

TRAUMA TIMES

A Communication of the Division of Trauma and Injury Prevention

Indiana State Department of Health

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In This Issue

- Division staff updates page 1
- Changes in the trauma registry page 2
- Trauma registry/webcast update page 3
- Stepping On and grant opportunities page 4
- Pediatric readiness and award breakfast page 5
- Review Indiana’s traumatic brain injury plan page 6
- Tips to handle medication safety page 7
- Brain health awareness page 8
- Sports eye safety information page 9
- Sexual assault and alcohol awareness month page 10
- Observances and events/grant updates pages 11-12
- Contact information page 13

Upcoming Events

- **Injury Prevention Advisory Council (IPAC) meeting**
March 15
- **Indiana Violent Death Reporting System (INVDRS) advisory board meeting**
March 15
- **EMS Medical Director’s Conference**
April 16
- **Good Friday — state offices closed**
April 19
- **Indiana State Trauma Care Committee Meeting**
April 26

Division staff updates



Brandon Moore
Administrative Assistant

Brandon Moore is the division’s new administrative assistant. He graduated Indiana State University in 2018 with a bachelor’s degree in business administration. He plans reenroll at IUPUI to begin his MBA in administration, with plans earn his degree 2021. He interned at Kind Individuals Doing Service as a business development intern before joining the Indiana State Department of Health (ISDH).

Keifer Taylor is the division’s new records consultant. He earned a bachelor’s degree in public health from Indiana University and plans to obtain a Master of Public Health with a concentration in epidemiology. He has previous experience as a pharmacy technician and was part of the Prescription Drug Overdose team as an intern at ISHD before joining ISDH full-time.



Keifer Taylor
Records Consultant

Changes Coming to the 2019 Trauma Registry

The Division of Trauma and Injury Prevention works closely with the Indiana State Trauma Care Committee (ISTCC) to capture trauma registry data on every trauma patient in the state. To improve patient outcomes, the ISTCC identified the need to require capturing the “Transfer Delay” data element by non-trauma centers. The information will be analyzed to help expedite patient care.

Hospitals should capture Transfer Delay when a patient moves from one hospital to another. Hospitals have the ability to select one or more options (using the “Ctrl” key). This information will help identify key areas of improvement at both a state and hospital-specific level.

Capturing **Transport Mode** has been an issue since the second quarter 2018, especially for hospitals that import, but a fix for patients admitted starting in the first quarter of 2019 is in the works.

Transport Mode under the “ED/Acute Care” tab for patients being transferred to another hospital is a required field by the National Trauma Data Bank (NTDB). We encourage hospitals to please continue to capture this field.

NTDB Preexisting/Hosp. Events (below) will be part of the 2019 capture as it will list comorbidity individually without the drop-down. Please continue to capture this information using the Comorbidity tab until Q1 2019 admissions.

Transfer Delay: Yes

Reason for Transfer Delay:

- Select-
- Communication Issue
- Delay Issue
- EMS Issue
- Equipment Issue

Communication Issue:

- Communication Issue -
- Miscommunication between sending and receiving fac...
- Nursing delay in calling for/arranging transportat...
- Nursing delay in contacting EMS
- Physician response delay

Delay Issue:

- Delay Issue -
- Delay in diagnosis
- Delay in Emergency Department disposition decision
- Delay in trauma team activation
- Not Known

EMS Issue:

- EMS Issue -
- Air transport ETA greater than ground transport ET...
- Air transport not available due to weather
- Out of county
- Shortage of available ground transportation

Equipment Issue:

- Equipment Issue -
- Equipment broken
- Equipment missing/unavailable
- Not Known

Error Issue:

- Error Issue -
- Error in judgment
- Error in technique
- Error in treatment
- Not Known

Family, Legal Guardian, or Patient Issue:

- Family, Legal Guardian, or Patient Issue -
- Change in patient condition
- Child Protective Services (CPS)
- Family requested transfer
- Patient requested transfer

Receiving Facility Issue:

- Receiving Facility Issue -
- Physician decision making
- Priority of transfer
- Radiology workup delay
- Surgeon availability

Referring Facility Issue:

- Referring Facility Issue -
- Physician decision making
- Priority of transfer
- Radiology workup delay
- Surgeon availability

Transportation Issue:

- Transportation Issue -
- Transportation Issue
- Not Known

Weather or Natural Factors Issue:

- Weather or Natural Factors Issue -
- Flooding
- Rain
- Snow
- Tornado



Thank you for your continued participation and patience each quarter as we continue to make our statewide system, districts and trauma data more robust.

Hospitals need to report data to trauma registry

The hospitals listed below did not report data to the trauma registry for the third quarter of 2018. All hospitals with emergency departments have been required to send trauma data to the Indiana Trauma Registry since November 2013. Doing so allows the department to have representative data of the state for analysis and research. Data are also used on a regional level at the Trauma Regional Advisory Council (TRAC) meetings. Hospitals may find resources to report by collaborating with other hospitals in their district or hospital network. For training on the trauma registry, contact ISDH Statewide Trauma System Development and Training Manager Ramzi Nimry at rnimry@isdh.in.gov or 317-234-7321.

Adams Memorial Hospital
Decatur County Memorial Hospital
IU Health Starke
Fayette Regional Health
Goshen Hospital

Harrison County Hospital
Riverview Health
St. Mary Medical Center Hobart
St. Catherine Regional (Charleston)
Pulaski Memorial

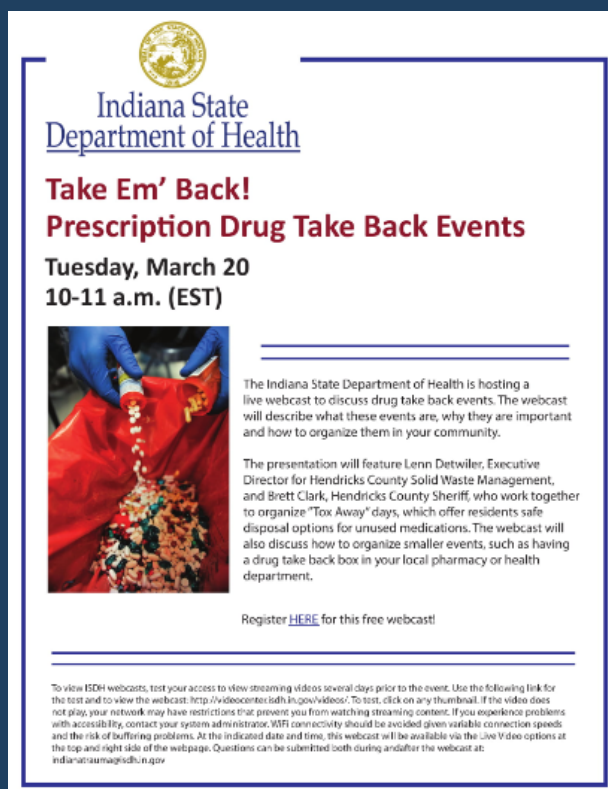
A year in review: Looking back at the 2018 opioid-related webcasts and what's to come in 2019

In 2017, 1,809 Hoosiers died from drug poisoning, marking an 883 percent increase since 1999. Of these deaths, approximately 63 percent involved opioids. Relative to other states, Indiana had the 13th-highest drug overdose death rate in 2017. The opioid epidemic has had a significant impact on the state, demonstrating a need for effective and timely communication between public health agencies and local stakeholders to address this issue. Utilizing innovative communication channels is critical for the Indiana State Department of Health (ISDH) to reach stakeholders across the state, including those located in rural and remote areas.

ISDH began hosting opioid-related webcasts as a way to communicate information about new programs, grant opportunities and developments related to the opioid epidemic. Between November 2017 and December 2018, ISDH hosted monthly webcasts that featured subject-matter experts covering topics such as opioid-related data, drug prevention programs, drug take-back programs and others. Following the conclusion of each webcast, all registered participants received a short evaluation survey to measure perceptions on the effectiveness and utility of the webcast.

Webcast viewership increased over time, starting with approximately 150 viewers tuning in, to more than 300 viewers by the end of December 2018. Though the surveys generally had low return rates (an average of 15 per webcast), feedback collected indicated an overall positive response. Viewers reported that the webcasts increased their knowledge base and were an effective communication tool. Registered participants covered a large geographic area of Indiana, as well as a broad range of professionals from academia, the criminal justice community, local health departments and others.

Looking forward, ISDH will continue hosting webcasts every other month. Future webcast topics will include the impact of the opioid epidemic on Department of Child Services' cases, opioid-related legislation, the intersection between traumatic brain injuries and opioids, and more. Click [here](#) to view past webcasts.



Indiana State Department of Health

Take Em' Back!
Prescription Drug Take Back Events
Tuesday, March 20
10-11 a.m. (EST)

The Indiana State Department of Health is hosting a live webcast to discuss drug take back events. The webcast will describe what these events are, why they are important and how to organize them in your community.

The presentation will feature Lenn Detwiler, Executive Director for Hendricks County Solid Waste Management, and Brett Clark, Hendricks County Sheriff, who work together to organize "Tox Away" days, which offer residents safe disposal options for unused medications. The webcast will also discuss how to organize smaller events, such as having a drug take back box in your local pharmacy or health department.

Register [HERE](#) for this free webcast!

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: indianastatema@isdh.in.gov.

Stepping On

Stepping On is a high-level, evidence-based program proven to reduce falls and build confidence among older adults. The program has demonstrated a 31 percent reduction in falls in Australia and in America it has shown a 50 percent reduction in falls. Stepping On is a seven-week (one session a week) evidence-based intervention proven to decrease the incidence of falls in older people.

In addition to practicing balance and strength exercises, participants learn about the role vision, medication and footwear can play in falls. They also learn strategies for avoiding or eliminating fall hazards to better navigate inside and outside the home. To register for the training visit: <https://www.eventbrite.com/e/2019-stepping-on-leader-training-workshop-tickets-54175005901> or email Injury Prevention Program Coordinator Pravy Nijjar at pnijjar@isdh.in.gov.



Stepping On SAVE THE DATE
Leader Training Workshop
March 5-7th 2019
Ellettsville Fire Department
Conference and Training Room
5080 W State Road 46
Bloomington, IN 47404
Questions? Contact Pravy Nijjar, pnijjar@isdh.in.gov
For more info about Stepping On visit
<https://ihealthyaging.org/stepping-on>
Indiana State Department of Health
Trauma and Injury Prevention

Division of Trauma and Injury Prevention grant updates

New grant opportunities the division is pursuing:

- **Administration for Community Living – Evidence-Based Falls Prevention Program**
The division is reapplying for a grant previously pursued but not awarded. We are working to enhance falls prevention programs and the participation of older adults at risk for falls in these programs, while collaborating with sustainability partners to integrate networks that will sustain the falls prevention programs during and beyond grant funding.
- **Overdose Data to Action**
The division is applying for the Centers for Disease Control and Prevention’s cooperative agreement that seeks to support the collection and dissemination of high quality and timely data on opioid prescribing and all drug overdoses, and to use those data to inform prevention and response. The funds will be employed to drive a multi-strategy approach with the long-term goals of decreasing the rate of opioid misuse and opioid use disorder, increasing the provision of evidence-based treatment, and decreasing rates of fatal and non-fatal overdoses across the state.
- **National Violent Death Reporting System**
The division is applying for the National Center for Injury Prevention and Control’s Collecting Violent Death Information Using the National Violent Death Reporting System (NVDRS) grant. Only non-research activities will be funded. This includes the collection and dissemination of surveillance data on homicides, suicides, deaths from legal intervention, deaths of undetermined intent, and unintentional firearm deaths from 2020 to 2022 in a targeted area to improve the planning, implementation, and evaluation of violence prevention programs. Data will be collection from three sources: death certificates, coroner/medical examiner reports including toxicology reports, and law enforcement reports. De-identified information from these records will be used in the Centers for Disease Control and Prevention’s (CDC) web-based data entry system in the national goal of preventing violent deaths.

Coroner Grant Opportunity

The Indiana State Department of Health’s (ISDH) Division of Trauma and Injury Prevention has been awarded a grant from the U.S. Department of Justice to improve collaboration and strategic decision-making by law enforcement agencies and public health officials to address prescription drug and opioid misuse, save lives and reduce crime. ISDH has also been awarded a grant from the Centers for Disease Control and Prevention (CDC) to collect and disseminate surveillance data on homicides, suicides, deaths of undetermined manner and unintentional firearm deaths to improve the planning, implantation and evaluation of violence prevention programs. As part of these efforts, ISDH aims to improve drug specificity and completeness on death certificates by providing more precise and comprehensive death data. As such, ISDH hopes to increase coroner participation in the Indiana Coroner Case Management System (ICCMS), a repository in which coroners can manage their cases, by providing funds to cover supplies that are critical to investigation efforts. Click [here](#) for the full grant opportunity announcement, including the funding levels for each county.

Indiana Pediatric Readiness Facility Recognition Program

The Indiana Emergency Medical Services for Children (iEMSC) and the Indiana State Department of Health announce the pilot phase of a voluntary two-tier recognition program for pediatric readiness. Pediatric readiness facility recognition programs support and recognize emergency departments to ensure they have policies, procedure and supplies to stabilize a child's condition in a medical emergency. Indiana hospitals may apply to be recognized as a "Pediatric Ready" or "Pediatric Advanced" facility.

To request an application packet or for more information, please email Program Manager Margo Kniefelkamp at margo.kniefelkamp@indianapolisems.org or call 317-630-7742. iEMSC looks forward to working with you through this process.



Eighth Annual Pediatric Heroes Awards Breakfast Planned

Do you know someone that goes above and beyond for children or has done something extraordinary for a child? If so, please nominate that pediatric hero by completing this

http://www.indianaemsc.org/documents/2019HealthCareHeroNominationAwardForm_000.pdf

National Emergency Medical Services for Children Day is coming up in May. Indiana EMSC would like to honor healthcare providers, public safety workers and community leaders throughout the state who have provided excellent care to children. Please take this opportunity to nominate someone within your community who has provided care to children within the area(s) of dispatch of emergency care, pre-hospital care, emergency/hospital care, public safety, community leadership and pediatric community advocacy work.

Nominations must be received on or before April 7 and may be emailed to

margo.kniefelkamp@indianapolisems.org or may be mailed to:

Indiana EMSC
3930 Georgetown Road
Indianapolis, IN 46254

State Plan for Traumatic Brain Injuries

In 2018, the Indiana State Department of Health (ISDH) received federal funding from the Administration of Community Aging to reduce opioid overdose within traumatic brain injury (TBI) survivors. Additionally, ISDH and the Rehabilitation Hospital of Indiana (RHI) is tasked with mentoring other states on implementing TBI resource facilitation (RF). Within this grant, ISDH proposed the creation of a multifaceted advisory board comprised of state agencies, medical professionals, and TBI consumers to oversee collaborative efforts aimed at TBI reduction. In December 2018, the Indiana TBI Advisory Board presented their outline of Indiana's first state plan for reducing the burden of TBI among Hoosiers. This five-year plan seeks to accomplish the following five goals:

1. Identify the state of TBI care, prevention and rehabilitation within Indiana.

The most significant priority for Indiana is to identify the statewide needs throughout the state systematically. The most recent Indiana TBI Needs assessment was conducted in 2004 and is outdated. Indiana will seek to identify these gaps to address the needs of Hoosiers with higher specificity.

2. Improve access to educational resources and references for medical professionals, TBI patients, and their families.

One of the primary complaints from TBI patients and their families is the lack of general and in-depth materials available. Additionally, many medical professionals have requested recommendations regarding best Practices and recommendations from proper TBI care. Indiana does not provide stakeholders with TBI the necessary details about recovery from TBI and the resources available to patients. Therefore, it is imperative that Indiana seeks to give patients and caregivers conventional materials that will inform evidence-based policy and care for TBI recovery.

3. Increase the access to medical care for TBI patients in Indiana.

As noted, many people with TBI are not followed in a TBI-specific continuum of care, starting at the emergency department or trauma center. To promote access, Indiana must work to improve access to TBI rehabilitation and post-acute services. Based on several studies, RF has been found to dramatically enhance the probability for successful reintegration of TBI patients back into their daily lives. Additionally, studies have shown RF drastically reduces the likelihood of accidental drug poisoning, opioid addiction and incarceration in those recovering from a TBI. Indiana holds the resources to enhance the reach of this enacted program. Not only will the expansion of RF provide preventive measures for reducing the risk of recidivism and opioid misuse, but it will also provide the optimum clinical and psychological care tailored to each.

4. Improve the surveillance and prevention of adolescent TBI.

According to the CDC, experiencing a TBI during adolescence negatively and dramatically impacts the affected individual's long-term health. At this time, Indiana fails to provide any standardized guidelines for returning a student to the classroom or extracurricular activities after a TBI. Further, Indiana is one of the few states that fails to have any involvement in the surveillance of sports-related TBI in youth. Due to the well outlined long-term negative impact of TBI, it is imperative that Indiana begins establishing procedures and resources to ensure the safety of Hoosier youth.

5. Diversion of TBI patients within the justice system.

Much has been done in recent years to identify the link between TBI exposure and compulsive and criminal behavior. More specifically, a recent study determined that 80 percent of individuals in the Indiana Problem Solving Court had a TBI within the last two years. In collaboration with TBI subject matter experts, the Marion County Problem Solving Court and Jail system have worked to pilot an intervention that seeks to provide treatment and mental health services to those who have suffered a recent TBI. Backed by research, Indiana hopes to continue to navigate TBI patients away from the justice system.

The Indiana TBI Advisory Board seeks to vote on this plan in its upcoming February meeting. If you have any suggestions on this plan or you would like to participate in this project, please email Jeremy Funk (jfunk1@isdh.in.gov).

Patient Safety Awareness Week (March 10-16) and National Poison Prevention Week (March 17-24)

Medication Storage:

It is important to keep medications put away and out of sight. Small children can get into medications left on the counter. According to the Centers for Disease Control and Prevention, about 60,000 young children end up in the emergency room each year from getting into medications while an adult/parent was not looking. Keeping medications stored and secure will not only keep your children safe, it will also prevent others from taking the medication and using it inappropriately.

Ways to ensure your medication is stored safely:

- Make sure the medicine has a safety cap
- Keep medications in a tall cabinet
- Purchase a medication lock box
- Teach your children and family members about medicine safety



Medication Disposal:

When medications are no longer needed, it is important that they are removed from the household and disposed of properly. Medications should be removed from homes as soon as they are not needed to reduce the chance of others accidentally taking the medication or intentionally misusing the medicine. The best way to dispose of unneeded, expired or unused drugs are medicine is to bring them to a take-back centers, but they can be disposed of in the household trash if your community doesn't have a take-back center.

Medicine Take-Back Centers:

Drug take-back collection sites are DEA-certified to collect and dispose of pharmaceuticals that may contain harmful substances. These may be pharmacies, law enforcement facilities, clinics, etc. These can also include drop-off boxes in your community. To find a drug take-back location near you, click here: <https://www.in.gov/bitterpill/2549.htm>.

How to Dispose of Medication at Home

Throw medication away at home only if you do not have access to a drug take back location.



1. Mix: Mix medications with an indigestible substance such as cat litter, dirt, coffee grounds or sand.
2. Place: The mixture must be placed in a container, such as a sealed plastic bag or a container with a lid.
3. Throw: The container should be thrown out in your household trash can.
4. Scratch Out: Scratch out any personal information that is printed on the prescription label of your empty bottle, making it unreadable. The empty container can then be thrown away.

5. Flushing medications down the toilet can be harmful to the environment and accidental poisoning can occur. Medications flushed down the toilet can be absorbed into the ground and get into our water supply.

To learn more about ways to properly dispose of medications in Indiana visit: <https://www.in.gov/idem/recycle/2343.htm>

Sources:

<https://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/ensuringsafeuseofmedicine/safedisposalofmedicines/ucm186187.htm>

<https://www.cdc.gov/features/medicationstorage/index.html>

Helmet Safety for Brain Awareness Week (March 11-17)

1. Adopt the simple saying, "Use your head, wear a helmet." Children should always wear a helmet for all wheeled-sports activities.
2. When skateboarding or long boarding, your child should wear a skateboarding helmet.
3. Parents also should wear a helmet for every ride. Children learn from watching you so model proper behavior.
4. When it is time to purchase a new helmet, let your children pick out their own; they will be more likely to wear them for every ride.
5. Helmets should sit comfortably on the head all the way around, sitting level and stable enough to stay in place during violent shakes or hard blows.
6. Rest the helmet level on the head, not tilted.
7. Make sure the straps of the helmet form a "V" under the ears when buckled.
8. Have the strap underneath the chin fit comfortably snug.
9. Secure the helmet to the point that twisting and tugging cannot remove it.
10. Always replace a helmet after a crash. Damages may not be visible, but the foam can lose its integrity.

Facts and Figures are provided by the Brain Injury Association of Minnesota and the Bicycle Helmet Safety Institute.

For more information visit the [CDC's website](#).

GET A HEADS UP ON
Bike Helmet Safety



While there is no concussion-proof helmet, a bike helmet can help protect your child or teen from a serious brain or head injury. The information in this handout will help you learn what to look for, and what to avoid when picking out a helmet for your child or teen.

Start with the Right Size:

BRING THE BIKE RIDER

Bring your child or teen with you when buying a new helmet to make sure that you can check for a good fit.

HEAD SIZE

To find out the size of your child's or teen's head, wrap a soft tape measure around his or her head, just above their eyebrows and ears. Make sure the tape measure stays level from front to back. (If you don't have a soft tape measure, you can use a string and then measure it against a ruler.)

SIZES WILL VARY

Helmet sizes often will vary from brand-to-brand, so it's important to check out the helmet brand's fit and sizing charts to find out what helmet size fits your child's or teen's head size.

Get a Good Fit:

GENERAL FIT

The helmet should fit snugly all around, with no spaces between the foam and bike rider's head.

ASK

Ask your child or teen how the helmet feels on their head. While it needs to have a snug fit, a helmet that is too tight can cause headaches.

Brain Injury Awareness Month (March)

More than 3.5 million people sustain an acquired brain injury (ABI) in the United States every year. According to the Brain Injury Association of America, ABIs are any injury to the brain that is not hereditary, congenital, degenerative, or induced by birth trauma, and can be caused by oxygen deprivation, infectious disease, strokes, substance overdoses, trauma, etc. Traumatic brain injuries (TBI) are a type of ABI that results from trauma caused by an external force, such as falls, motor vehicle accidents, assaults, etc. One in every 60 people in the United States lives with a TBI-related disability. Brain Injury Awareness Month recognizes and spreads awareness of TBIs and other brain injuries with the theme "Change Your Mind" during the month of March, Brain Injury Awareness Week during March 11-17, and Brain Injury Awareness Day on March 13.

Resources on Brain Injuries:

<https://www.biausa.org/public-affairs/public-awareness/challenge-magazine>

https://www.health.qld.gov.au/abios/asp/what_is_abi

<https://www.biausa.org/public-affairs/public-awareness/campaigns/fact-sheet>

<https://www.brainline.org/tbi-basics/what-tbi>

Sport Eye Safety Month (April)

Playing sports is good for your health, but can also lead to a health disaster when an eye injury damages a young athlete's vision. A recent study found that in 2017 approximately 30,000 individuals presented annually to the emergency department in the United States with sports-related eye injuries.¹ Unfortunately, most youth sporting leagues don't require participants to wear eye protection. In support of Sports Eye Safety Month in April, ISDH wants to raise awareness and remind the public about eye safety while participating in sports. Follow the tips below to protect a child's vision and prevent injury:

1. Wear the right eye protection: The eye guards you choose should fit securely and comfortably and allow the use of a helmet, if necessary.
 - For basketball, racquet sports, soccer and field hockey, wear protection with shatterproof polycarbonate lenses.
 - For baseball, ice hockey and lacrosse, wear a helmet with a polycarbonate face mask or wire shield.
2. Know the standards
 - Choose eye protection that meets the American Society of Testing and Materials (ASTM) standards or go to the following webpage for more details (<https://www.aao.org/eye-health/tips-prevention/injuries-protective-eyewear>)
3. Throw out old gear
 - Eye protection should be replaced when damaged or yellowed with age. Wear and tear may cause them to become weak and lose effectiveness.
4. Glasses won't cut it
 - Regular prescription glasses may shatter when hit by flying objects. If you wear glasses, try sports goggles on top to protect your eyes and your frames or buy prescription sports goggles.



Here are some tips to help find the right pair of eye guards²:

- Check the packaging to see if the selected eye protector has been tested for sports use. Sports protective eyewear should be labeled as ASTM F803 approved.
- Check to see that the eye protector is made of polycarbonate material. Polycarbonate eye guards are the most impact resistant.
- Sports eye guards should be padded or cushioned along the brow and bridge of the nose. Padding will prevent the eye guards from cutting your skin.
- Fogging of the lenses can be a problem when the wearer is active. Some eye guards are available with anti-fog coating. Others have side vents for additional ventilation. Try on different types to decide which is most comfortable.
- Try on the eye protector to determine if it's the right size. Adjust the strap and make sure it's not too tight or too loose.

Knowing what to do for an eye emergency can also help prevent vision loss, check out this [fact sheet](#) by Prevent Blindness for more information.

Sources:

¹<https://jamanetwork.com/journals/jama/fullarticle/2667045>

²<https://www.preventblindness.org/tips-buying-sports-eye-protectors>

Prepare now to promote awareness of sexual assault, youth violence

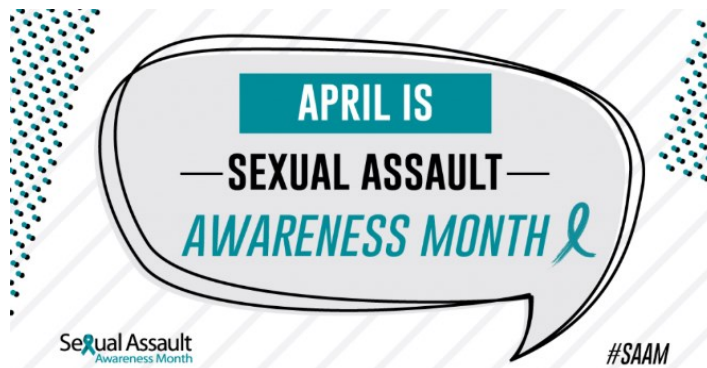
Sexual Assault Awareness Month in April is a campaign to raise public awareness about sexual violence and educate communities on how to prevent it. The campaign theme, I Ask, champions the message that asking for consent is a healthy, normal, and necessary part of everyday interactions. Visit <https://www.nsvrc.org/saam> to learn the basics to ask for and recognize consent via online and in person. You can also call the Indiana Coalition to End Sexual Assault at 800-691-2272 and inquire about advocacy and services.

National Youth Violence Prevention Week (NYVPW) is April 8-12. Using the Indiana Violent Death Reporting System (INVDRS) data from 2016-2018, youth suicides (age 10-18) occur in 5.6 out of 100 females and 4.7 out of 100 males. Youth homicides (age 1-18) occur in 17.4 out of 100 of females and 12.9 out of 100 males. The goal of this campaign is to raise awareness and to educate students, teachers, school administrators, counselors, school resource officers, school staff, parents, and the public on effective ways to prevent or reduce youth violence.

You can participate in this campaign by the following efforts:

- Adopt a school and donate educational resources that teach young people strategies to reduce violence
- Send letters to your local, state, and national representatives to ask them to support the campaign or attend your NYVPW event or roundtable
- Wear violence prevention ribbons and hang NYVPW posters to demonstrate your support for the campaign

For more NYVPW resources visit: <http://nationalsave.org/NYVPW/resources/>



**April is
Alcohol
Awareness
Month**



Drinking too much alcohol increases people's risk of injuries, violence, drowning, liver disease and some types of cancer. This April, during Alcohol Awareness Month, the Trauma and Injury Prevention Division encourages you to educate yourself and your loved ones about the dangers of drinking too much. If you are drinking too much, you can improve your health by cutting back or quitting. Here are some strategies to help you cut back or stop drinking:

- Limit your drinking to no more than one drink a day for women or two drinks a day for men.
- Keep track of how much you drink.
- Choose a day each week when you will not drink.
- Don't drink when you are upset and limit the amount of alcohol you keep at home.
- Avoid places where people drink a lot.
- Make a list of reasons not to drink.

If you are concerned about someone else's drinking, offer to help and have them call the Indiana Addiction Hotline: 1-800-662-HELP (4357). For resources to promote Alcohol Awareness Month visit: <https://healthfinder.gov/NHO/AprilToolkit.aspx>

Injury Prevention Observances and Events March 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
Brain Injury Awareness Month					1	2
3	4	5	6	7	8	9
10 Daylight Savings Time begins Patient Safety Awareness Week	11 Brain Awareness Week Patient Safety Awareness	12 Brain Awareness Week Patient Safety Awareness	13 Brain Awareness Week Patient Safety Awareness	14 Brain Awareness Week Patient Safety Awareness	15 Brain Awareness Week Patient Safety Awareness Week IPAC/NVDRS Meeting	16 Brain Awareness Week Patient Safety Awareness
17 Brain Awareness Week National Poison Prevention Wk	18 National Poison Prevention Week	19 National Poison Prevention Week	20 National Poison Prevention Week	21 National Poison Prevention Week	22 National Poison Prevention Week	23 National Poison Prevention Week
24 National Poison Prevention Wk	25	26	27	28	29	30
31						

Prevention Resources:

- Brain Awareness Week resources: <https://www.sfn.org/Outreach/Brain-Awareness-Campaign>
 - One in every 60 people in the United States lives with a traumatic brain injury-related disability. Learn what you can do to help those with brain injury.
- Patient Safety Awareness Week resources: <http://www.ihl.org/Engage/Initiatives/Patient-Safety-Awareness-Week/Pages/Resources.aspx>
 - Medication errors and adverse events are among the most common errors in both inpatient and outpatient settings. Learn what you can do to prevent these errors from occurring.
- National Poison Prevention Week resources: <https://poisonhelp.hrsa.gov/what-can-you-do/national-poison-prevention-week/participating-in-national-poison-prevention-week/index.html>
 - Poison Help Line: 1-800-222-1222.

Injury Prevention Observances and Events

April 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1 National Public Health Week	2 National Public Health Week	3 National Public Health Week	4 National Public Health Week	5 National Public Health Week	6 National Public Health Week
7 Nat'l Alcohol Screening Day World Health Day	8 National Youth Violence Prevention Week	9 National Youth Violence Prevention Week	10 National Youth Violence Prevention Week	11 National Youth Violence Prevention Week	12 National Youth Violence Prevention Week	13
14	15	16 EMS Medical Director's Conference	17	18	19	20
21	22	23	24	25	26 ISTCC Meeting	27
28	29	30	National Child Abuse Prevention Month Alcohol Awareness Month Sports Eye Safety Month Sexual Assault Awareness and Prevention Month			



National Public Health Week

Creating the Healthiest Nation: For science. For action. For health.

April 1 - 7, 2019

2019 Trauma Regional Advisory Council (TRAC) meetings

District 3: April 11, June 13, Aug. 8, Oct. 10 and Dec. 12

District 5: March 20, June 19, Sept. 18 and Dec. 18

District 6: Feb. 28, May 30, Aug. 29 and Nov. 21

District 7: March 6

District 10: April 25, July 25 and Oct. 24

All other districts TBD



Contact Us

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Trauma and Injury Prevention