

# TRAUMA TIMES

A Communication of the Division of Trauma and Injury Prevention

Indiana State Department of Health

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July/August 2018

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## Upcoming Events

- **Indiana Violent Death Reporting System (INVDRS) Advisory Board meeting**  
10 a.m. EST, July 20
- **ISDH State Fair Booth:**  
All day, Aug. 13
- **Indiana State Trauma Care Committee (ISTCC) meeting**  
10 a.m. EST Aug. 17

## New requirements for coroners began July 1

Senate Enrolled Act 139 (IC 36-2-14-6) was enacted by the 2018 General Assembly and requires county coroners to take key steps starting July 1 if they suspect the cause of a person's death to be an accidental or intentional overdose of a controlled substance. To help coroners comply with the new law, the Indiana State Department of Health (ISDH) offers **free** toxicology analysis of the required bodily fluid(s) testing. The applicable portions of the law are:

- IC 36-2-14-6(b) = If the coroner reasonably suspects the cause of the person's death to be accidental or intentional overdose of a controlled substance (as defined by IC 35-48-1-9), the coroner shall do the following:
- Obtain any relevant information about the decedent maintained by the INSPECT program established by IC 25-1-13-4.
- Extract one (1) or more of the following bodily fluids from the decedent: Blood, vitreous or urine
- Test a bodily fluid extracted under subdivision (2) to determine whether the bodily fluid contained any amount, including a trace amount, of a controlled substance at the time of the decedent's death.
- Report the results of the test conducted under this subsection to the state department of health after completing the medical investigation of the cause of the decedent's death.
- Provide the state department of health notice of the decedent's death, including any information related to the controlled substances involved, if any.

Please contact John O'Boyle, ISDH Records Coordinator, to enroll your county in the free ISDH toxicology testing program. Phone: 317-402-6052 Email: [joboyle@isdh.in.gov](mailto:joboyle@isdh.in.gov)

Please contact Murray Lawry, ISDH Prescription Drug Overdose Manager, if you have any questions regarding the free ISDH toxicology testing program. Phone: 317-233-7695 Email: [mlawry@isdh.in.gov](mailto:mlawry@isdh.in.gov)

## Division of trauma and injury prevention grants updates

The division has been busy reapplying for grants, as well as pursuing new grant opportunities.

### The grants the division has reapplied for:

- National Violent Death Reporting System (NVDRS).
  - ➔ Funds are used to collect, maintain and disseminate complete and comprehensive surveillance data on violent deaths that occur in Indiana.
- Prescription Drug Overdose: Prevention for States (PfS).
  - ➔ Funds are used to address the upstream of the epidemic, overprescribing, by enhancing and maximizing INSPECT, the state's Prescription Drug Monitoring Program (PDMP); implementing community interventions in priority counties; and evaluating the impact of policy changes.
- Enhanced State Surveillance of Opioid-Related Morbidity & Mortality (ESOOS).
  - ➔ Funds are used to improve the timeliness of fatal and nonfatal overdose surveillance, including improvements in reporting of risk factors for fatal opioid overdoses.
- First Responder Comprehensive Addiction & Recovery Act (FR CARA).
  - ➔ Funds are used to provide naloxone kits and training to first responders and expand the Indiana Recovery and Peer Support Initiative for referral to appropriate treatment and recovery communities.
- Preventive Health & Health Services Block Grant (PHHS BG).
  - ➔ Funds are used to help the state address Healthy People 2020 goals and objectives.



### New grant opportunities pursued:

- Administration for Community Living (ACL) – Traumatic Brain Injury (TBI) \*AWARDED\*
  - ➔ Funds will be used to maximize health outcomes and reduce disability following TBI, decrease institutionalization (incarceration and residential placement), and prevent opioid misuse following TBI.
- ACL – Evidence-Based Falls Prevention Program.
  - ➔ If awarded, funds will be used to develop a statewide network of evidence-based falls prevention programming for at-risk older adults.
- Comprehensive Opioid Abuse Site-based Program (COAP) - Category 6: Public Safety, Behavioral Health & Public Health Information-Sharing Partnerships.
  - ➔ If awarded, the division will continue to expand efforts to improve the timeliness of fatal and non-fatal overdose data in order to inform targeted interventions.

## ISDH publishes the State's Stroke Center List

As required by IC 16-31-2-9.5 Stroke Protocols for Emergency Services Personnel, the ISDH has composed a list of certified stroke centers and hospitals and Indiana stroke network participating hospitals. A list of certified stroke centers can be found on the ISDH website list <https://www.in.gov/isdh/27849.htm>.

The ISDH is still accepting document submissions in order to be included on the stroke list. If your hospital is a certified stroke center, you should write to ISDH and list:

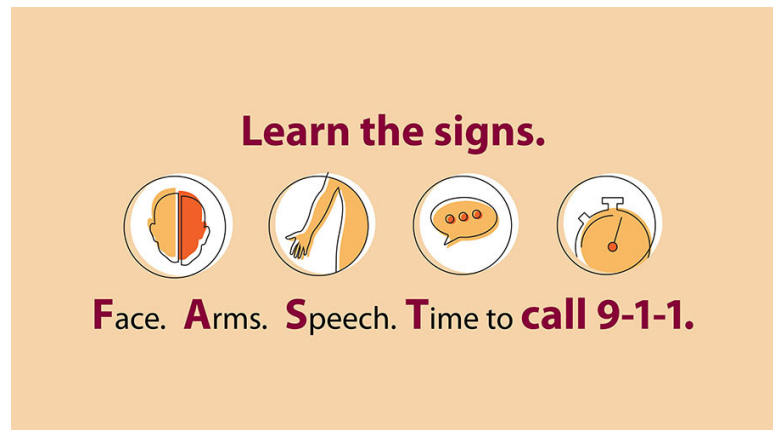
- The level of stroke certification (Comprehensive Stroke Center, Primary Stroke Center or Acute Stroke-Ready Hospital);
- The name of the certifying entity; and
- Proof of certification by including a copy of the stroke center certification and the date the certification is set to expire.

Please note that if there is a change in stroke center status (such as suspended, revoked or lowered), the law requires hospitals to inform ISDH of such action within 48 hours of the action.

Hospitals that agree to transfer patients to an appropriate level of stroke care facility must provide a copy of the written agreement to ISDH.

The workgroup also was responsible for drafting the protocol considering tissue-type plasminogen activator (tPA)-capable hospitals as a destination for stroke patients, when appropriate. To better evaluate this position, the workgroup asks that hospitals provide detailed information about the hospital's capability to administer tPA (Alteplase) for acute ischemic stroke with the hospital's supporting services listed below:

- 24/7/365 in-house CT and radiologist technician capability
- 24/7/365 access to radiology physicians for prompt CT interpretation
- Capability for neurology consultation and required response time
- ED physician coverage and level (Emergency Medicine Board Certified versus other)
- Transfer agreement with an appropriate level of stroke care facility



Please note that if a hospital is tPA-capable, it will not be included on the list on the ISDH webpage at this time. This data is for informational purposes only.

All information about hospital stroke center certification (including information the work group has requested regarding tPA-capable hospitals including supporting information on resources) and any transfer agreements should be sent to Katie Hokanson, Director of the ISDH Trauma and Injury Prevention, 2 N. Meridian St., Indianapolis, IN 46204. Direct questions to Hokanson at 317-234-2865 or [khokanson@isdh.in.gov](mailto:khokanson@isdh.in.gov).

## Fireworks Injury Reporting Law Repealed and Firework Safety

As mentioned in the last Trauma Times edition, this past legislative session adopted a number of new laws and updates. House Enrolled Act 1003 specifically sought to streamline reporting processes at state agencies and eliminated a number of requirements, one of which is the fireworks injury reporting requirement. The legislative document can be found at <https://iga.in.gov/legislative/2018/bills/house/1003>. Effective July 1, Indiana Code 35-47-7-7 requiring the reporting of fireworks injuries was eliminated.

Residents of Indiana must be 18 years old to purchase fireworks. An adult must be present for minors to use any kind of fireworks. In 2017, 77% of all firework injuries occurred the first week of July.

Throughout the year it is legal to set off fireworks from 9 a.m. to 11 p.m., but this may be limited further by local ordinances. Citizens should check with local officials.

On state holidays it is legal to set off fireworks from 9 a.m. to midnight, but this may be limited further by local ordinances.

The times on the following dates are protected for consumer use of fireworks and may not be prohibited by local ordinance:

- June 29-July 3: from 5 p.m. until two hours after sunset;
- July 4: from 10 a.m. to midnight; and
- July 5-July 9: from 5 p.m. until two hours after sunset.

The Indiana State Department of Health (ISDH) reminds families and communities to stay safe while celebrating this year. For more information about firework safety, please check out the links below:

<https://www.in.gov/isp/2885.htm>

<https://www.in.gov/dhs/3375.htm>

[https://www.in.gov/dhs/files/Fireworks\\_Safety.pdf](https://www.in.gov/dhs/files/Fireworks_Safety.pdf)

<https://www.wthr.com/article/indianapolis-fire-department-releases-fireworks-safety-guidelines>



## Centers for Disease Control and Prevention (CDC) National Violent Death Reporting System (NVDRS) Reverse Site Visit

New Orleans hosted the CDC Reverse Site Visit for NVDRS May 15-17. Experts in the field of homicide, suicide, and overdose research gathered to share updates on their states, present studies utilizing NVDRS, and reward members for hard work in the past year. One key announcement was federal funding is being expanded from the current 40 states (along with District of Columbia and Puerto Rico) to all 50 states in the upcoming year – a first since its beginning in 2002. Project managers, principal investigators, epidemiologists, and abstractors listened to panelists explaining best practices in regards to working with law enforcement. Toxicology 101, web system updates, data quality, coding training, and data dissemination were a few session topics to strengthen and reinforce the knowledge needed for NVDRS. The visit ended with participants heading back to their respective states with drive and determination to improve reporting for NVDRS. To learn more about Indiana's program visit <https://www.in.gov/isdh/26539.htm>.

## Preventing deaths case by case

By Greta Sanderson

An Indiana State Department of Health program that started in 2015 has developed into a tool that helps determine how communities can prevent some fatalities.

The Indiana Violent Death Reporting System (INVDRS) started collecting data in 2015, funded by a grant from the Centers for Disease Control and Prevention (CDC). Three years later, the system includes case reports from 370 law enforcement agencies and 82 county coroners in the state. The purpose of the system is to go beyond the limited data found in 911 dispatch reports to collecting full incident reports with information about the circumstances that led to the death.

“When you have a department that has bare bones reports or none at all, that doesn’t really help because we’re not getting any of the details we need,” said ISDH Records Coordinator John O’Boyle.

Those details can include basic information, such as gender and race, but also more specifics, like if depression was involved, and if the victim was bullied or had a history of addiction. Putting the case report together with the coroners’ report and death certificate, “paints a good picture of what led up to this death,” O’Boyle said.

At the core of the reporting system is that all of the recorded deaths could have been prevented. O’Boyle said INDVRS can generate reports that can help communities figure out where to focus prevention efforts and funding. For example, a particular community may find it needs more programs on bullying to prevent suicides.

“I want suicides and opioid deaths not to be the leading cause of deaths anymore,” O’Boyle said.

The Union County Sheriff’s Department (UCSD) recently began sending in reports for the INVDRS. Before this year, case reports weren’t made for suicides or drug overdose deaths, said UCSD Chief Deputy Capt. Shaun Tudor. Union County also doesn’t have its own hospital, so if the patient was transferred and then died, tracking was even more difficult. Sometimes they relied on information from family members.

“There have been a lot of issues in the past because we don’t know what happens,” Tudor said.

He approached the sheriff with the idea, and now reports are made in all death cases and sent to ISDH.

Tudor said the department was hesitant to file the reports at first because it only has six full-time deputies (including the sheriff and Tudor), three part time officers and 10 reserve deputies. Adding to the workload was a difficult choice because UCSD responds to calls in the county’s state parks, including three campgrounds, which triples its population during the summer.

Once enough data has been submitted to identify trends, Tudor said the information will help the department relate to the county council and commissioners what the department is doing and the issues in the county.

“It was time for a change,” he said.

There are now 40 states using the system, and the CDC will fund all 50 states by September. That means reports can compare a particular area in Indiana to similar communities in other states.

Email O’Boyle at [JOBoyle@isdh.IN.gov](mailto:JOBoyle@isdh.IN.gov) for more information.

The Union County Sheriff’s Department (UCSD) applied earlier this year for an ISDH naloxone distribution grant for rural first responders. Union County was one of 122 first responder agencies serving 35 counties that were awarded a total of 4,438 naloxone kits. The department received 100 kits, and UCSD Chief Deputy Capt. Shaun Tudor said the naloxone has already been used successfully twice.

Although the sheriff was hesitant to get naloxone at first, “a lot of things have changed our minds,” Tudor said. A turning point came when he heard a quote from a habitual offender in neighboring Wayne County.

“He said every time he went to jail an addict and left an addict,” Tudor said. That’s when he realized, they weren’t “fixing the problem.”

Tudor said that with only one ambulance in the county, officer safety was also a concern.

“We know we’ve got an uphill battle, and we’re trying to move in the right direction to fix it,” Tudor said.

## Naloxone trainings and grants

By Greta Sanderson

The Indiana State Department of Health awarded in May its biggest round of naloxone grants since the program began in 2016.

Nearly 13,000 kits were granted to 35 counties in the fourth round of naloxone kits awarded to local health departments, bringing the total to nearly 26,680. The number of kits requested per county ranged from six to 1,500.

This latest round of grants totaled \$466,000 and was funded by multiple grant sources.

“We are excited to see more local health departments applying for our naloxone distribution grant,” said Audrey Rehberg, ISDH’s naloxone distribution program manager. “With 59 participating local health departments, the geographic gaps for naloxone availability are getting smaller and smaller. Our ultimate goal is for all of the 93 local health departments to carry this life-saving drug.”

Contact Rehberg at [arehberg@isdh.in.gov](mailto:arehberg@isdh.in.gov) or 317-234-0848 for more information about the naloxone grant program.

The ISDH Division of Trauma and Injury Prevention also offers free hour-long naloxone trainings for different groups around the state.

If your agency or organization is interested in becoming certified in naloxone administration or wants more information on the naloxone grant program, please reach out to Audrey Rehberg at [arehberg@isdh.in.gov](mailto:arehberg@isdh.in.gov) or 317-234-0848.



## Coroner Conference Overview

Ramzi Nimry, Statewide Trauma System Development and Training Manager for the Division of Trauma and Injury, gives a vital records update on June 14 at the Indiana State Coroners In-Service Training Conference held at the Sheraton Hotel and Suites in Indianapolis.

Nimry gave an update on the implementation of the Indiana Violent Death Reporting System that collects and abstracts data on violent deaths. The system explores innovative methods of collecting, reporting and sharing data that can be shared with stakeholders, the public and the Centers for Disease Control and Prevention’s multistate database.

He also explained ISDH’s free online coroner case management system. The system is optimized for tablets and smartphones so it can be used in the field with a Wi-Fi connection.



# Indiana State Trauma Care Committee (ISTCC) meets with newly appointed EMS Medical Director and reviews transfer case analysis for district 3

Almost 100 days in as the EMS Medical Director at the Indiana Department of Homeland Security (IDHS), Dr. Michael Kaufmann provided ISTCC with an update. At the start of the new year, the EMS registry moved to a new version. Per Indiana Code 16-31-2-7, the adoption of the NEMSIS V3 data elements in which EMS providers would need to collect was established. Within the code, there was also passage of a proposal submitted by IDHS requiring EMS providers to submit run sheets within 24 hours of a run completion. About 340 provider agencies are required to report their runs into the EMS registry.

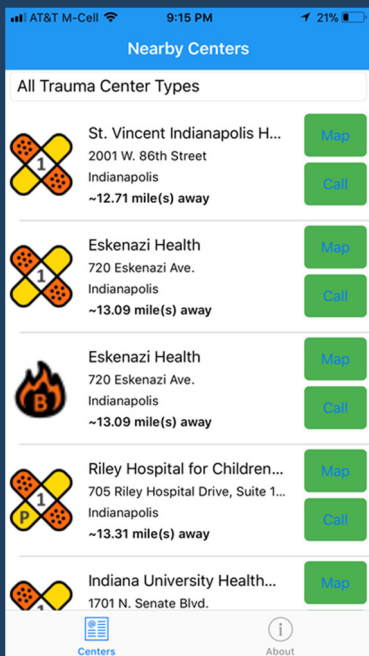
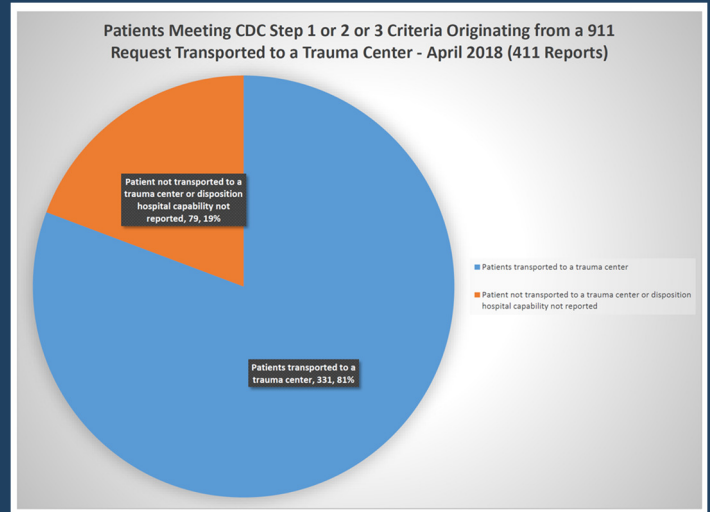
Dr. Kaufmann, in his role as EMS medical director, has also been involved with the ISTCC Performance Improvement sub-

committee by providing insight from an EMS perspective on the subcommittee's pilot project focused on transfer delays. IDHS continues to be a supporter of the Stop the Bleed program, which helps inform and empower the general public on basic trauma care and increases access to bleeding control kits as well.

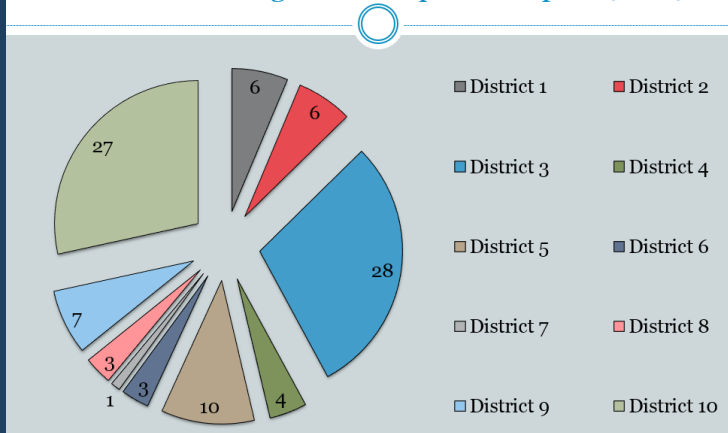
Finally, the EMS Field Guide (mobile application), was the highlight of the update. This application provides EMS providers access to the nearest trauma centers through their location and provide phones numbers for immediate contact. Users will also be able to use filters to identify centers based on their level of care as well. This application is in demo form for future testing but no official release date has been given.

The committee also heard from Annette Chard of Lutheran Hospital and Lisa Holister of Parkview Regional Medical Center. Both trauma centers partnered with students from the University of Saint Francis in Fort Wayne on a retrospective analysis of multiple transfers. The students, with the help of the two hospitals, reviewed about 170 charts from 2014 to 2016 looking at 10 data points including injury type and Injury Severity Score.

The results of this analysis showed that fewer than 1 percent of trauma patients admitted to either hospital were transferred out and that the north-east region did not have an issue with inappropriate transfers as originally thought. One recommendation given was that other regions around the state should look at their own double transfers and find ways to eliminate them.



## Double Transfers in Indiana, 2014-2016: After Eliminating The Orthopedic Hospital (TOH)



# Calendar of Injury Prevention Observances and Events

## July 2018

| Sun  | Mon  | Tue  | Wed   | Thu  | Fri   | Sat                                       |
|--|--|--|---|--|---|---|
| 1  | 2  | 3  | 4<br><i>Independence Day</i><br><a href="#">Drunk driving prevention</a>        | 5  |  |   |
| 8  | 9  | 10   | 11  | 12   |   |   |
| 15   | 16<br><a href="#">National Youth Sports Week</a> | 17<br><a href="#">National Youth Sports Week</a>         | 18<br><a href="#">National Youth Sports Week</a>                                | 19<br><a href="#">National Youth Sports Week</a>                                   |   |   |
| 22<br><a href="#">National Youth Sports Week</a> | 23   | 24   | 25  | 26   | 27  | 28<br><a href="#">World Hepatitis Day</a> |
| 29   | 30   | 31<br><a href="#">National Heatstroke Prevention Day</a> | <a href="#">Fireworks Safety Month</a><br><a href="#">Heatstroke Prevention</a> | <a href="#">National Cleft &amp; Craniofacial Awareness &amp; Prevention Month</a> | <a href="#">Juvenile Arthritis Awareness Month</a>                                  | <a href="#">Park and Recreation Month</a> |


### Health & Safety Tips:

- Americans love to celebrate the Fourth of July. Unfortunately, this iconic American holiday is also one of the deadliest holidays of the year due to drunk-driving crashes. Remind your friends and family that Buzzed Driving is Drunk Driving. Drunk driving prevention materials can be found at <https://www.trafficsafetymarketing.gov/get-materials/drunk-driving/drive-sober-or-get-pulled-over/4th-july-drive-sober>
- Millions of children participate in youth sports every year. Celebrate National Youth Sports Week by encouraging physical activity, living healthy, access to activities, youth development and safety. Resources can be found at <http://www.ncys.org/advocacy/national-sports-week.php>.
- During the month of July, remember it is best to leave the fireworks to the experts. Information about fireworks safety can be found at <https://www.nsc.org/home-safety/tools-resources/seasonal-safety/summer/fireworks>.



# Calendar of Injury Prevention Observances and Events

## August 2018

| Sun   | Mon  | Tue  | Wed  | Thu  | Fri   | Sat   |
|---|--|--|--|--|---|---|
|   | <a href="#">Children's Eye Health and Safety Month</a> | <a href="#">Back to School Safety Month</a>    | 1  | 2  |    |   |
| 5   | 6  | 7  | 8  | 9  |   |   |
| 12  | 13   | 14   | 15   | 16   |   |   |
|   | <a href="#">Safe and Sound Week</a>                    | <a href="#">Safe and Sound Week</a>            | <a href="#">Safe and Sound Week</a>            | <a href="#">Safe and Sound Week</a>            | <a href="#">Safe and Sound Week</a><br><a href="#">Drive Sober or Get Pulled Over</a> | <a href="#">Safe and Sound Week</a><br><a href="#">Drive Sober or Get Pulled Over</a> |
| 19  | 20   | 21   | 22   | 23   | 24  | 25  |
| <a href="#">Safe and Sound Week</a><br><a href="#">Drive Sober or Get Pulled Over</a> | <a href="#">Drive Sober or Get Pulled Over</a>         | <a href="#">Drive Sober or Get Pulled Over</a> | <a href="#">Drive Sober or Get Pulled Over</a> | <a href="#">Drive Sober or Get Pulled Over</a> | <a href="#">Drive Sober or Get Pulled Over</a>  | <a href="#">Drive Sober or Get Pulled Over</a>  |
| 26  | 27   | 28   | 29   | 30   | 31  |   |
| <a href="#">Drive Sober or Get Pulled Over</a>  | <a href="#">Drive Sober or Get Pulled Over</a>         | <a href="#">Drive Sober or Get Pulled Over</a> | <a href="#">Drive Sober or Get Pulled Over</a> | <a href="#">Drive Sober or Get Pulled Over</a> | <a href="#">Drive Sober or Get Pulled Over</a>  |   |

### Health & Safety Tips:

- The month of August marks back to school for most children. While it may be exciting for you and your child to begin the new school year, it is important to refresh on school safety. A back to school safety checklist can be found at: <https://www.nsc.org/home-safety/seasonal-safety/back-to-school>.
- Children's eyes are sensitive and vulnerable. With the bright summer days, it is important to make sure that we are taking all steps to protect children's eye health. Resources can be found at: <https://www.preventblindness.org/prevent-blindness-eye-health-and-safety-observance-calendar>.
- Safe and Sound Week is a nationally recognized event that focuses on health and safety within the workplace. While it's always important to be working in a safe environment, Aug. 13-19 focuses on awareness. To find out more information, visit: <https://www.osha.gov/safeandsoundweek/>.

## Youth Sports Safety

Playing sports is a great way for children to stay fit and healthy, to learn about teamwork, make friends and develop a sense of personal satisfaction. In addition, taking part in youth sports may lead to greater physical activity as an adult.

Although sports injuries can range from scrapes and bruises to serious brain and spinal cord injuries, most youth sport injuries fall somewhere between these two extremes. Some of the more common types of injuries include:

- Muscle sprains and strains.
- Injuries of a growth plate (area of tissue at the end of the long bones in growing children and teens).
- Injuries from overuse of muscles and tendons.



Can youth sports injuries be prevented?

Most sports injuries can be prevented and even predicted! A few ways to prevent youth sport injuries include:

- Educating parents, athletes, school administrators and others about the signs and symptoms of sports injuries and conditions
- Educating players on the difference between pain and injury, and work to eliminate the culture of "play through pain"
- Ensuring that both general and sports specific safety education be a priority for every parent, athlete, and school administrator
- Assuring pre-participation exams and conduct baseline testing when appropriate
- Ensuring that appropriate emergency action plans are in place at every sporting event and facility
- Ensuring that sports equipment, uniforms, playing surfaces, and environmental conditions are checked for safety

## Indiana State Epidemiological Outcomes Workgroup (SEOW) releases 2017 report

The Indiana State Epidemiological Outcomes Workgroup (SEOW) recently released its 2017 profile on the *Consumption and Consequences of Alcohol, Tobacco and Drugs in Indiana*. This report is designed to serve as a tool to help guide those working on addressing substance use disorder in the State. Key findings from the report include:

- Nearly one-fourth of Hoosiers ages 12 and older engaged in binge drinking in the past month.
- During state fiscal year 2017, a total of 12,786 children were removed from their parents by the Department of Child Services in Indiana; almost two-thirds (62.8%) of these removals were due to parental alcohol and/or drug use (Indiana Department of Child Services, 2017).
- In more than two-thirds of Indiana treatment admissions, the use of multiple substances was indicated, with 29.7% reporting the use of two drugs and 38.5% reporting the use of three drugs (Indiana Family and Social Services Administration [FSSA], 2017).

The report can be found at <https://fsph.iupui.edu/doc/research-centers/2017-State-Epidemiological-Report.pdf> and the Richard M. Fairbanks School of Public Health also created a data portal that can be accessed at <https://fsph.iupui.edu/research-centers/centers/health-policy/seow-data-portal.html>.

## 2018 Children's Eye Health and Safety Month: Eye Injury Prevention

As August approaches, parents and children are busy preparing for a new school year. It is crucial to ensure every child have an eye examination as part of the back to school checklist. This simple act of prevention is part of Children's Eye Health and Safety month, which was first recognized in 2014 by the Prevent Blindness Organization. The goal of this awareness month is to emphasize that early diagnosis and treatment are critical to maintaining every child's eye health.

Eye injury and accidents involving common household products cause 125,000 eye injuries each year. Every 13 minutes, an emergency room treats a sports-related eye injury. Moreover, 43 percent of sports-related eye injuries are sustained by children ages 14 and younger. These injuries can be prevented through safety practices, proper eye protection, and an annual eye exam.

There are many causes of eye injuries in children, from sports to toys and fireworks. Therefore, it is important to catch signs of vision troubles in children, which can include: frequently rubbing eyes, squinting, tilting or turning head to look at objects, wandering eyes or squeezing eyes. If you're child displays any of these symptoms, please schedule an appointment to have their eyes checked. Many eye condition, if diagnosed early, can be treated and vision can be restored. If the condition is not diagnosed until later in life, treatment will not be as effective.

There are various ways to reduce and protect child eye injuries from happening. Parents need to understand the dangers surrounding their child, find and remove any hazards that could affect their child's vision health and watch their child closely. For instance, Prevent Blindness recommends that for indoor safety to always provide lights and handrails to improve safety on stairs; read all warning and instructions before buying toys, use child safety seats in cars; and use helmets when children participate in sports activities.

When children have a possible eye injury, it is recommended to prevent them rubbing or touch the eye, not applying medication to the eye, and not attempting to remove any debris from the eye. Also, if a chemical causes an eye injury, flush the eye with water and seek medical attention immediately.

There are numerous resources and ways to prevent and reduce the causes of eye injury. Relevant information about eye injury prevention can be found on the website of Prevent Blindness (<https://www.preventblindness.org/>). It is our job to help every child live happy and healthy. We can best achieve this goal by getting our children yearly wellness check-ups and eye examinations before school starts, as well as by providing safe environments for their physical development and well-being.

**JULY IS**  
**EYE INJURY PREVENTION MONTH**

**2,000+**  
EYE INJURIES PER DAY

**1,000**  
OCCUR IN AMERICAN WORKPLACES

**90%** OF EYE INJURIES ARE PREVENTABLE WITH THE USE OF PROPER SAFETY EYEWEAR

**LEADING CAUSES OF EYE INJURIES**

- SPORTS ACCIDENTS
- CONSUMER FIREWORKS
- HOUSEHOLD CHEMICALS
- FLYING DEBRIS

**DON'T TRY TO TREAT AN EYE INJURY YOURSELF - contact your eye doctor or emergency room immediately for help.**

Image Credit: slideshare.net

### Eye Safety Checklist

- ✓ Create and maintain a safe work environment**  
Keep tools in the right place and with their safety features on. All persons in the hazard area should know how to properly use the tools.
- ✓ Evaluate safety hazards**  
Identify the hazards at the work site such as machinery or falling debris.
- ✓ Wear proper eye and face protection**  
Choose the appropriate Z87 eye protection and make sure it fits well and is in good condition.
- ✓ Practice good work habits**  
Clean yourself of all debris before removing protection. Keep eyes safe and clean glasses often and do not rub them with dirty hands.
- ✓ Prepare for eye injuries**  
Keep a first aid kit with eye wash or sterile solution nearby.

## Never Leave Your Children or Pet in a Hot Car

It is always important to recognize the dangers of leaving your child or pet alone in a car, but especially during extreme summer heat. While it may seem as if you are only leaving for a brief moment, heat within a car quickly elevates, even if it seems cool outside or you leave a crack in the window. Leaving pets and/or children in a car alone can cause severe injuries such as heatstroke, which if left unattended can lead to major organs shutting down and death. You may be tempted to leave your children or pets in the car because it is the quick and easy thing to do, but the results can be deadly.

If you discover someone who has left their child or pet in a car, here are some steps that you should take: (<http://www.humanesociety.org/animals/resources/tips/help-dog-in-hot-car.html>)

- Write down the car's make, model, and license plate number
- Notify any surrounding individuals or businesses to try and locate the owner
- If the owner is not found, call local police at a non-emergency number
  - \* Make sure to wait at the car until the police arrive on-site

Effective July 1, 2018: Gov. Eric Holcomb signed **House Enrolled Act 1085** into law, which states that an individual can break into a car to rescue an animal and under certain conditions, and they will have criminal immunity. However, the individual may have some financial responsibilities. To find out more about the specifics of the new law, visit: <https://iga.in.gov/legislative/2017/bills/house/1085>.

**Never leave kids or pets in a hot car.**

It only takes a few minutes for the inside of a car to heat up in warm weather.

| Temperature | Time         |
|-------------|--------------|
| 114*        | after 30 min |
| 104*        | after 10 min |
| 92*         | after 5 min  |

80\*

| Temperature | Time         |
|-------------|--------------|
| 124*        | after 30 min |
| 110*        | after 10 min |
| 100*        | after 5 min  |

90\*

Reduce the number of deaths from heatstroke by remembering to ACT.

**Avoid** heatstroke-related injury and death by never leaving your child alone in a car, not even for a minute. And make sure to keep your car locked when you're not in it so kids don't get in on their own.

**Create** reminders by putting something in the back of your car next to your child such as a briefcase, a purse or a cell phone that is needed at your final destination. This is especially important if you're not following your normal routine.

**Take action.** If you see a child alone in a car, call 911. Emergency personnel want you to call. They are trained to respond to these situations. One call could save a life.

**StateFarm**

Source: Weather.gov, SafeKids.org © 2018 USA

## Summer Sun Safety

Summer is here and that means spending more time outside. Ultraviolet rays are the No. 1 cause of skin cancer and too much exposure can also lead to: sunburn, premature wrinkles, eye damage, and more. It is important to protect yourself by following these sun safety tips:

- Cover up: Wear clothing, wide-brimmed hats, and sunglasses to protect as much of your body as possible
- Wear sunscreen: Use a broad-spectrum sunscreen with an SPF of 30 or more and make sure to reapply at least every two hours and after sweating or swimming
- Get some shade: Limit your direct sun exposure, especially when the UV rays are the strongest between 10 AM and 4 PM
- Do not let the clouds fool you: UV rays get through the clouds even when it is overcast
- Avoid tanning beds and sun lamps
- If you do get a sunburn, make sure you drink plenty of water, take cool showers, and wear loose clothing.

<https://www.cdc.gov/features/uv-radiation-safety/index.html>

<https://www.cancer.org/latest-news/stay-sun-safe-this-summer.html>



## Traumatic Brain Injury Updates from the Centers for Disease Control and Prevention

Traumatic brain injuries, also known as TBIs, affect the lives of millions of Americans nationwide. Anyone can experience a TBI, but data suggest that children and older adults (age 65 and older) are at greatest risk. Many TBIs, including concussions, are preventable, and you can help spread the word utilizing these great resources.

New [Centers for Disease Control and Prevention \(CDC\) posters](#) highlighting the leading cause of concussion in various sports.

Updated [fact sheet](#) on TBI in the United States for public health professionals. Information includes: overview of data, common causes of TBI and what you can do to prevent a TBI.

Recent publications include:

- [Variations in Mechanisms of Injury for Children with Concussion](#) – A new study from a collaboration between the CDC and Children’s Hospital of Philadelphia (CHOP) examined the mechanism of injury for concussion among more than 1,500 children ages birth to 17 years seen for a medical evaluation in a large pediatric healthcare system. Results from this study show a broad range of activities that children engage in on a daily basis, that can result in concussions across childhood and adolescence.
- [Unmet Rehabilitation Needs After Hospitalization for Traumatic Brain Injury](#) – In this study, the authors describe unmet service needs of children hospitalized for TBI during the first two years after injury, and examine associations between child, family, and injury-related characteristics and unmet needs in six domains (physical therapy, occupational therapy, speech therapy, mental health services, educational services and physiatry).
- [Report to Congress on The Management of TBI in Children](#) – Details the impact a TBI can have on children and their families. This report also identifies gaps in care, provides opportunities for action to reduce the gaps through increased coordination and collaboration, and highlights key policy strategies to address the short- and long-term consequences of a TBI that can last a lifetime.
- [Incidence of Delayed Intracranial Hemorrhage in Older Patients After Blunt Head Trauma](#) – Guidelines conflict on the management of older adults who have blunt head trauma and are taking anticoagulant and antiplatelet medications. This is partially due to the limited data on patients who are taking these medications. This study found the incidence of delayed traumatic intracranial hemorrhage in older adults with head trauma after hospital discharge was rare, regardless of use of anticoagulant and antiplatelet medications.
- [The Incidence of Traumatic Intracranial Hemorrhage in Head-Injured Older Adults Transported by EMS with and without Anticoagulant or Antiplatelet Use](#) – Current Field Triage guidelines recommend Emergency Medical Services transport of head-injured patients using anticoagulants or antiplatelets to a higher-level trauma center based on a greater risk of traumatic intracranial hemorrhage (tICH). This study compared the incidence of tICH in older adults, and found that anticoagulation, or antiplatelet, use was not an independent risk factor in tICH.



### More Ways to Spread the Word:

- Visit [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP) to learn more. Access and download materials and take trainings.
- Download the [HEADS UP Concussion and Helmet Safety app](#).

## Rapidly increasing Hoosier Suicide Rates Fueled by Males

Nearly two decades have passed since former Surgeon General David Satcher broke the silence surrounding suicide in the United States. Released in 2001, “The Surgeon General’s Call to Action to Prevent Suicide” was a landmark document, that outlined the steps necessary to reduce the velocity of this preventable health problem and introduced the first national strategy for suicide prevention. Despite these efforts, a recent publication by the Center of Disease Control and Prevention (CDC) has found that the incidence of suicide has continued to increase, climbing by 30% nationally since 1999. Since Dr. Satcher’s publication, Indiana has exceeded the national suicide rate for 16 consecutive years. (Figure 1). While Indiana ranks 25th in age-adjusted suicide incidence, this number is expected to outpace the national average.

In the last five years, gaps in suicide rates have continued to widen between the state and national average. This has led the Indiana State Department of Health (ISDH) to investigate these increasing trends in hopes to find an intervention point. Upon further review, it is clear that suicide among male Hoosiers are fueling the observed trends. (Figure 2) While the suicide rates of Hoosier women has slowly increased, the rates for males have increased with a greater velocity. More specifically, Indiana female suicides have increased 5.8% over the last five years, while suicides in Indiana males has increased 14.8% over the same period. This trend is in drastic need of intervention, and ISDH encourages organizations to focus on specific suicide initiatives targeted to males, who also have more than four times suicide rate of women.

<https://www.sprc.org/resources-programs/surgeon-generals-call-action-prevent-suicide>

<https://www.cdc.gov/vitalsigns/suicide/index.html>

Figure 1. National Age Adjusted Suicided Rate Compared to Age Adjusted Suicide Rate in Indiana, From 2001-2016

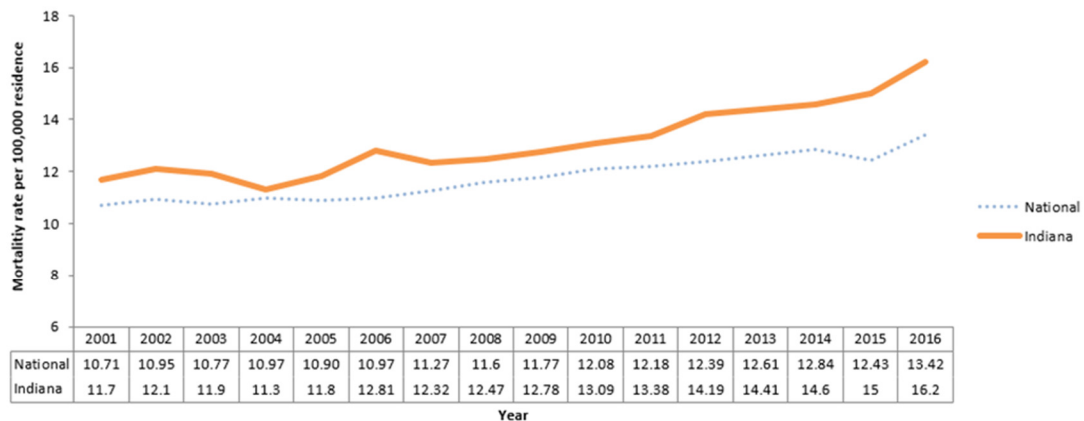


FIGURE 2. AGE-ADJUSTED SUICIDE RATES IN INDIANA FROM 2006 - 2016





# Public Safety + Public Health Opioid Conference

*Community Solutions: United to Combat the Opioid Epidemic*

August 14  
8:30 a.m. - 3:30 p.m.

502 East Event Centre  
530 East Carmel Drive  
Carmel, IN 46032



GPS friendly address

**Target audience:** Law enforcement, healthcare professionals, local health department professionals, community outreach coordinators, educators, judicial system representatives and coroners

CONTINUING LAW  
ENFORCEMENT EDUCATION  
CREDITS AVAILABLE

Breakfast and lunch provided

Interested in becoming an exhibitor or sponsor?  
Contact us at [LHDinfo@isdh.in.gov](mailto:LHDinfo@isdh.in.gov).



## Save the Date! 2018 Midwest Injury Prevention Alliance (MIPA) Summit

**Who:** Those who work in the field of injury and violence prevention.

**What:** Day and a half conference covering various injury prevention topics and addressing emerging best practices in the field of violence and injury prevention.

**When:** Nov. 29 & 30, 2018

**Where:** Downtown Indianapolis, Venue TBD

Receive notification when registration opens by emailing: [indianatrauma@isdh.in.gov](mailto:indianatrauma@isdh.in.gov).



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