

# TRAUMA TIMES

A Communication of the Division of Trauma and Injury Prevention

Indiana State Department of Health

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## Upcoming Events

- **Labor of Love Summit**  
Nov. 14
- **Injury Prevention Advisory Council (IPAC) Meeting**  
Nov. 16
- **Midwest Injury Prevention Alliance (MIPA) Summit:**  
Nov. 29-30
- **Integrated Care Conference**  
Dec. 7
- **Indiana Trauma Network (ITN) and Indiana State Trauma Care Committee (ISTCC) meetings**  
Dec. 14

## Division of Trauma and Injury Prevention grant update

Since spring, the division has been busy reapplying for current grants, as well as pursuing new grant opportunities.

**ISDH has received notice of the awarding of the following grants:**

- **Comprehensive Opioid Abuse Site-based Program (COAP)**

**Category 6: Public Safety, Behavioral Health & Public Health Information-Sharing Partnerships.**

The Indiana State Department of Health (ISDH) was awarded \$1 million from the Bureau of Justice Assistance's Comprehensive Opioid Abuse Site-based Program grant opportunity.

First, ISDH will increase the timeliness and robustness of fatal drug overdose reporting. This will be accomplished by expanded funding of the comprehensive toxicology testing of drug overdose deaths across Indiana. Additionally, the ISDH will be providing mini-grants to coroners to overcome barriers associated with using ISDH's coroner case management system.

Second, ISDH will develop an innovative pilot project that will involve the toxicological testing of leftover clinical samples (blood and/or urine) from patients treated in a hospital following a suspected drug overdose. Such testing would provide more robust public health information and will provide situational awareness of drug overdose morbidity.

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**Comprehensive Opioid Abuse Site-based Program (COAP)**

**Category 6: Public Safety, Behavioral Health & Public Health Information-Sharing Partnerships. (continued)**

Finally, the ISDH will provide funds to the Family and Social Services Administration Department of Mental Health and Addiction for expansion of peer recovery services in rural communities heavily burdened by the opioid epidemic.

• **STOP School Violence Prevention and Mental Health Program.**

ISDH will partner with the Family and Social Services Administration (FSSA) Division of Mental Health and Addiction (DMHA) and the Indiana Department of Education (IDOE) to:

- Address the training of school personnel and the education of students to prevent student violence; and/or
- Fund specialized training for school officials responding to related mental health crises.

**Some Hospitals Still Need to Report Data to Trauma Registry**

The hospitals listed below did not report data to the trauma registry for the second quarter of 2018. All hospitals with emergency departments have been required to send in their 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 Ramzi Nimry, [rnimry@isdh.in.gov](mailto:rnimry@isdh.in.gov) or 317-234-7321.

Adam’s Memorial Hospital	IU Health: Starke
Decatur County Memorial	Pulaski Memorial
Fayette Regional Health	Riverview Health
Franciscan Health: Dyer	St. Vincent: Carmel
Franciscan Health: Hammond	St. Vincent: Fishers
Franciscan Health: Munster	St. Vincent: Randolph
Goshen Hospital	Woodlawn
Harrison County	

**International Survivors of Suicide Loss Day**

The Saturday before Thanksgiving, Nov. 17, 2018, is a time where friends and family of those who have died by suicide can gather for support and healing. The U.S. Congress deemed this as National Survivors of Suicide Day and the event is celebrated across the globe. This day can have a strong emotional impact, and many suicide survivors find a connection with others who have had a similar experience. Talking about grief in a safe setting can be an instrumental step in coping and healing.

Click [here](#) to find a Survivor Day event near you in Indiana. If you are unable to attend an event in person, Facebook is providing a live discussion and news feed starting at 2 pm EST (follow @AFSPNational). This event will be hosted by Shannon Donnack, manager of loss and healing from American Foundation of Suicide Prevention.

## Food Safety for Holiday Cooking

With the holiday season rapidly approaching, reviewing key concepts and practices of food safety is vital to a happy and healthy holiday season. Here are a few tips to keep you and your loved ones out of harm's way!

**Wash your hands.** Be sure to wash your hands with soap and water before and after preparing food, after touching raw meat, raw eggs, unwashed vegetables, and before eating or drinking.

**Cook food thoroughly.** Meat, poultry, seafood and eggs can carry germs that cause food poisoning. Use a food thermometer to ensure these foods have been cooked to the safe minimum internal temperature.

**Keep food out of the “danger zone.”** Bacteria can grow rapidly at room temperature. After food is cooked, keep hot food hot and cold food cold. Refrigerate or freeze any perishable food within two hours of serving. To ensure maximum safety, the temperature in your refrigerator should be set at or below 40° F and the freezer at or below 0° F.

**Use pasteurized eggs for recipes containing raw eggs.** Salmonella and other harmful germs can live on both the outside and inside of normal-looking eggs. Many holiday favorites contain raw eggs, including eggnog, tiramisu, hollandaise sauce, and Caesar dressing. Always use pasteurized eggs when making these and other foods made with raw eggs.

**Do not eat dough or batter.** Dough and batter made with flour or eggs can contain harmful germs, such as E. coli and Salmonella. As tempting as it may be, do not taste or eat unpasteurized dough or batter of any kind, including those for cookies, cakes, pies, biscuits, pancakes, tortillas or pizza. Take extra caution with children.

**Keep foods separated.** Keep meat, poultry, seafood and eggs separate from all other foods at the grocery and in the refrigerator. Prevent juices from meat, poultry and seafood from dripping or leaking onto other foods by keeping them in containers or sealed plastic bags. Store eggs in their original carton in the main compartment of the refrigerator. Take this into account when preparing food as well; make sure to thoroughly wash any cutting boards after handling raw meat or eggs.

**Safely thaw your turkey.** Thaw turkey in the refrigerator, in a sink of cold water that is changed every 30 minutes or in the microwave. Avoid thawing foods on the counter. A turkey must thaw at a safe temperature to prevent harmful germs from growing rapidly.



## November is National Family Caregivers Month

Caregiving can often start with noble intentions, helping care for a loved one with a disorder or disease; however, caregivers inevitably wear down over time. This real phenomenon is known as caregiver fatigue or burnout. In honor of National Family Caregivers Month, we in the Trauma and Injury Prevention Division wanted to highlight the importance of engaging in self-care and recognizing caregiver fatigue or burnout.



According to the Caregiver Action Network, more than 90 million Americans care for loved ones every day. A caregiver is anyone who provides help or assistance to another person in need, such as an ill spouse or partner, a disabled child, or an aging relative. This definition can apply to a variety of situations; from a child with physical disabilities to an older adult dealing with dementia. Caregiver fatigue is defined by the Cleveland Clinic as, "a state of physical, emotional, and mental exhaustion that may be accompanied by a change in attitude."

So what causes this caregiver burnout and what does it look like? Though it is different for every individual, it often begins with caregivers putting their own health and wellbeing on the backburner to care for their loved one. Common examples of this include: not getting enough sleep, having limited community interaction, and ignoring one's basic emotional and physical needs. This makes many caregivers more susceptible to getting sick, physical exhaustion, irritability, and social withdrawal or isolation. It can even lead to feelings of wanting to hurt themselves or the person for whom they are caring.

The good news is that caregiver fatigue is now a widely recognized phenomenon and there are many resources to help caregivers. Below, we have listed a few ideas that may help with caregiver fatigue:

- **Connect with the community** – There is no reason to go through the experience of caregiving alone. Talk with a trusted family member or friend to discuss ways that they could help. This could be going grocery shopping, picking up medications, or even taking over for the evening, giving the caregiver the night off.
- **Join a support group** – There are many local caregiving support groups or online groups that can provide a needed sense of community for caregivers. Group members can often relate to one another, in turn serving as an invaluable emotional support system.
- **Seek respite care services** – If the caregiver feels overwhelmed with caring for their loved one, they may want to look into respite care. Respite care services can provide a needed break for caregivers and medical expertise for the individual being cared for. These respite care services often take place in the individual's home, minimizing stress.
- **Focus on self-care** – It is important that caregivers take time for themselves to focus on self-care. This could be anything from eating healthy, exercising and sleeping to talking with a counselor to process the situation. Regardless, it is imperative for caregivers to know their limits, develop tools for coping, and focus on what they are able to provide.



► Continued on page 5

- **Education about the disease or disorder** – Caregivers may find it helpful to educate themselves about their loved one’s illness or disorder. The more that caregivers know, the more they will be able to care for the individual effectively. This step also allows caregivers to be realistic about their loved one’s condition and the potential outcomes.

Needless to say, caregiver fatigue or burnout is a real condition that affects millions of Americans each year. It is imperative to recognize the signs of burnout and take appropriate steps mitigate each caregiving situation.

**LEARN MORE/RESOURCES:**

[https://caregiver.com/articles/fighting\\_caregiver\\_fatigue/](https://caregiver.com/articles/fighting_caregiver_fatigue/)

<http://www.homehealthcare.com.ph/caregiver-fatigue.php>

<https://www.mayoclinic.org/healthy-lifestyle/stress-management/in-depth/caregiver-stress/art-20044784>

<https://my.clevelandclinic.org/health/diseases/9225-caregiving-recognizing-burnout>

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## U.S. Antibiotic Awareness Week (Nov. 12-18)

The use of antibiotics to control infectious disease is one of the Ten Great Public Health Achievements of the 20th century according to the Centers for Disease Control and Prevention. Using antibiotics to treat infectious diseases and to promote growth in food animals has led to an increase in antibiotic resistance. Up to 50 percent of all antibiotics prescribed to people are not needed or not optimally effective. Each year in the United States, at least 2 million people become infected with bacteria that is resistant to antibiotics. Preventive measures can and should be taken to ensure that antibiotics will be effective for future generations. To ensure health and safety antibiotics should be properly handled at home.

Safe antibiotic use, storage and disposal practices:

- Keep an updated inventory of all the antibiotics in your home
- Check the expiration date
- Never treat yourself or anyone else with unused or old antibiotics
- Store in a location that is elevated and out of sight, but also cool and dry
- Do NOT flush any medications down the drain.
- If there are no disposal instructions, place medications in a sealable plastic bag, fill it with a palatable substance such as dirt, and throw it in your trash.
- Utilize drug take-back programs



**BE  
ANTIBIOTICS  
AWARE**

**SMART USE, BEST CARE**

# World AIDS Day is Dec. 1

The Indiana State Department of Health Harm Reduction Program is a component of the HIV Prevention Program within the Division of HIV, STD, Viral Hepatitis. The goals of the Harm Reduction Program are three fold:

1. Support the health of people who use substances
2. Prevent the transmission of HIV, HBV, HCV and other blood borne infections utilizing evidence based harm reduction strategies and established best practice models
3. Provide technical guidance and technical support to entities providing and seeking to provide harm reduction programming through the state of Indiana.

The Harm Reduction Program supports all nine counties approved to provide syringe service programs and a growing number of communities working to provide non-syringe harm reduction opportunities for their neighbors who use substances. At the core of the harm reduction program is a deep respect for the dignity and overall health of all people. To learn more about the Harm Reduction Program and learn how you can support the health of your community please visit our website at <https://www.in.gov/isdh/27356.htm>

In observance of World AIDS Day (Dec. 1), at right is a fact sheet on how SSPs help both the opioid epidemic and reduce the spread of HIV.

Download a copy [here](https://www.in.gov/isdh/27356.htm).

**Indiana State Department of Health**  
**SYRINGE SERVICE PROGRAM**  
**FACTS**

**HARM REDUCTION**  
Can prevent illness or injury that may occur as a result of doing dangerous things.

**SYRINGE/NEEDLE EXCHANGE PROGRAMS WORK**  
Syringe Service Programs have been studied for 40 years and have been proven effective.<sup>1</sup> Syringe Service Programs do not encourage starting or continuing with injection drug use, and in fact, are effective at reducing injection drug use and assisting people in their recovery.<sup>2</sup>

**AVAILABILITY**  
Indiana has 8 counties approved to provide syringe services.

**RETURN RATE**  
Average syringe return rate of 80% statewide

**PARTICIPATION**  
Nearly 4,760 people participate in SSPs in the state.

**OPPORTUNITY**  
Representing 18,500 visits/opportunities to access other services, including:  
• HIV, STD, TB, and hepatitis B & C testing  
• Referrals to substance abuse and mental health care, health care, housing, food, and other wrap-around services.  
• Adult immunizations  
• Wound care

Syringe Service Programs work to prevent disease and are a gateway to public health and social services.

1 "Several studies have found that providing sterilized equipment to injection drug users substantially reduces risk of HIV infection, increases the probability that they will initiate drug treatment, and does not increase drug use." (National HIV/AIDS Prevention Strategy for the United States, 2010)

2 Hagan H, et al. Reduced injection frequency and increased entry and retention in drug treatment associated with needle-exchange participation in Seattle drug injectors. J Subst Abuse Treat 2000;19(3):247-52.

Updated: April 2018 EC

<http://www.in.gov/isdh/27356.htm>

## Trauma care committee hears on an active shooter exercise and stop the bleed efforts

During the October meeting of the Indiana State Trauma Care Committee (ISTCC), the committee heard from Dr. Scott Thomas, trauma medical director for Memorial Hospital of South Bend, regarding an active shooter exercise at Penn High School in Mishawaka. The exercise had participation from multiple organizations, including Memorial Hospital in South Bend, Elkhart General, St. Joseph Regional Medical Center in Mishawaka, area police departments, St. Joseph County's Emergency Management Agency and Honeywell. The exercise was meant to test the resources available and help identify areas of success but also areas for improvement. Successes included using dry erase makers on glass to help



coordinate patients, colored hats worn to assist with staff identification and radios used to help aid with communication. Dr. Thomas focused on the areas of improvement including communication, triage and hospital control.

ISTCC also listened to a presentation from James "Billy" Brewer, director of operations for the Division of Emergency Preparedness, regarding Stop the Bleed from the Indiana State Department of Health (ISDH) perspective.

There has been an effort between ISDH and the Indiana Department of Homeland Security (IDHS) to standardize a process. The standardization of training would include identifying training events, ensuring the availability of training resources, as well as tracking individuals who have been trained, to name a few.



**SAVE A LIFE**

There has been an effort between ISDH and the Indiana Department of Homeland Security (IDHS) to standardize a process. The standardization of training would include identifying training events, ensuring the availability of training resources, as well as tracking individuals who have been trained, to name a few.

ISDH and IDHS are working on collaborative activities, including a central website for reporting trainings, developing a certificate for those who have been trained and eventually work on developing an Indiana Stop the Bleed fact sheet.



## Seasonal Effects on Suicide

Most people often associate the winter with increasing suicide rates. Recent studies have shown it is most common in the spring. Bioclimatic factors such as sunlight, temperature and humidity have a positive association with suicide.<sup>1</sup> However, some researchers dispute this relationship. Others believe it is the longer days with sunlight (April, May, June) that cause the high suicide mortality.<sup>2</sup> One study links the increasing aeroallergens in the spring and summer to suicide because the inflammatory symptoms in the body leads to impulsivity in mood disorder patients.<sup>3</sup> In essence, available evidence makes the seasonal fluctuation of suicide inconclusive.

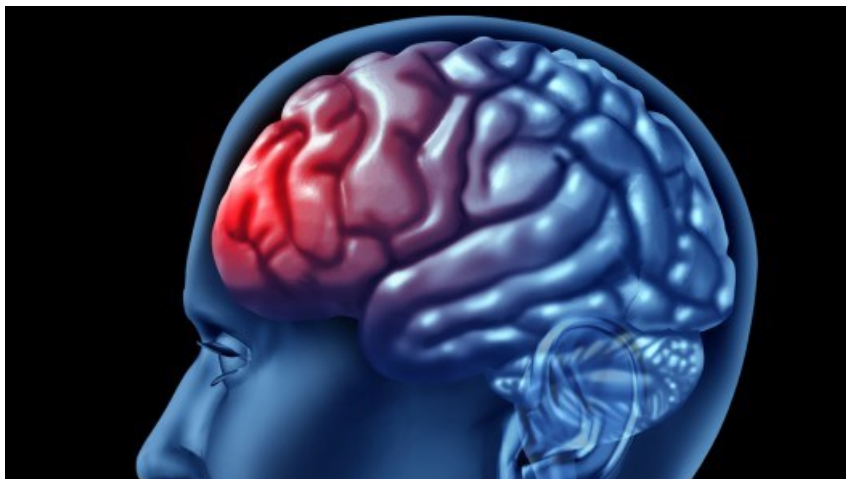
<sup>1</sup> Vyssoki B., Praschak-Rieder N., Sonneck G., Blüml V., Willeit M., Kasper S., Kapusta N.D. Effects of sunshine on suicide rates. *Comp. Psychiatry*. 2012 in press.

<sup>2</sup> Hiltunen L., Suominen K., Lonnqvist J., Partonen T. Relationship between daylength and suicide in Finland. *J. Circadian Rhythms*. 2011; 9:10:1-10:12.

<sup>3</sup> Manalai P., Hamilton R.G., Langenberg P., Kosisky S.E., Lapidus M., Sleemi A., Scrandis D., Cabassa J.A., Rogers C.A., Regenold W.T., Dickerson F., Vittone B.J., Guzman A., Balis T., Postolache T.T. Pollen-specific Immunoglobulin E positivity is associated with worsening of depression scores in bipolar patients during high pollen season. *Bipolar Disord*. 2012 in press.

## Detection Direction: Why screen for TBIs?

Guest Authors: Summer Ibarra, Ph.D., Claire Brownson, M.A., and Devan Parrott, Ph.D., Rehabilitation Hospital of Indiana



The exact rate of traumatic brain injury (TBI) in the United States is unknown due to current tracking methodologies and the diversity in brain injury severity and symptoms. It is estimated that TBI accounts for just fewer than 3 million hospitalizations and emergency department visits annually in the United States. In fact, of all injury caused hospitalizations, TBI diagnoses account for 16 percent. In 2013 specifically, researchers estimated that 2.5 million emergency department visits and 282,000 hospitalizations were due to TBI nationally.

Screen for TBI is critical for multiple reasons. TBI is often invisible unless severe and the person also has physical impairments in addition to the more common cognitive and behavioral impairments. The consequences of TBI are often misdiagnosed as psychiatric in etiology (e.g., mood dysregulation), or misattributed to lack of motivation or purposeful noncompliance (e.g., forgetting appointments). Also, moderate to severe TBI often results in a chronic condition with enduring medical, psychosocial and vocational consequences. Screening is also important because the disability associated with TBI is not stable or static over time. In fact, research has shown that only 40 percent of people with TBI remain stable from one time epoch to another disorder, and 30 percent get better and 30 percent get worse even 10-to-15 years post-injury. Last, those with TBI typically don't spontaneously report their history of TBI, and few providers ask.

TBI is not just "an event" from which a person recovers, but is the beginning of a chronic condition for those who suffer moderate to severe injuries. The Centers for Disease Control and Prevention (CDC) made this point in a recently published factsheet "Moderate-to-Severe Traumatic Brain Injury is a Lifelong Condition." Based on data from the CDC, it has been estimated that Indiana may have as many as 112,000 people living with chronic disability secondary to TBI, and 1,785 Hoosiers will have new onset of chronic disability each year.

So, how do we best identify Hoosiers with undiagnosed and possibly "invisible" and "chronic" brain injuries? The Ohio State University TBI Identification (OSU-TBI-ID) is the best researched screening instrument with good reliability and validity. Over the past few years, the OSU tool has been increasingly used in Indiana to identify Hoosiers with undiagnosed brain injuries. This brief, structured interview takes approximately five minutes to administer and is being utilized in some sectors of the criminal justice system, state agencies and healthcare providers, among others. Based on the results of screening, those in need can then be triaged to appropriate specialist for further evaluation and TBI-specific treatment as appropriate.

More information about TBI is available from the [CDC](https://www.cdc.gov) or contact RHI Brain Injury Research, Training, and Outcomes Center at 317-329-2235 for information on screening.



## Managing Traumatic Brain Injury with Resource Facilitation

Traumatic brain injury (TBI) impacts an individual's medical, psychosocial, and vocational status. And, as a chronic condition following moderate to severe TBI, those conditions change over time as new conditions or comorbidities emerge throughout their lifespan. Unfortunately, long-term health outcomes from TBI are compromised by the absence of a system that provides for ongoing surveillance and assessment of TBI needs or health status that would trigger both preventive services and supports or evidenced based treatments for TBI-related conditions which affect the level of disability.

Groundbreaking work in Indiana over the past decade has proven that the level of disability associated with brain injury can be mitigated. The Rehabilitation Hospital of Indiana (RHI) partnered with Indiana Vocational Rehabilitation in 2009, through several federal Health Resources and Services Administration (HRSA) grants, to develop and provide resource facilitation (RF), that provides TBI education and promotes awareness of and access to resources and supports to address the specific barriers that prevent successful adjustment, optimal recovery, and return to work or school. And, it ensures much-needed collaboration, integration and coordination among healthcare providers and community-based resources. Based on the research findings, RF became a statewide service in 2014

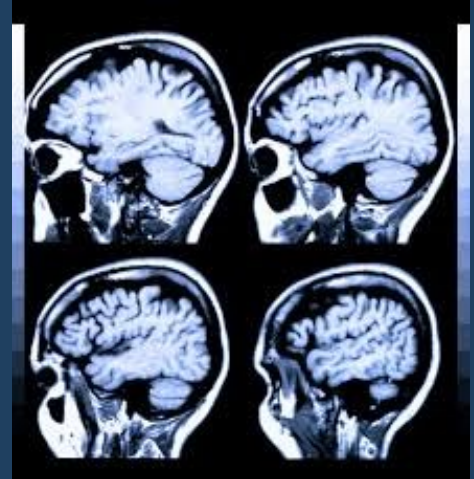
and has reached return to work outcomes of 70 percent as compared to 36-to-50 percent without RF. Researchers at Ball State University have determined that Indiana would have an annual aggregate lifetime economic impact of \$367 million dollars a year if people with TBI got access to RF through Indiana Vocational Rehabilitation.

Recent research conducted at RHI has also shown that ex-offenders with TBI are twice as likely to recidivate as compared to ex-offenders without TBI, but RF reduced the risk of recidivism by 60 percent at six month post-release. Other RHI research has shown that RF significantly reduces the level of disability associated with TBI, even for those 10 years post-injury and that people with TBI desire and use fewer health care and social services after RF.

Because people who get RF through Indiana Vocational Rehabilitation are unfortunately on average 10 years post-injury, the ISDH Trauma and Prevention Program partnered with RHI for the new Indiana TBI grant. This three year grant will recruit participants from the trauma centers at IU Health Methodist Hospital and St. Vincent's Indianapolis Hospital and immediately connect those participants randomized to the RF condition with RF. The primary aim of this study is to assess whether RF improves health-related quality of life and reduces disability associated with TBI as compared to the control group. Further, as TBI is a significant risk factor for incarceration and opioid overdose, this study will assess whether RF reduces opioid misuse and prevents incidents with the criminal justice system. This grant is also quite unique as healthcare providers and criminal justice system with collaborate on a case by case basis as needed to produce the best outcomes for person with TBI.

There historically have been significant systemic gaps between the trauma center and acute care with community-based providers, acute care providers are often not aware that a patient has a history of TBI, limiting the provider's capacity to accommodate the effects of the TBI and to alter or provide new treatment strategies. The new ISDH grant will test the impact of a new TBI-specific proactive care management model to begin to manage moderate to severe TBI as a chronic condition. This model will begin, not end, with the trauma center.

Visit <https://therapy.rhin.com/destination/brain> to learn more about resource facilitation and the research being done by the RHI's Traumatic Brain Injury Group.



# Safety Practices for Christmas Trees and Decorations

## Trees

Most artificial trees are fire resistant. When you are shopping, look for a statement on the packaging to ensure the artificial tree you are buying is fire resistant. If you prefer a real tree, a fresh tree will be less of a hazard than a dry tree. Trees that become dried out are more likely to catch a spark if it comes in contact with a heat source.

How to make sure your tree is fresh:

- A fresh tree is green throughout
- Needles will be harder to pull from the branches
- Fresh needles do not break in half when bent between your fingers
- The trunk is sticky with resin

Make sure your trees are placed away from fireplaces, radiators, or any other heat sources. If a room is too hot, a real tree can dry out quickly.

Make sure all types of trees are not placed in front of doorways or exits. Make sure the trees are not in a highly congested area.

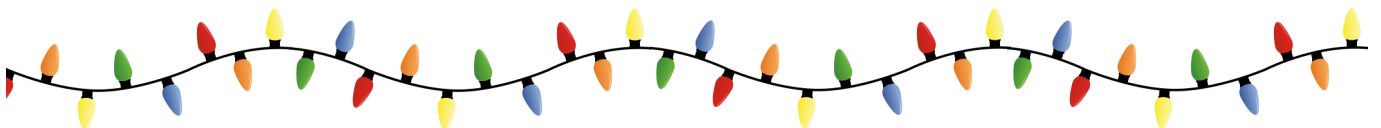


## Lights

Whether you are decorating with indoor or outdoor lights, make sure the box has a label from an independent testing laboratory that ensures the lights have been tested for safety. Check each strand of lights for broken sockets, bare wires, or any loose connections. If a set is damaged, either toss them out or repair them before using. Fasten your outdoor lights to trees, walls, or your house to protect from possible wind damage. When using more than one strand, use no more than three standard sets per one single extension cord. When leaving your house or going to bed, turn off all lights and other decorations. Lights and decorations could have a short fuse and start a fire.

## General Rules for Holiday Safety

- A screen should be placed in front of a burning fireplace at all times, to protect decorations or trees from catching fire.
- Keep burning candles away from decorations, wrapping paper and trees.
- Avoid smoking near flammable décor.
- Make an emergency plan for your home in case of a fire, practice the plan with your family.
- Artificial snow sprays can irritate your lungs if inhaled, use with caution.
- Do not burn wrapping paper in the fireplace, wrapping paper ignites quickly and burns intensely. If there are small children in the home avoid sharp, breakable or small decorations.

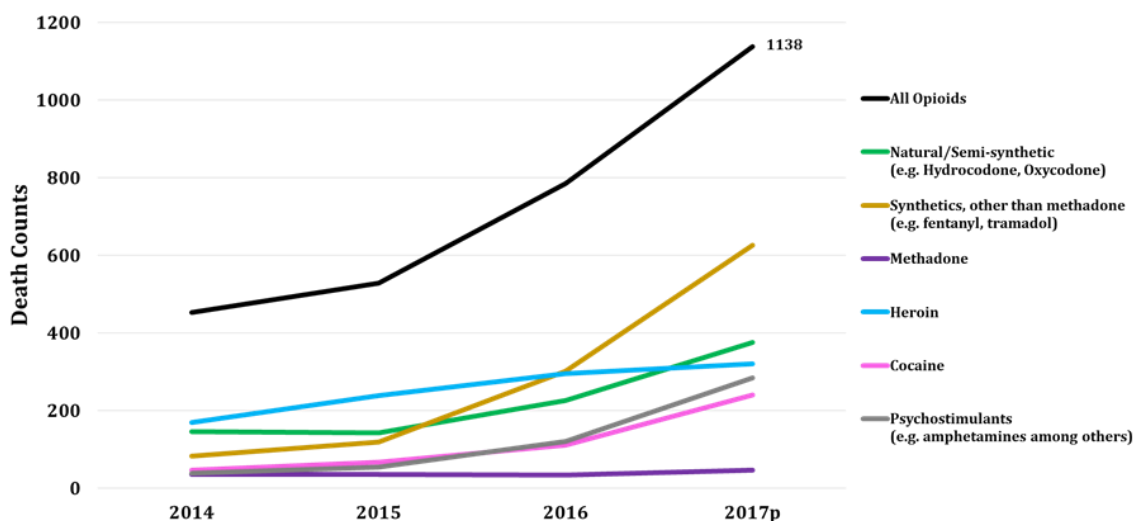


# Fentanyl and Hospice Policy

Author: J. Funk MPH

One of the biggest questions plaguing the law enforcement and public health officials combatting the opioid epidemic in Indiana is this: How do synthetic opioids, like fentanyl, continue to enter the community? In recent statistics published by the Indiana State Department of Health (ISDH), deaths caused by synthetic opioids have increased dramatically over the last two years, becoming the biggest threat to Hoosiers.

## Indiana Death Counts by Drug Class from 2014-2017



Data Sources: The National Center for Health Statistics; Centers for Disease Control and Prevention and the Indiana State Department of Health (ISDH), Vital Records  
Mortality data set: ISDH Epidemiology Resource Center, Data Analysis Team  
Prepared by: ISDH, Division of Trauma and Injury Prevention

Approved for use in general anesthesia within the United States in 1968, fentanyl works similarly to morphine for reducing pain; fentanyl has been found to be 50 to 100 times more potent than the traditionally prescribed opiates. Due to fentanyl's heightened potency and rapid onset, clinicians developed oral, nasal and transdermal methods for safely relieving severe chronic pain in patients. Despite fentanyl's medical usefulness, it has been identified as a Class II controlled substance due to users having a high potential for physical and psychological dependency and abuse.

According to a 2017 study by the National Institutes of Health (NIH), fentanyl is the most widely used synthetic opioid in American medicine.<sup>1</sup> Further, the most frequent setting for fentanyl use comes within the palliative care or in-home hospice care. Knowing this information, public health officials have begun to examine policies that might allow for fentanyl to escape the medical setting.

On Sept. 9, 2014, the U.S. Drug Enforcement Administration (DEA) released new federal policy for the disposal of controlled substances.<sup>2</sup> The changes implicated within this policy were widely regarded as positive as it allowed for around-the-clock safe disposal of unused or unwanted medications for the public. One of the biggest concerns surrounding the new policies came from changes to palliative care. More specifically, the rules failed to allow in-home hospice workers to collect and dispose of extra medications after the death of a patient. Instead, the DEA requests the decedent's family or caregiver to dispose of the unused medications.

At this time, the impact of this policy on fentanyl-related overdose is unknown. Moving forward, ISDH will be exploring ways to estimate the amount of opioids released into the public. Based on these findings, ISDH will further explore possible interventions and changes to policy to limit access to such a potent and addictive drug.

Sources: <sup>1</sup><https://livertox.nlm.nih.gov/FentanylAndAnalogues.htm>, <sup>2</sup><https://www.gpo.gov/fdsys/pkg/FR-2014-09-09/pdf/2014-20926.pdf>

## Holiday Related Fire Safety

According to the National Fire Protection Agency (NFPA) December, January and February are peak months for home fire deaths. FEMA reports that winter home fires only account for 8 percent of the total number of fires in the United States, but result in 30 percent of all fire deaths. The causes of these winter home fires include Christmas trees and holiday decorations, including candles.

From 2011 to 2015, every years U.S. fire departments responded to approximately 200 home fires that started with a Christmas tree. These fires resulted in “an average of six deaths, 16 injuries and \$14.8 million in direct property damage annually”. Fires starting with Christmas trees statistically are more likely to result in a fatality; on average one of every 32 reported fires starting from Christmas trees resulted in death versus an average of one in 143 total reported home fires.



To help prevent a Christmas tree-related fire, the NFPA suggests choosing a tree with fresh needles that don't fall off when touched, placing the tree at least three feet from any heat sources (one in every four Christmas tree fires resulted from a heat source being too close to the tree) and away from exits, adding water to the tree stand daily, ensuring that the lights used on the tree are not worn

or broken and do not have loose bulb connections, and making sure that the Christmas tree lights are turned off prior to going to bed or leaving the home. Once the holidays are over, proper disposal of Christmas trees is important as dried out trees are a hazard, and should not be left in or around the home or garage.

Other precautions to take around the holidays to prevent home fires are: keeping decorations away from heat sources, checking placement of personal heaters, not overcrowding an outlet or a power strip, unplugging before going to bed or leaving the house, keeping an eye on anything on the stove, extinguishing candles before leaving the house or going to bed, and replacing or throwing out frayed electrical cords. Always make sure there are working smoke alarms within each room of the house. If you are unsure about the condition of your smoke alarms or need to install some there are plenty of resources. The American Red Cross offers installation services for smoke alarms as part of their Home Fire Campaign. Local fire departments are also available as resources. The Indiana State Fire Marshal's Smoke Alarm Program is another resource for a community.



### RESOURCES

<https://www.nfpa.org/News-and-Research/Fire-statistics-and-reports/Fire-statistics/Fire-causes/Holiday/Christmas-tree-and-holiday-lights>

<https://www.nfpa.org/-/media/Files/Public-Education/Resources/Safety-tip-sheets/ChristmasTreeSafetyTips.pdf>

<https://www.usfa.fema.gov/prevention/outreach/winter.html>

<https://www.usfa.fema.gov/prevention/outreach/holiday.html>

<https://www.nfpa.org/Public-Education/By-topic/Seasonal-fires/Winter-holiday-safety/Holiday-fires-by-the-numbers>

<https://www.redcross.org/local/indiana/about-us/home-fire-campaign.html>

<https://www.in.gov/dhs/3858.htm>

# Injury Prevention Observances and Events November 2018

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2 Deaconess Trauma Conference  Eskenazi Health Trauma and Surgical Care Symposium	3
4	5	6	7	8	9	10
11	12 Veterans Day  Antibiotic Awareness Week	13  Antibiotic Awareness Week	14 Labor of Love Summit  Antibiotic Awareness Week	15  Antibiotic Awareness Week	16 IPAC Meeting  Antibiotic Awareness Week	17 International Survivors of Suicide Loss Day
18	19	20	21	22  Thanksgiving	23	24
25	26	27	28	29	30	

## Health & Safety Tips for the Holiday Season from the CDC

- **Wash hands often to help prevent the spread of germs.** It's flu season. Wash your hands with soap and clean running water for at least 20 seconds.
- **Bundle up to stay dry and warm.** Wear appropriate outdoor clothing: light, warm layers, gloves, hats scarves, and waterproof boots.
- **Manage stress.** Give yourself a break if you feel stressed out, overwhelmed and out of control. Some of the best ways to manage stress are to find support, connect socially and get plenty of sleep.
- **Get your vaccinations.** Vaccinations help prevent diseases and save lives. Everyone six months and older should get a flu vaccine each year.

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

# Injury Prevention Observances and Events December 2018

**Sun      Mon      Tue      Wed      Thu      Fri      Sat**

						1 World AIDS Day
2 Chanukah	3	4	5	6	7 Integrated Care Conference	8
9	10	11	12	13	14 ISTCC and ITN Meetings	15
16	17	18	19	20	21	22
23	24 Christmas Eve	25 Christmas Day	26	27	28	29
30	31 New Year's Eve					

## Health and Safety Tips for the Holiday Season from the CDC:

- **Practice fire safety.** Most residential fires occur during the winter months, so don't leave fireplaces, space heaters, food cooking on stoves or candles unattended. Have an emergency plan and practice it regularly.
- **Prepare food safely.** Remember these simple steps: Wash hands and surfaces often, avoid cross-contamination, cook foods to proper temperatures and refrigerate foods promptly.
- **Monitor children.** Keep potentially dangerous toys, food, drinks, household items and other objects out of children's reach. Protect them from drowning, burns, falls, and other potential accidents.

# Save the dates!

## 2018 Midwest Injury Prevention Alliance (MIPA) Summit



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

**What:** A 1-1/2 day conference covering various injury prevention topics and addressing emerging best practices in the field of violence and injury prevention.

**When:** November 29 & 30

**Where:** Indianapolis, Venue TBD

Register: Click [here](#) to register.

Supporters are critical to help make these types of meetings cost effective for attendees. If you are interested in becoming a supporter, please email Katie Hokanson, director of Trauma and Injury Prevention, [khokanson@isdh.in.gov](mailto:khokanson@isdh.in.gov).

## Upcoming 2019 Trauma Regional Advisory Council (TRAC) Meetings so far

**District 3:** Feb. 14, April 11, June 13, Aug. 8, Oct. 10, and Dec. 12

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

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

All other districts TBD



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