

# TRAUMA TIMES

A Communication of the Division of Trauma and Injury Prevention

Indiana State Department of Health

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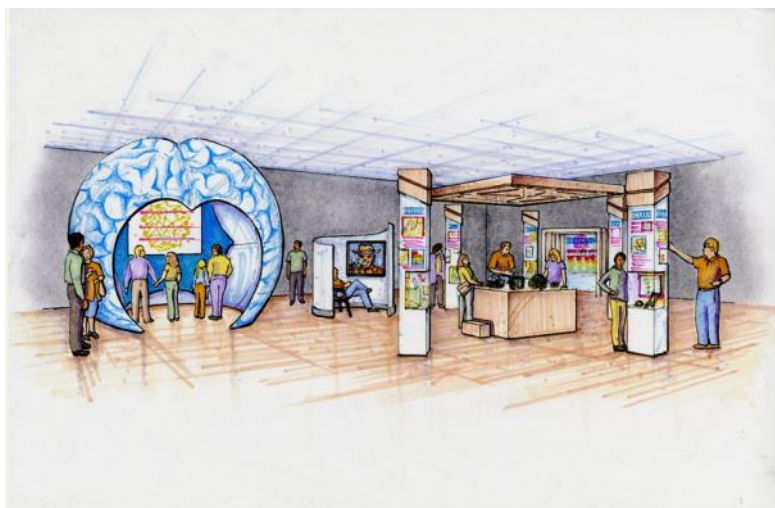
## Upcoming Events

- **TBI Advisory Board Meeting**  
Mar. 18
- **IPAC/NVDRS**  
Mar. 20
- **Good Friday**  
(state offices closed)  
Apr. 10
- **Indiana State Trauma Care Committee (ISTCC)/Indiana Trauma Network (ITN)**  
Apr. 17
- **The Governor's Next Level Recovery Conference**  
Apr. 23

## New Opioid Exhibit Opens up in the Indiana State Museum

The exhibit opened Feb. 1 containing more than a dozen personal journeys from the grips of addiction to recovery and hope. The 7,000-square-foot exhibit contains a giant brain to help teach the science behind addiction which also includes multi-media and hands-on interactives to better inform the participant on multiple aspects of the opioid crisis.

Click [here](#) to learn more about the exhibit.



## Division Staffing Updates



### **Trinh Dinh, Data Analyst**

Trinh graduated with her Bachelor of Science in Biology and Chemistry and a Master's degree in Public Health with a concentration in Health Disparity from the University of Indianapolis (UIIndy). She has been in the Division of Trauma and Injury Prevention as the Registry Coordinator for the past year and a half before transitioning to the role of Data Analyst.



### **Chinazom Chukwuemeka, Registry Coordinator**

Chinazom graduated from Indiana University in 2019 with a master's degree in Health Informatics and possesses a bachelor's degree in Computer Information Systems from Babcock University, Nigeria. Prior to joining ISDH, she was a Clinical IS intern at IU Health and also worked as a research assistant with the IU School of Medicine and BioHealth Informatics department.



### **Laura Hollowell, Drug Overdose Prevention Program Outreach Coordinator**

Laura received her Bachelor of Arts in Psychology from Western Kentucky University and her Master of Arts in Clinical Psychology from the University of Indianapolis. Laura was working as a Licensed Mental Health Counselor (LMHC) in both residential and outpatient substance use treatment prior to joining the Drug Overdose Prevention (DOP) team.

## I.U. Ball Memorial Multiple Causality Event

By Bekah Dillon RN, BSN, MBA, CEN, TCRN, Director of Trauma, Emergency Department, Center of Hope  
and Kelly Vannatter, RN, BSN, TCRN, Trauma Program Manager

On a Monday morning in November, the IU Health Ball Memorial Emergency Department (ED) and Trauma Teams were able to put the recent preparedness work on our Multiple Casualty Activation Response to the test. At 10:37 ED and Trauma Leadership were made aware of a motor vehicle crash (MVC) involving an ambulance transporting patient and a semi. A Trauma I was immediately activated.

Early pre-hospital notification reported five critical patients involved in a high-speed MVC with a semi coming to the ED. Images of the accident were viewed in the ED by ED/Trauma leadership and the Trauma Surgeon on call. After images were reviewed, resources were evaluated, and with the possibility of five critical patients being transported to the hospital, the decision was made to activate a Multiple Casualty Alert.

Adequate pre-arrival notice allowed for five separate Trauma Teams to pull together within minutes. All Trauma Teams were prepared with two TNCC RN's, a Surgeon, an ED Provider and a Paramedic or Tech. Patients were prioritized at the ambulance bay doors and taken to the appropriate room with the two most critical patients being triaged to the Trauma Bay. The CT tables were cleared and patients were taken to CT in prioritized order. The patient that was being transported by EMS during the crash was assessed for life threatening injuries by the Trauma Team and then promptly taken for treatment of a critical medical condition.

Injury Severity Scores ranged from 0-22

Multiple Casualty Activation Response Team:

Trauma Program Manager, ED/Trauma/COH Director, Emergency Preparedness/EMS Director, ED Manager, Administrator on Call, Public Relations (PR), Six Surgeons, Four Trauma and Acute General Surgery Advanced Practice Providers, Environmental Services (EVS) and Transport, Chief Medical Officer, Radiology, Respiratory, Registration, Rapid Response Nurse, TNCC trained Resource Pool Nurse



Image obtained from: <https://iuhealth.org/find-locations/iu-health-ball-memorial-hospital>

Continued on page 4

# I.U. Ball Memorial Hospital Multiple Causality Report (continued from page 3)

## Key Strengths and takeaways:

- Adequate pre-hospital notification played a significant role in the overall success of the event
- Early Mass Casualty Activation allowed for five separate Trauma Teams to form in the matter of minutes
- Leadership was on site for support and helped with the facilitation of care for not only these patients, but 40 additional patients receiving care in the ED
- PR was able to handle media updates due to high profile accident
- Multiple Surgeons responded to event
- Trauma/Acute General Surgery APP's played a crucial role with communication and facilitation of care
- Adequate house wide staffing allowed for flexing of staff to the event
- EVS/Transport staged in the ED within minutes with Exam carts and wheelchairs
- Radiology was available in trauma rooms and cleared CT tables x2 for incoming patients
- Recent Mass Casualty Rapid Improvement Event allowed for multiple/mass protocols to be fresh in employees minds
- Emergency Preparedness/EMS Director in ED prior to patient arrival helped facilitate communication between EMS and hospital
- Dedicated space made available for family and co-workers

Event debriefing occurred promptly and was effective in identifying opportunities to improve our preparedness for future multiple and mass casualty events. A centralized whiteboard would have been ideal to coordinate patient with Trauma Team for clear delineation of roles and responsibilities. This event emphasized that whenever adequate resources are in question, have the confidence to activate your response team. Teams can quickly dissipate once the situation is stabi-

## Naloxone Distribution

To increase the amount of naloxone available in communities across Indiana, the Indiana State Department of Health has used state and federal funds to provide free naloxone to local health departments (LHDs). ISDH has generated several grant opportunities in its naloxone distribution program which is available to all 92 counties in Indiana. If an LHD chooses to apply and receive free doses of naloxone, they will be responsible for distributing the doses and providing the appropriate training within their communities.

As of February 26, 2020, ISDH has had 46 LHDs apply for the 2020 naloxone grant opportunity. This is the 6<sup>th</sup> LHD naloxone grant opportunity. Of the 46 applicants, 6 LHDs have never participated. Of the 46 applicants, 3 LHDs have applied and participated in every single grant opportunity.

Map of Local Health Departments participating in the 2020 Naloxone Distribution program



## Toxicology Updates for 2020

Several years ago, the Indiana State Department of Health (ISDH) realized how critical county coroner toxicology testing results would be to determine the extent of Indiana's opioid problem. In June of 2017, the ISDH created a toxicology pilot program with 13 county coroners. This pilot program provided free toxicology testing to county coroners. It proved to be very successful in getting quality, real-time toxicology data. On July 1, 2018 the program was expanded to include all county coroners.

- 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.
    - \* 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.
- IC 4-23-6.5-11= The Indiana State Department of Health is required to contract with a third party for this testing.

The original lab contractor was NMS Labs.

When this contract expired, the Indiana Department of Administration took quotations from vendors for a new contract. AXIS Lab is the new State contractor for providing free toxicology testing to the county coroners.

The contract period is January 1, 2020 to August 31, 2022 and includes testing for 282 drug compounds. County coroners can begin submitting their samples for toxicology testing March 1, 2020.

## Brain Injury Awareness Month

In the month of March, the nation recognizes and raises awareness of the needs of people with brain injuries and their families. The Brain Injury Association of America (BIAA) conducts a public awareness campaign every March and this year's theme is **Change Your Mind**. You can visit their website to learn more and get involved: <https://www.biausa.org/events/march-is-brain-injury-awareness-month>. For Indiana-related information and support groups, please visit the Brain Injury Association of Indiana's website here: <https://biaindiana.org/>.



# Spring Break Tips for Maximum Summer Fun!

## Shade

You can reduce your risk of skin damage and skin cancer by seeking shade under an umbrella, tree, or other shelter before you need relief from the sun. Your best bet to protect your skin is to use sunscreen or wear protective clothing when you're outside—even when you're in the shade.

## Clothing

When possible, long-sleeved shirts and long pants and skirts can provide protection from UV rays. Clothes made from tightly woven fabric offer the best protection. A wet T-shirt offers much less UV protection than a dry one, and darker colors may offer more protection than lighter colors. Some clothing certified under international standards comes with information on its ultraviolet protection factor.

## Hat

For the most protection, wear a hat with a brim all the way around that shades your face, ears, and the back of your neck. A tightly woven fabric, such as canvas, works best to protect your skin from UV rays. Avoid straw hats with holes that let sunlight through. A darker hat may offer more UV protection.

## Sunglasses

Sunglasses protect your eyes from UV rays and reduce the risk of cataracts. They also protect the tender skin around your eyes from sun exposure. Sunglasses that block both UVA and UVB rays offer the best protection. Most sunglasses sold in the United States, regardless of cost, meet this standard. Wrap-around sunglasses work best because they block UV rays from sneaking in from the side.

## Sunscreen

Put on broad spectrum sunscreen with at least SPF 15 before you go outside, even on slightly cloudy or cool days. Don't forget to put a thick layer on all parts of exposed skin. Get help for hard-to-reach places like your back. And remember, sunscreen works best when combined with other options to prevent UV damage. Most sunscreen products work by absorbing, reflecting, or scattering sunlight. They contain chemicals that interact with the skin to protect it from UV rays. All products do not have the same ingredients; if your skin reacts badly to one product, try another one or call a doctor.

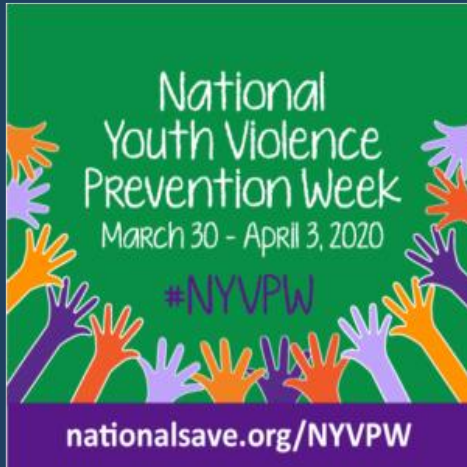
**Reapply!** Sunscreen wears off. Put it on again if you stay out in the sun for more than two hours and after swimming, sweating, or toweling off.

**Expiration date.** Check the sunscreen's expiration date. Sunscreen without an expiration date has a shelf life of no more than three years, but its shelf life is shorter if it has been exposed to high temperatures.

**Cosmetics.** Some makeup and lip balms contain some of the same sun-protective ingredients used in sunscreens. If they do not have at least SPF 15, be sure to use other forms of protection as well, such as sunscreen and a wide-brimmed hat.



## Youth Violence Prevention Week (Morgan)



Youth Violence Prevention Week aims to spread awareness and educate students, school staff, parents, and the public on effective ways to prevent or reduce youth violence. This year it is held March 30 – April 3. According to the Indiana Violent Death Reporting System, youth aged 10-18 experienced higher rates of homicide compared to suicide from 2016-2018. Males were victims of homicide three times more likely than females.

This week-long initiative involves activities for young people to demonstrate the role they have in making their community a safer place. Each day offers a challenge involving knowing the signs of violence and bullying, promoting respect and tolerance, recognizing students for upstanding behavior, resolving conflicts peacefully,

and uniting in action by creating a service project or sharing local resources. The official Action Tool Kit can be found here: <https://nationalsave.org/nyvpw/action-kit/>.

## Sexual Assault Awareness Month

April is Sexual Assault Awareness Month (SAAM) in the United States, during which organizations raise awareness about sexual violence and how to prevent it. This year is the 19th annual anniversary of Sexual Assault Awareness Month. While one month is not enough to solve the serious and widespread issue of sexual violence, the attention this observance generates is an opportunity to energize and expand prevention efforts.

This year's theme "I Ask," is aimed out the ultimate goal – prevention. Since consent is a clear example of what it takes to end sexual harassment, abuse, and assault, this year's campaign focuses on raising awareness that asking for consent is normal and necessary. The goal of the campaign is to empower all of us to practice and put consent into daily practice. By incorporating the "I Ask" theme within SAAM engagements, we can help share important information about consent and healthy relationships.

Sexual violence occurs in both men and women regardless of race, ethnicity, sexual orientation, gender identity or socioeconomic status. It can impact survivors, loved ones and communities emotionally, physically and financially. Sexual violence is common. 1 in 3 women and 1 in 4 men experienced sexual violence involving physical contact during their lifetimes. Nearly 1 in 5 women and 1 in 38 men have experienced completed or attempted rape and 1 in 14 men was made to penetrate someone (completed or attempted) during his lifetime. Nationally, 12.3 percent of women were age 10 or younger at the time of their first victimization, and 30 percent were between the ages of 11 and 17. In Indiana, 16.4 percent of females in grades 9-12 report forced intercourse. Though these numbers are striking, it is widely believed that they are significantly underreported.

In 1994, Congress passed the Violence Against Women Act, which established the Rape Prevention and Education (RPE) program at the Centers for Disease Control and Prevention (CDC). The goal of the RPE program is to strengthen sexual violence primary prevention efforts at the national, state and local level. In Indiana, the RPE program is housed in the Office of Women's Health (OWH) at



## Sexual Assault Awareness Month (continued from page 7)

the Indiana State Department of Health.

Primary prevention is the cornerstone of the RPE program. Indiana's RPE program activities are guided by the Stop Sexual Violence principles that include:

- Promote social norms that protect against violence;
- Teach skills to prevent sexual violence;
- Provide opportunities to empower and support girls and women;
- Create protective environments; and
- Support victims/survivors to lessen harm (CDC, 2016).

Many resources are available to help end sexual violence or assist survivors. Indiana has a new sexual assault coalition, the Indiana Coalition to End Sexual Assault and Human Trafficking (ICESAHT). ICESAHT's mission is to empower Indiana communities to prevent sexual assault and serve those impacted by it through comprehensive training, advocacy, increased public awareness, and coordinated sexual assault services. Many Indiana communities have local assistance for prevention and support services for sexual violence. ICESAHT provides a comprehensive listing of sexual violence resources in Indiana. OWH also provides a listing of sexual violence primary prevention strategies and practice resources accessible here.

Nationally, the Rape, Abuse & Incest National Network (RAINN) offers an online hotline to support survivors, as well as a telephone hotline - 1-800-656-HOPE (4673). The National Sexual Violence Resource Center (NSVRC) also contains resources and event information about SAAM.

For more information about sexual violence in Indiana, please contact the Violence Prevention Program Director Conner Tiffany at [CTiffany@isdh.IN.gov](mailto:CTiffany@isdh.IN.gov) or the Statewide Sane Coordinator Ashli Smiley at [ASmiley@isdh.IN.gov](mailto:ASmiley@isdh.IN.gov).



## ISDH Representation across the United States

Along with several grant submissions, our team has been attending various public health conferences across the country. Here are a few highlights from January and February.

### ECHO training in Albuquerque, N.M.



In preparation for our new Indiana Communities Advancing Recovery Efforts (IN CAREs) ECHO project, members from the Drug Overdose Prevention team at ISDH attended the ECHO Immersion Training at the University of New Mexico in late January. During this training, ISDH members and other Indiana partners that attended were able to meet the founder of ECHO, and had the opportunity obtain knowledge and learn skills directly from the team that made ECHO what it is

today. This was a two-and-a-half-day training in which people from across the globe gathered to discuss their new and developing ECHO projects. All the learned skills and materials will be used throughout the growth and continuation of IN CAREs ECHO. To learn more about this project as it is developing, visit: <https://www.in.gov/isdh/28069.htm>

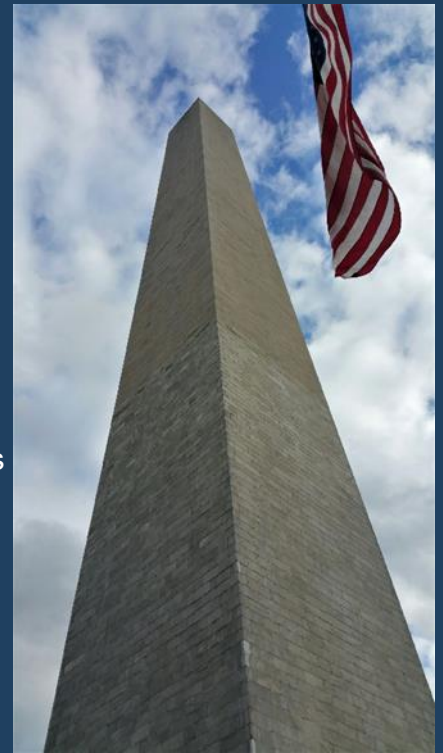


## Indiana Representation across the United States (continued from page 8)

### National Pre-Hospital & Hospital Data Integration Listening Session Summit

On January 29<sup>th</sup>, the Federal Interagency Committee on Emergency Medical Services (FICEMS) in cooperation with the Department of Health and Human Services (DHHS), Office of the National Coordinator (ONC) and the Department of Transportation (DOT), National Highway Traffic Safety Administration (NHTSA) Office of Emergency Medical Services sponsored a Pre-hospital/Hospital Data Integration Listening Session Summit in Washington, DC. State and local authorities, health systems, hospitals, health information exchanges, and private sector companies were invited to attend to help discuss improvement outcomes through the integration of Emergency Medical Services (EMS) electronic patient care records (ePCR) and hospital and clinic electronic health records (EHR). Since there are limits to what can be collected, the difficulty lies in being able to have an information exchange between both the ePCR and EHRs to help improve outcomes.

For more information about the summit, go to <https://www.ems.gov/projects/data-integration.html>



### Agents for Change Summit 2020

The Division of Trauma and Injury Prevention was asked to present at the Agents of Change 2020 Summit February 11. The goal of this conference is to break down the silos between various public health behaviors and strategies in order to discover ways to connect the dots across different areas. The focus was to explore programs focused on the whole person, specifically looking at connecting mental health with physical health. Katie Hokanson, director of the division, participated on a panel with Dr. Lipi Roy from New York, LeShaundra Cordier with the Centers of Disease Control and Prevention (CDC) and Jose Esquibel from Colorado, to explore state-wide strategies to navigate the opioid crisis. Topics covered included: naloxone distribution, providing opioid 101 education and working with various partners to move towards a larger goal of ending the opioid epidemic. For more information about the Agents of Change Summit visit <https://agentsofchangesummit.com/save-the-date>.



## Grant Updates

The Division of Trauma and Injury Prevention (DTIP) has already applied to several grants this year. There are three in particular from three different entities: the Administration for Community Living (ACL), US Department of Transportation (DOT), and Bureau of Justice Assistance.

### ACL Grant

Through this funding opportunity, the Administration on Aging (AoA), part of the Administration for Community Living (ACL), plans to award approximately 7 cooperative agreements to domestic public or private non-profit entities. This funding opportunity is designed to help communities reduce falls and/or falls risk among older adults and adults with disabilities through the implementation of evidence-based falls prevention programs. DTIP plans to use this grant to expand Stepping On programs throughout the state.

### DOT Grant

DOT's Office of the Secretary of Transportation (OST) has released a notice of funding opportunity for state and local governments to develop, refine, and implement data tool applications that address specific roadway safety problems. If funded, ISDH's DTIP plans to create a data dashboard using linked crash and trauma registry data that will be available for public use of stakeholders pertaining to traffic safety and injury prevention.

### BJA Grant

The BJA 2020 Stop School Violence Grant is an opportunity that was presented by The U.S. Department of Justice and The Office of Justice Programs. The purpose of this grant is to address specific areas of concern related to preventing and reducing school violence. This will be done through training both school personnel and educating students on preventing student violence along with, developing and implementing threat assessment and intervention teams. The main objective of the program is to make Hoosier schools safer by these trainings and technological solutions.



In the proposal, the DTIP will be partnering with the Department of Education (DOE) and Family Social Services Administration- Department of Mental Health and Addiction (FAA-DMHA). The training, Youth Mental Health First Aid, will be given to school personnel through the DOE. This training is designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other individuals how to help youth ages 12-18 identify, understand, and respond to the signs of addictions and mental illness. It is a five step action plan that can be used to help youth in both crisis and non-crisis situations by covering a wide range of mental health topics.

# March 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8 Patient Safety Awareness	9	10	11	12	13	14
15 Poison Prevention Week	16	17	18 TBI Advisory Board Meeting	19	20 IPAC/INVDRS	21
22	23	24	25	26	27	28
29	30 Youth Violence Prevention	31	*Brain Injury Awareness Month *Workplace Eye Wellness Month			

# April 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6 Public Health	7	8	9	10 Good Friday	11
12	13	14	15	16	17 ISTCC/ITN	18
19	20 Work Zone	21	22	23 The Governor's Next Level Recovery Con-	24	25
26	27 Playground Safety Week	28	29	30	*Alcohol Awareness Month, Child Abuse Prevention Month, Distracted Driving Awareness Month, Sexual Assault Prevention Month	

# Contact Us

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Helen Schwartzel — Administrative Assistant

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Follow us on Twitter: @INDTrauma



Indiana State  
Department of Health  
Trauma and Injury Prevention