

# TRAUMA TIMES

A Communication of the Division of Trauma and Injury Prevention

Indiana State Department of Health

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## Upcoming Events

- **Jan. 23**  
PI subcommittee meeting
- **Feb. 16**  
ISTCC meeting
- **Feb. 20**  
Webcast on the naloxone standing order

## ISDH receives four-year first responder CARA grant

The Indiana State Department of Health (ISDH) was awarded the First Responder Comprehensive Addiction & Recovery Act grant. This four-year \$3.2 million grant will:

- Provide resources through the Indiana naloxone kit distribution program for first responders for emergency treatment of known or suspected opioid overdoses in rural communities;
- Train first responders on carrying and administering naloxone through a partnership with Overdose Lifeline; and
- Expand the Indiana Recovery and Peer Support Initiative for referral to appropriate treatment and recovery communities.

ISDH and partners will target rural communities, including 49 rural counties that represent 1.47 million Indiana residents (22.3% of the total population).

These counties have high rates of non-fatal emergency department visits due to opioid overdose, high average daily morphine milligram equivalents of opioids prescribed per capita, a greater percentage of non-Hispanic white residents, and have lower reported use of naloxone by first responders.

See more specific information about the grants on page 2.



The 49 counties in blue are the rural counties identified by the federal office of management and budget.

## First Responder CARA grant opportunities

The \$192,000 first responder grant the ISDH Division of Trauma and Injury Prevention received (see CARA grant on page 1) will be used to provide naloxone rescue kits and training to first responders (law enforcement, fire and EMS services) in 49 rural counties throughout Indiana (see eligible list of counties below). The eligible counties were determined by the Federal Office of Management and Budget. A guide explaining this process can be found [here](#). Grant proposals were submitted by the first responder agencies (or a local health department applying on their behalf) earlier this month, and division staff members are reviewing them. Successful applicants will be notified no later than 14 days after the review of their applications.

Award recipients will then be required to submit three scheduled reports in the format requested by the ISDH. Each time a naloxone rescue kit is used, first responders will also be required to complete and mail a prepaid postage postcard to the Richard M. Fairbanks School of Public Health at IUPUI. ISDH has contracted with the school to analyze this data and create reports on naloxone administration.

### The 49 rural counties eligible for SAMHS first responder grants:

Adams	Blackford	Cass	Clinton	Crawford
Daviess	Decatur	DeKalb	Dubois	Fayette
Fountain	Franklin	Fulton	Gibson	Grant
Greene	Henry	Huntington	Jackson	Jay
Jefferson	Jennings	Knox	Kosciusko	Lagrange
Lawrence	Marshall	Martin	Miami	Montgomery
Noble	Orange	Parke	Perry	Pike
Pulaski	Randolph	Ripley	Rush	Spencer
Starke	Steuben	Switzerland	Tipton	Wabash
Warren	Wayne	White	Union*	

## Welcome, Audrey & Jeremy!

Audrey Rehberg is the division's new naloxone program manager. Audrey graduated from Purdue University with her Bachelor of Science in public health and a minor in human development and family studies. She continued at Purdue in an accelerated program to obtain her Masters of Public Health with a concentration in family and community health. Prior to joining ISDH, Audrey worked with Purdue Extension Marion County in the Health and Human Sciences division and at the Military Family Research Institute.

Jeremy Funk is the division's new injury prevention epidemiologist. He graduated from Indiana University with a Bachelor of Science in human biology and received a master's degree in epidemiology from Tulane University. Jeremy completed a fellowship in Clinical Epidemiology at Lahey Health Clinic in Boston. Prior to working with ISDH, Jeremy operated a not-for-profit aimed at reducing concussions in high school athletes.



Jeremy Funk (L) and Audrey Rehberg (R) pose for a picture at ISDH.

# The Face of Hoosiers Dying from Drug Overdoses

This infographic illustrates demographic data for 2016 fatal drug overdose deaths in Indiana, broken down by gender, drug, age group, race, and ethnicity.

## GENDER

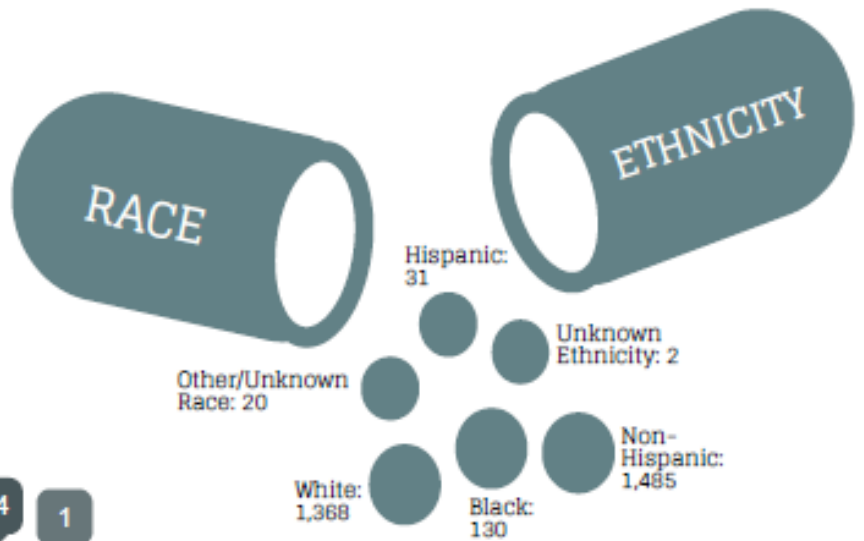
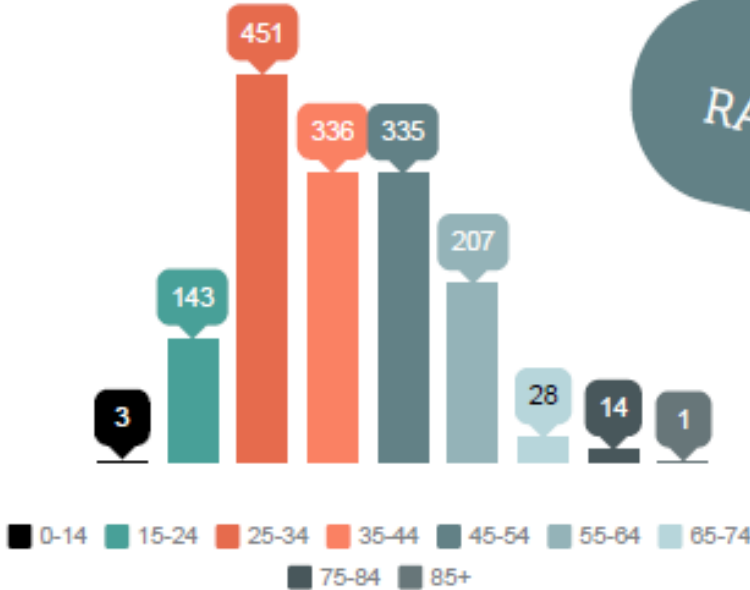


## BREAKDOWN BY DRUG

Drug Category	Rate per 100,000	Count
All Drug Poisoning (1)	22.88	1,518
Opioid Involved (2)	11.83	785
Heroin Involved (3)	4.46	296
Unspecified Substance (4)	13.57	900

Note: 59% of all drug poisoning deaths in Indiana contain an unspecified substance (4).

## COUNT BY AGE GROUP



### Prevention for States

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### Naloxone Services

**Audrey Rehberg**  
Naloxone Program Manager  
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317-234-0848

### Syringe Services

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echapman@isdh.in.gov  
317-234-3122

### Website Resources

**ISDH Prescription Drug Overdose**  
<http://www.in.gov/isdh/27358.htm>

**Stats Explorer**  
[http://gis.in.gov/apps/isdh/meta/stats\\_layers.htm](http://gis.in.gov/apps/isdh/meta/stats_layers.htm)

**Find Naloxone**  
[optin.in.gov](http://optin.in.gov)

**Next Level Recovery Indiana**  
<http://www.in.gov/recovery>

For general questions please email:  
[indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)

### Treatment Resources

Find confidential and anonymous sources of treatment by visiting SAMHSA's Behavioral Health Treatment Services Locator with the following link:  
<https://findtreatment.samhsa.gov/>



Indiana State  
Department of Health

All Drug Poisoning (1): underlying cause of death X40-X44, X60-X64, X85, or Y10-Y14. Opioid Involved (2): underlying cause of death X40-X44, X60-X64, X85, or Y10-Y14 with contributing cause of death T40.0-T40.4, T40.6. Heroin Involved (3): underlying cause of death X40-X44, X60-X64, X85, or Y10-Y14 with contributing cause of death T40.1. Unspecified substance (4): underlying cause of death X40-X44, X60-X64, X85, or Y10-Y14 with contributing cause of death T50.9. Deaths may be included in more than one category if multiple drugs were listed on the death certificate. To avoid over-counting the number of drug deaths, counts from the categories should not be added together.

## ISDH teams up with coroners to collect overdose data

The national opioid epidemic has had a significant impact nationally and in Indiana. Indiana is ranked 17th highest in opioid-related deaths in the United States as of 2015 and had a statistically significant increase in the rate of drug overdose deaths from 2013 to 2014. In response to the opioid epidemic, the Indiana State Department of Health (ISDH) is funding several counties' toxicology cases pertaining to suspected drug overdose.

In August, ISDH began a pilot toxicology program with five counties: Howard, Grant, Wayne, Scott and Clark. ISDH reached out to the listed counties and offered to pay for toxicology testing to be done on all



deaths that were suspected to be drug overdoses. Numerous forensic toxicology laboratories competed in a bid process in order to perform the testing. AXIS Toxicology based in Indianapolis was selected and began testing for the state. Thirty-three cases were submitted, tested and paid for during the pilot toxicology program.

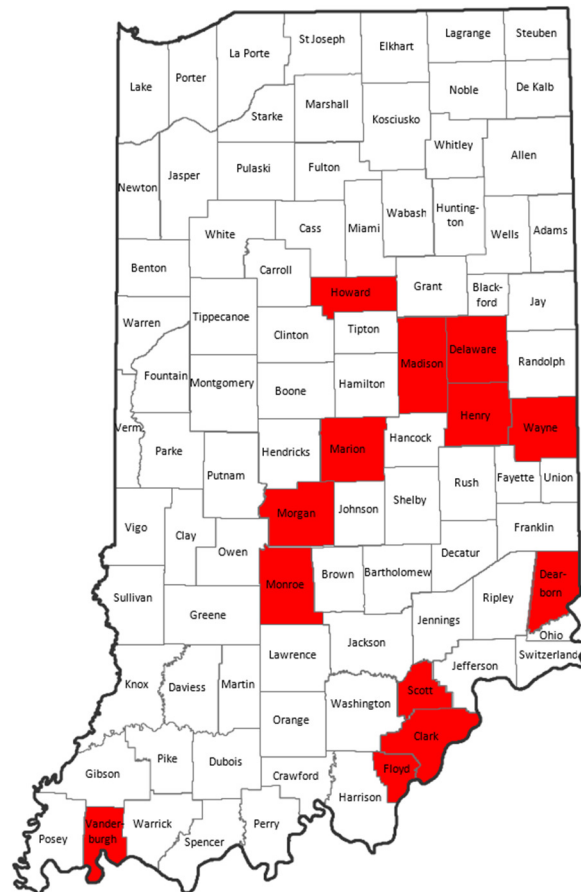
Preliminary results from our toxicology pilot program show that out of the 33 toxicology reports we have received, 19 were already in the database. We have not received the death certificate for the others due to the time lapse.

The toxicology reports for those 19 cases were abstracted and the results are below. All but four of the decedents were positive for more than one substance. Six of the decedents were positive for more than one opiate.

After the successful pilot program, ISDH staff began working on a state toxicology Request for Proposal that would expand the program to 13 counties: Clark, Dearborn, Delaware, Floyd, Henry, Howard, Madison, Marion, Monroe, Morgan, Scott, Vanderburgh and Wayne. That program starts this month.

Substance Category	Number of Positive Results
Alcohol	3
Amphetamine	8
Anticonvulsants	3
Antidepressants	3
Benzodiazepines	7
Cocaine	5
Marijuana	4
Muscle Relaxant	1
Opiates	14

Opiate (and metabolites)	Number of Positive Results
Fentanyl	7
Morphine	2
Codeine	4
Hydrocodone	4
Oxycodone	3
Tramadol	1
Hydromorphone	1
Oxymorphone	1



## Division hosts monthly opioid-related webcasts

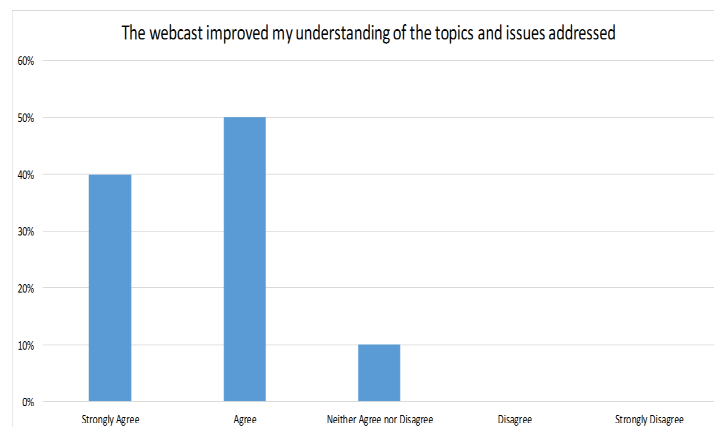
In November, the Division of Trauma and Injury Prevention began hosting monthly opioid-related webcasts that will continue through the end of 2018. The webcasts focus on the prevention aspect of the opioid epidemic by providing technical assistance to stakeholders who are invested in avoiding opioid misuse. Some of the topics include opioid prescribing guidelines, drug take-back events, tackling addiction stigma and more. Each webcast is tailored to a specific audience, which often includes local health departments, not-for-profits, other government agencies, prescribers, naloxone dispensing entities and others.

There have been three webcasts, each with between 100 and 150 attendees. The first one featured Trauma and Injury Prevention Associate Klaudia Wojciechowska, who discussed the CDC's Rx Awareness campaign and urged local health departments and other agencies and organizations to participate. Rx Awareness was designed to educate the public about the dangers of prescription opioids and to prevent the misuse of these drugs.

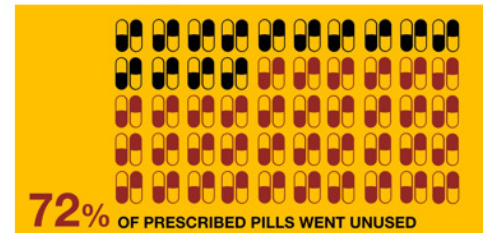
In the second webcast, the trauma division invited Dr. Chad Brummett, associate professor of anesthesiology at the University of Michigan, to the Trauma Care Committee meeting to discuss decreasing opioid prescribing post-surgery while increasing patient satisfaction. This webcast had both virtual and in-person attendees.

Finally, the most recent webcast centered on the naloxone distribution program. Staff members from three different local health departments to discuss the successes and challenges they have experienced while participating in this grant opportunity.

At the conclusion of each webcast, a survey is sent to the viewers. The feedback has been positive. Respondents generally find the presentations useful and informative, but do not always know how to apply what they have learned to their everyday job duties, which we will work to improve in future webcasts. Respondents have also indicated an interest in watching future webcasts.



Most Opioids Prescribed for Outpatient General Surgery Procedures Go Unused



Hill et al. *Ann Surg.* Sept 2016. **ANNALS OF SURGERY**

respondents generally find the presentations useful and informative, but do not always know how to apply what they have learned to their everyday job duties, which we will work to improve in future webcasts. Respondents have also indicated an interest in watching future webcasts.

Our next webcast will be 10 a.m. Feb. 20, and will cover the naloxone standing order and crucial information that dispensing entities must know.

## Heroin, Fentanyl & Carfentanil: The similarities and differences



This image illustrates the amount of each drug needed to cause a fatal overdose.

**Heroin** is an opioid made from morphine, a natural substance extracted from opium poppy plants. Heroin can come in the form of a white powder, a brown powder or a black, sticky substance known as black tar heroin. Heroin acts by entering the brain rapidly and binding to the opioid receptors, reducing pain sensations and increasing pleasure and relaxation. Too much of the substance can lead to an overdose, causing slowed or stopped breathing.

**Fentanyl** is also an opioid and was created as a prescription medication for patients suffering from crippling pain due to cancer or extremely invasive surgeries. It was intended to be administered solely by a doctor, but soon became available over the counter as a lollipop, lozenge or time-released gel patch. When not administered professionally, fentanyl can lead to cardiac arrest and immediate death. The potency of fentanyl is 100 times stronger than morphine. [The potency and cheap price of fentanyl](#) has led to an alarming increase in use and overdose.

**Carfentanil** is an analog synthetic of fentanyl that is even stronger (1,000 times stronger than fentanyl, 4,000 times stronger than heroin and 10,000 times stronger than morphine). It was created for the purpose of anesthetizing large animals, such as elephants and horses, but has quickly become a drug sold on the streets and cut into bags of heroin to turn a profit. Carfentanil looks like table salt, but only a few granules are enough to be fatal.

All three of these drugs are extremely potent, fast-acting and lethal in as little as one dose. Click [here](#) to visit the Centers for Disease Control and Prevention's Morbidity and Mortality Weekly Reports where you can find information about how these three drugs are contributing to mortality and morbidity in the United States.

Resources:

<https://holisticrecoverycenters.com/heroin-fentanyl-carfentanil/>

<https://americanaddictioncenters.org/fentanyl-treatment/similarities/>

## 2018 Meeting Dates (all times are EST)

Date/Time	Meeting	Location
Jan. 19, 10 a.m. to noon	Injury Prevention Advisory Council (IPAC)	Webcast meeting
Jan. 23, 10 to 11 a.m.	Performance Improvement (PI) subcommittee	Larkin Conference Room, ISDH
Feb. 16, 9 to 10 a.m.	Trauma system planning subcommittee	Room B, Government Center South
Feb. 16, 10 a.m. to noon	Indiana State Trauma Care Committee (ISTCC)	Room B, Government Center South
March 13, 10 to 11 a.m.	PI subcommittee	Larkin Conference Room, ISDH
March 16, 10 a.m. to noon	IPAC	Rice Auditorium, ISDH
April 20, 9 to 10 a.m.	Trauma system planning subcommittee	Room B, Government Center South
April 20, 10 a.m. to noon	ISTCC	Room B, Government Center South
May 15, 10 to 11 a.m.	PI subcommittee	Larkin Conference Room, ISDH
May 18, 10 a.m. to noon	IPAC	Rice Auditorium, ISDH
June 15, 9 to 10 a.m.	Trauma system planning subcommittee	Room B, Government Center South
June 15, 10 a.m. to noon	ISTCC	Room B, Government Center South
July 17, 10 to 11 a.m.	PI subcommittee	Larkin Conference Room, ISDH
July 20, 10 a.m. to noon	IPAC	Rice Auditorium, ISDH
Aug. 17, 9 to 10 a.m.	Trauma system planning subcommittee	Room B, Government Center South
Aug. 17, 10 a.m. to noon	ISTCC	Room B, Government Center South
Sept. 11, 10 to 11 a.m.	PI subcommittee	Larkin Conference Room, ISDH
Sept. 21, 10 a.m. to noon	IPAC	Rice Auditorium, ISDH
Oct. 19, 9 to 10 a.m.	Trauma system planning subcommittee	Room B, Government Center South
Oct. 19, 10 a.m. to noon	ISTCC	Room B, Government Center South
Nov. 13, 10 to 11 a.m.	PI subcommittee	Larkin Conference Room, ISDH
Nov. 16, 10 a.m. to noon	IPAC	Rice Auditorium, ISDH
Dec. 14, 9 to 10 a.m.	Trauma system planning subcommittee	Room B, Government Center South
Dec. 14, 10 a.m. to noon	ISTCC	Room B, Government Center South

IPAC information: <http://www.in.gov/isdh/25395.htm>

PI, trauma system planning & ISTCC information: <http://www.in.gov/isdh/26125.htm>

Indiana State Department of Health (ISDH) address:  
2 N. Meridian St.  
Indianapolis, IN 46204

Government Center South address:  
302 W. Washington St.  
Indianapolis, IN 46204

## Mark your calendars

You're encouraged to participate in these upcoming trainings and conferences hosted by the Indiana State Department of Health.

To learn more visit: <http://www.in.gov/isdh/19537.htm>.



Registration is open on the website  
Date: March 8-9, 2018  
Location: Indiana State Department of Health

[www.amtrauma.org](http://www.amtrauma.org)  
[@ATSTrauma](https://twitter.com/ATSTrauma)  
[info@AMTrauma.org](mailto:info@AMTrauma.org)  
800-556-7890

## COMPREHENSIVE EDUCATION FOR THE TRAUMA REGISTRY EXPERT

AMERICAN TRAUMA SOCIETY - TRAUMA REGISTRY COURSE

### trauma registry course

The American Trauma Society's Trauma Registry Course has been recognized by the American College of Surgeons in the Resources for Optimal Care of the Injury Patient since 1999 as an avenue for comprehensive trauma registry training.



#### IDENTIFY

1) Various methods of presenting trauma data; 2) Basic principles of Quality Assurance (QA); 3) Fundamental elements of a trauma registry; 4) The process of reviewing and abstracting medical records for injured patients; 5) Basic principles for various scaling and scoring tools (ICD-10-CM, Trauma Score, ISS, TRISS); 6) Fundamental elements of the NTDs dataset patient inclusion criteria



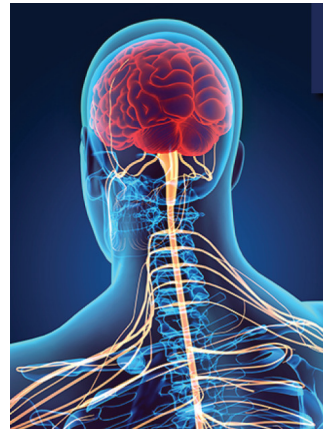
#### UNDERSTAND

1) The significance of patient privacy and confidentiality and the development of basic technical safeguards from abstraction to data release; 2) Computer technology components (Security, EHR, hardware and software considerations); 3) Assignment of injury severity values and importance; 4) Anatomical and medical terms used in trauma and relevance to injury data collection; 5) ICD coding practices for trauma patients, including complex multi-system injuries



#### DISCUSS

1) The National Trauma Data Standards, their definitions, field values and required associated elements; 2) Discuss process improvement methodology and application to the trauma program and system; 3) The importance of complete and comprehensive documentation as it relates to injury severity



## 2018 Indiana Traumatic Spinal Cord and Brain Injury Research Conference

A program making an impact

Save the Date  
Wednesday, April 18, 2018

IU Health Neuroscience Center  
355 W. 16th Street  
Conference Center Auditorium, Floor 1  
Indianapolis, IN 46202  
8 a.m. - 1:30 p.m.

Get notified when registration opens! Send your contact information to [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov).



## Indiana State Department of Health

### Stand By the Standing Order: Naloxone Fundamentals for Dispensing Entities

Tuesday, Feb. 20  
10-11 a.m. (EST)



This webinar will cover comprehensive information regarding the naloxone standing order that is pertinent to every entity that dispenses naloxone to the public, including pharmacies, non-profits, schools and local health departments. It will also cover an overview of optIN, the online registry that such entities must register with.

**How to tune in:** To view ISDH webcasts, test your access to view streaming videos several days prior to the event. Use the following link for the test and to view the webcast: <http://videocenter.isdh.in.gov/videos/>. To test, click on any thumbnail. If the video does not play, your network may have restrictions that prevent you from watching streaming content. If you experience problems with accessibility, contact your system administrator. WiFi connectivity should be avoided given variable connection speeds and the risk of buffering problems. At the indicated date and time, this webcast will be available via the Live Video options at the top and right side of the webpage. Questions can be submitted both during and after the webcast at [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov).



## 5<sup>th</sup> annual EMS Medical Directors' Conference

Friday, April 27, 2018

Ritz Charles  
12156 N. Meridian Street  
Carmel, IN 46032

8am - 5pm

SAVE THE DATE

Get notified when registration opens!

Send your contact information to:  
[indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov)





## Trauma Care Committee hears about the role of acute care prescribing in the opioid epidemic

The Indiana State Trauma Care Committee (ISTCC) heard from Dr. Chad Brummett, M.D. at its December meeting. Dr. Brummett said the University of Michigan has worked to reduce the number of opioid prescriptions written and pills left unused. He said that about 55 percent of people who abuse prescription painkillers accessed their pills for free from a friend or relative.

The ISTCC also heard from Spencer Grover, vice president of the Indiana Hospital Association (IHA) since 1990. He was awarded the State Health Commissioner's Award for Excellence in Public Health by Dr. Kris Box for being instrumental in providing momentum which helped lay the groundwork for the statewide trauma system.

Lee Christenson, director of the ISDH Division of Emergency Preparedness, discussed how his division works regionally with a federal grant by integrating with hospitals, public health, emergency management and emergency medical services. By working with key partners, the division builds coalitions to determine the best use of funds for local healthcare and public health preparedness programs.



Kris Box, MD, FACOG, state health commissioner, left, and Spencer Grover, vice president of the Indiana Hospital Association as he receives the State Health Commissioner's Award for Excellence in public Health.

The next ISTCC meeting will be 10 a.m. Feb. 16, in conference room B at the Indiana Government Center South, 402 W. Washington St. Please note the change in meeting location.

## ITN December Meeting

The Indiana Trauma Network (ITN) convened on Dec. 15, 2017, for its last meeting of the year. The group discussed the process for elections and reviewed the Trauma Quality Improvement Program (TQIP) meeting that was held in Chicago.

Topics on education and training covered creating the state's own trauma registrar course, the upcoming 2018 Midwest Injury Prevention Alliance (MIPA) conference that will be hosted in Indianapolis, and reminders about the upcoming planned educational opportunities that includes a trauma registry course at the Indiana State Department of Health (March 8-9) and an AAAM course at Eskenazi Health (May 21-22).

There was a presentation on the Play for Kate collaborative on ATV safety. This collaborative takes Safety Sam, a full size 9-year-old electronic ATV robot driver, to schools and other locations to educate the public on ATV safety. As of Dec. 8, he has made 70 appearances and reached approximately 53,000 people. The collaborative has received funding for four additional Safety Sams and a Safety Sara.

# January 2018

## Injury Prevention Observances

<a href="#">National Winter Sports Traumatic Brain Injury Awareness Month</a>	1 	2	3	4 	5	6
7	8	9	10	11	12	13
14 	15 <a href="#">No-Name Calling Week</a>	16 <a href="#">No-Name Calling Week</a>	17 <a href="#">No-Name Calling Week</a>	18 <a href="#">No-Name Calling Week</a>	19 <a href="#">No-Name Calling Week</a>	20
21	22 	23 <a href="#">NIDA National Drug Facts Week</a>	24 <a href="#">NIDA National Drug Facts Week</a>	25 <a href="#">NIDA National Drug Facts Week</a>	26 <a href="#">NIDA National Drug Facts Week</a>	27 <a href="#">NIDA National Drug Facts Week</a>
28 <a href="#">NIDA National Drug Facts Week</a>	29 	30	31	<a href="#">National Radon Month</a>  <a href="#">National Stalking Awareness Month</a>	<a href="#">National Human Trafficking Prevention Month</a>  	<a href="#">Birth Defects Prevention Month</a>  <a href="#">National Mentoring Month</a>

### Health & safety tips

- January is National Radon Month! To make a difference in your community, check out the radon change package [here](#). This change package provides all the information that you need to identify successful strategies and take action to incorporate those strategies into your work.
- Pass it on! Share your story during National Mentoring Month with this toolkit found [here](#). It is never too late to make a difference in your community by inspiring a young person to pursue a career in trauma services and injury prevention.
- January is [National Birth Defects Prevention Month](#). [Certain medications taken during pregnancy](#) can cause birth defects. How can you raise awareness? Join the Centers for Disease Control and Prevention's [Thunderclap!](#)
- National Human Trafficking Prevention Month is taking place in January. To make a difference in your community, check out this [comprehensive list](#) of what you can do. As a healthcare provider, [learn](#) about this and educate others to prevent human trafficking from happening.
- You can host a National Drug and Alcohol Facts Week (NDAFW) event in January to raise awareness to teenagers in your community! Follow the online guide [here](#) for more information to successfully plan, promote and host a community outreach project for NDAFW during January. Did you know? NDAFW was launched in 2010 by scientists at the National Institute on Drug Abuse (NIDA) to stimulate educational events in communities. This educated children and teenagers about what science has taught researchers about drug use and addiction.

# February 2018

## Injury Prevention Observances

<a href="#">Teen Dating Violence Awareness Month</a>	<a href="#">National Cancer Prevention month</a>	<a href="#">Career and Technical Education Month</a>		1	2		3 <a href="#">SUPER BOWL FANS DON'T LET FANS DRIVE DRUNK</a>
4 <a href="#">Super Bowl Sunday Drunk Driving Prevention</a>	5 <a href="#">Burn Awareness Week</a>	6 <a href="#">Burn Awareness Week</a>	7 <a href="#">Burn Awareness Week</a>	8 <a href="#">Burn Awareness Week</a>	9 <a href="#">Burn Awareness Week</a>	10 <a href="#">Burn Awareness Week</a>	
11	12	13 <a href="#">Mardi Gras drunk driving prevention</a>	14	15	16	17	
18 <a href="#">Grain Bin Safety Week</a>	19 <a href="#">Grain Bin Safety Week</a>	20 <a href="#">Grain Bin Safety Week</a>	21 <a href="#">Grain Bin Safety Week</a>	22 <a href="#">Grain Bin Safety Week</a>	23 <a href="#">Grain Bin Safety Week</a>	24 <a href="#">Grain Bin Safety Week</a>	
25	26	27	28				

### Health & safety tips

- February hosts Grain Bin Safety Week! According to research and data from [Purdue University Agricultural Safety and Health Program](#), the Midwest had alarmingly higher amounts of grain entrapment cases compared to other regions in the United States. For promotional tools to raise awareness in your community, check out the resources [here](#).
- Did you know that nearly 1.5 million high school students nationwide experience physical abuse from a dating partner in a single year? Estimates show that only 33 percent of teens reported abuse. You can make a difference in your community! Check out these [resources](#).
- National Burn Awareness Week is approaching us on Feb. 4-10. To raise awareness for the week, the American Burn Association (ABA) has released a 2018 campaign list that includes a variety of information, posters, social media posts and fact sheets to use as a campaign in your community. The awareness week materials can be found [here](#).
- The ABA and American College of Surgeons (ACS) have also joined together to allow healthcare facilities to achieve a Burn Center verification. To achieve verification, a burn center must meet the rigorous standards for organizational structure, personnel qualifications, facilities resources and medical care services set out in the ABA Verification Criteria and in the ABA chapter on Guidelines for the Operation of Burn Centers in the ACS publication on Resources for Optimal Care of The Injured Patient 2014. The verification process can take from three to six months. To review a list of the step-by-step process, please visit [here](#) for more information.

# March 2018

## Injury Prevention Observances

<a href="#">Brain Injury Awareness Month</a>	<a href="#">Workplace Eye Wellness Month</a>			1	2	3
					<a href="#">National Sleep</a>	<a href="#">National Sleep</a>
4	5	6	7	8	9	10
<a href="#">National Sleep</a>	<a href="#">National Sleep</a>	<a href="#">National Sleep</a>	<a href="#">National Sleep</a>	<a href="#">National Sleep</a>	<a href="#">National Sleep</a>	
11	12	13	14	15	16	17
<a href="#">Patient Safety Week</a>	<a href="#">Patient Safety Week</a>	<a href="#">Patient Safety Week</a>	<a href="#">Patient Safety Week</a>	<a href="#">Patient Safety Week</a>	<a href="#">Patient Safety Week</a>	<a href="#">Patient Safety Week</a>
18	19	20	21	22	23	24
25	26	27	28	29	30 Good Friday	31

### Health & safety tips

- Patient Safety Awareness Week falls in March 2018! Raise awareness in your facility and community by hosting a [campaign](#).
- Sleep Awareness Week: Promote better sleeping habits on your social media accounts! Find out [how much sleep is best for you](#).
- Traumatic Brain Injury (TBI) isn't the only type of brain injury. See an [overview](#) and see the [campaign materials](#) when they launch for 2018!
- Check out the Centers for Disease Prevention and Control (CDC) HEADS UP Concussion and TBI Prevention Toolkit at: <https://www.cdc.gov/headsup/resources/index.html>
- The National Institute of Child Health and Human Development (NICHD) has a list of [materials](#) to share in your community, as well as an [e-toolkit](#).
- Remember a safe sleep environment by singing your ABCs: babies should sleep **Alone**; babies should sleep on their **Back**; and babies should sleep in their **Crib** or bassinette. Visit this [map](#) to find an Indiana Safe Sleep location near you.
- As St. Patrick's Day approaches, remember that the first one could be one too many. [Buzzed Driving is Drunk Driving](#). Use the National Highway Traffic Safety Administration (NHTSA) [SaferRide](#) app to call a taxi for you or a friend. Visit the NHTSA drunk driving [resources](#) for a list of press releases, documents, educational brochures and policies.
- During the festivities taking place from Super Bowl Sunday to St. Patrick's Day, police will be patrolling highways. Remember to move over and slow down for our Hoosier police officers. See the Move Over, Slow Down law [here](#).

## Car seats and winter coats: A disaster waiting to happen

It is important to stay warm and beat the cold, but many parents do not know that they may put their child in danger in the car. Buckling in a bulky winter coat adds a cushy layer between the harness straps and the body. In a car collision, this puffy gap will compress and the child could fly out of the car seat as a result of not being tightly secured. Here are some tips and tricks that allow you to keep your child warm while still being safe in a child safety seat:



- **Take off winter coats before putting a child in a child safety seat.** Buckling in a bulky winter coat adds a cushy layer between the harness straps and the body. In a car collision, this puffy gap will compress and the child could fly out of the car seat as a result of not being tightly secured.

- **Fleece is a warm substitute to a winter blanket or winter coat that can be used under the car seat straps.** Fleece does not have the same cushy space that would compress in a car collision, so it is safe to use. Just make sure the fleece jacket is tight when adjusting the harness straps.

- **Bunting and swaddling can be used if done correctly.** The bunt or swaddle can go over a harness once buckled but never behind the child in the car restraint. Avoid buntings that thread through the harness straps of a car seat. There are no federal guidelines governing aftermarket car seat accessories. These types of bunting could interfere with the function of a car seat. Leave no space between a child and their harness or car seat.

- **Sleeping bags are not for the car.** Most car seat manufacturers prohibit the use of sleeping bags in child restraints because of the extra layer that goes between the child and the back of the car seat.

- **Use a blanket to keep the child warm.** Parents resist removing winter coats because their child will get cold. Use a blanket over the harness or place the jacket on the child backwards (over the harness) after the child is buckled in. Other products such as a poncho or car seat covers are safe alternatives to keep-

ing children warm. These products do not interfere with the harness in any way when used correctly.

- **Multiple tight layers are a great way to keep children warm and keep the car seat functioning correctly.** Layers can be used under a car seat as long as they are not puffy and do not create extra space between the harness or the child and the car seat.

### Things To Remember:

- **DO:** Keep your child warm in the winter months by having layers and extra blankets in the car

- **DO:** Warm up the car before driving anywhere so it will be nice and cozy for your children

- **DO:** Consult the car seat manual and the car manual for any questions you have

- **DO:** Get your car seat checked by a Child Passenger Safety Technician to ensure proper installation. A list of Indiana specific techs can be found at <http://www.preventinjury.org/Child-Passenger-Safety/Child-Safety-Seat-Inspection-Stations>

- **DO:** Use fleece as a warm alternative to winter coats. Fleece is tight and can fit under a car seat harness safely while winter coats cannot.

## Rocket Blades

Checkout Centers for Disease Control and Prevention (CDC) Injury Center's new Rocket Blades mobile game app on concussion safety! Through a fun, racing adventure, Rocket Blades helps teach children that:

- Hitting your head can cause a concussion.
- Kids should tell their coach, parent or another adult if they hit their head.
- Kids should see a doctor if their brain is hurt, and rest before returning to play.



## Midwest Injury Prevention Alliance 2017 Summit review

The Midwest Injury Prevention Alliance (MIPA) held its annual summit Nov. 30 to Dec. 1, 2017, in Bloomington, Minnesota. MIPA is an organization of injury professionals from states in Federal Health and Human Services Region V (Illinois, Indiana, Minnesota, Michigan, Ohio and Wisconsin) that works collaboratively to reduce unintentional and intentional injury-related death and disability. The 2017 summit had the theme “Our Goal is Zero.” The theme is meant to express the belief of injury professionals that zero injuries is realistic and attainable. The two-day meeting featured keynotes and breakout sessions with varied topics that appealed to intentional and unintentional focuses.

The plenary panel session featured two Indiana injury prevention professionals. Rachel Kenny, Indiana violent death reporting system epidemiologist at ISDH, moderated the panel discussion which featured Laurie Gerdt, program manager for the Garrett Lee Smith Zero Suicides for Indiana Youth SAMHSA Grant from Community Health Network. The panel focused on the Zero Suicide model as defined by a commitment to suicide prevention in health and behavioral healthcare systems. It represents a commitment to patient safety – the most fundamental responsibility of health and behavioral health care – and also to the safety and support of clinical staff who do the demanding work of treating and supporting suicidal patients. The model is being implemented across the United States and internationally, and emerged out of the National Action Alliance's Clinical Care and Intervention Task force and the 2012 National Strategy for Suicide Prevention. Gerdt spoke about model implementation from the organization level. Community Health Network is one example of a local healthcare system making progress toward incorporating the Zero Suicide model with both the healthcare and behavioral healthcare service lines.

The 2018 MIPA Summit is tentatively scheduled to be held in Indianapolis.

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