

## In This Issue

- Midwest Injury Prevention Alliance (MIPA) Conference Summary... page 2
- Naloxone Grant Opportunity... page 2
- Trauma Improvement Sprint.. page 3
- Annual Emergency Medical Services for Children (EMSC) Performance Measure survey ..... page 4
- Indiana’s Overdose Fatality Review Teams: Tox. Analysis for Cases Reviewed through August 12, 2021 ..... page 5
- Safety & Health Integration in the Enforcement of Laws on Drugs.... page 8
- Observances ..... page 9

## Upcoming Events



## Midwest Injury Prevention Alliance Conference Summary



The Midwest Injury Prevention Alliance (MIPA) Summit held its 10<sup>th</sup> annual conference on Thursday, Dec. 9. Illinois Department of Public Health hosted the virtual meeting and shared opening remarks along with the President Morgan Sprecher, INVDRS Epidemiologist. The keynote presentation by Dr. Grant Baldwin for the National Center for Injury Prevention and Control included the CDC response to the drug overdose epidemic. He highlighted the Overdose Data to Action (OD2A) program, the Drug Free Communities program, partnerships between public health and public safety, and other community-level investments. The Data and INVDRS Committees held a panel discussion about the regional analysis of homicide and youth-suicide trends seen across the Midwest states. A variety of topics were covered in the concurrent breakout sessions: Illinois' Overdose Response Strategy, How to Give Effective and Engaging Virtual Presentations, Making Microwave Oven Doors Child Resistant, and Efforts to Reduce Adult Falls Risk and Injury were all highly praised by the guests. The day ended with a final panel presentation on occupational injury careers in the Midwest. Discussions about precarious employment and mental health, temporary worker policy issues, and workplace violence created conversations and awareness on these rising issues. All materials from the summit can be found at <https://www.midwestinjurypreventionalliance.org/>.

## Naloxone Grant Opportunity Announcement

The Indiana Department of Health (IDOH) is accepting grant applications to provide first responders in rural counties intranasal naloxone. Only first responders who provide services in rural counties are eligible to receive the naloxone doses. For grant activities, first responders include (professional and volunteer): firefighters, law enforcement officers, paramedics, emergency medical technicians, and other legally organized and recognized volunteer organizations that respond to adverse opioid-related incidents. IDOH will provide naloxone administration training for grant applicants upon request. IDOH encourages all agencies to be trained in naloxone administration, regardless of whether they have been trained in the past. The source of the grant funds for this program is the Substance Abuse Mental Health Services Administration (SAMHSA) First Responder Comprehensive Addiction and Recovery Act grant. For more details on the grant opportunity, review the **grant announcement**. Please note that in the grant announcement to contact Brian Busching and **not** Cassidy McNamee.

# Trauma Improvement Sprint

The American College of Surgeons has announced new pediatric verification standards for all trauma centers. The best way to prepare is to identify a team member who can serve in the role of a pediatric emergency care coordinator (PECC). A PECC can be any physician, nurse, or clinical team member; previous pediatric experience is not required.

## Get the tools you need to be a PECC

To help trauma centers prepare for the new standards, the PECC Workforce Development Collaborative is hosting a Trauma Improvement Sprint over two half days, Feb. 23 and March 2, 2022.

### Participants will learn to:

- Develop communication strategies for hospital and ED leadership
- Create pediatric-specific policies and protocols
- Establish pediatric competency initiatives
- Ensure processes to maintain pediatric equipment and supplies
- Implement system-level quality improvement interventions

Register for the sprint by Feb. 20 at <https://bit.ly/TraumaImprovementSprint>.

### What is an Improvement Sprint?

Quality improvement initiatives require consistent effort and a dedicated period of time for results to be realized. For this reason, our quality improvement collaboratives usually span anywhere from 12 to 18 months.

However, we believe the foundation for the development of a PECC, also known as a pediatric champion, can be introduced through an intensive, two-day event. During these two days, we will review the key drivers and change strategies that lead to improvement in each of the seven pediatric readiness areas of focus.

After completing the Trauma Improvement Sprints, participants will be invited to join Phase 2 of our PECC Workforce Development Collaborative. During Phase 2 of the collaborative, which begins on March 17, participants will work to implement a pediatric-focused quality improvement project.

# Annual Emergency Medical Services for Children (EMSC) Performance Measure Survey for Indiana Registered EMS Agencies

In January 2022, the Indiana EMSC Program is sending a statewide survey to Indiana registered EMS agency directors. The objective is to assess what methods and the frequency of skill-checking on pediatric equipment is being offered at EMS agencies and how pediatric emergency care is coordinated at EMS agencies.

The Indiana Emergency Medical Services for Children Program (iEMSC) focuses on improving the quality of emergency care for children with serious injury and illness by integrating children's interests into the existing hospital and EMS system. iEMSC represents the unique needs of children within the healthcare community throughout the state of Indiana, working to ensure that all children everywhere in Indiana have timely access to appropriate emergency medical care.

The response rate in Indiana for the 2021 EMSC Performance Measure Survey was 82.9%. Health Resources and Services Administration funds EMSC Programs and requires each state and U.S. to fill this out.

## Indiana EMS for Children Program 2021 EMS Agency Survey Results

### Indiana Data Collection Numbers:

**Number of Respondents: 577**

**Number Surveyed: 696**

**Response Rate: 82.9%**

**Number of Records in Dataset (after data cleaning)\*: 575**

\*Data cleaning includes removing agencies that do not respond to 911 and duplicates, etc.

Your EMS agency will receive an email from Margo Kniefkamp, Indiana EMSC Program Manager, via email address [margo.kniefkamp@indianapolisems.org](mailto:margo.kniefkamp@indianapolisems.org), asking you to complete the survey. The survey should only take 6-10 minutes to complete. The assessment is conducted on a secure web-based system. Please complete it as soon as possible to avoid many phone calls and emails requesting completion of the assessment. You may access a paper version of the assessment online at [emscsurveys.org](http://emscsurveys.org).

Please help us help you be prepared to care for your pediatric patients by completing this short survey. iEMSC plans to provide an education and resources workshop for the prehospital-based PECC. Please subscribe to Pediatric Emergency Care Coordinator (PECC) quarterly newsletter to connect with pediatric education opportunities by contacting Margo Kniefkamp.

Have questions? Contact Margo Kniefkamp, Indiana EMSC Program Manager, at [margo.kniefkamp@indianapolisems.org](mailto:margo.kniefkamp@indianapolisems.org) or 317-523-4636.

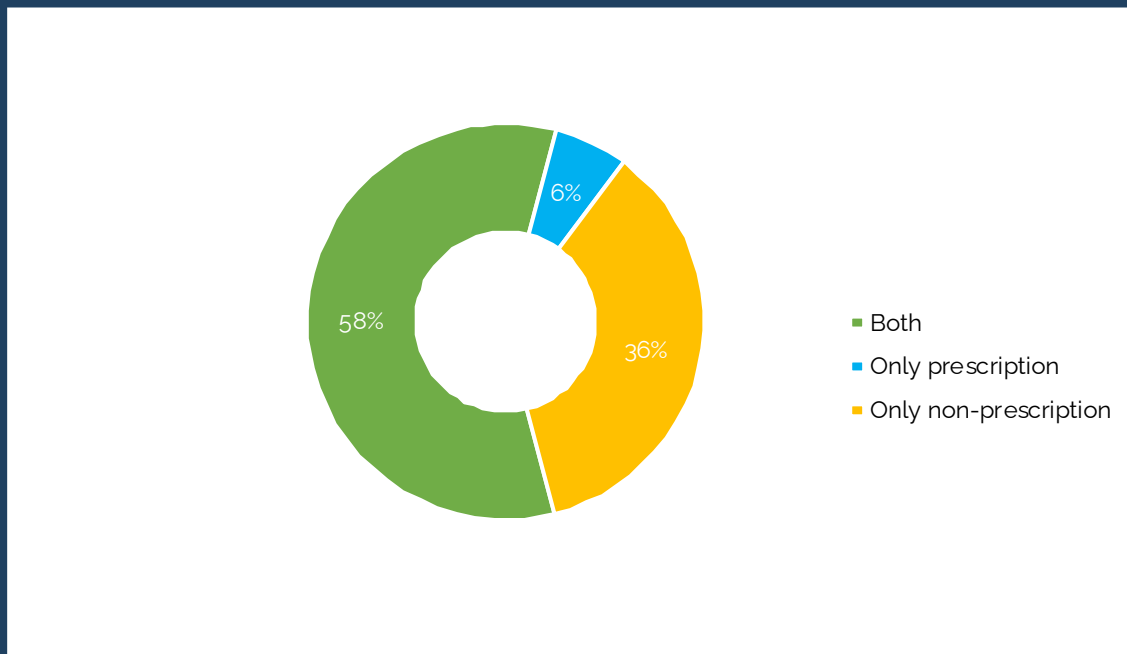
## Indiana's Overdose Fatality Review Teams (OFR): Toxicology Analysis for Cases Reviewed through August 21, 2021

Report prepared by Meredith Canada, CDC Foundation | IN HIDTA, Lauren Savitskas, and Caitlyn Short, Manager, Suicide and Overdose Fatality Review, Fatality Review and Prevention

This analysis includes all overdose fatality cases reviewed by the Indiana Overdose Fatality Review Teams from inception through Aug. 12, 2021. Three-hundred and seven cases are included. For methodology, please see the end of this report.

### Prescription versus Non-Prescription Drugs

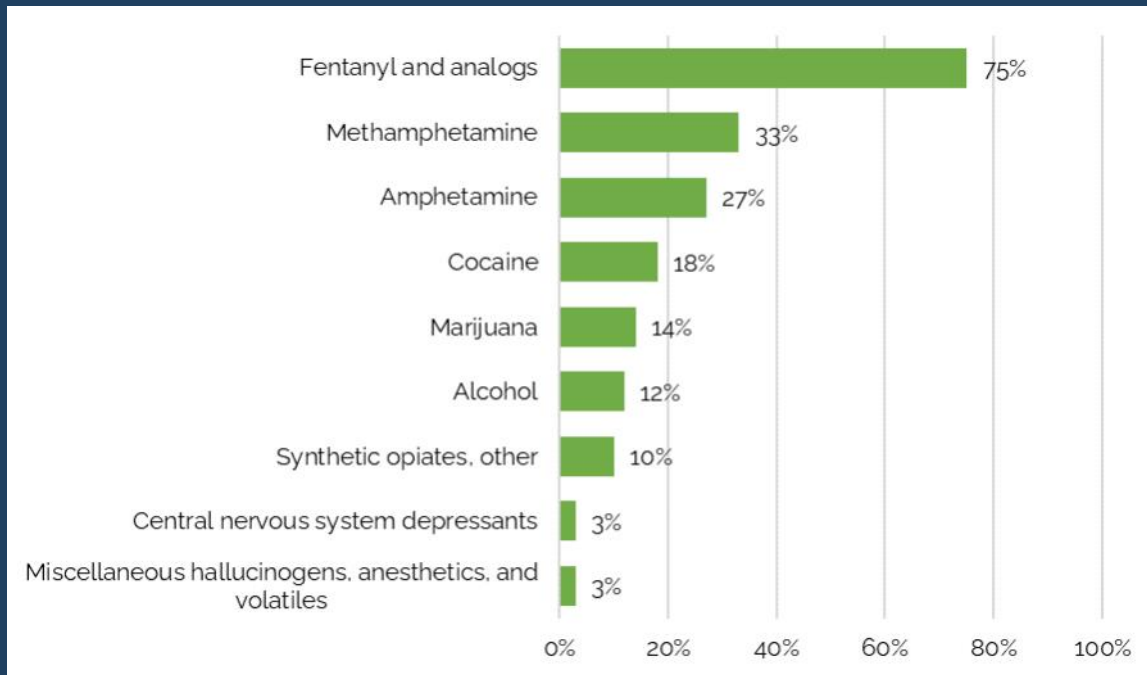
Over half of individuals (179 or 58.3%) had both prescription and non-prescription substances in their toxicology results (Figure 1). A little over one-third (109 individuals or 35.5%) had just non-prescription substances, and six percent (n=19) had only prescriptions in their toxicology results.



### At Least One Non-Prescription Drug

Two-hundred and eighty-eight individuals had at least one non-prescription substance in their toxicology results. The most common type was fentanyl or fentanyl analogs (75% or 231 individuals). About one-third had methamphetamine (33% or 102 individuals) in their tox.

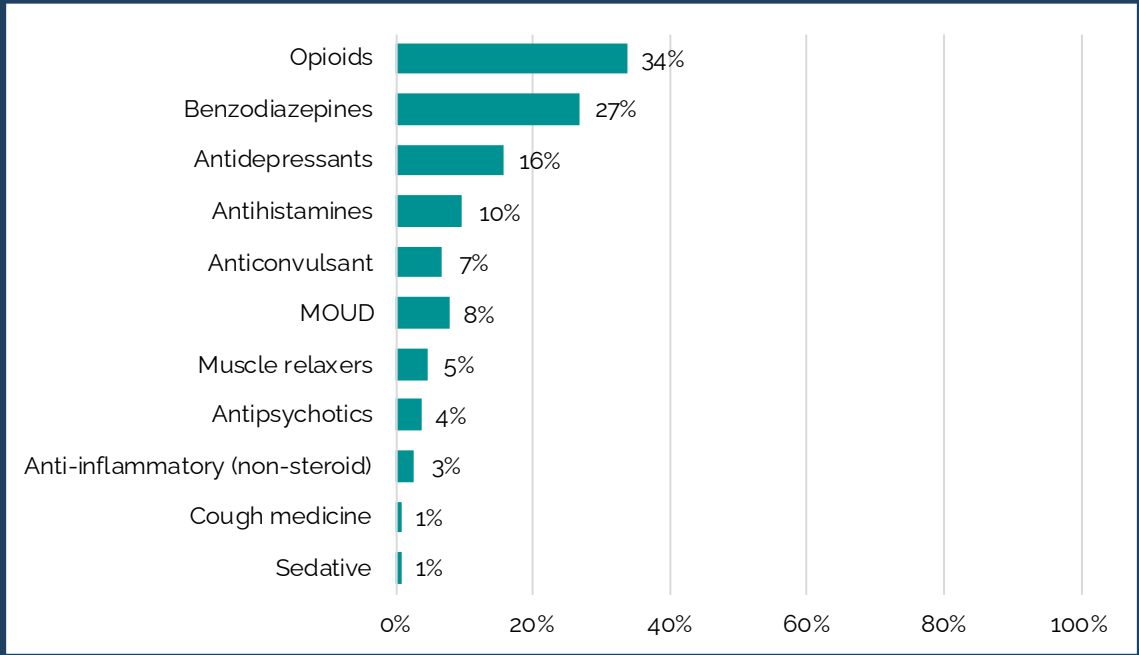
Please note, many individuals had multiple drugs in their toxicology. For this reason, the graph's percentage total will be greater than 100% and reflects the total of all non-prescription drugs for all cases.



### At Least One Prescription

One-hundred and ninety-eight individuals had at least one prescription drug in their tox. The most common prescription drug in toxicology results was opioids (34% or 104 individuals) followed by benzodiazepines (27% or 82 individuals).

Please note, many individuals had multiple drugs in their toxicology. For this reason, the graph's percentage total will be greater than 100% and reflects the total of all prescription drugs for all cases.



### Multiple Substances

Of the 307 cases, over half (58% or 179 individuals) had more than one substance in their toxicology. Below, the six most frequent substance combinations are illustrated. Fentanyl was the most common drug found in combination with others. Of all 307 cases, one-quarter (26% or 79 cases) involved a combination of fentanyl or analog and methamphetamine.

Drug	Fentanyl/ Analog	Meth	Opioid rx	Ampheta- mine	Benzo
Meth	79 (26%)	-	-	-	-
Opioid rx	72 (23%)	33 (11%)	-	-	-
Amphetamine	62 (20%)	68 (22%)	36 (12%)	-	-
Benzo	56 (18%)	21 (7%)	32 (10%)	19 (6%)	-
Cocaine	40 (13%)	14 (5%)	14 (4%)	9 (3%)	18 (6%)

### Methodology

This analysis includes all Indiana's OFR cases reviewed through Aug. 12, 2021. This analysis includes deaths ruled as accidental only. Manners of death classified as suicide, natural, or unknown were excluded. Individuals were excluded from this analysis if the toxicology data was either missing or there were no drugs listed in their toxicology reports. Cases were also excluded if the only substances listed in the toxicology were classified as "other."

Prescription drugs include opioids, benzodiazepines, antidepressants (including tricyclics), antihistamines, gabapentin/pregabalin, methadone, muscle relaxers/antispasmodics, antipsychotics, buprenorphine, nonsteroidal anti-inflammatory, dextromethorphan, and zolpidem. Non-prescriptions include fentanyl and its analogs, 4-ANPP, methamphetamine, amphetamine, cocaine, cannabinoids (marijuana), alcohol (ethanol), synthetic opiates, miscellaneous central nervous system depressants, methylenedioxymethamphetamine (MDMA), ketamine, lysergic acid diethylamide (LSD), phencyclidine (PCP), and volatiles.

Next, cases were described by type and frequency of substances in each individual's toxicology, including: 1) whether the individual had only prescription drugs, only non-prescription drugs, or both prescription and non-prescription drugs in their toxicology analysis; and 2) the type, frequency, and proportion of prescription and non-prescription drugs.

Finally, the six most frequent substances (i.e., fentanyl, methamphetamine, opioid prescriptions, amphetamines, benzodiazepines, and cocaine) were cross-tabulated with each other to determine the frequency and proportion of all 15 unique combinations of two.

Please note: The substances detected in the toxicology are not necessarily the substances determined to be the cause of death.

### **Safety and Health Integration in the Enforcement of Laws on Drugs (SHIELD)**

SHIELD is an evidence-based training program for law enforcement officials regarding harm reduction and occupational safety in the context of the drug overdose epidemic. SHIELD is hosted by Wayne State University in partnership with the Indiana Department of Health as part of the Centers for Disease Control and Prevention's Overdose Data to Action grant. SHIELD provides law enforcement officials with the tools they need to safeguard their physical and mental well-being, improve community relations, and more effectively accomplish their public safety mission.

The next SHIELD training will be held Monday, Jan. 17, from 9 a.m. to noon EST. For more information and to register for the next training, [click here](#).





# January 2022

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1 <i>New Year's Day</i>
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17 <i>Martin Luther King Jr. Day</i>	18	19	20	21	22
23	24	25	26	27	28	29
30	31	<i>National Human Trafficking Prevention</i>	<i>National Winter Sports TBI Awareness Month</i>	<i>National Bath Safety Month</i>	<i>National Blood Donor Month</i>	

# February 2022

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6 <i>Burn Awareness Week</i>	7 <i>Burn Awareness Week</i>	8 <i>Burn Awareness Week</i>
9 <i>Burn Awareness Week</i>	10 <i>Burn Awareness Week</i>	11 <i>Burn Awareness Week</i>	12 <i>Burn Awareness Week</i>	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	<i>American Heart Month</i>	<i>Low Vision Awareness Month</i>	<i>National Cancer Prevention Month</i>	<i>Teen Dating Violence Awareness</i>	

# Contact Us

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

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