therapies, Applying for disabled transportation, Accessing assistive technology
- Employment Specialist working with client to help them go back to prior employment or find a new employment opportunity.
- LSN and RF Team providing assistance to employment specialist on strategies and accommodations for client in the workplace (as needed per employment specialist).
- LSN and RF Team providing education to the employer about client's specific brain injury and deficits (as needed per employment specialist).

Published Outcomes

- Trexler, L.E. & Parrott, D.R (in press). Models of Brain Injury Vocational Rehabilitation: The Evidence for Resource Facilitation from Efficacy to Effectiveness. *Journal of Vocational Rehabilitation*.
- Trexler, L.E., Parrott, D.R., & Malec, J.F. (2016). Replication of a Prospective Randomized Controlled Trial for Resource Facilitation to Improve Return to Work after Brain Injury. *Archives of Physical Medicine and Rehabilitation*, 97(2), 204-210.
- Trexler, L.E., Trexler, L.C., Malec, J.F., Klyce, D., & Parrott, D. (2010). Prospective randomized controlled trial of resource facilitation on community participation and vocational outcome following brain injury. *Journal of Head Trauma Rehabilitation*, 25(6), 440-446.

Published Outcomes

- Base rate of return to work in Indiana Vocational Rehabilitation was 18% in 2009
- Return to work rate now 70% after Resource Facilitation
- Research also demonstrates significant improvements in:
 - ADL's
 - Level of disability for independence at home and in the community
 - Psychosocial adjustment
 - Perceived need for services

Additional RHI Outpatient Services

- Brain Injury Physiatry Services
- Evidence-based Brain Injury specialized Cognitive Therapy.
- Brain Injury specialized Speech, Occupational, Physical & Vestibular Therapy.
- Neuropsychology Evaluation and Psychological Treatment
- Brain Injury Day Program
- Vision Rehabilitation
- Certified Driving Rehabilitation Services
- Aquatic Therapy
- Wheelchair seating and more...

Brain Injury Coping Skills (BICS)

- Manualized group intervention that consists of 15-16 sessions, each two hours in length.
- Designed to help both survivors with brain injuries as well as family members or caregivers.
- Large amount of education and training about the brain injury, as well as important therapeutic skills in learning how to deal with the effects of the injury.
- Research shows BICS participants report feeling more confident in their ability to handle their challenges than those who do not get BICS. BICS participants also report improvement in irritability, anger, impulsivity, and emotional challenges

Couples Caring and Relating with Empathy (Couples CARE)

- Manualized intervention that consists of 16 sessions, each two hours in length.
- Designed to help a couple improve and enhance their relationship after a brain injury.
- Couples CARE participants report significant improvements in their **satisfaction, adjustment, and communication skills** when compared to those who do not go through the program.

Research Training Outcomes Center (RTOC)

- The RTC's mission is to build statewide and national capacity to achieve evidence-based outcomes for people with brain injury through research, training and education.
- As a result of years of research and program development, the RTC was created in 2016 as a direct result of the RHI Resource Facilitation Department's success with brain injury, rehabilitation and research.
- The RHI Resource Facilitation program has quickly become the gold standard for returning people with brain injury to work.
- Some of our areas of interest include: Specialized brain injury education and training, brain injury and the criminal justice system, Resource Facilitation, ACBIS, Brain Injury Coping Skills (BICS), etc.

Indiana Brain Injury Support Groups

<https://biaindiana.org/support/>

WW- October 2017

Brain Injury Support Groups- Indiana

<p>Bloomington (Monroe County) IU Dept. of Speech & Hearing, 200 S. Jordan Avenue, Rebecca Eberle reberle@indiana.edu, Laura Karcher- lkarcher@indiana.edu, 812.855.6251 1st Monday, 5:30 to 6:30 pm, followed by a half hour of social interaction time</p> <p>Elkhart (Elkhart County) Elkhart General Hospital, Cafeteria 600 East Boulevard Dr. Wendell Rohrer Christine Whitehead- 574.523.3242 3rd Tuesday, 5:30 – 6:30 pm</p> <p>Evansville (Vanderburgh County) HealthSouth Rehabilitation Hospital 4100 Covert Ave. Dawn Westfall- 812.437.6157 2nd Thursday, 6:00 – 7:00 pm</p> <p>Ft. Wayne (Allen County) Parkview Regional Medical Center 11109 Parkview Plaza Dr. Conference Room A, B & C Kristin Smith- 260.373.9785 1st Monday, 6:30 – 8:30 pm</p> <p>Ft. Wayne Group NeuroSpine and Pain Center Lutheran Hospital (Allen County) 7956 West Jefferson Blvd. Cindy Shephard- 260.435.6143 3rd Monday, 6:30-8:00 pm</p> <p>Kokomo (Howard County) Howard Regional Hospital West Campus, Dining Rm. 1000 N. Indiana Avenue Russ and Sue Ragland- 317.219.6116 3rd Monday, 7:00 – 9:00 pm</p>	<p>Lafayette (Tippecanoe County) St. Elizabeth Outpatient Rehab. 1260 N. 17th Street <u>Quarterly meetings:</u> March 23rd 5-6 pm June 22nd 5-6 pm September 21st 5-6 pm December 14th 5-6 pm Amy Becker & Wendy Pullen- 765.423.8885</p> <p>LaGrange (LaGrange County) LaGrange County Council on Aging 125 West Fern Street Randy Packer- (work) 260.463.9200 (cell) 260.350.3626 4th Thursday, 6:30 pm</p> <p>NW Indiana (Lake County) Methodist Hospital Pavilion B Conf Rm CACS 200 E 89th Ave Merrittville, IN 46410 Cindy Johnson- 219.308.4579 4th Tuesday-7pm-8pm CST</p> <p>Northern Indiana/Michigan 2929 Niles Road, St. Joseph, MI Jayne Daniel- 269.208.2862 Sheryl Hauffman- 269.208.1506 3rd Wednesday, 7:00 – 8:30 pm</p> <p>Bridging the Gap (Marion County) RHI Neuro Rehab Center 9531 Valparaiso Court (Marion County) Suzie Crane- susan.crane@rhin.com, Pam Nilsen- pamela.nilsen@rhin.com, 317.329.2237 4th Monday, 6:30 - 8:30 pm</p> <p>Indianapolis Southside (Marion County) Faith Assembly of God Church, 186 Royal Road (Marion County) Julia Pratt- 317.244.4463/ 317.430.1701 julaspratt@hotmail.com 2nd Monday, 7:00 pm</p>	<p>Indianapolis – Westside (Marion County) Rehabilitation Hospital of Indiana 4141 Shore Drive Elaine and Paul Howard- 317.299.6433 1st Monday, 6:30 - 8:30 pm</p> <p>Indianapolis (Marion County) Community Rehabilitation Hospital 7343 Clearvista Drive Mary Myers- 317.585.5428 4th Wednesday, 5:30-6:30 pm</p> <p>"Heads or Tails" Support Group "Twenties & Thirties" (Marion County) Trader's Point Christian Church, 8224 6590 S. Indianapolis Road, Whitestown Suzie Fitt- 317.408.2183 Wendy Waldman- 317.410.3532 2nd Tuesday, 6:30 – 8:30 pm</p> <p>Marion Support Group (Grant County) Marion General Hospital 330 Wabash Ave., Marion, IN 5th floor conference room Gary Turner – 260.273.0529 2nd Monday, 6:30-8:30 pm</p> <p>Muncie (Delaware County) Family Practice Center 221 N. Celia Avenue Patt Webb- 765.742.6957 1st Tuesday, 5:30-8:00 pm</p> <p>Mishawaka (St. Joseph County) St. Joseph Regional Medical Center 5215 Holy Cross Parkway, Mishawaka, IN 46545 Education Center A (in hospital) Rachel Mosin- 616-719-4214 Penny Tomra- 574-286-8767 4th Tuesday, 6:30 to 8:30 pm</p>
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WW- October 2017

<p>Hearts of Hope (Marshall County) St. Joseph Regional Medical Center- Plymouth Medical Center 1915 Lake Ave. Plymouth, IN 46563 Boardroom 3rd Thursday, 6:30-7:30 pm EST</p> <p>New Albany (Floyd County) Southern Indiana Rehab Hospital, Theater 3104 Blackiston Boulevard Bob & Beverly Setree- 502.452.9851/ 502.619.2542 3rd Thursday, 7:00 – 8:30 pm</p> <p>Batesville (Franklin County) Margaret Mary Hospital 321 Mitchell Ave, Batesville Brandi Hofer- 812-934-6638 2nd Wednesday - 5:30-6:30pm</p> <p>Anderson (Madison County) Anderson Public Library Red Bud Room 111 E 12th St, Anderson, IN 46016 3rd Monday, 5:45 pm Becky Jones Reed- 765.278.6331 Michael Boyer</p> <p>Mooreville (Morgan County) The Morgan County Miracles" 1st United Methodist- Mooreville 900 Indianapolis Road Mooreville, IN 46161 Julia Workman- 317-525-5887 Last Thursday of each month- 7 pm</p>	<p>Richmond/Milton (Wayne County) Milton Christian Church, 307 S. Central Ave., Milton Matt Duffin- 765.259.2917 3rd Tuesday, 6:30 – 7:30 pm</p> <p>Terre Haute (Vigo County) Vigo County Main Library, Room A 7th and Poplar Streets Bryan Gilbert- 812.223.5442 2nd Thursday, 7:00 – 8:30 pm</p>	<p>Vincennes (Knox County) Good Samaritan Hospital 520 S. 7th Street Barb Toole- 812.885.3613 2nd Monday, 8:00 – 7:30 pm</p> <p>Wabash (Wabash County) Parkview Wabash Hospital Conference Room by cafeteria 710 North East Street Trisha Robbins- 260-368-7067 3rd Tuesday, 6:30-8:30</p>
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Brain Injury Educational Resources

- **Brain Injury Association of America:** <http://www.biausa.org/>
 - The Brain Injury Association of America (BIAA) is the voice of brain injury. We are dedicated to advancing awareness, research, treatment, and education and to improving the quality of life for all individuals impacted by brain injury.
- **Brain Injury Association of Indiana:** biaindiana.org
 - The Brain Injury Association of Indiana is a nonprofit 501 c (3) service organization dedicated to reducing the incidence and impact of brain injury through education, advocacy, support, prevention and by facilitating inter-agency commitment and collaboration.
- **Traumatic Brain Injury Model Systems:** <http://www.msktc.org/tbi/>
 - The MSKTC is a national center that helps facilitate the knowledge translation process to make research meaningful to those with spinal cord injury (SCI), traumatic brain injury (TBI) and burn injury (Burn). The MSKTC works closely with researchers in the 16 Traumatic Brain Injury (TBI) Model Systems to develop resources for people living with traumatic brain injuries and their supporters.
- **Resource Facilitation for Individuals with Brain Injury:** <http://www.resourcefacilitationrtc.com>
 - Prepare an individual with brain injury so they may return to the workforce. Resource Facilitation assists with access to services and supports to enhance recovery and make informed choices to meet their goals.

Brain Injury Educational Resources cont.

- **Brainline:** <http://www.brainline.org/>
- BrainLine is a national multimedia project offering information and resources about preventing, treating, and living with TBI. BrainLine includes a series of webcasts, an electronic newsletter, and an extensive outreach campaign in partnership with national organizations concerned about traumatic brain injury.
- **Lash and Associates Publishing/ Training Inc.:** <http://www.lapublishing.com/home>.
 - Lash and Associates Publishing/ Training Inc. is the Leading Source of Information and Training on Brain Injury, Blast Injury and PTSD in Children, Adolescents, Adults and Veterans
- **United States Brain Injury Alliance:** <http://usbia.org/>
 - The mission of the United States Brain Injury Alliance is to engage the community in preventing brain injury and improving lives.
- **Center for Disease Control and Prevention- Traumatic Brain Injury:** <https://www.cdc.gov/traumaticbraininjury/>
 - CDC's research and programs work to prevent TBIs and help people recognize, respond, and recover if a TBI occurs.

Brain Injury Educational Resources cont.

- **National Resource Center for TBI- Virginia Commonwealth University:**
<http://www.tbinrc.com/>
 - The mission of the National Resource Center for Traumatic Brain Injury (NRCTBI) is to provide relevant, practical information for professionals, persons with brain injury, and family members. With input from consumers and nationally recognized experts, the NRCTBI have developed a wide variety of assessment tools, intervention programs, and training programs.
- **National Institute of Neurological Disorders and Stroke:**
<https://www.ninds.nih.gov/>
 - NINDS's mission is to support and perform basic, translational, and clinical neuroscience research through grants-in-aid, contracts, scientific meetings, and through research in its own laboratories, and clinics. NIND funds and conducts research training and career development programs to increase basic, translational and clinical neuroscience expertise and ensure a vibrant, talented, and diverse work force
- **ACRM- American Congress of Rehabilitation Medicine:**
<https://acrm.org/resources/professional/>
 - ACRM is a vibrant group with diverse individual backgrounds from all over the world — all united with the common interests in rehabilitation and evidence-based research to enhance the lives of those with disabling conditions.

For more information on:

- Resource Facilitation- Vocational and Educational Assistance for Brain Injury
- RF Research, Training and Outcomes Center (RTOC)
- BICS and/ or Couples Care
- ACBIS
- Indiana Brain Injury Support Groups
- Local Brain Injury and other social support resources
- Brain Injury Miscellaneous

Contact the Local Support Network Leader for your region:

Northern Indiana

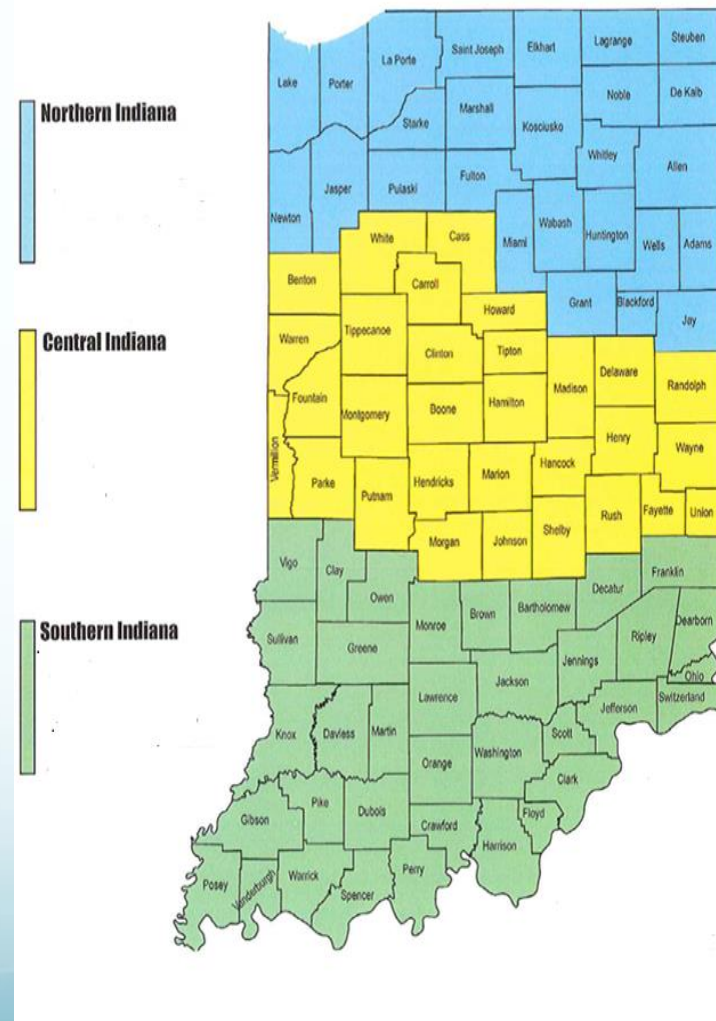
Local Support Leader: *Penny Torma, LSW*
574.286.8767 or penny.torma@rhin.com

Central Indiana

Local Support Leader: *Wendy Waldman, BSW, CBIST*
317.329.2235 or wendy.waldman@rhin.com

Southern Indiana

Local Support Leader: *Jean Capler, MSW, LCSW*
812.325.0885 or jean.capler@rhin.com

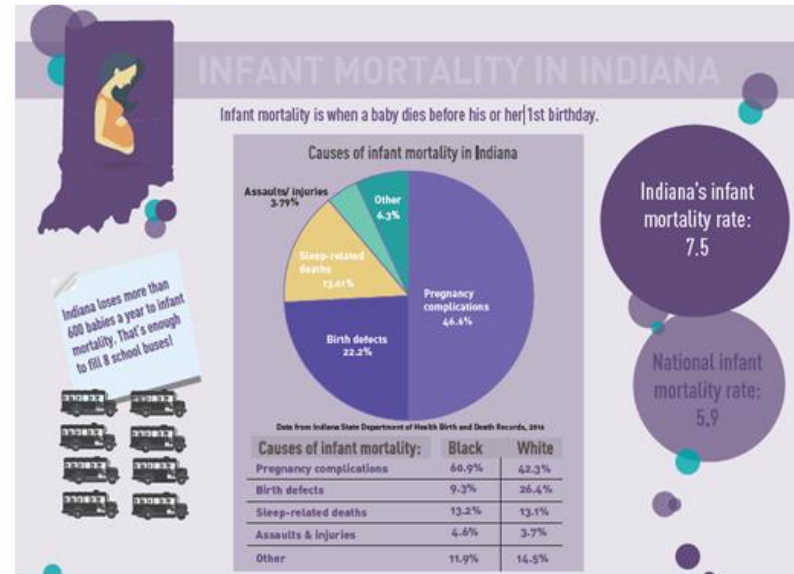


Questions?



BABY SAFETY SHOWER

Educating Parents to Prevent Infant Mortality Toolkit



It is important to work in collaboration with your community to reduce the infant mortality rate in Indiana. Infant mortality rates are often used to measure the health and quality of health care for a population. Infant mortality is defined as the death of an infant before his or her first birthday. Infant mortality has been a stubborn public health issue in Indiana and it is our duty to help raise awareness and reduce this rate across our state.

If you need additional information, please contact indianatrauma@isdh.in.gov.

The Indiana State Department of Health would like to thank Jamie Dugan, Mary Pargin, Miranda Newberry, and Sydney Hull of Good Samaritan for developing this program and sharing it with us. Their model of the Baby Safety Shower serves as a comprehensive guide for hospitals or community organizations to replicate for expectant families.

Thank you for showing an interest in hosting a Baby Safety Shower for expectant families in your community. A successful event takes eight weeks of planning and many dedicated volunteers, but the benefits are immediately evident in the faces of participants. The long-term benefit is the survival and well-being of babies born to the mothers and other caregivers who receive the education at the Baby Safety Shower.

The Baby Safety Shower originated from a team comprised of Trauma Services, Emergency, OB/Labor & Delivery coming together to brainstorm on all situations that may arise during pregnancy or in the first twelve months of baby's life to cause injury or harm. Every situation identified became a "booth" at the Baby Safety Shower to address how to prevent harm using the most current best practice, as recommended by the American Academy of Pediatrics or other national or state organization dedicated to education for expectant families.

It Takes a Village



They say it takes a village to raise a child, so it only makes sense that it takes a community village to give up to thirty babies at a time the best start to life by equipping their parents and caregivers with education on the best way to care for them during the first twelve months of life.



Two hours one evening to make a difference in 30 lives

As word gets out, the Baby Safety Shower becomes the hottest ticket in town for expectant mothers. The educational health fair-style event, wrapped up in banners and balloons to look like a baby shower feels like a celebration for just them. Winning a door prize and encouraging the father, grandparent, sibling or a babysitter to join in makes it that much sweeter.



Mothers who receive an invitation from their doctor or WIC office are enticed by the free car seat to register and attend. As they leave however, they are more thankful for the things they learn from nurses and other experts about how to best care for their baby.



Getting Started

Eight weeks prior to shower

1. Invite hospital staff members and external organizations to an initial planning meeting & assign duties. (See *Baby Safety Shower Booths* section, pages 24-22)

This is an ideal opportunity to earn volunteer credit hours for the nursing clinical ladder, if offered by your hospital.

Internal hospital departments may include:

- Administration
- DME/Breastfeeding
- Emergency
- Education
- Food Services
- Marketing
- Mental Health
- OB
- Purchasing
- Receiving
- Respiratory
- Volunteer Services

External organizations that may help to spread the word to parents include:

- City/Township Fire Departments
- ENA
- Fetal Infant Mortality Review Board
- Healthy Families
- Safe Kids
- School Nurses
- WIC

Seek out organizations in the community that may want to reach expectant mothers. Instead of a booth fee, ask that the organizations bring a raffle prize.

2. Choose a location that has an open area to host as many as ninety participants.



Local community centers, churches and universities may offer a discount or allow you to use the facility free of charge as the event is considered an outreach to the community. A walk-through is helpful to understand how many tables and chairs are available for booths.

3. Purchase car seats or accept a car seat donation

[Eventlo](#) offers a discount for purchasing in bulk. Your purchasing department may contact the company to receive the corporate discount. If you are purchasing car seats from a hospital department budget, this offers significant savings vs. purchasing from a retailer. If a local retailer is interested in donating car seats to the event, be sure to list them on a "Thank You to Our Sponsors" sign on or near the



6 weeks prior to shower

4. Create an Invitation for the shower.



Be careful to list the correct date, time, location and to include information that registration is required and space is limited. Include an email instead of a phone number to avoid numerous calls about attending the shower after the web registration indicated the event was full.

5. Create an online registration form.

Work with marketing or information systems to create an online registration form to collect information about the expectant mothers and families, such as name, mother's birth date, due date, address, guests attending, first child or sibling information, current OB/GYN, and if they receive WIC or other assistance. You may upload photo and car seat liability forms (Page 12) to the registration so that it can save time the day of the shower. Ensure that your system will only allow up to 30 registrations to be completed, at which time a message should appear that the shower is full and no longer accepting registrations.



6. Partner with OB/GYN, WIC, Healthy Families, DCS or other Infant Mortality Prevention Stakeholders to pass along invitations.

Physicians know their patients. If they are given a stack of invitations, they will pass them along to those they feel could benefit from prenatal and infant education. Likewise, local organizations that have worked in the community for years know which families could benefit from the education. They are happy to also pass invitations along.

Four weeks prior to shower

7. Create punch cards.



Punch cards are distributed at registration and receive a hole punch at each booth to indicate participation. Once the card is completed, the participants are eligible to receive their car seat.



8. Recruit local student organizations to serve cake, carry car seats for mothers, and offer babysitting services for siblings.



Many school academic organizations and 4-H Junior Leaders promote community service. Be willing to offer volunteer credit for the event and you will have plenty of help. Safe Sitters can provide child care to siblings during the event to allow parents more time to interact at each booth. A complimentary hospital T-shirt is an appreciated gesture by students and helps to offer recognition as you introduce the students to the expectant families at the event.

9. Order cake, punch, decorations, table covers and create signage for event and each booth



Two weeks prior to shower

10. Hold final planning meeting with booth staff

Ensure everyone has a booth assignment and the materials they need to educate on their specific subjects. Allow each qualified booth staff member the flexibility to design their own booth and educational pitch. Let them know that a table cover and signage will be present upon their arrival at the event 30 minutes prior to start. Help to procure any literature or demonstration items needed at this time.

One week prior to shower

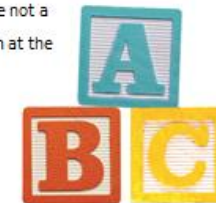
11. Tie up loose ends

Gather registration list, punch cards, car seat & photo liability releases (if they were not included online). Collect supplies: one hole punch per booth, scissors, tape, table covers, signage and decorations.

If utilizing a caterer for the cake or punch, ensure caterers are set to deliver prior to the event.



If desired, pick up simple sibling gifts, such as stickers or other items that are not a choking hazard. New big brother or big sister will appreciate including them at the baby shower when they tag along.



The day of the shower



12. Set-Up the event

Arrive early to ensure all tables and chairs are arranged to your liking. Cover and label tables for booths, leaving additional tables for raffle prizes, games and an area to enjoy refreshments.

Decorate as desired.

Set up registration table near entrance with registration list, name tags, liability forms, empty bags for participants to collect pamphlets, punch cards, and raffle tickets.



30 minutes to shower

13. Booth staff arrives.

Staff will set up and ensure that they have a hole punch for punch cards.

14. Guests arrive.

At least two people should help register guests and direct them to sit in designated area until the official start of the shower. Photograph consent and car seat liability forms such as the following should be signed by participants.

Participation Agreement Car Seat Liability Release	
<p>Good Samaritan Hospital and the Indiana State Department of Health work with local and community organizations to educate the public about child restraint devices and may at times distribute such safety devices. Neither the Indiana State Department of Health, Good Samaritan, nor its affiliates are sellers of goods, and make no warranties, expressed or implied, about the safety of these devices.</p>	
<p>I understand that at all times the child restraint must be used in accordance with the instructions provided by the manufacturer of the child restraint and the instructions provided by the vehicle manufacturer. I also understand that if I do not use the child restraint as stated in the manufacturers' instructions, the child restraint may not be effective in a crash.</p>	
<p>By signing below, I indicate that I have read this form, understand it, and agree to accept any and all responsibility for any misuse of the child restraint device or any installation contrary to the manufacturers' instructions. I also agree to release Good Samaritan, Indiana State Department of Health, their representatives, affiliates, or anyone for whom they may be legally responsible from any present or future liability for any injuries or damages that may result from a vehicle collision or otherwise.</p>	
_____	_____
Parent/Caregiver Signature	Date

Witness	



Baby Safety Shower Booths

- **Bathing Safety / Burns**

Display: Baby bathtub, bath temperature rubber ducky

Education: Baby bathing safety, burn prevention

Booth Staffing: Emergency nurse, OB

Resources: <https://www.mayoclinic.org/healthy-lifestyle/infant-and-toddler-health/in-depth/healthy-baby/art-20044438>
<https://www.cdc.gov/safekid/burns/index.html>



- **Breastfeeding**

Display: Breast pump, literature on breastfeeding

Education: Health benefits of breastfeeding, low cost option

Booth Staffing: lactation consultants, OB, labor & delivery nurses

Resources: www.kellymom.com www.bfmed.org



- **Car Seat**

Display: Car seat and mock vehicle seat

Education: Proper installation and usage of car seats

Booth Staffing: Certified Passenger Safety Technician (CPST)

Resources: www.nhtsa.gov

- **Dental Care**

Display: Tooth model, poster board

Education: Emphasis on dental care for expectant mothers and baby, teething information

Booth Staffing: Local dental hygienist, dentist

Resources: www.mouthhealthy.org/en/az-topics/b/baby-teeth www.ada.org

- **Emergency Care**

Display: Poison control pamphlets, www.poisoncontrol.org information

Education: When to bring baby to the ER

Booth Staffing: Emergency nurse or pediatricians

Resources: www.AAPCC.org

<https://www.preventchildinjury.org/toolkits/medicationsafety>



- **Financial**

Display: Pamphlets

Education: Health insurance information for the uninsured or underinsured

Booth Staffing: Health navigators, Financial aid representatives

Resources: <https://www.fssabenefits.in.gov/CitizenPortal/application.do#>

- **Fire Safety & Carbon Monoxide**

Display: Fire extinguisher, Carbon monoxide detector

Education: How to put out a home fire, Proper use of smoke/carbon monoxide detector

Booth Staffing: Local Fire Department, EMS

Resources: www.redcross.org

- **Immunizations**

Display: Infant immunization schedule

Education: When and where to get immunizations for baby & importance of timely immunizations for optimal health

Booth Staffing: Pediatricians, local health departments

Resources: <http://www.immunize.org/vis/>

<https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>



- **Infant CPR**

Display: 5-7 infant CPR mannequins, disposable mouth covers

Education: Infant first aid for choking and CPR

Booth Staffing: CPR instructors, medical education, emergency nurse

Resources: www.heart.org



- **Mental Health**

Display: Poster board

Education: Postpartum, healthy ways of coping with stress and exhaustion, encouragement to talk to your OB or PCP

Booth Staffing: Mental health, local mental health organizations

Resources: <https://www.nlm.nih.gov/health/publications/postpartum-depression-facts/index.shtml>

- **Opioid Crisis**

Display: Poster board

Education: Information on risks of opioid use during pregnancy to mother and child, local services available

Booth Staffing: Trauma, emergency nurse, EMS, local mental health organizations

Resources:

<https://www.cdc.gov/ncbddd/birthdefects/features/birthdefects-opioid-analgesics-keyfindings.html> <https://www.in.gov/recovery/know-the-o/>

- **Pet Safety**

Display: Pamphlets, poster board

Education: Information on how to introduce your baby to the family pet,

Encouragement to not purchase a new pet to "grow up" with a new baby

Booth Staffing: Local humane society, pet enthusiast

Resources: www.aspca.org

- **Prenatal Care / Labor & Delivery**

Display: Poster board

Education: Stress the importance of prenatal care. Offer advice on what to expect when the expectant mother arrives at the hospital to deliver

Booth Staffing: OB

Resources: www.awhonn.org www.aap.org



- **Safe Sleep**

Display: Pack-N-Play portable crib, doll, sleep sack, extra blankets, pillows & stuffed animals

Education: ABC, allow participants to wrap doll in a sleep sack instead of a blanket, demonstrate how extra blankets and stuffed animals can become tangled and restrict baby's breathing.

Booth Staffing: OB

Resources: <https://www.in.gov/isdh/27323.htm>



- **Stop Smoking**

Display: Poster board, tobacco visual aids

Education: Smoking cessation, smokeless tobacco, secondhand smoke

Booth Staffing: Indiana Tobacco Quit Line, respiratory

Resources: <https://www.in.gov/quitline/>



- **Time Out (Shaken Baby)**

Display: Poster board, shaken baby demonstration doll

Education: Period of purple crying, healthy ways to handle stress & exhaustion,

Use of baby monitors recommended to "walk away" once baby is safe in crib

Booth Staffing: Mental health, OB, local organization such as T.O.T. 10

Resources: www.purplecrying.info www.brysonstot10.org



- **WIC Indiana**

Display: WIC benefits and eligibility pamphlets

Education: Nutrition & health

Booth Staffing: County WIC office personnel

Resources: www.in.gov/isdh/24691.htm

- **Other Women, Child and Family Organization Applicable**

Such as: Pace Community Action Agency, Healthy Families

Education: Organization offerings and support for expectant families

Booth Staffing: Organization staff

Resources: www.in.gov/dcs/2459.htm www.pacecaa.org



Games & Prizes

Although games are not necessary, some participants will enjoy playing as they enjoy their cake. Baby Price is Right or Dad vs. Mom race to diaper the doll is always fun.



Raffle prizes can include diaper cakes, diapers, sleep sacks, seasonal items or any helpful items for baby, with the exception of bottles to promote breastfeeding.



Let Them Eat Cake



Wrapping Up

Once the punch card is complete, expectant families can collect their car seat. It is helpful to have someone to carry the gifts out to their vehicle.



Follow-Up

Suggestions to keep in touch with participants and measure success of your program include: Optional Facebook page that participants can friend, Survey monkey to provide feedback as to which education was most helpful, and Direct personal contact by telephone or email near due date and baby's first birthday.



Thank you to the following for making this program possible:

Bryson's Time Out Take Ten
CASA (Court Appointed Special Advocates)
Good Samaritan Hospital & Volunteers
Hamilton Center
Healthy Families Program
Indiana Tobacco Quit Line
ISDH Division of Trauma & Injury Prevention
MCH MOMS Helpline
Memorial Hospital and Health Care Center
Mouzin Brothers Farms
Pace Community Action Agency
Safe Kids Vanderburgh/Warrick
Samaritan Center
St. Joseph's Catholic Church
St. Vincent Evansville & Volunteers
Sullivan Civic Center
Sullivan County Community Hospital & Volunteers
Terre Haute Regional Hospital & Volunteers
Toyota Boshoku Illinois
Vincennes City Fire
Vincennes Pet Port
Vincennes Township Fire
Vincennes University



Everytime a child is saved from
the dark side of life, everytime
one of us makes the effort to
make a difference in a child's life,
we add light and healing to our
own lives.

-Oprah Winfrey



Overdose Fatality Review in Indiana

Kelly Cunningham, MPH
Fatality Review & Prevention
Indiana State Department of Health



Indiana State
Department of Health

Overdose Fatality Review

- Modeled after other mortality review teams (child fatality review, fetal-infant mortality review, etc.)
- Multi-agency / multi-disciplinary team assembled to conduct **confidential** case reviews of overdose deaths
- The goal is to prevent **future** deaths by:
 - Identifying missed opportunities for prevention and gaps in system
 - Building working relationships between local stakeholders on overdose prevention
 - Recommending policies, programs, laws, etc. to prevent overdose deaths
 - Informing local overdose prevention strategy
- Team members bring info from respective agencies about decedents to inform review

Recommended Team Members

- County coroner
- Local pharmacy
- Local department of social services
- Prosecuting attorney representative
- Representative from school systems
- Department of Child Services (DCS) representative
- A state, county, or municipal law enforcement officer
- Pathologist
- Local medical provider/family physician
- Director of behavioral health services in the county
- An emergency medical services provider
- Adult Protective Services
- County health officer
- Hospital representative

Recommended Team Members

- A health care professional who specializes in prevention, diagnosis and treatment of substance use disorders
- Representative of a local jail or detention center
- Representative from parole, probation and community corrections
- Representative of juvenile services
- Department of Natural Resources (DNR) representative
- A member of the public with interest or expertise in the prevention and treatment of drug overdose deaths, appointed by the county health officer
- Any other individual necessary for the work of the local team, recommended by the local team and appointed by the county health officer

Overdose Fatality Review

- **Pilot Program January-June 2019**
 - Prescription Drug Overdose Supplemental Grant funded qualitative research on the process/effectiveness of overdose fatality review
 - Child Fatality Review (CFR) Program is working with local CFR teams to incorporate overdose review
 - ISDH collaborating with IU Fairbanks School of Public Health to conduct the research component
 - Participating counties – Tippecanoe, Montgomery, Knox and Vanderburgh
 - Interest from other counties
- **Evaluation on process improvements and recommendations for policy and program development**

During the Review ...

- Discuss the investigation and death response
- Discuss the delivery of services
- Identify risk factors
- Recommend system improvements
- Identify and catalyze community action
- Share current local data



Draft Manual/Auditing Tool

- Guidance document
 - Modeled Maryland lessons & format
 - Description of case criteria
 - Finalized outcome will result from pilot team input
- Data collection form
 - Collaboration with epi & opioid/drug outreach teams for data points
 - Sustainability challenges
 - End-user friendly
 - Data repository

Team Formation

- Identified high-functioning local CFR teams
- Proposal letters to leadership/in-person introductions to process
 - Shared draft manual
 - Recommended team membership
- Preliminary meetings with team membership to approve process
- Identification of pilot case load
 - Timeframe
 - Retrospective, with the intent of going prospective
- Involvement of media

Discussion Points: Team Establishment

- Case definition, time frame, notification process
- Anonymize cases?
- Mental Health records access
- Hospital records access
 - Legal requests submitted for approval
- INSPECT data
 - Who accesses?
 - How far back should we go?

Challenges

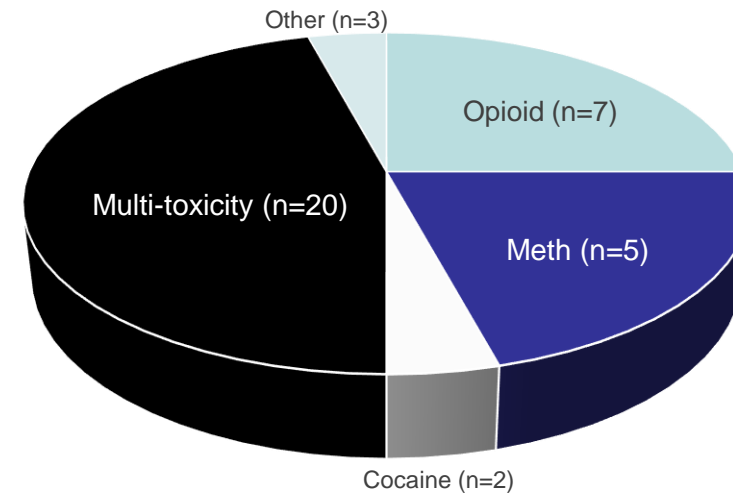
- Original emphasis on opioid deaths
- Legislation
- Medical records/mental health records – HIPAA
Does public health crisis/epidemic suspend HIPAA?
- How/when to notify members of cases on review docket

Results to Date

37 reviewed cases

- Average age – 46.39 years
- 20 cases had documented mental health history
- 24 cases had documented history of incarceration
- 9 cases had history of suicide attempt
- One drowning death, five suicides

Toxicology Results



Results to Date

- Masters-Level High School Teacher
- Persian Gulf Veteran
- Legal Secretary
- Graduated 18th in high school class
- Local business owner
- Incarcerated individual on work release
- Young mother
 - Infant born positive for drugs
 - Terminal event in the same room as infant

Discussion Points: Case Review

- Post-vention services for survivors, especially children; addressing ACES
- Punitive mindset vs disease/recovery mindset
- Support for those recently released from jail/prison
- Access to VA records
- Naloxone administration – transport policies
- INSPECT risk numbers

Discussion Points: Case Review

- Prevention versus Intervention
- Post-op prescribing practices
- Include family members, persons in recovery, per FIMR model?
- Offered access to inpatient population for “pre-fatality” insights
- Variation in completion of death certificates
 - Assignment of MoD by coroner – accident versus suicide
 - Cause of death challenges

Discussion Points:

Case Review

- Pharmacists reporting prescribers to DEA
- Responsibility for aggressive/non-compliant persons under arrest, especially those in hospital for injuries
- High use of bath salts in prison, work release
- High cost of toxicology tests for 'non-standard' substances
- Comparing agency numbers – hospitals, LE, EMS, coroner, HD

Preliminary Outcomes

- Responder fatigue – collaboration with DMHA, ICJI
- Addiction/Recovery stigma
- Finalization of guidance document/tool kit
 - Will be adding anti-stigma guidance for meeting facilitators
- Prosecution of fraudulent reports of stolen prescriptions
- Recognition of ACES
- Coroner confiscating prescribed meds at terminal scene
 - Training funeral homes to provide resource/knowledge about dropbox locations

Preliminary Outcomes

- Training of local pharmacists/hospital prescribers
 - Challenges of pharmacists who do not want to fill scripts, but face blowback
- Funding search for lock boxes
- Plans to track naloxone administrations to see how many patients ultimately die
- Beginning stages of collecting resource list for teams/first responders
- “Soft” outcomes – communication!

What Next?

- Dedicated OFR Coordinator
- Funding training event for OFR teams
- Identify appropriate team leadership
- Training teams in thorough case review
- Data collection: CCMS or CRS?
 - Personalized data fields
 - Dedicated Fatality Review & Prevention Epi
- Development of CAT teams from LCC's

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Indiana State
Department of Health

Stop the Bleed *State Updates*

TEXT, *TEXT*

TEXT



Indiana State
Department of Health

Email questions to: indianatrauma@isdh.in.gov

Stop the Bleed *Facility Updates*



Indiana State
Department of Health

Email questions to: indianatrauma@isdh.in.gov

Stop the Bleed

- Trainings/events
- Types of groups trained
- Number trained
- Kits provided
 - Specifics as to what is included in those kits
- Plans for future trainings