

TRAUMA TIMES

A Communication of the Division of Trauma and Injury Prevention

Indiana State Department of Health

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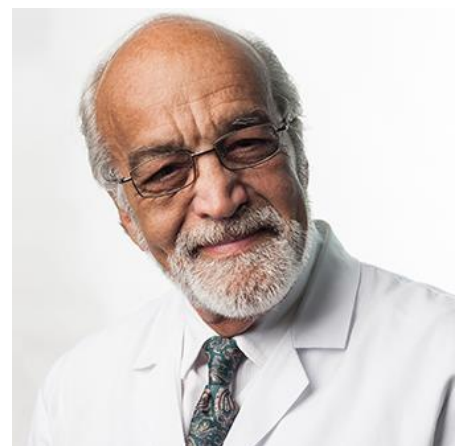
In This Issue

- Dr. Gomez Contribution..... page 1-4
- Staffing Updates.....page 4
- DTIP’s COVID-19 Ongoing Response... ..page 4-5
- ISTCC Summary... ..page 5
- Resuming IN CAREs ECHO... ..page 6
- National Recovery Month.....page 6
- Suicide Prevention Week... ..page 7
- 2018 BRFSS ACEs Report... ..page 7
- TBI and Opioids Toolkit... ..page 8
- HIPPA and Bidirectional Data Exchange White Paper... ..page 8
- Ascension St. Vincent Trauma and Neuro Symposium... ..page 9
- Free Webinars on TBI and Vocational Rehabilitation... ..page 9
- Booster Bash Updates... ..page 10
- Stepping on Updates.....page 10
- Indiana’s Pediatric Facility Recognition Update...page 10
- Halloween Safety... ..page 11
- Observances and Events.....page 12
- Contact Informationpage 13

Upcoming Events

- **Labor Day (state offices closed)**
September 7
- **IPAC/INVDRS (online)**
September 18
- **Columbus Day (state offices closed)**
October 12
- **ISTCC/ITN**
October 16

Dr. Gomez Contribution



Kind words from Dr. Erik Streib,

This month, the world of Trauma and Acute Care Surgery lost a friend and colleague in Dr. Gerardo Gomez. Many colleagues around the state of Indiana will remember him as a father figure for trauma, critical care and emergency ser-

vices.

Dr. Gomez was a true believer that organized trauma systems save lives. In 1992, he established the first ACS verified Level 1 trauma center in the state of Indiana at Wishard Memorial Hospital in Indianapolis. In the 1990s, he contributed to groundwork at the state level that resulted in the development of the current Indiana State Trauma Care Committee that launched in the 2000s. His goal of a comprehensive statewide trauma system has yet to be achieved, but there are now 23 ACS verified trauma centers serving Hoosiers since he established the first.

He was originally from Venezuela where he attended medical school and early residency training. He completed his surgical training in the U.S. at the University of Massachusetts. He spent most of the 1980s on the faculty of the University of Miami and Jackson Memorial Hospital. There, he was significantly involved in resident education, emergency medical services and the development of state and local trauma programs that led to the creation of the Ryder Trauma Center. These are some themes that one can see throughout his career.

In 1990, he joined the Department of Surgery at the Indiana University School of Medicine in order to establish a trauma program at IU. He started with one partner, Dr. Lewis Jacobson, who is now trauma medical director at Ascension St. Vincent Hospital. Dr. Gomez continued to direct the growth and development of the trauma program at IU through the transition to the current Smith Level 1 Shock Trauma Center at Eskenazi Health until his retirement in 2016.



He served in many surgical associations, including leadership positions in the Eastern Association for the Surgery of Trauma. He was a past president and executive director of the Pan-American Trauma Society. He also was an active member of the American College of Surgeons Committee on Trauma and a member of the verification review committee that certifies trauma centers.

He was a strong advocate for trauma education and touched the lives of countless students, residents, physicians, paramedics and hospital staff. He took great pride in developing and maintaining these relationships.

He also promoted global trauma education. He was the director of the first Advanced Trauma Operative Management (ATOM) courses in South America, as well as the first Advanced Trauma Life Support (ATLS) provider and instructor courses in Kenya.

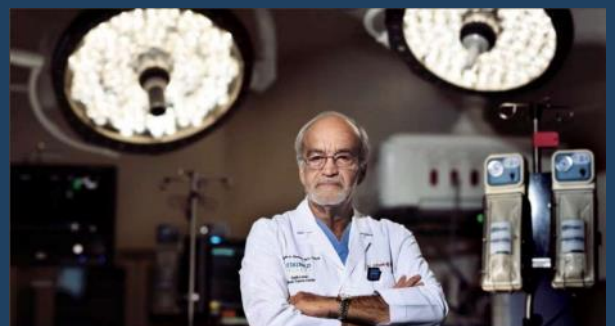
He was engaged in the needs of our community—from prehospital care, to firearm injury research and advocacy, to the development of hospital-based violence intervention programs.

Dr. Gomez was a remarkable leader, colleague and friend. His life and career should teach us to stay motivated by loving what we are doing—just as he did. And I think he would still be doing it today if he could.

Kind words from Dr. Lewis Jacobson:

I first met Dr. Gomez in 1989 when I started my Trauma and Surgical Critical Care fellowship at the University of Miami/Jackson Memorial Hospital. He was a young, brash leader of the program in Miami, which at the time was one of the busiest in the country. He was a huge advocate for EMS providers and, even years later, was extremely proud of being the medical director for the City of Miami and Dade County EMS and Miami Dade Air Rescue systems. He taught me the importance of good prehospital trauma care and close collaboration between EMS and trauma centers and modeled that belief throughout his career. While I was a fellow I published my first paper based on one of many of his innovative ideas (mesh wrapping of the injured liver). In the middle of my fellowship, he was recruited to come to Indiana as the Trauma Medical Director at Wishard Memorial Hospital and the following year recruited me to join him. He led the IU/Wishard Trauma Center to become the first ACS verified trauma center in Indiana, and from the time he arrived he pushed for the creation of an organized trauma system within the state. For many years he carried the trauma system torch for Indiana single-handedly and was virtually the only one in the state with the vision to recognize what an organized trauma system could do for trauma care in Indiana. In the early 1990s he worked with the Indiana Trauma Action Group (ITAG) to push this vision forward, and by the early 2000s hospitals outside of Indianapolis (starting with Memorial in South Bend and Parkview in Fort Wayne) were beginning to seek verification. This led to legislation, followed by a State Trauma System Consultation visit by the American College of Surgeons in 2008 and the governor-appointed Indiana State Trauma Care Committee. The Indiana Department of Health created a Division of Trauma System and Injury Prevention, and Dr. Gomez continued to work tirelessly with the division leadership to advance a system structure for care of injured patients throughout the state.

In the late 1980s, Dr. Gomez was one of the very first members of the newly created Eastern Association for the Surgery of Trauma (EAST), which was established to further the careers of young trauma surgeons and foster fellowship in a more casual family atmosphere than the well-established trauma societies at the time. He encouraged me to join, as he did each of the new faculty members who joined his division. He established the first Surgical Critical Care service within the state and the first PHTLS, ATOM, ASSET and TEAM courses in Indiana. He organized and directed the first ATLS course in Kenya and the first ATOM course in South America. He maintained close connections with EMS throughout his career and always saw those relationships as a priority for his team. He loved teaching, whether it was a medic in training, a medical student, a resident or a fellow, and he was completely engaged with the learners, and the learners with him.



From a personal standpoint, he was a great leader to work for. When I arrived fresh out of fellowship, he treated me as an equal and a partner from the beginning. He took as many calls as all his young-

er partners and was always ready for more. He taught us how to advocate for the trauma program and for resources to provide the best care for our patients, and I have personally used many of his strategies in my subsequent leadership roles. He was always willing to cover if one of his team had a pressing engagement and always encouraged us to prioritize family events. He made trauma interesting and exciting and was always looking for the next advance in technique or management or teaching to try. I will miss him and think about him often, and I know his former partners, residents, students and EMS colleagues will as well. My condolences go out to his family.

Photos from article contributed by Brian Van Bokkelen.

Staffing Updates

Navtej Bal graduated from IUPUI in 2019 with his bachelor's degree in exercise science. This fall, Navtej will be going back to IUPUI to earn his master's degree in both public health and health administration. Prior to joining the Indiana Department of Health as a records consultant, he was an exercise specialist at Hancock Wellness Center.



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

Please join us in thanking our staff for their dedication and hard work to help educate the public and facilitate resource sharing during the COVID-19 pandemic response. Many of our division members have staffed the COVID-19 call center, but here are more highlights on DTIP staff behind the scenes.

Katie Hokanson, the director of trauma and injury prevention, continues supporting the COVID-19 lab testing efforts—assisting with communication around the testing site map, as well as working on the logistics of testing materials for hospitals and labs.

Ramzi Nimry, the trauma and injury prevention program director, supervised two Department of Health drive-thru testing clinics toward the end of July and the first week in August in Gary at St. Timothy Community Church. The state's traditional drive-thru testing sites have continued to run throughout the state each week from Tuesday to Saturday. For more information on test site locations, visit <https://www.coronavirus.in.gov/2524.htm>.

Klaudia Wojciechowska and Pravy Nijjar have continued to serve as cell center supervisors, with Chinazom Chukwuemeka recently being added to the team. Carrie Bennett, previously the call

signed tasks comprise updating staff on new resources and materials on COVID-19, resolving any issues as they arise and ensuring each shift in the call center runs smoothly. As a section chief, the assigned tasks include attending meetings, escalating any pressing matters that may arise in the call center to the COVID-19 command center and acting as the liaison between the call center and the command center.

James Carroll, one of our drug overdose prevention (DOP) community outreach coordinators, has continued to open the doors of his church, Greater Shepherd Baptist Church, to host an Indiana Department of Health testing site. This testing site will continue to run from 10 a.m. to 8 p.m. Monday – Friday at 2200 English Ave. in Indianapolis until the end of September.

Together, our division has already dedicated more than 6,900 hours to fighting the COVID-19 pandemic.

Indiana State Trauma Care Committee Summary

The Indiana State Trauma Care Committee met virtually on Friday, Aug. 21, for the first time since COVID-19 started. The Indiana Department of Health spent some time acknowledging the loss of Teresa Watson as well as Dr. Gerry Gomez (see front cover story for more information on Dr. Gomez’s role in helping to develop the statewide trauma system). The Department of Health provided some general updates, including changes in the trauma system as well as the adaptation of injury prevention programs to reflect COVID-19 changes. Districts provided written updates that were shared during the meeting (the slides from the meeting can be found on the Department of Health website: <https://www.in.gov/isdh/files/ISTCC%20Meeting%20Presentation%20-%20August%2021%202020.pdf>), with many districts not meeting due to COVID-19. Guest presenters included Gretchen Martin with the Fatality Review and Prevention program who talked about the Maternal Mortality Review program, as well as Morgan Sprecher, who presented supporting Indiana Violent Death Reporting System (INVDRS) data.

Dr. Jenkins shared a research update on his project, “Variation in Outcomes of Injured Patients Treated at Non-trauma Hospitals.” He also talked about plans to expand Indiana’s TQIP to non-trauma centers. Dr. McGee presented on violent firearm injuries and the work his group, Project Outreach and Prevention (POP) on Youth Violence, is doing in northwest Indiana to reduce violence. Most recently, they have been working on a campaign “Masks on, violence out” to raise the awareness of wearing masks during COVID-19 and prevent youth violence. Dr. Kaufmann provided an EMS medical director’s update, and Dr. Thomas provided a trauma system planning subcommittee update. Trinh Dinh, data analyst, presented fourth quarter 2019 data.

Resuming IN CAREs ECHO

As part of the Overdose Data to Action (OD2A) grant, the Drug Overdose Prevention team hosts the Indiana Communities for Advancing Recovery Efforts (IN CAREs) Extension for Community Healthcare Outcomes (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 IN CAREs ECHO brings together groups of community partners from 16 Indiana communities to address issues related to overdose and substance use prevention and treatment. A team of experts is brought together to aid individuals and communities in addressing challenges. Due to the COVID-19 outbreak, the IN CAREs ECHO was placed on hiatus to uphold the shelter in place order and social distancing practices. As the state adapts to the “new normal,” IN CAREs ECHO is resuming virtually in August.

International Overdose Awareness Day/National Recovery Month

On Aug.31, the world will celebrate International Overdose Awareness Day (IOAD) followed by National Recovery Month in September. IOAD began in Australia in 2001, and last year, 874 IOAD events took place in 39 countries, surpassing the previous record of 747 set in 2018. IOAD aims to raise awareness of overdose and reduce the stigma of drug-related deaths.

Some ways you can participate in IOAD include:

- Host or attend an event supporting IOAD such as a candlelight vigil or an educational program. Please follow CDC best practices when hosting an event during the COVID-19 pandemic.
- Post a tribute to those who have died or suffered permanent injury related to overdose.
- Wear a silver badge or purple articles of clothing, which represent National Recovery Month/Overdose Awareness Day.
- Hold conversations and promote IOAD on social media using the hashtags #OverdoseAware and #EndOverdose.
- Get trained on how to prevent overdoses. Training could be focused on drug education, harm reduction and/or Narcan/naloxone administration.
- Research state and federal legislation that addresses opioid overdose prevention and write to your representative.



Every September, the nation celebrates National Recovery Month to increase awareness and understanding of mental health and substance use disorders as well as celebrate the people who recover. 2020 marks the 31st year of National Recovery Month, and this year’s theme is “Join the Voices for Recovery: Celebrating Connections.” Previously, National Recovery Month was hosted by the Substance Abuse and Mental Health Services Administration (SAMHSA); however, this year it is being supported by Faces & Voices of Recovery, who have created a new Recovery Month website that can be found at: <https://rm.facesandvoicesofrecovery.org/>. It includes a calendar of Recovery Month events.

Resources:

<https://www.overdoseday.com/>

<https://www.naadac.org/national-recovery-month>

Suicide Prevention Week

National Suicide Prevention Week 2020 is hosted by the American Foundation for Suicide Prevention (AFSP). This weeklong awareness begins Sunday, Sept. 6th and concludes on Saturday, Sept. 12. This year's messaging is #BeThe1To: BeThe1ToAsk, BeThe1ToKeepThemSafe, BeThe1ToBeThere and several other conversations that can promote healing and hope. Visit <https://suicidepreventionlifeline.org/promote-national-suicide-prevention-month/> to download ribbons and logos to share on websites and social media. Indiana is fighting suicide prevention by targeting populations that are hit hardest by suicide. As a state, the suicide rate is 16.4 per 100,000 people while the national average is 14 per 100,000. Males have a 3 times higher suicide rate compared to females. Those aged 45-54 years old also bear the largest burden. Visit our website for a list of resources in the community that aide in suicide prevention and postvention (<https://www.in.gov/isdh/25392.htm>).

2018 Behavioral Risk Factor Surveillance System (BRFSS) Adverse Childhood Experiences Report

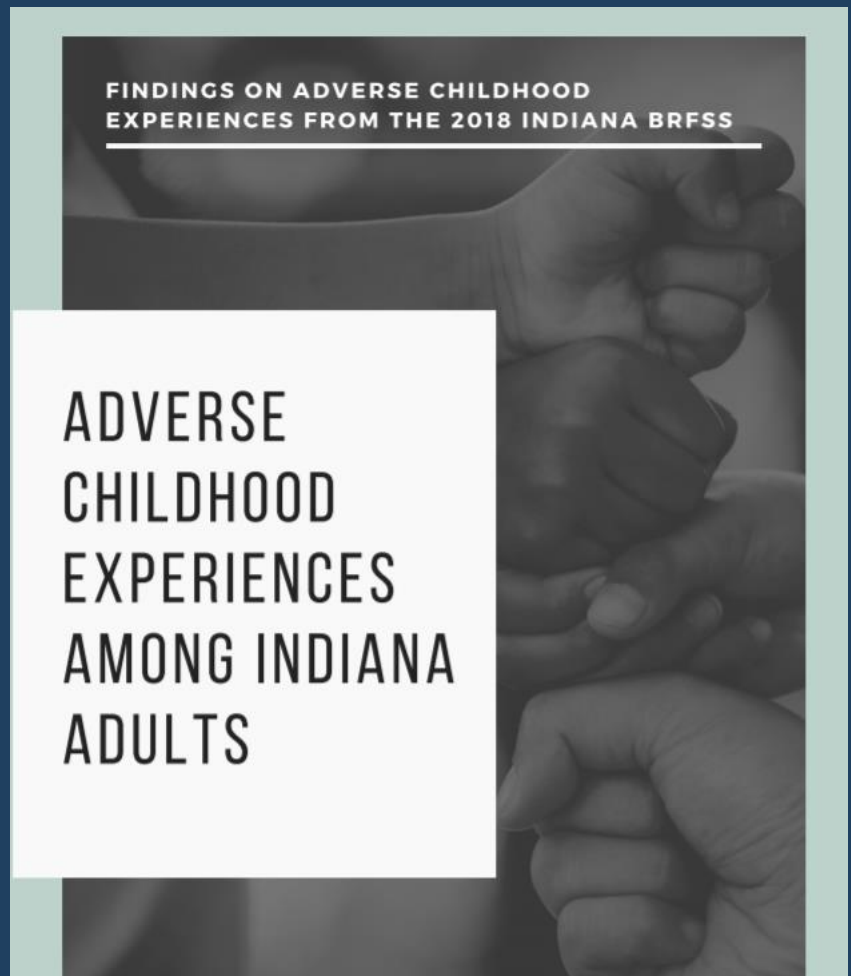
The Indiana Department of Health Data Analysis Team's (DAT's) intern, Kristen Walker, worked diligently on a report focused on the associations between adverse childhood experiences (ACEs) and adult health outcomes. This report was published in July.

Kristen also prepared a summary report, providing a quick snapshot of some of the key findings detailed in her comprehensive report. Copies of the full and summary reports can be found in the reports section on our BRFSS page (<https://www.in.gov/isdh/25194.htm>) or by clicking here:

Full: <http://bit.ly/INACE18>

Summary: <http://bit.ly/ACESummary18>

If you have any questions or comments, Kristen can be reached directly at KWalker2@isdh.in.gov.



Traumatic Brain Injury and Opioid Use Toolkit

The impact of the opioid epidemic is well-known. It was estimated in 2013 that 1.9 million people misused or were dependent on prescription opioid pain medications (1). Additionally, more than 165,000 individuals died of overdose related to opioid pain medication in the United States from 1999 to 2014 (2). Unknown until quite recently is that people with a history of traumatic brain injury (TBI) may be as high as 11 times more likely to die from accidental fatal poisoning as compared to the general population, with opioids the attributed cause in a significant proportion of cases (3). The overriding goals of this toolkit are, therefore, to promote awareness of this risk and to give people with TBI, their families and caregivers tools to prevent opioid overdose.

Toolkit: <https://www.in.gov/isdh/28599.htm>

Fact sheet: <https://www.cdc.gov/traumaticbraininjury/pdf/Moderate-to-Severe-TBI-Lifelong-a.pdf>

Long-term negative effects of TBI are significant.

Even after surviving a moderate or severe TBI and receiving inpatient rehabilitation services, a person's life expectancy is 9 years shorter. TBI increases the risk of dying from several causes. Compared to people without TBI, people with TBI are more likely to die from:



SEIZURES
50 x more likely



ACCIDENTAL DRUG POISONING
11 x more likely



INFECTIONS
9 x more likely



PNEUMONIA
6 x more likely

After inpatient rehabilitation for TBI, the following groups are more likely to die sooner:

- Older adults
- Men
- Unemployed
- People who are not married
- People with fewer years of education
- People with more severe TBI
- People with fall-related TBI

In addition, people with moderate to severe TBI typically face a variety of chronic health problems. These issues add costs and burden to people with TBI, their families, and society. Among those still alive 5 years after injury:

57% are moderately or severely disabled.

55% do not have a job (but were employed at the time of their injury).

50% return to a hospital at least once.

33% rely on others for help with everyday activities.

29% are not satisfied with life.

29% use illicit drugs or misuse alcohol.

12% reside in nursing homes or other institutions.

HIPAA and Bidirectional Data Exchange White Paper

Emergency medical services (EMS) agencies nationwide still widely report that hospitals and other healthcare providers refuse to share patient information with them, citing Health Insurance Portability and Accountability Act (HIPAA) concerns. Misconceptions about HIPAA create artificial barriers to legitimate, approved bidirectional data exchange between EMS and other providers. As a result, many healthcare systems are missing a critical opportunity to improve patient outcomes and advance evidence-based practices in prehospital care.

To conclusively clarify this issue, the National Emergency Medical Services Information System (NEMSIS) Technical Assistance Center (TAC) collaborated with Page, Wolfberg & Wirth to provide an expert legal opinion regarding the bidirectional sharing of patient information between EMS and other healthcare providers.

Imaginary Barriers: How HIPAA Promotes Bidirectional Patient Data Exchange with Emergency Medical Services provides evidence, precedence and legal opinion to help educate and encourage healthcare providers to appropriately share patient information with EMS. This paper addresses why HIPAA does not restrict, and how the law promotes, bidirectional sharing of patient information between hospitals and EMS agencies. Please access the PDF here: https://nemsis.org/wp-content/uploads/2020/07/HIPAA_An-Imaginary-Barrier-to-Data-Exchange.pdf

For questions, please contact Dr. Clay Mann, clay.mann@utah.edu, NEMSIS TAC, or Eric Chaney, eric.chaney@dot.gov, NHTSA OEMS.

Ascension St. Vincent Trauma and Neuro Symposium

A virtual symposium will be held on Oct. 8 by Ascension St. Vincent Hospital. The topics are all trauma and neuro related. The cost is only \$10, so go get registered and hear some of our world-class physicians talk about topics they are passionate about. Our speakers will be:

Dr. Brandon Martinez - Interventional Radiologist

Dr. Michael Kaufmann - ED Physician

Dr. Ben Rodgers - Neurosurgeon

Dr. Ian Ferries - Trauma Surgeon/Neuro Critical Care

Dr. Krishna Amuluru - Endovascular Neuroradiologist

Dr. Brent Engbrecht - Pediatric Trauma Surgeon

Event link: <https://www.eventbrite.com/e/ascension-st-vincent-trauma-and-neuroscience-symposium-tickets-116519977389>

Free Webinars on TBI and Vocational Rehabilitation

Below is a link to five webinars we produced on the topic of traumatic brain injury (TBI) and vocational rehabilitation as part of our ACL grant. They are free, but they do not have CEs attached to them. Also, in addition to the recorded webinars, PDFs of the slides and handouts for most of the sessions are available. They were produced in August 2020 by the Rehabilitation Hospital of Indiana through the Department of Health ACL TBI grant in response to a request from Florida Vocational Rehabilitation. While vocational rehabilitation for people with TBI can be complex, a specialized, TBI-informed approach can significantly enhance outcome and durability of employment. This series of webinars was designed specifically for vocational rehabilitation to provide the core competencies for the successful vocational rehabilitation of people with TBI and related disability. The sessions are listed below.

Webinar link: <https://www.resourcefacilitationrtc.com/ondemandbieducation>

SESSION 1: What is Traumatic Brain Injury?

Lance Trexler, PhD, HSPP, FACRM

SESSION 2: What are the Consequences of TBI?

Drew Nagle, PsyD, CBIST, FACRM

SESSION 3: Screening for Brain Injury

Wendy Waldman, BSW, CBIST

SESSION 4: Vocational Management of People with TBI

Christina Dillahunt-Aspillaga, PhD, CRC, CVE, CLCP, CBIST

SESSION 5: TBI Accommodations

Christina Dillahunt-Aspillaga, PhD, CRC, CVE, CLCP, CBIST

Funding of this webinar:



Booster Bash Updates—COVID-19 Guidance

We require that all community organizations hosting Booster Bashes follow all social distancing requirements and wear masks while at the events. We also recommend these events to switch to an appointment-only model to keep the number of people to a bare minimum. Thank you for all you do, and I hope everyone is staying safe!

Stepping on Updates

At this moment the Indiana Department of Health is suspending all programming to protect our most vulnerable population until we see the COVID-19 cases start to decrease. Thank you for all you do, and I hope everyone is staying safe! If you have any questions or concerns, do not hesitate to reach out to me: Pravy Nijjar pnijjar@ISDH.IN.gov.

Indiana's Pediatric Facility Recognition Update

As part of an ongoing effort to improve statewide and hospital level readiness for children, in 2016 iEMSC joined the Health Resources and Services Administration (HRSA) and Emergency Medical Services for Children Innovation and Improvement Center (EICC) Quality Improvement Facility Recognition Collaborative.

Pediatric Readiness Facility Recognition Programs are intended to support and recognize emergency departments (EDs) to ensure they have policies, procedure and supplies to stabilize a child in a medical emergency. Several states, including Illinois and Ohio, already have these recognition programs in place. Nationally, 13 other states in addition to Indiana participated in this Quality Improvement Collaborative.

Indiana's core team includes representatives from the Indiana Emergency Nurse Association, Indiana Hospital Association, Indiana Rural Health Association, Indiana American Academy of Pediatrics, Indiana Academy of Emergency Physicians and the Indiana Department of Health. This team worked over 18 months, along with national partners, to develop the two-tiered recognition program. Applications were made available November 2018 to begin piloting hospitals for recognition.

To date, 17 of Indiana's EDs have requested the application packet, and three have completed the packet. On Feb. 27, 2020, the Facility Recognition Site Review team completed the in-person site survey at Peyton Manning Children's Hospital at St. Vincent and Riley Hospital for Children at University Health, both of which met criteria for Pediatric Advanced Level Facility Recognition. This is a three-year designation, and iEMSC congratulates them on this achievement.



If your facility is interested in learning more, please contact iEMSC Program Manager Margo Knefelkamp via email at margo.knefelkamp@indianapolisems.org.



Halloween is known as a kid-favorite holiday, full of spooky fun and lots of candy. But sometimes the fun can become scary if an injury occurs. We have provided a list of safety tips to help ensure adults and children have a safe holiday.

Costume Safety

- Make sure the costume fits properly. Long costumes could cause the child to trip.
- Try to avoid masks because they can obstruct a child's view. Consider face paint instead.
- Bright colors make children more visible.
- Use reflective tape or other reflective devices to make your child more visible.

Trick or Treating Safety

- Young children should always have adult supervision.
- Parents should plan out the trick-or-treating route - best to stay on well-lit roads with sidewalks.
- Bring a flashlight and cell phone with you.
- Cross streets at the corner, use crosswalks (where they exist) and do not cross between parked cars.
- Stop at all corners and stay together in a group before crossing.
- Remind children to look left, right and left again before crossing the street.
- Tampering with candy is very rare; however, it is a good idea to inspect candy before letting children dig in. Throw out anything that is not wrapped or that looks suspicious.

Pumpkin Carving Safety

- Carve pumpkins on stable, flat surfaces with good lighting.
- Have children draw a face on the outside of the pumpkin; then let an adult do the cutting.
- Place lighted pumpkins away from curtains and other flammable objects, and do not leave lit pumpkins unattended

Motorists Safety

- Watch for children walking on roadways, medians and curbs.
- Enter and exit driveways and alleys carefully.
- At twilight and later in the evening, watch for children in dark clothing.
- Discourage new, inexperienced drivers from driving on Halloween.



Resources:

<https://www.lifespan.org/centers-services/injury-prevention-center/additional-resources/halloween-safety-tips>

<https://www.nsc.org/home-safety/tools-resources/seasonal-safety/autumn/halloween>

Photo credits: <https://www.in.gov/dhs/4187.htm>

September 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
National Alcohol and Drug Addiction Recovery Month	National Food Safety Education Month	1	2	3	4	5
6 National Suicide Prevention Week	7 Labor Day National Suicide Prevention Week	8 National Suicide Prevention Week	9 National Suicide Prevention Week	10 Suicide Prevention Day National Suicide Prevention Week	11 National Suicide Prevention Week	12 National Suicide Prevention Week
13	14	15	16	17	18 IPAC/INVDRS National Concussion Awareness Day	19
20 Child Passenger Safety Week	21 Child Passenger Safety Week	22 Falls Prevention Awareness Day Child Passenger Safety Week Falls Prevention Awareness Week	23 Child Passenger Safety Week Falls Prevention Awareness Week	24 Child Passenger Safety Week Falls Prevention Awareness Week	25 Child Passenger Safety Week Falls Prevention Awareness Week	26 National Seat Check Saturday Child Passenger Safety Week Falls Prevention Awareness Week
27 Falls Prevention Awareness Week	28 Falls Prevention Awareness Week	29	30	National Preparedness Month	Suicide Prevention Month	Infant Mortality Month

October 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
Domestic Violence Awareness Month Eye Injury Prevention Month	National Bullying Prevention Month Children's Health Month	National Crime Prevention Month SIDS Awareness Month	National Substance Abuse Prevention Month	1	2	3
4 Fire Prevention Week	5 Fire Prevention Week	6 Fire Prevention Week	7 Walk to School Day Fire Prevention Week	8 Fire Prevention Week	9 Fire Prevention Week	10 Fire Prevention Week
11	12 Columbus Day	13	14	15	16 ISTCC/ITN	17
18 Teen Driver Safety Week	19 National School Bus Safety Week Teen Driver Safety Week	20 National School Bus Safety Week Teen Driver Safety Week	21 National School Bus Safety Week Teen Driver Safety Week	22 National School Bus Safety Week Teen Driver Safety Week	23 National School Bus Safety Week Teen Driver Safety Week	24 Teen Driver Safety Week
25	26	27	28	29	30	31 Halloween Impaired Driving Prevention

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

Contact Us

Kristina Box, MD, FACOG — State Health Commissioner

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

Division of Trauma and Injury Prevention Staff

Katie Hokanson — Director

Klaudia Wojciechowska — Drug Overdose Prevention Program Director

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Ramzi Nimry — Trauma and Injury Prevention Program Director

Anita McCormick-Peyton — Records Consultant

Carrie Bennett — Lead Drug Overdose Prevention Community Outreach Coordinator

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Visit our website at indianatrauma.org.

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Indiana
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of
Health

Division of
**Trauma &
Injury Prevention**