



MONTANA EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC) & CHILD READY MT

MT EMSC CONNECTION NEWSLETTER **FEBRUARY** 2018

This issue has information on the Injury Prevention; Grants; TeenVax Campaign; Leading causes of death in 2016; and more. Win a Dose by Growth tape with the trivia.

IMPROVING ADOLESCENT-CENTERED CARE

Improving Adolescent-Centered Care: Training your team when you don't have the time or resources for training

A highlight of free, pre-packaged mini-trainings called "[Sparks](#)" created by the University of Michigan's [Adolescent Health Initiative](#):

- Designed for health care providers or staff to deliver in 15-30 minutes at staff meetings or professional development opportunities
- Used to "spark" discussion and reflection among a multidisciplinary audience
- The goal to improve youth-centered health care

February 1, 2018

1:00 - 2:00 pm EST Register at

https://umn.webex.com/mw3200/mywebex/default.do?nomenu=true&siteurl=umn&service=6&rnd=0.25964045526466706&main_url=https%3A%2F%2Fumn.webex.com%2Fec3200%2Feventcenter%2Fevent%2FeventAction.do%3FtheAction%3Ddetail%26%26%26EMK%3D4832534b00000004c1e9310580bfb418b64fe6d9f9bd45b1436a5e1e0495514ff4bc68cea212a9ea%26siteurl%3Dumn%26confViewID%3D81225172741309953%26encryptTicket%3DSDJTSvAAAARdozQvpwfnZnsn2DLaEooiUyF76iUZVR8QT_GZLwEwBw2%26

WILDFIRE COMMUNITY PREPAREDNESS DAY GRANTS

2018 Wildfire Community Preparedness Day Grants Available State Farm and the National Fire Protection Association (NFPA) are again providing grant funding to support community wildfire risk reduction projects through this year's Wildfire Community Preparedness Day on May 5, 2018.

Communities can apply for the \$500 grants through March 2, 2018. Examples of projects include community clean-up days, fire prevention workshops, youth community service projects - anything that helps your community become more prepared for wildfire.

For project ideas and tips on creating a winning application, check out the Wildfire Community Preparedness Day website. The 2017 wildfire season was extremely active with nearly 10 million acres burned in the United States, very close to a record. Many communities were devastated literally overnight. This is a great opportunity for your fire department or emergency management office to partner with the community, teaching homeowners and businesses how to limit and mitigate their wildfire risk. These programs can go a long way to lessening damage and loss of life in future wildfires. (Source: NFPA)

PATIENT SIMULATION WEBINAR

Dr. Jesse Pines, Director of the Urgent Matters team at GWU, collaborated with the medical education company, CE Symmetry to develop a new patient simulation case. Using the Body Interact™ software platform, this simulation puts you in the Emergency Department managing a complex patient case involving a facial swelling attack of unknown origin. You can manage this virtual patient, order tests and treatments as you would in your Emergency Department. Plus, you can earn CME credit for the activity.

Go to haeedu.com to register and learn more. There is no fee for participating in this educational activity.

Article of the Week!**The hidden health inequalities that American Indians and Alaskan Natives face - Annie Belcourt**

Annie Belcourt

Associate Professor of Health Professions and Biomedical Sciences, The University of Montana. Read the article at:

<https://theconversation.com/the-hidden-health-inequalities-that-american-indians-and-alaskan-natives-face-89905>

CARE VAN® PROGRAM

WHAT IS CARE VAN? The Blue Cross and Blue Shield of Montana Care Van is a community partnership and outreach program that provides vaccines to Montanans, with an emphasis on underserved populations. Care Van teams up with community health officials to administer vaccines at no cost, or low cost, to patients. The program brings services to Montana's rural and underserved areas, as well as centralized locations in populated areas.

Care Van staff does not provide direct care. Staff facilitates immunization clinics and helps partners accomplish the event goals. Ultimately, we work as a team where Care Van provides resources and support and partners provide service. Care Van is not in competition with public health agencies, but rather supplements those roles. While Care Van is a Blue Cross and Blue Shield of Montana (BCBSMT) program, it is not intended to drive business toward insurance. It is an extension of BCBSMT's commitment to give back to the Montana communities we serve.

MORE INFORMATION/SCHEDULING

BCBSMT cannot provide any direct medical services. Primarily, the program works through public health or community clinics, which provide service. The program's focus is on immunization and education, but other services may be provided, depending on the practitioners involved.

For more information or to set up a Care Van event, please call Jamey Petersen at 406-437-6155 or email jamey_petersen@bcbsmt.com.

Association Events:

Medication Assisted Treatment Training and Certification-

provided by the American Society of Addiction Medicine (ASAM) on **February 8 - 9, 2018** in **Butte** and **May 8-9** in **Great Falls**

WHO CAN ATTEND: Entire Teams - MDs, DOs, APRNs, PAs, RNs, LPNs, MAs, peer support care managers, dentists, hygienists, pharmacists, LACs, LCSWs, and LCPCs.

CME AVAILABLE: ASAM Certification/Waiver available. You must complete additional online training for the waiver. This waiver is only available to certain licenses.

COST: there is no fee for this training.

[Learn more here!](#)



Integrated Behavioral Health Training and Substance Use Disorders: Promising Practices-

This one-day training will highlight integrating behavioral health and treating substance use disorder in a primary care setting. Learn about screening tools, 'warm hand-offs', team roles and treatment, care coordination, documentation, and hear about examples from real clinics.

March 8 in Butte

[Learn more here!](#)

Two Important Sources of Information Considering Recent School Shootings.

Pediatric Disaster Triage: Doing the most good for the most patients in the least time. This disaster triage course will discuss how to recognize a disaster, the rationale for pediatric disaster triage, and common triage strategies applicable to disaster response. Application of the information using several case studies and embedded quizzes will illustrate the concepts discussed in the training. Providers are free to take the course; however, **no CE can be awarded at this time.**

Course Modules Course Objectives:

1. **Recognizing a Disaster Module**
2. **Disaster Triage Rationale Module**
3. **Pediatric Triage Considerations Module**
4. **Triage Methodologies Module**
5. **Special Considerations Course Summary Post-Assessment**

Recognize a disaster:

1. **Describe the rationale for disaster triage.**
2. **Describe four common triage strategies (JumpSTART, Smart, SALT and Clinical Decision-Making).**
3. **Recognize the significance of special triage situations such as children with head injuries or those with special health care needs.**

Downloads Resources from Training

1. [PowerPoint slide set of training](#)
2. [Transcript of training](#)
3. [JumpSTART Triage System](#)
4. [SALT Triage System](#)
5. [SMART Triage System](#)

<https://emscimprovement.center/resources/cme-training/pediatric-disaster-triage-doing-the-most-good-for-the-most-patients-in-the-least-time/>

This course was created by EMSC Targeted Issue Grantee Mark Cicero, MD. His project was supported by the Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB), Emergency Medical Services for Children (EMSC) Targeted Issues grant program, Grant No. H34MC19349 for \$852,415.00. The information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

COMPLETE LIBRARY OF TOOLKITS

This website has toolkits for childhood injury prevention programs.



[Carbon Monoxide Safety](#) - An alarm is the only way to know if there are dangerous levels of carbon monoxide in your home.



[Button Battery Safety](#) -If swallowed, button batteries can cause serious injury or death in as little as two hours.



[Child Passenger Safety](#) - Car crashes continue to be a leading cause of death for children in the U.S.



[Fire Escape Plans](#) - Every 86 seconds, a home fire breaks out in the U.S. Could your family get out in two minutes or less?



[Food and Drink Scalds](#) -Scalds from hot food or drinks are one of the most common burns requiring hospital care for children under age 5.



[Laundry Detergent Packets](#) - Highly-concentrated laundry detergent packets are more poisonous than traditional liquid or powder detergent.



[Liquid Nicotine](#) -In 2014, the poison help line received more than 2300 calls about contact with liquid nicotine for children younger than 6 years—that's an average of 7 calls a day.



[Medication Safety](#) - Nine out of every 10 poisonings for children ages 12 and younger involve medication errors or unsupervised children taking medicine on their own.



[Playground Safety](#) -Most playground injuries are caused by falls. Keep your child safer by choosing a playground with safe surfacing under and around equipment.



[Safe Sleep](#) -Data from the CDC shows that more than 600 babies die each year from suffocation—that's an average of about 2 children each day.



[Toy Safety](#) -Toy-related injuries send a child to a U.S. emergency department every three minutes.



[Why Injury](#) -Unintentional injury—the leading cause of death and acquired disability for children—is predictable and preventable.

CHECK OUT THESE TOOLKITS-GREAT FOR PREVENTION ACTIVITIES IN YOUR FACILITY/SERVICE AND COMMUNITY. For more information see: <https://www.preventchildinjury.org/toolkits-landing>

Urgent Matters Innovation of the Year Award Winner Webinar: ED Telehealth Express Care Service

The 2017 Emergency Care Innovation of the Year Award winner was New York Presbyterian/Weill Cornell Medical Center's Emergency Department (ED) Telehealth Express Care Service. [The ED Telehealth Express Care Service](#) is an innovative ED-based telehealth program designed to streamline emergency care, reduce length of stay (LOS), and improve patient experience for patients with low acuity complaints. This webinar is [now available to view here](#). You can also earn CME credit for this activity. There is no fee for participating in this educational activity.

FOAM-Ed Roundup

Accidental hypothermia has been something that has plagued the human race for time immemorial - while a winter 'bomb cyclone' certainly doesn't help, it is something that will bring patients to your ED in any season. [CanadiEM provides](#) a great educational podcast and show notes on accidental hypothermia with pearls to systematically approach these patients. <https://canadiem.org/crackcast-e140-accidental-hypothermia/>

[Drs. Eoghan & Terry discuss](#) cognitive impairment and delirium in the ED - why and how we should assess for it, how we should treat it, and some other useful pearls of wisdom. <https://stmungos-ed.com/podcast/terryquinn>

Tricyclic antidepressants (TCA) are a class of medications traditionally used to treat depression that are currently being prescribed for pain syndromes, peripheral neuropathy, migraine prophylaxis, panic and phobic disorders, and obsessive-compulsive disorder. Overdoses are on the rise given expanding use of TCAs beyond depression - [CoreEM provides](#) excellent overview and takeaways in regards to TCA toxicity. <https://coreem.net/core/tricyclic-antidepressant-toxicity/>

Upper GI bleeding remains a common reason for ED visits and is a major cause of morbidity, mortality, and medical care costs. Often when these patients arrive, the classic IV-O2-Monitor is initiated and hemodynamic stability is assessed. One of the next steps often includes the initiation of proton pump inhibitors (PPIs). Does initiation of PPIs reduce clinically relevant outcomes in upper GI bleeds? [R.E.B.E.L. EM discusses](#) the current evidence-base. <http://www.emdocs.net/r-e-b-e-l-em-good-bad-ugly-proton-pump-inhibitors-ugib/>

DETERGENT PODS

Last year, U.S. poison control centers received reports of more than **10,500 children younger than 5** who were exposed to the capsules. The same year, **nearly 220 teens were reportedly exposed, and about 25 percent of those cases were intentional**, according to data from the American Association of Poison Control Centers. So far in 2018, there have been 37 reported cases among teenagers — half of them intentional, according to the data.

Children who have been exposed to the capsules have been hospitalized with vomiting, breathing difficulties and loss of consciousness. And the consequences may be much worse. Since 2012, eight fatalities have been reported among children 5 and younger, according to the American Association of Poison Control Centers. As with nearly any substance, “the dose makes the poison.” The laundry detergent packets pose two potential problems. Children and teens can aspirate on the liquid by inhaling it into their lungs, or they can become ill by ingesting it — experiencing a change in blood pressure and heart rate, losing consciousness or having seizures.

Tide's parent company, Procter & Gamble, said in a statement that it is “deeply concerned about conversations related to intentional and improper use of liquid laundry pacs. Laundry pacs are made to clean clothes,” Procter & Gamble spokeswoman Petra Renck said in the statement. “They should not be played with, whatever the circumstance, even if meant as a joke. Like all household cleaning products, they must be used properly and stored safely.”

In response to nationwide headlines late last week about the “Tide pod challenge,” the company released a public service announcement on social media, featuring the New England Patriots' Rob Gronkowski discouraging people from playing around the laundry detergent packets.

“What should Tide PODs be used for? **DOING LAUNDRY**. Nothing else,” the company said on social media. “Eating a Tide POD is a BAD IDEA. https://www.washingtonpost.com/news/to-your-health/wp/2018/01/13/teens-are-daring-each-other-to-eat-tide-pods-we-dont-need-to-tell-you-thats-a-bad-idea/?utm_term=.698679f9caff



<https://usa.childcareaware.org/preparednesswebinars/>

The American Academy of Pediatrics (AAP) has offered information on how to talk to children during an incident. The conversation occurred because of the false alert in Hawaii, recently. The link to the AAP information:

<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-Disasters/Pages/Promoting-Adjustment-and-Helping-Children-Cope.aspx>

Promoting Adjustment and Helping Children Cope: Stress is intrinsic to many major life events that children and families face, including the experience of significant illness and its treatment. The first step in providing psychological support is to ensure that the basic needs of each disaster victim are met. For children, this means ensuring that each child has a safe physical environment (e.g., direct supervision and shelter), food, and drinking water.

Importance of Basic Services and Timely Triage and Referral -Children may exhibit a range of adjustment difficulties after a disaster; children may be having significant distress **but not show any obvious symptoms**. Timely referral to supportive services should be considered for children with marked or persistent symptoms, as well as those with significant risk factors.

Psychological First Aid -During or immediately following a disaster, efforts should be focused on helping all children who were impacted by the event to understand what has happened and providing [psychological first aid](#). Exposure to media (viewing the news on a computer or mobile device or on television) or being interviewed by the media can traumatize children further. Efforts should be made to protect children from media violence and to promote [resiliency](#) whenever possible. The [AAP Council on Communications and Media](#) created an interactive tool, the [Family Media Use Plan](#), that helps families make healthy media use plans for their children. Key resources for pediatricians include:

- [Providing Psychosocial Support to Children and Families in the Aftermath of Disasters and Crises Clinical Report](#) (AAP)
- [Responding to Children's Emotional Needs During Times of Crisis: An Important Role for Pediatricians](#) (AAP)
- [Supporting the Grieving Child and Family Clinical Report](#) (AAP)

Training

- [Feelings Need Check Ups Too – Addressing the Mental Health Needs of Children Following Catastrophic Events: A Resource for Pediatricians](#) (AAP)
- [Psychosocial Impacts of Disasters on Children – Online Training](#) (NCDMPH)

Key Resources

- [Providing Psychosocial Support to Children and Families in the Aftermath of Disasters and Crises Clinical Report](#) (AAP)
- [Responding to Children's Emotional Needs During Times of Crisis: An Important Role for Pediatricians Handout](#) (AAP)
- [National Center for School Crisis and Bereavement Web Site](#)
- [Coalition to Support Grieving Students Web Site](#)

Resources

- [How Families Can Cope with Relocation Stress After a Disaster](#) (HealthyChildren.org)
- [Disaster Distress Helpline and Text Details](#) (SAMHSA)
- [Family Readiness Kit](#) (AAP)
- [Helping Your Child Cope](#) (HealthyChildren.org)
- [Helping Children Cope with Disaster](#) (CDC)
- [Mental Health Initiatives – Implementing Mental Health Priorities in Practice](#) (AAP)
- [Supporting Children and Family Survivors of Military Line-of-Duty Deaths](#) (Coalition to Support Grieving Students)
- [Talking to Children about Disasters](#) – (HealthyChildren.org)

10 Leading Causes of Death, West 2016, All Races, Both Sexes

[Click on any colored box for detailed causes and ICD codes.](#)

[Click on any age group for percentages.](#)

Rank	Age Groups										All Ages
	<=1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Congenital Anomalies 1,067	Unintentional Injury 276	Unintentional Injury 152	Unintentional Injury 162	Unintentional Injury 2,913	Unintentional Injury 4,122	Unintentional Injury 3,627	Malignant Neoplasms 7,820	Malignant Neoplasms 22,485	Heart Disease 99,534	Heart Disease 122,306
2	Short Gestation 552	Congenital Anomalies 100	Malignant Neoplasms 119	Malignant Neoplasms 116	Suicide 1,454	Suicide 1,912	Malignant Neoplasms 2,390	Heart Disease 5,901	Heart Disease 14,211	Malignant Neoplasms 86,904	Malignant Neoplasms 121,163
3	Maternal Pregnancy Comp. 301	Malignant Neoplasms 96	Congenital Anomalies 46	Suicide 105	Homicide 920	Homicide 1,004	Suicide 1,791	Unintentional Injury 4,576	Unintentional Injury 4,940	Alzheimer's Disease 29,047	Unintentional Injury 32,384
4	SIDS 265	Homicide 64	Homicide 30	Congenital Anomalies 33	Malignant Neoplasms 350	Malignant Neoplasms 868	Heart Disease 1,736	Liver Disease 2,371	Liver Disease 3,394	Chronic Low. Respiratory Disease 27,165	Chronic Low. Respiratory Disease 31,479
5	Placenta Cord Membranes 208	Influenza & Pneumonia 26	Heart Disease 14	Heart Disease 32	Heart Disease 160	Heart Disease 628	Liver Disease 905	Suicide 2,063	Chronic Low. Respiratory Disease 3,296	Cerebro-vascular 25,905	Cerebro-vascular 30,130
6	Unintentional Injury 160	Heart Disease 24	Chronic Low. Respiratory Disease 11	Homicide 28	Congenital Anomalies 93	Liver Disease 365	Homicide 627	Diabetes Mellitus 1,382	Diabetes Mellitus 3,211	Diabetes Mellitus 12,836	Alzheimer's Disease 29,330
7	Bacterial Sepsis 104	Chronic Low. Respiratory Disease 13	Influenza & Pneumonia 11	Chronic Low. Respiratory Disease 14	Chronic Low. Respiratory Disease 46	Diabetes Mellitus 187	Diabetes Mellitus 420	Cerebro-vascular 1,097	Cerebro-vascular 2,475	Unintentional Injury 11,445	Diabetes Mellitus 18,089
8	Circulatory System Disease 102	Benign Neoplasms 12	Cerebro-vascular 10	Influenza & Pneumonia 11	Diabetes Mellitus 46	Cerebro-vascular 142	Cerebro-vascular 412	Chronic Low. Respiratory Disease 726	Suicide 1,944	Influenza & Pneumonia 9,052	Suicide 11,516
9	Neonatal Hemorrhage 88	Septicemia 12	Benign Neoplasms 7	Cerebro-vascular 9	Influenza & Pneumonia 38	Influenza & Pneumonia 105	Influenza & Pneumonia 204	Homicide 489	Influenza & Pneumonia 1,064	Hypertension 7,114	Influenza & Pneumonia 10,987
10	Respiratory Distress 76	Perinatal Period 10	Septicemia 6	Septicemia 6	Cerebro-vascular 34	Congenital Anomalies 103	HIV 158	Influenza & Pneumonia 444	Viral Hepatitis 912	Parkinson's Disease 6,420	Liver Disease 10,659

[File](#)

[Terms for Causes of Death](#)

[Printer-Friendly Version](#)

EMERGING ISSUES IN INJURY AND VIOLENCE PREVENTION

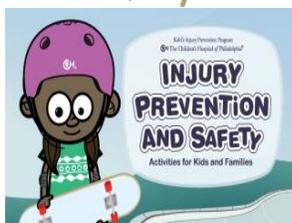
For unintentional injuries, there is a need to better understand the trends, causes, and prevention strategies for:

- Prescription drug overdose deaths
- Motor vehicle crashes due to distracted driving
- Traumatic Brain Injury

In the area of violence, there is a need to better understand the trends, causes, and prevention strategies related to:

- Bullying, dating violence, and sexual violence among youth
- Elder maltreatment, particularly with respect to quantifying and understanding the problem
- Overlapping causes of violence and the strategies that can prevent multiple forms of violence

Kids safety activities



Download the free [Injury Prevention and Safety activity book](#) (PDF) to help educate children through fun, interactive coloring, puzzles and games. Kids will learn about fire and home safety, bike safety and more from educational word jumbles, doodle pages, mazes, and other fun activities. Kids can complete them all and become a Certified Super Safe Kid!

INJURY PREVENTION PROGRAMS:

Many childhood injuries are preventable, and one focus of an Injury Prevention Program is to provide education and resources to prevent future injuries from occurring. To do so, an **Injury Prevention Program can provide education** and consults to the inpatient population to address:

- Fall prevention
- Child passenger safety
- Poison prevention
- Choking prevention
- Fire safety
- Pedestrian injuries
- Sports related injuries
- Gun safety
- Hyperthermia prevention

Each year, there are approximately 3,000,000 unintentional injuries to children 14 and under because of home incidents:

- Fires
- Drownings
- Choking
- Strangulation
- Burns
- Poisonings
- Suffocation
- Falls

While constant adult supervision is the best way to keep a child safe at home, sometimes it's just not enough. One program modeled after the "**Home Safe Home**" program developed by Children's Hospital Los Angeles doctors [Susan Wu, MD](#), and [Mona Patel, MD](#), the "**Home Safety Audit**" program was created to reduce the number of unintentional injuries of children at home. As a part of the program, Injury Prevention staff members conduct a detailed inspection of the child's home environment, including a room-by-room analysis of injury risks, coupled with recommendations on prevention strategies and tools. Families are provided with a variety of home safety devices, educational materials and other recommendations on how to improve their child's safety at home such as disaster preparedness.

Montana Immunization Program to focus MT TeenVax campaign on cancer prevention

Many people may be unaware that one of the most common causes of cervical cancer can be prevented with a vaccine. The human papillomavirus (HPV) is the cause of nearly all cervical cancers. In addition, HPV causes 20,000 other cases of non-cervical cancer each year in the United States. To help protect against cervical and other HPV-related cancers, public health and private immunization providers are working together to **increase HPV vaccination coverage rates**.

According to the Centers for Disease Control and Prevention's (CDC) 2016 National Immunization Survey, only a little more than half of Montana parents/guardians are choosing to get the HPV vaccine for their children. The CDC recommends the HPV vaccine for adolescents as young as 11 years of age when they are scheduled to receive vaccines for pertussis or meningitis or during other medical visits. Teens or young adults that may have missed that window can still receive the vaccine and are encouraged to talk with their medical provider.

While the CDC survey showed room for improvement, Montana did show recent improvement in the percentage of young women starting the 2-dose series. However, the number of boys starting the series remained about the same. Although many of these teens and young adults are getting their first dose of HPV vaccine, not all are completing the vaccination series. "While Montana continues to improve coverage levels for the HPV vaccine, we are still below the national average," said DPHHS Director, Sheila Hogan. In 2018, the Immunization Program's MT TeenVax campaign to promote teen vaccines will focus on HPV, the cancers it causes, and the HPV vaccine that helps to prevent them. The campaign will include providing resources and information to healthcare professionals, parents, and teens to increase awareness. "**It is important that Montana's children be protected against these cancers,**" Hogan said. "Now is a great time to check your child's immunization record and see if they have received all the recommended vaccines. If you have questions about any of the vaccines, talk to your healthcare provider."

For more information about HPV and the other adolescent vaccines, go to www.immunization.mt.gov.

Get ready for Give Kids A Smile 2018

The ADA Foundation is reminding Give Kids A Smile program coordinators to register their events by Nov. 6 to be eligible to receive donated product kits. Give Kids A Smile celebrates its 15th anniversary in 2017, and program coordinators can visit ADAFoundation.org/GKAS to sign up their programs for 2018 and check out resources.



The Henry Schein Dental product treatment kit includes gloves, patient bibs, gauze pads, prophylaxis angles, prophylaxis paste, fluoride varnish, dental sealants and more. The Colgate consumer dental product kit includes toothbrush, toothpaste, oral health education card and GKAS bag.

Through the ADA Foundation's Give Kids A Smile program, launched nationally by the ADA in 2003, more than 5.5 million underserved children have received free oral health services. In 2017, these free services were provided by more than 30,000 dental team members, 8,000 of whom are dentists. GKAS would not be possible without the continued support of national sponsors Henry Schein, Colgate and KaVo Kerr.

Each year, Give Kids A Smile is celebrated nationally on the first Friday in February. GKAS events do not have to take place in February. Many GKAS events take place throughout the year, such as GKAS back-to-school events that take place in August. GKAS events are intended as touch points for children who do not receive dental care. The ultimate goal is to establish a dental home for these children and continuity of care, according to the ADA Foundation website.

Coordinators can visit ADAFoundation.org/GKAS to view the **Give Kids A Smile** Increasing Continuity of Care webinar, which was presented May 30. The webinar covers strategies for increasing continuity of dental care for kids in need. Topics include how to conduct outreach to families and recruit children who are uninsured, and how program coordinators can refer families to apply for coverage. The website also includes the GKAS Toolbox for program planning guides, sample forms, letters and other materials.

Dentists with questions about Give Kids A Smile can email gkas@ada.org.

TRIVIA

Answer the trivia and win a Dose By Growth Tape -to the first 5 to email answers to Robin - rsuzor@mt.gov **NOT to the listserve.**

1. What is the care van program?
2. What should Tide Pods be used for?
3. What are two examples of injury prevention programs”?
4. What is the leading cause of death for ages 1-44?
5. What is the TeenVax Campaign?



EMERGENCY MEDICAL SERVICES FOR CHILDREN/CHILD READY MT PROGRAM, MT DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES, EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEMS, P.O. BOX 202951, HELENA, MT 59620 - CONTACT INFORMATION: rsuzor@mt.gov or (406) 444-0901

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