

In This Issue

- Rural Trauma Team Development Course Info.....page 1
- A Letter From the Director.....page 2
- ISTCC Summary.....page 3
- DTIP’s COVID-19 Ongoing Response.....page 3
- DTIP’s Grant Updates.....page 4-5
- 2021 Indiana Black & Minority Health Fair.....page 5-6
- 2021 IN CAREs ECHO RFP Released.....page 7
- OD2A SUDORS State Summary Report...page 8-9
- SHIELD.....page 10
- Syringe Exchange Programs.....page 11
- International Overdose Awareness Day.....page 12
- Summer Safety.....page 13-13
- Travel Safety post COVID-19.....page 13
- Observancespage 14
- Contact Informationpage 15

Upcoming Events

- **Independence Day (state offices closed July 5)**
July 4
- **IPAC/INVDRS (virtual)**
July 16
- **ISTCC/ITN (virtual)**
August 20



The Rural Trauma Team Development Course (RTTDC) emphasizes the important role of smaller, often rural, non-trauma hospitals in the overall state trauma system. The RTTDC program covers key concepts in the triage of trauma patients, including the decision whether the hospital can meet the patient’s needs or needs to transfer the patient to a trauma center. Understanding everyone’s role in a statewide trauma system is crucial in providing good care to trauma patients, especially in light of the fact that at least 60% of all trauma deaths occur in areas where only 25% of the population lives.

If your facility is interested in participating in the RTTDC program with a nearby trauma center, please contact the IndianaTrauma@isdh.in.gov or your nearest trauma center (additional information found near the bottom of [this webpage](#)).

A Letter From the Director— Katie Hokanson

After 9 years at the Indiana Department of Health (IDOH), I am writing today to share that my last day will be July 9. I have thoroughly enjoyed my public health career and my time at IDOH. I still remember sitting and interviewing for my initial role, thinking “man, I have no idea how to manage a registry or how to train nurses on data collection, but I want to learn how”. I am thankful that Art Logsdon took a chance on me and even more grateful when he asked me to step into the role of Director for the division. At that time, Spring 2014, our division was made up of four staff members: a data analyst, trauma registry manager, EMS registry manager and injury prevention epidemiologist.

When the injury prevention epidemiologist (Jessica Schultz) came to me with a grant opportunity in Spring 2014, the National Violent Death Reporting System, I remember telling her this grant seemed a little intense, but that we should pursue it. I do not think either of us had any idea that this first grant opportunity would catapult us into the team we are today. A team of 25 working on various facets of trauma and injury prevention. This initial grant opportunity taught us a lot about partnerships, collaboration, staffing, grant deliverables, etc. (the list truly goes on and on).

In 2016, the division started working diligently on responding to the opioid epidemic. This work continues to be the cornerstone of our program with various grant opportunities, community partnerships, data, and collaboration with state agencies. My hope is that more Hoosiers will understand that substance use disorder is a disease and recovery is possible.

During the COVID-19 pandemic, I was asked to step up into roles I never could have dreamed of: project manager of lab efforts, developing a process to invoice hospitals for collection supplies, hospital vaccine branch manager and COVID-19 vaccine scheduling manager. The last year and a half have been challenging times, but these roles introduced me to amazing people that I had never worked with before and I learned about aspects of public health that I may never have been introduced to otherwise. I am so thankful to Eldon Whetstone, my current supervisor, and the executive staff at IDOH, who believed in me and supported me in these efforts.

I am so proud of the Division of Trauma and Injury Prevention. They work hard every day to improve the health of Hoosiers. They are creative and resilient. I will miss this team greatly and will continue to cheer them on. I will also greatly miss the Indiana State Trauma Care Committee and the Indiana Spinal Cord & Brain Injury Research Board. These two committees and their dedicated members are very special to me and I am so grateful for their advocacy and support.

Thank you for continuing to support the development of the Indiana Trauma System and the Division. I would love to hear from you before I leave:
khokanson@isdh.in.gov.

Take care of yourself and stay safe,

~Katie



ISTCC Summary

The Indiana State Trauma Care Committee met virtually on Friday, May 21. The Division of Trauma and Prevention and the districts provided their respective updates to the group. Dr. Thomas Rouse, surgeon with IU Health Riley for Children, and Vicki Stuffle, trauma program director with Memorial Hospital and Health Care Center, were both thanked for their service to the committee as they move on to retirement.

The meeting had a packed agenda with presentations focused on: legislative updates, pediatric guidelines for child sexual assault patients, coroner/hospital collaboration, COVID-19 response update, the National Pediatric Readiness Project (NPRP) and an EMS update from the Indiana Department of Homeland Security.

Andy VanZee with the Indiana Hospital Association provided legislative updates, most notably House Bill 1259, which creates an interim summer study looking at the trauma care system in Indiana. Amy Blackett, with the Indiana Prosecuting Attorneys Council, Angie Morris with University of Southern Indiana and Ashli Smiley with IDOH presented the Indiana Guidelines for Medical Forensic Examination of Pediatric Sexual Abuse Patients. This document, created in 2020, was compiled by a multidisciplinary, pediatric, expert team to help instruct service providers as to what steps need to be taken for best practices. Missy Smith from Ascension St. Vincent Indianapolis provided a meeting update that the district 5 trauma centers had with the Marion County Coroner Office about challenges with autopsy rates with trauma related cases. MCCO also provided current challenges to the hospitals as well. Both district 5 trauma centers and MCCO are working on collaborating to help shore up the current challenges. Finally, Margo Knefelkamp with Indiana Emergency Medical Services for Children presented on the National Pediatric Readiness Project and the importance of taking the assessment. Hospitals who participate in this assessment at the conclusion will receive their readiness score, the average readiness score of emergency departments similar to theirs, the average score of all emergency departments regardless of size or volume and a gap report to help hospitals focus on areas of improvement.

Division of Trauma and Injury Prevention's Ongoing Response to COVID-19

Throughout the past couple months, our division members have transitioned out of their COVID-19 support roles, back into their normal IDOH roles full-time. The DTIP assisted in the COVID-19 pandemic response by helping with the call center (as supervisors, managers and call center representatives), drive-thru testing sites (hosting sites and as site leads), contact tracing, incident command tasks and distribution/logistics work, COVID-19 vaccination scheduling, etc. Together, our division has dedicated more than 17,600 hours fighting the COVID-19 pandemic. Please join us in thanking our staff for their dedication and hard work to help educate the public and facilitate resources for the emergency response during the COVID-19 pandemic response.

Division of Trauma and Injury Prevention's Grant Updates

Overdose Data 2 Action:

The Drug Overdose Prevention team continues to work diligently on the CDC Overdose Data to Action (OD2A) grant that was awarded in 2020. One major part of this grant is the Indiana Communities Advancing Recovery Efforts Extension for Community Healthcare Outcomes (IN CAREs ECHO). The ECHO model is an innovative framework that uses videoconferencing technology to increase the knowledge, skills and performance of community stakeholders, particularly those located in rural and underserved areas. The IN CAREs ECHO connects a group of faculty experts (referred to as the "Hub") who have experience in reducing overdose deaths with a set of community-based teams (referred to as "Spokes") made up of leaders within each community. The Spoke teams are committed to working together to implement strategies and coordinate efforts to reduce substance misuse, reduce morbidity and mortality associated with substance use disorder, and increase linkage to care for those with SUD. Currently, the Drug Overdose Prevention team is accepting applicants for round two of the IN CAREs ECHO project. A request for proposals was released in early June 2021 and can be found [here](#), along with more specifics about the grant opportunity. The application closes on **July 16, 2021 at 11:59 p.m., EST**. It is anticipated that awardees will be notified by mid-August, 2021.

Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP):

Substance use disorder is a complex problem that requires a comprehensive and evidence-based public health approach. One component of a comprehensive, public health approach to addressing SUD is the safe disposal of unused prescription drugs. Safely disposing of unused prescription drugs, especially opioid pain relievers, reduces the risk of nonmedical use that might lead to SUD, including heroin use. The Indiana Department of Health plans to take a multi-pronged approach to drug disposal, utilizing both short-term and long-term solutions. Law enforcement partners have identified significant challenges with drug disposal, both from the public and with the drug evidence collected and seized from criminal cases. This combined with the stigma of drug disposal at law enforcement posts further highlights the needs of drug disposal efforts to occur parallel to direct law enforcement efforts.

IDOH was received funding in April 2021 to overcome some of these barriers by the Institute of Intergovernmental Research on behalf of the U.S. Department of Justice, Bureau of Justice Assistance. IDOH will use the \$100,000 award to purchase drug mail-back envelopes. IDOH will work to distribute these envelopes to first responders/EMS, local health departments (especially those with syringe service programs and harm reduction supplies) and the IN CAREs ECHO counties funded to do substance use prevention work under the CDC Overdose Data to Action grant. IDOH will also partner with the 525 Foundation to place 10 drug disposal kiosks at locations identified by the organization. The organization currently focuses their effort mostly in Northern Indiana, but these funds will allow them to expand the scope of the work to other areas across the state.

Naloxone Grants:

With the help of a variety of funding sources, the IDOH naloxone distribution program is working to increase the amount of naloxone available to local health departments and first responder organizations. The local health department naloxone program is funded through the Indiana Division of Mental Health and Addiction, under the state opioid response grant. The naloxone distribution program is in its seventh round and is available to all 92 counties in the state. The rural first responder naloxone grant is funded through the Substance Abuse and Mental Health Services Administration, under the First Responders-Comprehensive Addiction and Recovery Act. This program is in its fourth round and only rural counties in Indiana are eligible. Applications are accepted on a rolling basis throughout the year for both programs.

As of June 14, 45 local health departments have been awarded for the program. A total of 27,414 doses of naloxone will be distributed across the LHDs. Additional naloxone can be requested from grantees as long as funding is available. Additionally, as of June 14, 73 rural first responder organizations have been awarded for the program. These agencies represent 25 counties and will receive a total of 2,963 naloxone doses. More

specifically, this includes 2,717 doses of Narcan and 244 doses of the assembly required nasal spray. The organizations that have applied include one coroner's office, three EMS organizations, four schools, six court/corrections services, 11 probation departments, 12 sheriff's departments, 18 police departments and 19 fire departments. For more information on naloxone, please contact the Naloxone Program Manager Cassidy McNamee (casmcnamee@isdh.in.gov).

Core State Injury Prevention Program:

The DTIP partnered with the Division of Fatality Review and Prevention (FRP) and applied for CDC's Core State Injury Prevention Program (CORE SIPP) grant mid April. This is a five-year grant opportunity that will allow an increase in Indiana's capacity to surveil data, trends, risk and protective factors for priority areas of focus, including Adverse Childhood Experiences (ACEs), Traumatic Brain Injury (TBI), transportation safety, falls, and ACEs-related poor health outcomes associated with suicide, child maltreatment and overdose. Award winners for the grant will be announced in July, with funding beginning in August.

Administration for Community Living (ACL)—Traumatic Brain Injury (TBI):

The DTIP applied for the 2021 ACL—TBI grant. The division was awarded this three-year grant in 2018 that recently came to an end. The funds of this grant will be used to maximize health outcomes and reduce disability following TBI, decrease institutionalization (incarceration and residential placement), and prevent opioid misuse following TBI.

2021 Indiana Black & Minority Health Fair





Opening Ceremony

9:00 am - 10:00 am July 16th

Exhibitor Hours

10:00 am - 7:00 pm Friday, July 16th
 10:00 am - 7:00 pm Saturday, July 17th
 12:00 pm - 6:00 pm Sunday, July 18th

Providing Senior Transportation

Must sign up by July 2, 2021
 Scheduling a Vaccine Early - Call 211 or go to www.ourshot.in.gov
 Individual that wants just the health services:
 Division of Aging 888-673-0002
 Group: Call Division of Aging 888-673-0002

Health Screenings/Education

Join us for more than \$2,500 worth of free health screenings, health education information, special guest speakers, cooking demonstrations, entertainment, healthy activities and much more!

- COVID-19 Vaccination
- Cholesterol-Full Lipid Panel
- HIV Testing/Education
- Dental Education/Screening
- Vision Education/Screening
- Foot and Ankle Health
- Clinical Breast Exams
- Self-Care/Mental Health Education
- Adolescent Vaccines (For Back To School)

Thanks To Our Sponsors!

Diamond

- Community Health Network
- Eli Lilly
- MD Wise
- WISH TV

Ruby

- Eskenazi Health
- ISDH-HIV Prevention
- IU Health
- Marion County Public Health Department

Sapphire

- CareSource
- Indiana Family & Social Services Administration
- Radio One/Meijer
- Roche

Emerald

- Anthem
- Managed Health Services
- Oak Street

Pearl

- At Home Podiatry
- CICOA
- Free Enterprise
- IKON/RICOH
- Indiana State Police
- IU School of Dentistry
- IU School of Optometry
- Marion County Public Health Dental
- Yellow Cab

Topaz

- AARP
- Reagan Outdoor Advertising
- Indiana Minority Health Coalition
- Indiana University School of Public Health (Bloomington Campus)
- Humana
- Novartis
- United Health Care

2021 IN CAREs ECHO RFP Released

The Indiana Department of Health has released a new RFP to continue Project Extension for Community Healthcare Outcomes (ECHO). As part of the Overdose Data to Action grant, the Drug Overdose Prevention team will host the Indiana Communities for Advancing Recovery Efforts (IN CAREs) ECHO, a monthly community-based approach to overdose prevention and treatment. The IN CAREs ECHO was adapted from the traditional Project ECHO model, which connects groups of community providers with specialists in regular, real-time, collaborative sessions. Designed around case-based learning and mentorship, ECHO helps local workers gain the expertise required to provide needed services in areas such as HIV/AIDs, cancer, behavioral health, chronic pain, and hepatitis C.

The ECHO model is an innovative framework that uses videoconferencing technology to increase the knowledge, skills, and performance of community stakeholders, particularly those located in rural and underserved areas. The IN CAREs ECHO connects a group of faculty experts (referred to as the "Hub") who have experience in reducing overdose deaths with a set of community-based teams (referred to as "Spokes") made up of leaders within each community. The Spoke teams are committed to working together to implement strategies and coordinate efforts to reduce substance misuse, reduce morbidity and mortality associated with substance use disorder and increase linkage to care for those with SUD.

The ECHO model requires Spoke teams to participate, virtually, in monthly 90-minute sessions over the course of 10 months. A session will consist of a short, expert-led lecture (didactic) presentation to improve content knowledge and share evidence-based best practices, followed by one community case presentation with clarifying questions and recommendations.

To aid in the implementation of community changes, IDOH will fund each Spoke to carry out prevention activities. The allowable activities fall under five strategies (listed below). Spokes must implement projects that fall under at least one strategy but can implement projects that fall into all five strategies.

Strategy 1: Primary Prevention/Education

Strategy 2: Secondary Prevention

Strategy 3: Tertiary Prevention

Strategy 4: Linkage to Care

Strategy 5: Data Collection

Eligible applicants might include local health departments, hospitals, local government agencies, local coordinating councils, recovery-oriented systems of care, recovery hubs, drug-free coalitions and other community coalitions and not-for-profit organizations that have deep knowledge, and, ideally, have previous experience leading community health improvement activities.

The 2021 IN CAREs ECHO Grant Application is now live. IDOH hosted a webinar call to provide potential applicants with more information about this grant opportunity and offer a chance to ask questions on June 17th. Completed proposals are due at **11:59 p.m. EDT, Friday, July 16, 2021** via the online REDCap application. Respondents will be notified of results by mid-August.

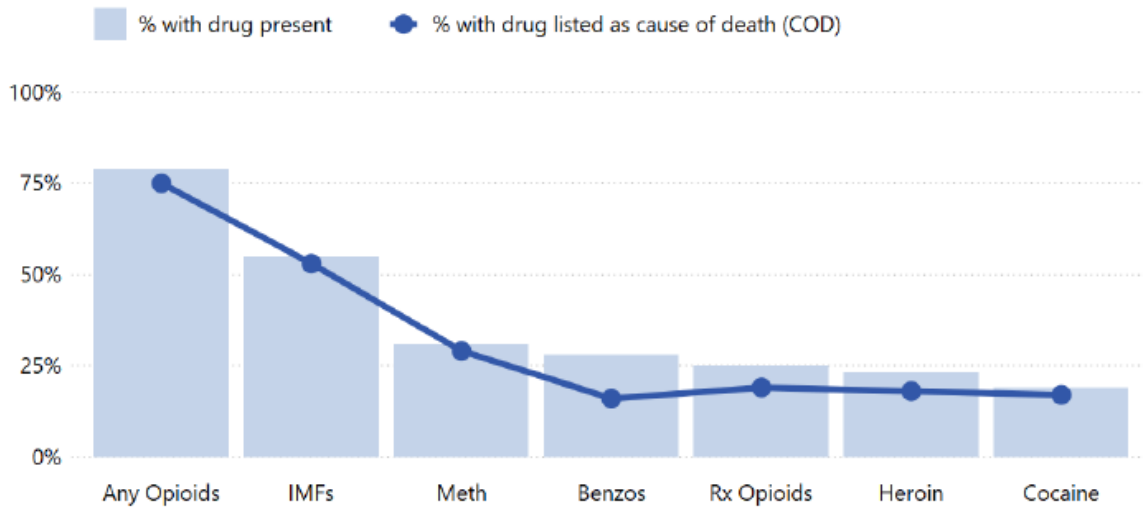
The full application and RFP can be found [here](#).

OD2A SUDORS State Summary Report

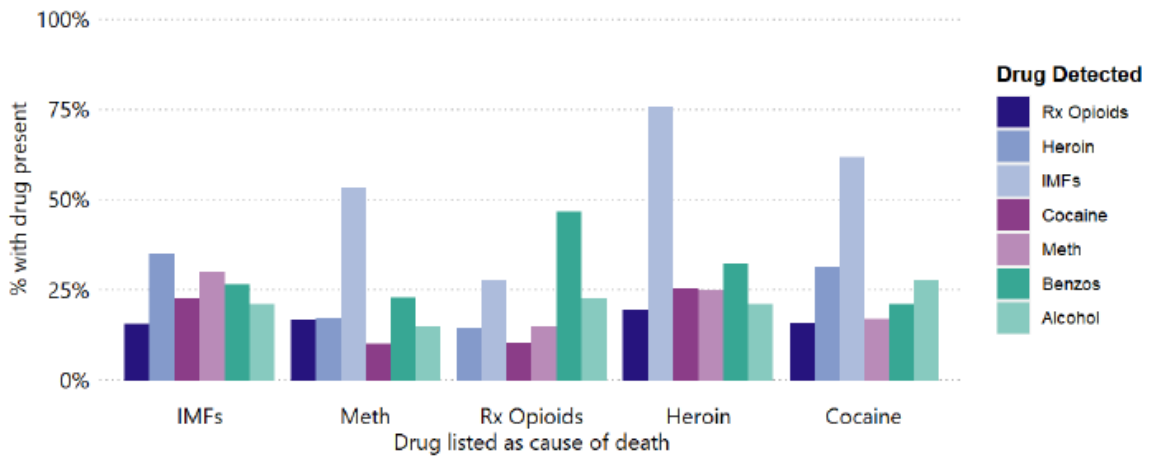
Each year, the Centers for Disease Control and Prevention produces a summary of unintentional and undetermined intent drug overdose deaths for Overdose Data 2 Action grant recipients. The summary includes data on decedent demographics, drugs identified, and circumstances surrounding fatal overdoses. This data comes from coroner reports and death certificates provided to the IDOH. The data is abstracted into the CDC's deidentified data system.

In 2019, there were 1,559 total unintentional and undetermined intent drug overdose deaths in Indiana.

What drugs¹ were identified?



Additional drug classes detected among drug overdose deaths by COD drug²



79% of all deaths involved any opioids. 64% of all deaths had more than one drug class present. 43% of all deaths with illicitly manufactured fentanyls (IMFs) listed as cause of death also had another drug class present; the most common drug class present with IMFs was heroin.

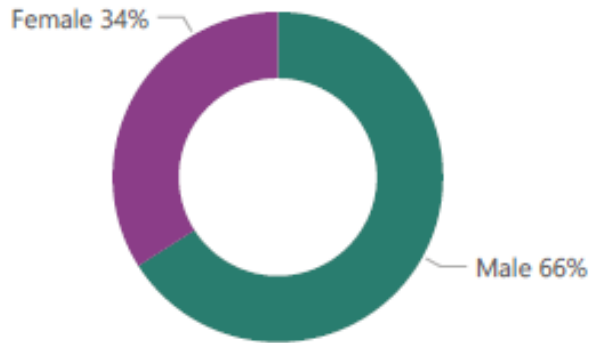
Data come from death certificate information, medical examiner or coroner reports, and forensic toxicology results entered into the State Unintentional Drug Overdose Reporting System (SUDORS); the number of deaths in SUDORS might not match the number in CDC WONDER. Percentages are among decedents with known information. Abbreviations: COD, Cause of death; Meth, Methamphetamine; IMFs, illicitly manufactured fentanyl and fentanyl analogs; Benzos, Benzodiazepines. ¹Drugs within a graph are not mutually exclusive. ²Graph is among decedents with multiple drug categories present. ³Circumstances represent evidence available in source documents; these are likely underestimated as death investigators might have limited information. Percentages are among decedents with a medical examiner or coroner report and at least one field completed on the tab that captures overdose-specific circumstances in the NVDRS/SUDORS web system except death location which is among all decedents. ⁴Potential opportunity for linkage to care or life-saving action includes recent institutional release, previous nonfatal overdose, mental health diagnosis, ever having been treated for substance use disorder, bystander present when fatal overdose occurred, and fatal drug use witnessed. ⁵Release within a month before death from institutional settings such as prisons/jails, residential treatment facilities, and psychiatric hospitals. ⁶Recent period of opioid use abstinence followed by relapse.



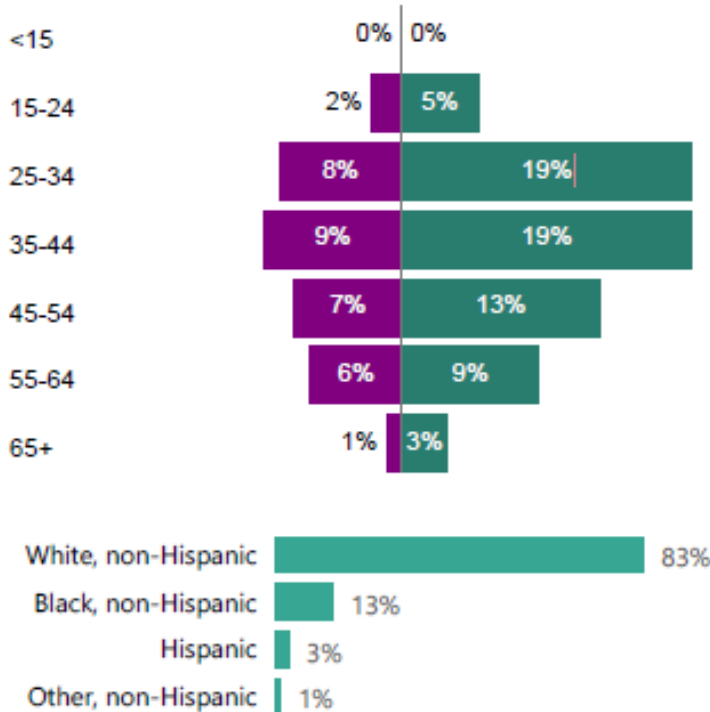
Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

OD2A SUDORS State Summary Report

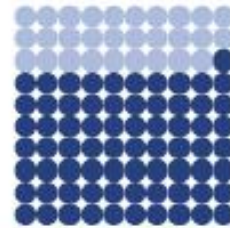
Who died of a drug overdose?



● Female ● Male



What circumstances³ were documented?



71%
of deaths occurred in the decedent's home



27% of people who died of a drug overdose were 35-44 years old, 84% were White, non-Hispanic, and 66% were male.

35% of decedents had at least one potential opportunity for linkage to care prior to death or implementation of a life-saving action⁴ at the time of overdose.

Data come from death certificate information, medical examiner or coroner reports, and forensic toxicology results entered into the State Unintentional Drug Overdose Reporting System (SUDORS); the number of deaths in SUDORS might not match the number in CDC WONDER. Percentages are among decedents with known information. Abbreviations: COD: Cause of death; Meth: Methamphetamine; IMF: Illegally manufactured fentanyl and fentanyl analogs; Benzo: Benzodiazepines. *Drugs within a graph are not mutually exclusive. **Graph is among decedents with multiple drug categories present. †Circumstances represent evidence available in source documents; these are likely underestimated as death investigators might have limited information. Percentages are among decedents with a medical examiner or coroner report and at least one field completed on the tab that captures overdose-specific circumstances in the NVDRS/SUDORS web-system except death location which is among all decedents. ‡Potential opportunity for linkage to care or life saving action includes recent institutional release, previous nonfatal overdose, mental health diagnosis, ever having been treated for substance use disorder, bystander present when fatal overdose occurred, and fatal drug use witnessed. §Release within a month before death from institutional settings such as prisons/jails, residential treatment facilities, and psychiatric hospitals. ¶Recent period of opioid use abstinence followed by relapse.



Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

SHIELD

SHIELD (Safety and Health Integration in the Enforcement of Laws on Drugs) is an evidence-based training program for law enforcement officials regarding harm reduction and occupational safety in the context of the drug overdose epidemic. This training has shown promise in improving knowledge of occupational safety, reducing officer stress, improving job satisfaction and police officer morale, and facilitating community-level collaboration in addressing drug-related harm

In order to customize the SHIELD training for Indiana, six Indiana SHIELD ambassadors were identified to assist with the creation and presentation of the training. Indiana ambassadors are from the Indianapolis Metropolitan Police Department, the Marion County Public Health Department, the Fort Wayne Police Department and the Indiana Addiction Issues Coalition.

The first SHIELD training for Indiana police officers occurred in September 2020 and was two and a half hours long. The training focused on COVID-19, overdose, needle stick injuries, officer mental health and officer, community engagement, infectious disease, addiction and occupational safety. Each Indiana ambassador was responsible for covering a different topic most relevant to their expertise.

Researchers from the Center for Behavioral Health and Justice developed pre- and post-training surveys to be administered to attending police officers immediately before and after SHIELD presentations. Survey items focused on overdose treatment and knowledge, naloxone, workplace experience in responding to overdose, perceptions of people who use drugs, current or future workplace practices, infectious disease, experience with needle-stick injury, community partnerships, mental health and COVID-19.

Fifty officers registered to attend the first SHIELD training. Thirty-three individuals completed the pre-training survey, 18 finished both the pre- and post-surveys. Trainees were from police departments in 11 different counties. Most trainees had more than 13 years of police officer experience.

Data shows that in most cases, participant attitudes and beliefs changed after SHIELD training:

- More officers disagreed that people who overdose are to blame (22% change).
- Increased agreement that those at risk of overdose should be given a supply of naloxone (17% change)
- Increased agreement that naloxone provision does not make a person less likely to seek treatment (22% change)
- Increased agreement that referring a person to drug treatment can make policing job easier (28% change)
- Increased agreement on the assertion that if syringe possession were legal, police would be less likely to get a needle stick injury (28% change)
- Increased agreement that access to medications for opioid use disorder effectively reduces crime (44% change)
- Officers were able to correctly identify that the risk of getting a blood-borne infection as a result of a needle stick injury is not high, indicated by a 67% change in correctly responding "False".
- Increased willingness (50% change) to inform people about syringe possession policies before conducting a search in order to avoid being stuck with a needle
- Officers were able to correctly identify that the risk of overdosing from touching fentanyl is not high (56% change).
- Increased willingness to use discretion to not arrest a person for drug possession, refer people to syringe service programs, and to make referrals to naloxone distribution programs.
- Decreased intent to aggressively police drug paraphernalia and possession violations (50% change)
- Change in disagreement that police should stop administering naloxone for overdoses in light of COVID-19 (39% change)
- Officers strongly felt before and after the training that additional PPE would better prepare them to respond to COVID-19 related challenges.



Findings from the first IN SHIELD training shows this to be a promising intervention for shifting police officer attitudes, perceptions, and practices. Given the small sample size, future evaluations of the training will focus on increased recruitment and retention.

Syringe Exchange Programs

An Update from the Harm Reduction Program

Erika L. Chapman, MPH, CPH, CHES, CHW, RYT-200, Harm Reduction Program Manager

As we all transition into this new, later stage of the COVID-19 pandemic we focus on bringing together the best parts of pre-COVID and the pandemic response in hopes of a better and healthier world for us all. This is true, too, for us working harm reduction. Throughout the COVID response period, the program supported both response efforts with staff taking on various responsibilities, as well as our primary goal, of supporting the health of people that use substances – aiming to prevent the transmission of HIV, viral hepatitis and other infections. Most of the nine syringe service programs and 14 non-syringe harm reduction partners statewide continued to provide safe and respectful evidence based best practice care throughout pandemic.



Thus far, 2021 has been busy for the harm reduction program. The state legislature passed and the governor signed into law, the extension of the law allowing for syringe service programs in the state until July 2026. The first part of the year also saw the local approval of the Madison and Wayne County syringe service programs to continue to deliver services for another two years. In addition, many counties throughout the state have elected to continue or began offering non-syringe harm reduction programming. We continue to work to provide technical support and data to counties considering opening syringe service programs to address rises in hepatitis C and the increase in overdoses seen nationally in the wake of the pandemic. While we celebrate these continued opportunities to serve, we are also experiencing a great challenge. In early June, the Scott County Commissioners, in a 2-1 vote, elected to close the syringe service program there beginning on January 1, 2022 and to replace it with a yet to be established community engagement project. The Harm Reduction Program is working closely with the Scott County Health Department, Commissioners, and local stakeholders to establish the best path forward.

We continue to collaborate and learn from local, state, national and international organizations as well as leaders and most importantly, those with lived experience to prevent the transmission of HIV, viral hepatitis and other infections. As we move forward into this new chapter, we will continue to bring our best to all those that we serve and help support the overall health and well-being of people using substances as well as their loved ones and communities.

International Drug Overdose Awareness Day

On August 31, the 20th International Drug Overdose Awareness Day, the largest annual campaign to end drug overdose, will be held around the world. This day is dedicated to raising awareness for drug overdose, reducing stigma surrounding the topic and furthering the conversation on the best practices to prevent overdose. Additionally, this day is used to remember all the loved ones lost.

Sally J. Finn was working with the Salvation Army in St Kilda, Melbourne, and established the campaign in 2001 and since 2012, it has been coordinated by the Penington Institute, a not-for-profit Australian public health organization. On the first day in August of 2001, 6,000 ribbons were passed out in the country to commemorate the lives lost. In 2020, the day was recognized in almost 40 countries, with 874 events. In 2021, over 30 events will be held around the United States, alone.

Some of goals set forth for International Overdose Awareness Day are to provide an opportunity for people to publicly mourn loved ones in a safe environment, some for the first time without feeling guilt or shame, to send a strong message to current and former people who use drugs that they are valued. to stimulate discussion about overdose prevention and drug policy, to provide basic information on the range of support services that are available, to prevent and reduce drug-related harm by supporting evidence-based policy and practice.

How can you get involved? Hold an event in your community using the “[Event Support Toolkit](#)” provided by the Penington Institute. [Post a tribute](#) to remembering those who have been lost to drug overdose. Show support by wearing a badge, wristband or lanyard. Access [resources](#) such as fact sheets, campaign logos, posters, social media tiles and t-shirt templates. Donate to the campaign. [Subscribe](#) to the monthly e-newsletters to receive updates from the Penington Institute.

Sources: <https://news.nnlm.gov/ner/2020/09/04/international-overdose-awareness-day-and-national-recovery-month/> ; <https://www.overdoseday.com/about-the-campaign/>



Summer Safety Tips

Burn/Grill/Campfire Safety

Summertime means more time outside and with that comes more grilling and family camping trips; however, it is important to practice safe habits when using a grill or creating a campfire. Misuse of a grill or a campfire could cause a house fire, forest fire, injury and even death. Drier air and warmer temperatures increase the chances of a fire, making July the peak month for fires, followed by June, May and August. Here are a few tips and tricks regarding grills and campfires to keep you and your loved ones safe.

- Clean your grill periodically and make sure to turn it off after each use.
- Keep grills away from any flammable substances and at least 10 feet from any overhanging tree branches.
- The only accelerant that can be used on campfires is lighter fluid.
- Be weary when picking out your campfire location. Do not build it where it is overly dry, hazardous, or where there are rules against it.
- When extinguishing a campfire, allow the wood to burn to ash and pour water all over until there are no longer any hissing noises and it is cold/wet to the touch.
- If someone is burned by a grill or campfire, make sure to cool the burn, cover the burn, and take an over-the-counter pain reliever.
- If you have any concerns about a burn or the size of a campfire, call 911.

Fireworks Safety

Fireworks can be a fun summer activity that brings families and friends together, but they can also be dangerous when used incorrectly or irresponsibly. In 2019, over 11,000 people were injured and required medical attention due to fireworks, and 7,300 of these incidents happened between June 21st and July 21st. In addition, over 19,500 fires are started each year from fireworks. While fireworks are not illegal, they are much safer when used by professionals. If you choose to purchase legal fireworks, you must make sure that children never get ahold of them, they are only used outside, no one touches them when they are lit, a safe distance of 35 feet or more is maintained at all times and a water source or fire extinguisher is readily available in case of an accident or emergency.



June and July are National Fireworks Safety Month, which arrives just in time for the 4th of July. For more educational material or questions you may have, feel free to contact your local fire department or check out the following link from the Consumer Product Safety Commission: <https://www.cpsc.gov/Safety-Education/Safety-Education-Centers/Fireworks>

E-Scooters & Bike Safety

With the warm summer weather here to stay, electric scooters (e-scooters) and bike riding is on the rise, especially in metropolitan areas. While walking or driving through downtown Indianapolis at any time of day, it is common to see a handful of people zooming through on scooters at about 15mph. While they're great to



ride through the city, and much more environmentally friendly than driving or taking an Uber, they hold the possibility to be very dangerous. The same goes for biking.

There are several severe consequences that a rider should take into account before hopping on an e-scooter or a bike. First, they're pretty easy to crash, and these accidents can lead to severe injuries. A CDC study showed that head injuries make up close to half of the injuries sustained while scootering. An easy solution to this is wearing a helmet, while it doesn't prevent the crash or fall, it can prevent major head injury.

To prevent accidents from happening in the first place and promote safety for the rider and those around them, there are some basic rules that should be followed while riding or operating an e-scooter or bike:

- Never ride an e-scooter or bike while under the influence, at least one-third of accidents involved a rider under the influence.
- Ride solo, riding tandem with someone else is linked to more crashed due to distraction.
- Take a test ride in an empty parking lot or open area until you are comfortable before riding through a bigger area.

If these rules are followed, e-scooters and bikes are much safer to the riders and those around them.

Source: <https://gosafelyca.org/scooter-safety/>

Lawnmower Safety

As temperatures rise, so does the grass in our yard. We keep our yards looking nice, but we need to be safe while doing it. As you are cutting grass, observe the area for children who might be in an unsafe spot.

Every year, about 800 children have lawnmower incidents and more than 600 of these incidents result in an amputation. In fact, when children under the age of 10 lose a limb, it is most often from a lawnmower incident. Children are not as aware of the dangers of a lawnmower, so you must look out for their safety in addition to yours. The blades in lawnmowers spin at about 150 – 200 MPH so you can imagine how harmful that would be if a child felt that. Keep yourself safe if you use a lawnmower but also realize that children often get hurt from lawnmowers.



One way to keep yourself safe and your children is to always keep children inside while you are cutting grass. Children can dart in front of you in the blink of an eye, so it is better to keep them indoors while using a lawnmower. Another way to protect yourself is by wearing appropriate hearing and eye gear. This could include safety goggles and ear plugs. Some people wear headphones to decrease the loudness of the lawnmower. Safety goggles can also help with stopping grass and debris from getting into your eyes. No matter if you are using a lawnmower or riding mower, make sure to always turn it off properly. Never leave it on, as this could cause harm to yourself and it is not a good idea to have the motor running so long.

We can enjoy the beauty of our yard this summer, but our safety comes first. Think about others around you who do not know any lawnmower safety tips. You must look out for others who may not know the true dangers of carelessly being around a lawnmower. Let us enjoy summer in a safe and knowledgeable way.

Source: <http://enablingthefuture.org/2017/07/12/lawn-mower-accidents-are-the-leading-cause-of-amputations-for-children-in-the-usa/> ; Rabideau, C. (n.d.). *RYOBI RM480e Electric Riding Mower Review* [Photograph]. The Spruce

Drowning Prevention

The sun is out and swim suits are out too! We all love taking a dip in the pool, but of course, there are dangers to that as well. From children to adults, drowning incidents happen too often. Drowning is one of the most frequent causes of injury deaths among children. Drowning is also what kills children the most from ages 1 – 4. Unfortunately, everyday three children are likely to die from drowning. We can change these statistics, but it is up to us in order to create some changes.

The most obvious way we can prevent drownings is to learn how to swim. We all deserve to have fun in the pool, but you are putting yourself at risk when you do not know how to swim. A few other tips to follow and keep in mind is to always wear a life jacket, keep children under your supervision when swimming, and install a fence around a back yard pool. Installing a fence can help prevent children from wandering around without supervision. It creates separate areas instead of an open environment for children to easily go into the pool. Adults should wear life jackets too, especially if you do not know how to swim. Anything could happen and you can never be too safe.



We need to keep ourselves safe and the children in our environment. Pools are a hotspot for injuries and drowning is the number one way that can happen. You can have fun without having that little thought in the back of your mind of whether something bad will happen. Make summer yours and make it a safe one.

Source: <https://www.cdc.gov/safecchild/drowning/index.html>

Travel Safety post COVID-19

As travel restrictions and mask mandates are being lifted, many are excited to be able to travel again. But will traveling ever be the same as it was before COVID? There are still guidelines and protocols that must be followed to ensure safe travel. Being health conscious while traveling anywhere is a practice that is likely to stick around.

Before traveling anywhere, remember that COVID is not gone and you may still be at risk. To travel safely, being **fully vaccinated for at least two weeks prior is strongly recommended**. If a traveler is unable to get vaccinated, **a negative test before and after travel** can ensure the safety of their loved ones and those around them in the place they are visiting. Some states and countries may require either a vaccine or a negative COVID test to get into the country.

On most airlines and in airports, it is still required that everyone wears a face mask, even if the area's mask mandate has been lifted, so always be prepared by bringing a mask. Travelers by car should also be prepared for this as certain states, counties or businesses may still require masks. A general rule of thumb, **always bring a mask while traveling** and do not hesitate to wear it, even if you are vaccinated

Just because COVID rates are going down and vaccination rates are going up does not mean that airlines, hotels and businesses are going to stop their new sanitation and cleaning protocols, that's another thing likely to stick around. However, it is always smart be prepared with hand sanitizer, disinfectant wipes and other personal cleaning supplies to keep yourself protected.

Finally, one take away from this pandemic should be that **if you are sick, you should stay home**, whether it is COVID or not. Protect yourself, protect those you are traveling with, and protect everyone you may encounter by staying home if you do not feel well. Travel safe and travel smart.

July 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat
Fireworks Safety Month	Vehicle Theft Prevention Month			1	2	3
4 Independence Day	5	6	7	8	9	10
11	12	13	14	15	16 IPAC/INVDRS	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

August 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20 ISTCC/ITN	21
22	23	24	25	26	27	28
29	30	31 International Overdose Awareness Day		Children's Eye Health & Safety Month	Back to School Month	National Immunization Awareness Month

Upcoming 2021 (TRAC) meetings can be found [here](#).

Contact Us

Kris Box, M.D., FACOG — State Health Commissioner

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

Division of Trauma and Injury Prevention Staff

Katie Hokanson — Director

Carrie Bennett — Drug Overdose Prevention Program Director

Murray Lawry — Operations Manager/Deputy Director

Ramzi Nimry — Trauma and Injury Prevention Program Director

Anita McCormick-Peyton — Records Consultant

Cassidy Johnson — Naloxone Program Manager

Emma Heltzel — Registry Coordinator

Helen Schwartzel — Administrative Assistant

James Carroll — Drug Overdose Prevention Community Outreach Coordinator

John O'Boyle — Records Coordinator

Keenan Young — Records Consultant

Keifer Taylor — Records Consultant

Laura Hollowell — Drug Overdose Prevention Community Outreach Coordinator

Meghan Davis — Records Consultant

Meredith Canada — Public Health Analyst

Morgan Sprecher — INVDRS Epidemiologist

Navtej Bal — Records Consultant

Patricia Dotson — Records Consultant

Pravy Nijjar — Injury Prevention Program Coordinator

Ryan Cunningham — INVDRS Lead Records Consultant

Sydney Whiteford — Drug Overdose Prevention Epidemiologist

Timothy Miller — Data Cleaning Consultant

Trinh Dinh — Data Analyst

Veronica Daye — Injury Prevention Epidemiologist

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

Visit our website at indianatrauma.org.

Follow us on Twitter: @INDTrauma



Indiana
Department
of
Health