

TRAUMA TIMES

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Upcoming Events

- **IPAC/INVDRS (online)**
May 15

The Division of Trauma and Injury Prevention's On-going Response to COVID-19

On March 6th, the Indiana State Department of Health (ISDH) confirmed the first case of COVID-19 in Indiana. As the agency's focus shifted to respond to the COVID-19 pandemic, the Division of Trauma and Injury Prevention (DTIP) staff responded immediately to work in the COVID-19 call centers and other duties pertaining to COVID-19. We applaud all of our staff for their dedication and hard work to help educate the public and facilitate resources for the emergency response during this time. All of our employees have picked up the phone to answer your calls about COVID-19, but here are more highlights on DTIP staff behind the scenes.

The director of trauma and injury prevention, Katie Hokanson, was asked mid-March to help support Dr. Lindsay Weaver, the new ISDH Chief Medical Officer, as she coordinates laboratory testing for COVID-19. Katie is working with hospital labs, ISDH lab and Eli Lilly to help ensure everyone is on the same page regarding testing priorities and troubleshoots issues as they come up. She has also been helping coordinate coroner questions and concerns and putting together the coroner guidance for COVID-19.

The Division of Trauma and Injury Prevention's On-going Response to COVID-19 (Continued from page 1)

The trauma and injury prevention program director, Ramzi Nimry, was asked in mid-April to help launch and supervise one of the state's four drive-thru testing clinics this week in Gary for COVID-19. Ramzi is collaborating with volunteer agencies including nurses, National Guard, Indiana Department of Environmental Management, Gary Police Department, Gary Health Department and the host site, St. Timothy Community Church. The site is open to healthcare workers, first responders and those working essential jobs and must be Indiana residents who currently have symptoms of the disease caused by the novel coronavirus, including coughing, fever and shortness of breath. On Wednesday, April 15th, the Indiana State Department of Health expanded testing to include those who live at home with essential workers and have symptoms, as well as those who have symptoms and have an underlying health conditions. This group effort ran from April 13-17 with an extension for April 20-22. Drive thru testing were held from 9:00 a.m.— 6:00 p.m., CT.



Klaudia Wojciechowska, Pravy Nijjar and Carrie Bennett were brought on as COVID-19 call center supervisors. The call center was open 24/7 during the month of March and is currently open 8:00 a.m.—midnight, in April and answers questions about COVID-19 from the general public and healthcare providers across Indiana. As a call center supervisor, the assigned tasks comprise of updating staff on new resources and materials on COVID-19, resolving any issues as they arise and ensuring each shift in the call center runs smoothly. Recently, Carrie's position has been changed to COVID-19 call center manager and she is now in charge of the call center's supervisors and staff during the hours of 8:00 a.m.— 4:00 p.m.

All of our epidemiologists (Andzelika Rzucidlo, Lauren Harding and Morgan Sprecher) and our data analyst (Trinh Dinh) have been recruited to join the COVID-19 Investigations Team. This team contacts confirmed COVID-19 cases and collects information on the patient's demographic variables, exposures, travel history, and contact tracing. The surveillance team then analyzes the data collected by the investigations team to capture the Indiana population at risk of contracting COVID-19.

Together, our division has already dedicated more than 1,500 hours to fighting the COVID-19 pandemic.

Trauma Centers' On-going Response to the COVID-19 Pandemic

During this time, we reached out to several trauma centers and asked how their staff and resources have been used to battle the COVID-19 pandemic. Here are a few of the responses we received.

Memorial Hospital of South Bend (Level II) —

**LeAnne Young, MSN, RN, TCRN,
Trauma Program Manager**

1. We have a Trauma Disaster Sub-Committee that meets daily to review and implement process changes related to trauma patient management.
2. We adjusted our trauma team response to limit unnecessary exposure and PPE wastage for non-essential trauma activation responders.
3. We implemented a trauma and initial trauma OR policy with specific guidance for required PPE.
4. The IN COT Trauma Medical Directors have been meeting weekly to review current status and changes to process/procedures at each trauma center.

ZONE	PERSONNEL
RED (Hot Zone) Inside the Trauma Bay with doors closed	Trauma Surgeon EM Physician ECC Primary RN (with phone) ECC Secondary RN Respiratory Therapist
YELLOW (Warm Zone) ED hallway outside of trauma bay with social distancing of 6ft	Trauma NP Recorder (with phone) Anesthesia Physician Phlebotomy Technician, Radiology Technician, PICU RN, Blood Bank
GREEN (Cold Zone) ED within control center walkway with social distancing of 6ft	Operating Room RN (1) Medic Pastoral Care Registration Personnel

Lutheran Hospital of Indiana (Level II) — Michelle Stimpson, RN, Trauma Program Manager

1. We have implemented (as have others) the visitor restriction policy with circumstance exceptions.
2. We have implemented a Robust Telemedicine opportunity for patients to still be in contact with their health care providers and seek guidance from their own home, without having to expose themselves to the potential elements of COVID.
3. We have continued to encourage and promote personal health via several media ports, including social media ,to reach as many individuals as possible on what s/s to look for, how to identify the best route of treatment if necessary.
4. We have set up Clinics, utilized solely for COVID19 testing and patient care.
5. We have also had a dedicated phone number set up directly as a "COVID Hotline" for patients to call in to get questions answered.
6. In house, we have continued to focus on staff and patients' needs to maintain health and wellness.
7. Daily phone calls from Nursing staff and Physicians to designated family members to update on patient care since have restricted visitor policy in place.

What Preventionists and Practitioners Need to Know About COVID-19 and Domestic Violence

As the COVID-19 pandemic continues, Hoosiers and millions of Americans are hunkering down in their homes as states impose stay-at-home orders to prevent the spread of the disease. Due to the movement restrictions imposed, an unintended public health crisis has emerged: an increased incidence of domestic violence. Evidence is suggesting that domestic abuse is acting like an infection, flourishing in the conditions created by the pandemic. Nationally, 1 in 3 women and 1 in 4 men in the United States have experienced some form of physical violence by an intimate partner, as reported by the National Coalition Against Domestic Violence in 2014. In the United States, the National Domestic Violence Hotline reports that a growing number of callers say their abusers are using COVID-19 as a means of further isolating them from their friends and family. In Indiana, the Indianapolis Metropolitan Police Department is reporting that domestic violence calls are increasing due to coronavirus policies.

Preventionists and providers are encouraged to understand how abusers maintain power. This will help stakeholders intervene accordingly. **Here is how COVID-19 could uniquely impact intimate partner violence survivors:**

- Abusive partners may withhold necessary items, such as hand sanitizer or disinfectants.
- Abusive partners may share misinformation about the pandemic to control or frighten survivors or to prevent them from seeking appropriate medical attention if they have symptoms.
- Abusive partners may withhold insurance cards, threaten to cancel insurance or prevent survivors from seeking medical attention if they need it.
- Programs that serve survivors may be significantly impacted — shelters may be full or may even stop intake altogether. Survivors may also fear entering shelter because of being in close quarters with groups of people.
- Survivors who are older or have chronic heart or lung conditions may be at increased risk in public places where they would typically get support, like shelters, counseling centers or courthouses.
- Travel restrictions may impact a survivor's escape or safety plan – it may not be safe for them to use public transportation or to fly.
- An abusive partner may feel more justified and escalate their isolation tactics.

If any of the above sounds like they may be happening to someone you love, here are a few suggestions for survivors that providers and preventionists may suggest for survivors during this uncertain time to best prevent violent events.

Create a safety plan. A safety plan is a personalized, practical plan that includes ways to remain safe while in a relationship, planning to leave or after you leave. Plans should involve survivors, friends, family members and anyone who is concerned about their own safety or the safety of someone else.

Practice self-care. COVID-19 is causing uncertainty for many people but getting through this time while experiencing abuse can feel overwhelming. Taking time for your health and wellness can make a big difference in how you feel. To learn more about how to build in self-care while staying safe, you can [learn more here](#).

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

Home Workout for All Ages

Exercise, we know it's good for us. But just how good is it? The benefits are pretty impressive. For example, regular physical activity can help you:

- Maintain your weight
- Feel happier
- Sleep better
- Improve your memory
- Control your blood pressure
- Lower LDL (bad) cholesterol and raise HDL (good) cholesterol



Circuit Train

Circuit training pumps up your heart rate and builds strength in a short amount of time.

To create an at-home circuit, first choose three to four cardio exercises like jumping jacks, jogging in place, step-ups, mountain climbers, burpees, and jumping rope. Then choose three strength training exercises like pushups, planks, abdominal crunches, tricep dips, wall sits, lunges and squats.

Alternate between cardio and strength training exercises. Do 30-second bursts of each for three to four minutes. Repeat this circuit two to three times.

Climb Stairs

"Got some stairs in your home?" asks Grant Roberts, an internal Sports Medicine Association-certified fitness trainer. "Include them in your cardio workout." An at-home stair-climbing workout is about as simple as it gets. Set a timer for your preferred workout length, walk up and down your stairs, and repeat until it beeps. Start with just a few minutes, then work your way up to longer stair-climbing workouts as you feel stronger.

At-Home Mood Booster: Dancing

"I can't think of anything that lifts your spirits and your heart rate as much as dancing," says Roberts. We won't tell you how to do it -- everyone's got their own style -- but we'll tell you why.

Sources:

<https://www.webmd.com/fitness-exercise/features/simple-home-workouts#1>

<https://www.cdc.gov/physicalactivity/index.html>

Photo:

<https://www.cdc.gov/physicalactivity/basics/index.htm>

Methadone Clinic Treatment during COVID-19

While the coronavirus, or COVID-19, pandemic continues, there is a large impact on those who suffer from substance use disorder. Across the country, methadone clinics have had incredibly long lines, making COVID-19 more likely to spread and receiving methadone treatment more difficult. Additionally, with the strict laws on methadone treatment, those who suffer from substance use disorder are required to go into the clinic often to get treatment. Therefore, if patients do come in for treatment, they may be exposed to COVID-19 and if they do not come in for treatment, they may go through withdrawal and are at an increased risk of recurrent drug use and overdose.

However, amidst this crisis, local, state and federal partners have taken measures to respond to these difficulties. Guidelines on patient eligibility regulations for take-home medication like buprenorphine and methadone have been loosened. This includes how much medication can be brought home at one time. In Indiana specifically, opioid treatment programs have been given lockboxes and naloxone kits to help reduce the risk of spreading COVID-19. These will reduce the number of trips and time spent at an opioid treatment program to receive the daily dose of methadone.

Resources used:

<https://www.statnews.com/2020/03/17/covid-19-will-worsen-the-opioid-overdose-crisis-if-we-dont-prepare-now/>

<https://harmreduction.org/miscellaneous/covid-19-guidance-for-people-who-use-drugs-and-harm-reduction-programs/>

<https://news.bloomberglaw.com/pharma-and-life-sciences/covid-19-shifts-more-methadone-from-opioid-clinic-to-home>

<https://www.theindychannel.com/news/coronavirus/state-will-provide-opioid-treatment-programs-with-lockboxes-naloxone-kits>

Resource Facilitation as a Model to Manage TBI as a Chronic Condition

Presented by: Flora Hammond, MD and Lance Trexler, PhD

Overview of this webinar:

It has been recently recognized that recovery and long term stability following TBI is variable and inconsistent, within and between people with TBI and some people with TBI will have a chronic condition as a consequence. There is currently no health care model to manage TBI as a chronic condition. There is however a number of research findings for Resource Facilitation that may suggest that this intervention could serve as an initial model.

Learning objectives for this webinar include:

Participants will be able to describe the results of long-term follow-up studies with respect to recovery and stability.

1. Participants will be able to identify three characteristics of Resource Facilitation.
2. Participants will be able to state three different types of outcomes that are associated with Resource Facilitation.

Grant Updates

The Division of Trauma and Injury Prevention has worked diligently to receive grants from major federal agencies and organizations. Here are a few updates on grants we have or have recently applied for.

Coroner Grant Opportunity

The 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 in supporting investigation efforts. The due date for this grant opportunity was April 15 but remaining funds (\$60,000+) is available to all counties and will be awarded on a first come, first served basis through August 31, 2020. To access more information on this grant opportunity, click [here](#).

NVDRS Continuation Application

The Indiana Violent Death Reporting System (INVDRS) is continuing the 2nd year of funding for the new grant cycle. The first application was accepted in 2014 and the second in 2019. The performance narrative consists of current staffing, plans for the remaining budget period, performance measures, evaluation results, work plan, successes, and challenges. Violent death data was collected from September 1, 2019 – February 28, 2020 includes suicide, homicide, deaths of undetermined intent, deaths from legal intervention, deaths related to terrorism, and accidental/unintentional deaths from firearms. This budget cycle (September 1, 2020 – August 31, 2021) will be worth \$340,671.

Partnerships For Success (PFS) Grant

In March 2020, the Substance Abuse and Mental Health Services Administration (SAMHSA) released a funding opportunity to prevent the onset and reduce the progression of substance abuse and its related problems while strengthening prevention capacity and infrastructure at the community and state level. DTIP partnered with the Division of Maternal and Child Health (MCH) and the Division of Chronic Disease, Primary Care and Rural Health (DCDPCRH), within ISDH, to submit a project proposal targeted at increasing screening for substance use disorder, increasing linkage to care and treatment services, and increasing access to Medication Assisted Treatment for pregnant and postpartum women in rural communities located within 13 identified counties in southeastern Indiana.

May 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
<i>Older Americans Month</i>	<i>Bicycle Safety Month</i>				<i>1 National Playground Day</i>	<i>2</i>
<i>3</i>	<i>4</i>	<i>5 Primary Election Day</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>
<i>10 National Playground Week</i>	<i>11 National Playground Week</i>	<i>12 National Playground Week</i>	<i>13 National Playground Week</i>	<i>14 National Playground Week</i>	<i>15 IPAC/INVDRS National Playground Week</i>	<i>16 National Playground Week</i>
<i>17 National EMS Week</i>	<i>18 National EMS Week</i>	<i>19 National EMS Week</i>	<i>20 National EMS Week</i>	<i>21 National EMS Week</i>	<i>22 National EMS Week</i>	<i>23 National EMS Week</i>
<i>24</i>	<i>25 Memorial Day</i>	<i>26</i>	<i>27</i>	<i>28</i>	<i>29</i>	<i>30</i>
<i>31</i>		<i>Motorcycle Safety Awareness Month</i>	<i>National Youth Traffic Safety Month</i>	<i>Electrical Safety Month</i>	<i>National Trauma Awareness Month</i>	<i>Mental Health Month</i>

June 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>
<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>	<i>13</i>
<i>14</i>	<i>15 Ride to Work Day</i>	<i>16</i>	<i>17</i>	<i>18</i>	<i>19</i>	<i>20</i>
<i>21</i>	<i>22</i>	<i>23</i>	<i>24</i>	<i>25</i>	<i>26</i>	<i>27</i>
<i>28</i>	<i>29</i>	<i>30</i>		<i>National Safety Month</i>	<i>Fireworks Safety Month</i>	<i>Men's Health Month</i>

Upcoming 2020 TRAC Meetings can be found here: <https://www.in.gov/isdh/26644.htm>

Contact Us

Kristina Box MD, FACOG — State Health Commissioner

Eldon Whetstone, JD — Assistant Commissioner, Health and Human Services

Division of Trauma and Injury Prevention Staff

Katie Hokanson — Director

Klaudia Wojciechowska — Drug Overdose Prevention Program Director

Murray Lawry — Operations Manager/Deputy Director

Ramzi Nimry — Trauma and Injury Prevention Program Director

Andzelika Rzucidlo — Injury Prevention Epidemiologist

Anita McCormick-Peyton — Records Consultant

Brandon Moore — Administrative Assistant

Carrie Bennett — Drug Overdose Prevention Community Outreach Coordinator

Cassidy Johnson — Naloxone Program Manager

Chinazom Chukwuemeka — Registry Coordinator

Helen Schwartzel — Administrative Assistant

James Carroll — Drug Overdose Prevention Community Outreach Coordinator

John O'Boyle — Records Coordinator

Keifer Taylor — Records Consultant

Laura Hollowell — Drug Overdose Prevention Community Outreach Coordinator

Lauren Harding — Drug Overdose Prevention Epidemiologist

Meghan Davis — Records Consultant

Morgan Sprecher — INVDRS Epidemiologist

Patricia Dotson — Records Consultant

Pravy Nijjar — Injury Prevention Program Coordinator

Ryan Cunningham — INVDRS Lead Records Consultant

Trinh Dinh — Data Analyst

Veronica Daye — Records Consultant

Please email indianatrauma@isdh.IN.gov for more information.

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