



## National Congress on Childhood Emergencies Tops Expectations; Plans for 2000 Congress Underway



*Keynote Speaker Ann Brown says, "We should never underestimate the power of involvement."*

**T**he First National Congress on Childhood Emergencies, held March 22-24, 1998, in Washington, DC, was an unprecedented gathering of leaders and other interested persons in the emergency medical services for children (EMSC) field. More than 700 EMSC grantees, physicians, nurses, emergency medical technicians, pediatric emergency medicine fellows, parents, and emergency medical services planners attended the conference sessions, mingled with friends and colleagues, and gathered new, innovative information to take back home. Its success was so apparent that a second National Congress will be held in the year 2000.

Using the theme, "Kids: The Right Care When It Counts," the 1998 National Congress on Childhood Emergencies focused on ways to improve pediatric emergency medical care provided by prehospital and hospital personnel and children's access to emergency care and rehabilitation. Other issues discussed included injury prevention, managed care, pediatric disaster response, and children with special health care needs.

### Day One Highlights: Setting the Stage for Success

The Congress kicked off with an inspirational video on the EMSC Program. Titled "The Right People When It Counts," the five-minute video depicted the many services provided to children in an emergency situation (see corresponding article, page 8). The Opening General Session also featured Keynote Speaker Ann Brown, chair of the Consumer Product Safety Commission. Her message was simple and to the point: everyone has a responsibility to protect and care for our children. "We all play a role in protecting children and we should never underestimate the power of involvement," said Brown.

*(See Congress, page 12)*

### EMSC News Features New Look; New Publisher

**E**MSC News, the official newsletter of the EMSC Program, has changed its design, added new columns and features, and expanded its focus. The new publisher, the Emergency Medical Services for Children (EMSC) National Resource Center, wanted to update the publication's look and enhance the information provided when the Center received responsibility for the publication under its new contract with the Maternal and Child Health Bureau.

"State of the States: Grantee Update Corner" is just one of several new columns each issue will feature. Designed to keep readers abreast of the latest findings, products,

*(See EMSC News, page 7)*

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## EMSC National Resource Center Services Reorganized

October 1, 1997, marked a significant change for the EMSC Program. A new policy within the Health Resources and Services Administration (HRSA) required that future funding for resource centers providing technical assistance on behalf HRSA be managed through a contract rather than a grant. Consequently, the services formerly provided by the National EMSC Resource Alliance (NERA), located in Torrance, CA, and the EMSC National Resource Center, located in Washington, DC, have now been combined and funded through one contract.

After a competitive contract bid process, the EMSC National Resource

Center, based at Children's National Medical Center, Washington, DC, was awarded a five-year contract. Through this contract the EMSC Resource Center will help grantees develop new programs, disseminate EMSC-supported products, promote public understanding of pediatric issues in the emergency medical services system, and work with professional organizations to advance pediatric emergency medical care. (The National EMSC Data Analysis Resource Center (NEDARC), located in Salt Lake City, UT, continues to provide technical assistance with data collection and analysis through its cooperative agreement with HRSA.)

Under the new contract, the EMSC National Resource Center doubled its scope of work, hired new staff, and redirected and enhanced existing staff responsibilities. This successful transition would not have been possible without the support of NERA. In addition to the assistance and encouragement received, the EMSC Resource Center would like to thank NERA for the timely transfer of EMSC products and databases, and for publishing two additional issues of *EMSC News*.

Listed below is a contact list for current employees of the EMSC National Resource Center. Please clip and post this information for future reference. Staff members are available anytime to address readers' questions and concerns.



*EMSC Program Director, MCHB*  
**Jean Athey, PhD**

*Director, EMSC National Resource Center*  
**Jane Ball, RN, DrPH**

*Managing Editor*  
**Suzanne Kieffer, MA**  
*Editor*

*Yael Tamar Lewin*  
*Design*

*Design Central, Inc.*

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*EMSC News* welcomes articles on people, programs, and procedures related to emergency medical services for children. All manuscripts, artwork, or photography should be submitted to Suzanne Kieffer at the EMSC National Resource Center.

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## EMSC National Resource Center Contact List

**EMSC National Resource Center**  
202/884-4927 (voice); 301/650-8045 (fax)  
[info@emscnrc.com](mailto:info@emscnrc.com)  
[www.ems-c.org](http://www.ems-c.org)

**Ken Allen, BS**  
*Injury Prevention Specialist*  
619/299-8990 (voice); 619/299-8282 (fax)  
[kallen@emscnrc.com](mailto:kallen@emscnrc.com)

**Jane Ball, RN, DrPH**  
*Director*  
301/650-8066; [jball@emscnrc.com](mailto:jball@emscnrc.com)

**Renee Barrett, PhD, MPH**  
*Assistant Director*  
301/650-8047; [rbarrett@emscnrc.com](mailto:rbarrett@emscnrc.com)

**Pam Benson, MSPA**  
*Senior Public Policy Associate*  
334/279-3788 (voice)  
334/260-3772 (fax); [pbenson@emscnrc.com](mailto:pbenson@emscnrc.com)

**Mary Davidson**  
*Office Coordinator*  
301/650-8091; [mdavidson@emscnrc.com](mailto:mdavidson@emscnrc.com)

**Sharon Dukes**  
*Meeting Planner*  
301/650-8280; [sdukes@emscnrc.com](mailto:sdukes@emscnrc.com)

**Martin Eichelberger, MD**  
*Medical Director*  
202/884-2154; [meichelberger@safekids.org](mailto:meichelberger@safekids.org)

**Cathy Gotschall, ScD**  
*Research Specialist*  
301/650-8059; [cgotschall@emscnrc.com](mailto:cgotschall@emscnrc.com)

**Suzanne Kieffer, MA**  
*Communications Director*  
301/650-8143; [skieffer@emscnrc.com](mailto:skieffer@emscnrc.com)

**Shulamit Lewin, MHS**  
*State Outreach Coordinator*  
301/650-8026; [slewin@emscnrc.com](mailto:slewin@emscnrc.com)

**Jean Moody-Williams, RN, BSN**  
*Health Care Finance Associate*  
301/650-8063; [jmwilliams@emscnrc.com](mailto:jmwilliams@emscnrc.com)

**Shirley Nahabedian**  
*Senior Administrative Assistant*  
301/650-8190; [snahabedian@emscnrc.com](mailto:snahabedian@emscnrc.com)

**Wayne Neal, RN, MAT**  
*CSHCN Specialist*  
301/650-8281; [wneal@emscnrc.com](mailto:wneal@emscnrc.com)

**Linda Pierce, MLS**  
*Librarian*  
301/650-8015; [lpierce@emscnrc.com](mailto:lpierce@emscnrc.com)

**Crissy Rivers, BA**  
*Public Policy Assistant*  
301/650-8022; [crivers@emscnrc.com](mailto:crivers@emscnrc.com)

**Bob Waddell, BA, BS**  
*EMS Systems Specialist*  
301/650-8067; [bwaddell@emscnrc.com](mailto:bwaddell@emscnrc.com)

**Ken Williams, MA**  
*National Field Director*  
301/650-8062; [kwilliams@emscnrc.com](mailto:kwilliams@emscnrc.com)

# ...PUBLIC POLICY NETWORK...

## 1998 EMSC Grantee Meeting Receives High Ratings

**O**n March 21 and 22, approximately 200 people convened at the Renaissance Hotel in Washington, DC for the 11th Annual EMSC Grantee Meeting. The one-and-a-half day event served as a preconference to the first National Congress on Childhood Emergencies.

The meeting included Plenary Sessions on emergency medical services for children (EMSC) data collection and on the important, but controversial issue, designation of facilities for levels of pediatric care. Conference evaluations gave the meeting an overall average score of 4.25 (out of 5.00 possible) for quality and 4.36 for networking value. The average rating for workshops was 4.20 for quality and 4.40 for value or relevance of information. The highest scores went to the workshop on cultural competency coordinated by the National Association of Emergency Medical Technicians' Linda Honeycutt and the EMSC National Resource Center's Jean Moody-Williams (5.00 for quality and 4.90 for value or relevance).

The 1999 Annual Grantee Meeting is tentatively scheduled for the third week of February. Additional information on the meeting's dates and location will be announced in future issues of *EMSC News*.



**T**he 1998 legislative session has brought forth four emergency medical services for children (EMSC) legislative initiatives, three of which were passed into law, and one amended emergency medical services (EMS) initiative.

### EMSC Law for Kentucky

On April 1, Kentucky became the tenth state to pass comprehensive EMSC legislation when Governor Paul Patton signed H.B. 249 into law.

The Kentucky law establishes the EMSC Act and the EMSC Program within the Cabinet for Health Services. The law allows for additional training of emergency medical services personnel, enhanced data collection efforts for EMSC, and an EMSC Advisory Committee. Funding for the law is to be determined.

### Nebraska Sets EMSC Funding as a Priority

Through the passage of L.B. 1070 Nebraska identified EMSC as a priority program for funding as part of the new Nebraska Health Care Trust Fund Act.

### EMSC Legislation Pending in South Carolina

H.B. 3033—originally introduced in 1996 and inactive since—was referred to the Committee on Medical, Military, Public and Municipal Affairs on March 11. Introduced by Representative Jerry Govan (D-95), the bill seeks to create the

EMSC Act, establish an EMSC program within the Department of Health and Environmental Control, and mandate an EMSC Advisory Council.

On March 19, the measure was reported favorably with amendment to the House, where it was read for the third time and referred to the Senate. The bill was sent on March 24, to the Committee on Medical Affairs, where it awaits action. South Carolina's legislative session adjourns in early June.

### Tennessee Bill Awaits Governor's Signature

Introduced on January 22 by Tennessee Representative Mary Pruitt (D-58), H.B. 2378 requires the Health Care Facilities Board and the EMS Board to promulgate minimum regulatory standards to ensure adequacy of EMSC. An amendment to the initiative ensures appropriate triage, stabilization, and referral of patients.

The bill was passed by the House on April 1, and by the Senate on April 29. The measure currently awaits the Governor's signature.

### Wyoming Amends EMS Rules

Wyoming recently amended its emergency medical services rules to include provisions for pediatric-specific care and equipment. Recommendations that were adopted ensure that pediatric medications and equipment be maintained separately from adult medications and equipment, that pediatric representation is included on the State Task Force on Prehospital Care, and that two hours of continuing medical education are devoted to EMSC topics.

## Congratulations to the 1998 EMSC National Heroes Award Winners!

**T**he National Congress on Childhood Emergencies provided the backdrop for this year's National Heroes Awards. During a noon luncheon, five exceptional individuals and one state were recognized for their outstanding efforts to improve emergency medical services for children (EMSC).

The 1998 National Heroes Awards were divided into five categories: Project Coordinator of the Year, Excellence in EMSC Research, EMSC Provider of the Year, EMSC State Achievement, and EMSC Lifetime Achievement. Presenting the 1998 awards were Jean Athey, PhD, EMSC project officer, Maternal and Child Health Bureau (MCHB); Garry Criddle, RN, commander USCG/USPHS, emergency medical services (EMS) specialist, National Highway Traffic Safety Administration (NHTSA); and Mark Nehring, DMD, MPH, Captain USPHS, senior program management officer consultant, MCHB.

In her opening remarks to the more than 500 people in attendance, Athey said, "The EMSC National Heroes Awards honors individuals who have dedicated themselves to transforming the way emergency medical care is provided to children throughout the United States. Our goal is to recognize the contributions these exceptional people have made in saving kids' lives and to create role models for others in the EMSC field to emulate."

MCHB and NHTSA were honored to present the first National Heroes Awards to:

### **Janet Houston of Hanover, NH**

Janet Houston has pioneered several educational programs that have had a significant impact on furthering emergency medical care for children. Her "Planning to Avoid Childhood Emergencies" (PACE) Program, the "Special Kids Information Program" (SKIP), and the highly successful



demonstration kit, "Kids Can Make the Right Call," are some of the best EMSC educational tools ever created. Houston also is credited with developing a very unique and entertaining pediatric trauma care course, which she presented to thousands of emergency care professionals throughout New Hampshire. During the past five years, she spent more than 30 weekends teaching the course. Houston was presented with the first of two EMSC Project Coordinator of the Year Awards for making significant and unparalleled strides in integrating the needs of children into a state's EMS system.

### **David Miller of Denver, CO**

David Miller is director of the Colorado EMSC project. He is the coauthor of "ECHO—Everyone Can Help Others," a program to teach people how to manage childhood emer-

gencies until help arrives. He also played a key role in formulating legislation that institutionalized EMSC in Colorado. For years Miller devoted his time and energies to EMSC, making sure it remained a focal point of the state's EMS system. When Colorado was between grants his efforts only increased. As a result, Miller was instrumental in securing additional MCHB funding for the Colorado EMSC project through a partnership grant. Miller's work with the "EMSC Interactive Video Disk Program" and



the Inter-mountain Regional EMSC Coordinating Council (of which he is a charter member and officer) are just a few of the additional activities to add to his long list of successful endeavors. Miller received the second EMSC Project Coordinator of the Year Award.

### **Shireen Atabaki, MD of Washington, DC**

Shireen Atabaki, MD, is a fellow in pediatric emergency medicine at Children's National Medical Center. She was selected for the award based on a blind critique and scoring of all research abstracts submitted to the National Congress. A panel of well-respected researchers chose Atabaki's abstract, "A Prospective Study of



Pediatric Closed Head Injuries: Can Clinical Signs Predict Computed Tomography Findings.” Atabaki has two additional research projects in process, and is the author of several publications and numerous book chapters. She was presented with the Excellence in EMSC Research Award. The award recognizes an individual (who is just beginning a research career in pediatric emergency medicine) for his or her outstanding achievements in conducting and analyzing significant EMSC research.

### **Lt. Eddy Ballester Jr., NREMT-P of Miami, FL**

Lt. Eddy Ballester has been a member of the Miami-Dade Fire Rescue Department for 11 years. He served in the Rescue Training Bureau and Public Education Bureau for five years before returning as a fire rescue lieutenant in 1992. He holds instructor ratings in most of



the life support courses used by EMS and hospital-based care providers in south Florida. Active in community education and outreach programs, Ballester has been recognized by numerous local agencies and organizations for his dedication to public education, injury and illness prevention, and children’s issues. Ballester was presented with the EMSC Provider of the Year Award for achieving the highest level of care for children within a community.

### **The State of Utah**

Since Utah received its first EMSC grant in 1991, it has become a model for comprehensive pediatric emergency medical care, and has fostered EMSC system development and cooperation throughout the Rocky Mountain states. Utah was the first state to achieve state legislation establishing an EMSC office, using funding through public and private partnerships. It established the National EMSC Data Analysis Resource Center, and is the only state to receive every category of EMSC funding for which it was eligible, including demonstration, enhancement, targeted issue, partnership, continuing education, and



research grants. The state of Utah was presented with the EMSC State Achievement Award. This award

honors the EMSC State Project Team (J. Michael Dean, Jan Buttrey, Lisa Carlson, Breck Rushton, and Gerry VanOrman) for their significant statewide impact, plus major regional influence on the advancement of pediatric emergency care.

### **Calvin Sia, MD of Honolulu, HI**

Calvin Sia, MD, has devoted much of his life to advancing emergency medical care for children. He laid the groundwork for the EMSC Program in the late 1970s when, as president of the Hawaii Medical Association, he urged members of the American Academy of Pediatrics to develop multifaceted EMS programs that would decrease disability and death in children. Sia worked with U.S. Senators Daniel Inouye, Orrin Hatch, and Lowell Weicker to generate legislation for an initiative on pedi-



atric emergency medical services for children, which passed in 1984. Emergency care providers recognize him as the pre-eminent visionary whose work sparked a movement that changed the care provided to children in this country. Sia was presented with the EMSC Lifetime Achievement Award.

## State Child Health Insurance Program (CHIP)

### Activities Move Forward

The Balanced Budget Act of 1997 included a child health block grant that offered states \$20.3 billion in new federal funding over the next five years. The purpose of the grant is to enable states to initiate and expand child health assistance to uninsured, low-income children.

Over the past six months, states have worked aggressively to set up rules for the program, develop plans for covering uninsured children, and approve and implement those plans. Thus far, eight states have approved plans to cover more than one million children. For several states (e.g., Alabama and Illinois), this is the first phase of their expansion with even more children expected to be covered in the future. Another 15 states have submitted their Child Health Plans for approval.

### Important Roles for EMSC Program Participants

**Access** - Assuring access to quality emergency medical services is essential. The Balanced Budget Act requires each state to develop a plan to assure access to covered services, including emergency services. Emergency Medical Services for Children (EMSC) Program participants should work to assure that plans include provisions for easy access to care without unnecessary financial or procedural barriers. Prior authorization for emergency medical services should be discouraged. Children also should have access to needed pediatric subspecialty care.

**Outreach** - There is an important role for EMSC Program participants in outreach. States have been provided

funding for extensive outreach activities. Many children that enter the emergency medical services (EMS) system are uninsured. EMS providers and emergency department staff can serve a critical role in assisting children in obtaining health care.

**Benefits Packages** - Injury prevention activities should be encouraged as a covered benefit. EMSC Program participants can develop partnerships with health plans to develop effective injury prevention programs.

The EMSC National Resource Center has packets available with information on CHIP contacts for each state, useful web sites, model contract language, and state-specific implementation plans. For more information, contact Jean Moody-Williams at (301) 650-8063, phone; (301) 650-8045, fax; or [jmwilliams@emscnrc.com](mailto:jmwilliams@emscnrc.com), e-mail.

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### What Is the EMSC Clearinghouse?

Located in Alexandria, VA, the Emergency Medical Services for Children (EMSC) Clearinghouse is the repository and distributor for products created by EMSC grantees, the EMSC National Resource Center, the National EMSC Resource Alliance, and the National EMSC Data Analysis Resource Center. The Clearinghouse also maintains a database of EMSC-related products not supported by the EMSC Program. A current listing of EMSC-supported products is available for download on the EMSC web site ([www.ems-c.org](http://www.ems-c.org)). Single copies of most products are free. A minimum fee will be assessed for multiple copies of a single item, for a copy of an archived product, or for a video.

Currently, the most popular requests at the Clearinghouse are for the *Child and Adolescent Emergency Department Visit Databook*, *Teaching Resource for Instructors in Prehospital Pediatrics (TRIPP)* CD-ROM, and the *Rainbow Series*—a collection of resources on coalition building, family-centered care, funding, injury prevention, managed care, public policy, and media relations.

To request a product, contact the EMSC Clearinghouse hotline at (703) 902-1203. Be prepared to provide the four-digit product ID number, your name and title, the name of your organization, and its address and telephone number. Requests can be made by e-mail, [emsc@circsol.com](mailto:emsc@circsol.com);

fax, (703) 821-2098; or mail, EMSC Clearinghouse, 2070 Chain Bridge Road, Suite 450, Vienna, VA 22182-2536.

For recommendations about the best EMSC product(s) for your project, please contact Linda Pierce, EMSC librarian, at (301) 650-8015; [lpierce@emscnrc.com](mailto:lpierce@emscnrc.com).



# ...EMSC SYSTEMS SCOOP...

## EMSC News *(from page 1)*

Welcome to EMSC Systems Scoop, a column to address readers' questions and concerns about establishing and maintaining an effective emergency medical services for children (EMSC) project. Whether integrating pediatric elements into an emergency medical services (EMS) system, improving current clinical or educational methods, developing an updated pediatric protocol set, determining how to best handle a sensitive administrative issue, or simply trying to be a model EMSC project, the EMSC Systems Scoop column can help. Appearing in each issue of *EMSC News*, this column will address one or more critical issues challenging EMSC grantees, friends, and colleagues trying to integrate the needs of children into current EMS systems.

### Who Selects the Issue(s)?

The EMSC National Resource Center's systems team (see EMSC Contact List, page 2) selects the issue(s) to be addressed in each *EMSC News*. Hundreds of questions and calls for assistance are directed to the EMSC systems team each month. Team members provide expert technical assistance to help the EMSC community successfully address an issue. Those issues having the widest impact will be discussed in this column.

### Summer Issue: What is the EMSC Systems Team and How Can It Help?

Many readers have already received assistance from an EMSC systems team member. For those who haven't, the team is a collaborative effort of many different professionals specializing in everything from illness

and injury prevention through rehabilitation and reintegration into the community. The types of issues addressed by the systems team include, but are not limited to:

- bystander care
- children with special health care needs
- cultural awareness and competencies
- data collection
- disaster response
- dispatch
- education and training
- equipment
- family-centered care
- facility designation
- injury prevention
- medical direction
- needs assessment
- primary care provider preparedness
- rehabilitation
- research
- school emergencies
- triage and transfer guidelines

When explaining how the team can help, Systems Team Leader Bob Waddell often says: "The systems team is here to assist with infrastructure and methodologies as they relate to children. Integration, Improvement, Development, Evaluation, Administration, and Systems are but a few of the resources the EMSC systems team has available. Double "i - d - e - a - s" like Tigger—the "T - i - g - g - e - r" character from the Winnie the Pooh series—the EMSC National Resource Center systems team is the stealthy, ever-present friend ready to pounce when assistance is needed."

programs, and special events, this column is devoted strictly to information on EMSC grantees. Each EMSC project director will receive a postcard soliciting stories for the next issue. All grantees are encouraged to submit updates on their projects.

In addition, each *EMSC News* will feature the following columns: "Public Policy Network," "EMSC Systems Scoop," "What's New? An EMSC Product Update," "Latest Library Additions," and "Important Dates to Remember." The Resource Center appreciates feedback on the newsletter's content. Please direct your comments to Suzanne Kieffer, *EMSC News* managing editor, EMSC National Resource Center, 111 Michigan Avenue, NW, Washington, DC 20010-2970; 202/884-4927 (phone); 301/650-8045 (fax); skieffer@emscnrc.com (e-mail).

*EMSC News* will continue to be published four times a year. Articles on people, programs, and procedures related to emergency medical services for children are welcomed. All manuscripts, artwork, and photography should be submitted to Kieffer.

Individuals and organizations that would benefit from and/or are in the position to contribute to the EMSC Program's goals and objectives may receive one free subscription to *EMSC News*. To be added to the publication's subscription list, please call the EMSC National Resource Center at (202) 884-4927 or e-mail your request to info@emscnrc.com.



## EMSC Web Site Transformed: New Address, Easy to Use, Visit It Today!

The new and expanded Emergency Medical Services for Children (EMSC) web site combines colorful graphics with the latest information available on pediatric emergency medical care. The web site made its debut on March 22, 1998, during the National Congress on Childhood Emergencies where more than 600 attendees had the opportunity to surf its pages. To view the web site, please bookmark [www.ems-c.org](http://www.ems-c.org). The previous site located at [www.emsc.com/nera/index.htm](http://www.emsc.com/nera/index.htm) is no longer accessible.

Along with the new address, there are new resources and features that can be accessed directly from any personal computer with Internet access. The site includes more than 500 pages, which are divided into 12 sections:

- About EMSC
- What's New?
- Contact Us
- Discussion Groups
- EMSC Publications and Products
- Funding Opportunities
- National and State Activities
- Public Policy and Managed Care
- Data Collection and Research
- Essential EMSC Components
- Special Events and Activities
- Family Information

Although many new and different documents are available, the section Discussion Groups is drawing significant attention. This section encourages the exchange of ideas and opinions on the latest issues and topics affecting EMSC.

Currently, the web site receives anywhere between 200 and 400 visits per week. The most popular sections (those most requested by visitors)



include EMSC Publications and Products, Funding Opportunities, and About EMSC.

"What will be most beneficial to the EMSC community is the ability to download many of the documents that were previously available only by mail," said Jane Ball, RN, DrPH, EMSC National Resource Center director. "We hope to increase this capability in the near future." Currently, many of the most requested documents and publications are downloadable Word Perfect or pdf files.

The site is updated weekly so visitors are encouraged to return to it often for the latest news and information. Consider it the one-stop shopping for the pediatric emergency medical community.

The EMSC National Resource Center is managing the site and encourages feedback. Please direct your comments to Suzanne Kieffer, director of communications, at [skieffer@emscnrc.com](mailto:skieffer@emscnrc.com) (e-mail) or Linda Pierce, librarian and web site coordinator, at [lpierce@emscnrc.com](mailto:lpierce@emscnrc.com) (e-mail).

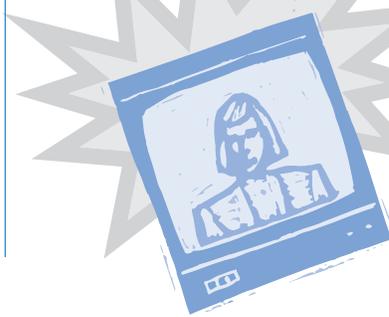
## "EMSC: The Right People When It Counts"

*Video Shown at Congress  
Now Available*

Released during the 1998 National Congress on Childhood Emergencies, "EMSC: The Right People When It Counts" is a touching and inspirational video ideal for educational and community awareness activities. The five-minute video provides an up-close and personal look at the people who provide pediatric emergency medical care. It features paramedics, flight medics, pediatricians, nurses, physical therapists, and social workers delivering care, as well as testimonials from parents, system dispatchers, state emergency medical services directors, bystanders, school nurses, and other health care providers.

The video goes on to explain how emergency medical services for children (EMSC) extends beyond emergency response and rescue to prevention, emergency preparedness, and rehabilitation, as well as disaster management.

VHS copies of the video are now available through the EMSC Clearinghouse. The cost per video is \$15. To order, contact the Clearinghouse hotline at (703) 902-1203 and ask for product number 707. Orders also can be processed by e-mail, [emsc@circsol.com](mailto:emsc@circsol.com); by fax, (703) 821-2098; or by mail, EMSC Clearinghouse, 2070 Chain Bridge Road, Suite 450, Vienna, VA 22182-2536.



## Color Coding Pediatric Emergencies: An Update on the Current Status

On Wednesday, June 3, 1998, the Maternal and Child Health Bureau (MCHB), in conjunction with the Emergency Medical Services for Children (EMSC) National Resource Center, sponsored the Color Coding of Pediatric Emergencies Meeting to investigate the potential of color coding children into a universal health care system.

More than 20 experts, specialist, and interested pediatric health care professionals from across the United States were invited to attend the meeting, held at the EMSC National Resource Center in Silver Spring, MD. These individuals represented local, state, and federal government agencies, including the Food and Drug Administration (FDA) and the Department of Defense (DOD); professional and private organizations; and numerous health care facilities.

Karen Frush, MD, director of pediatric emergency medicine at Duke University Medical School, chaired the meeting. Discussions began with a historical perspective of the color coding system, its current status, and some of the possibilities for the future. The liveliest aspect of the day was during the brain storming session, which focused on possible uses for a universal color-coded system. Many of the ideas spurred other thoughts or ideas to the point of one general agreement: "This system could get out of control, very easily!" Progress can only be accomplished if research, testing, and development of quality tools validates the system. Maintaining the highest of standards is a must.

One major concern was whether a federal agency should promote a

*(See Color Coding, page 15)*

## ...WHAT'S NEW? An EMSC Product Update...

### Child and Adolescent Emergency Department Visit Databook (139pp.)

*by: Weiss, H. B.; Mathers, L.J.; Forjuoh, S.N.; and Kinnane, J.M. (1997)*

This databook is a compilation of highlights and detailed findings from the 1992-1994 National Center for Health Statistics National Hospital Ambulatory Medical Care Survey. It provides statistics on the incidence and characteristics of and payments for emergency department visits by children (ages newborn to 20 years) in the U.S. between 1992 and 1994. The results are displayed in table format and are accompanied by the survey's abstract, executive summary, purpose statement, overview, and methodology. The publication is located on the Web at [www.cvic.edu/childed](http://www.cvic.edu/childed) and can be downloaded. To obtain a complimentary print copy, contact the EMSC Clearinghouse hotline at (703) 902-1203 and ask for product number 627.

### Children with Special Health Care Needs: Technology-Assisted Children (46pp.)

*by: Rushton, D. Breck and Witte, Madolin (1998)*

This book combines excellent graphics with written objectives and guidelines for prehospital personnel caring for children with special health care needs, specifically technology-assisted children (TAC). The book outlines objectives and procedures for assessment and management of TAC children. It covers airways, breathing, circulation assessment, and interventions with special attention to tracheotomies, mechanical ventilators,

central intravenous catheters, feeding tubes, cerebrospinal shunts, and artificial pacemakers. To obtain a copy of this publication, contact the EMSC Clearinghouse hotline at (703) 902-1203 and ask for product number 700.

### National Congress on Childhood Emergencies: Syllabus

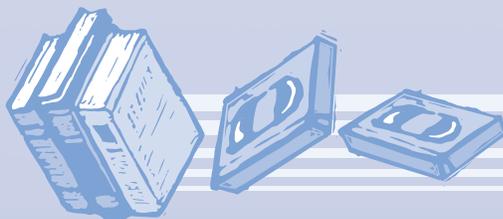
*by: EMSC National Resource Center (1998)*

This syllabus contains more than 210 pages of concurrent educational session abstracts, outlines, handouts, and cheat sheets presented during the 1998 National Congress on Childhood Emergencies. The publication is a must have for anyone who missed the Congress but wants to stay informed on EMSC happenings. To obtain a copy of this publication, contact the EMSC Clearinghouse hotline at (703) 902-1203 and ask for product number 628.

### TRIPP – Teaching Resource For Instructors in Prehospital Pediatrics

*by: Center for Pediatric Emergency Medicine (1998 – version 2.0)*

This CD-ROM is an "encyclopedia of prehospital pediatric knowledge." It contains a multitude of didactic and clinical information—from educational methodologies to teaching skills, patient assessment to children with special health care needs, as well as injury prevention. The content of the CD-ROM is located on the Web at [www.opem.org](http://www.opem.org) and can be downloaded. To obtain a copy of the CD-ROM, contact the EMSC Clearinghouse hotline at (703) 902-1203 and ask for product number 626.





EMTs to participate in these activities, the EMSC Prevention Subcommittee developed a one-day workshop that provides EMTs with the knowledge and skills to teach injury prevention skills to children in their local communities.

The workshop consists of lectures on injury prevention, methods for teaching children, strategies for community organizing, and an orientation to the National Safe Kids Gear Up Games. The Committee determined that the Gear Up Games presented a complete package that EMTs could implement successfully.

The Committee gratefully acknowledges the assistance from the New Mexico EMSC program. Portions of the New Mexico Injury Prevention Curriculum were incorporated into this workshop. Also, Connecticut's EMSC program gratefully acknowledges the support from the Connecticut Safe Kids Coalition.

For further information, contact Cheryl Mayeran at (860) 509-7978 or e-mail: Cheryl.Mayeran@po.state.ct.us.

## Kansas

Andrew Shank, EMSC educator for the Kansas EMSC project, reports on his program's education goals. According to Shank, "Our first goal is to conduct basic and advanced pediatric emergency care train-the-trainer courses. The hope is to better meet the region's needs by preparing instructors who can go out to the areas of the state where the need exists. There are many underserved rural areas in Kansas. Our advanced course will be a pediatric advanced life support (PALS) Plus type program. We are applying to become an

American Heart Association (AHA) PALS Community Training Center with the goal of being a stable and continuous resource. The first train-the-trainer course is scheduled for early summer.

"Another Kansas EMSC education goal is to have an EMSC multi-disciplinary pediatric emergency care conference in October 1998. It will be three days long and take place in Topeka, KS. National and regional speakers will present on prevention, emergency care, and other issues."

For additional information, call Shank or Joe Moreland at (913) 296-7296.

## Kentucky

In addition to passing EMSC state legislation (see "Public Policy Update"), Kentucky's EMSC project will be implementing a new pediatric course. Instructors with the EMSC project attended the master's pediatric education for paramedics (PEP) course in Florida, with plans to start teaching PEP in mid-summer for pre-hospital providers.

Pediatric education in Kentucky has been progressing quite well. EMSC project staff have conducted 19 pre-hospital pediatric provider/instructor courses for approximately 600 EMTs. Twenty-one AHA PALS courses for more than 300 physicians, nurses, and paramedics have been conducted, along with nine PALS instructor courses. An advanced pediatric life support course for physicians is scheduled for the fall of 1998 under the direction of Dr. Julia Martin from the University of Kentucky Medical Center. The Kentucky EMSC project has now held pediatric training courses in all 14 area development districts.

Theresa Elza, RN, clinical coordinator for the Kentucky EMSC project, continues to survey the parents and/or caregivers of children 17 and

## Colorado

David Miller and Michael Merrill of the Emergency Medical Services for Children (EMSC) Colorado project announce that Governor Roy Romer officially proclaimed May 10-16, 1998, as EMSC Week. Since 1994, the EMSC Colorado project has successfully obtained a proclamation designating the week prior to emergency medical services (EMS) Week as EMSC Week. EMS organizations around the state are notified of the official recognition and are encouraged to conduct local activities to help educate and inform target audiences during the statewide celebration. Several communities have participated in EMSC Week. Children's Hospital in Denver celebrates both EMS Week and EMSC Week by holding an open house.

For further information, contact Merrill at (303) 692-2994 or e-mail: michael.merrill@state.cous

## Connecticut

Emergency medical technicians (EMTs) represent an untapped resource for injury prevention work in Connecticut. In order to encourage

under who have sustained severe injury, traumatic brain injury, or spinal cord injury. The purpose of the survey is to determine how many of these types of injuries occur, track the progress of children over time, identify barriers to follow-up care, and develop ways to prevent other children from being injured. To date, Elza has conducted 23 six-month and 21 one-year surveys.

For more information, contact Coy Harris at (502) 866-2121 or e-mail: kyemsc@duo-county.com.

## Pennsylvania

Pennsylvania EMSC Research project staff are busy with the Injury Circumstance Evaluation (ICE) Study, an emergency department-based surveillance system designed to identify problems in pediatric traffic-related injury among pedestrians, bicyclists, and occupants of motor vehicle crashes. As an example, the study is used to identify environmental risk factors present to urban child pedestrians. Incident locations where these pedestrians were struck are geomapped on a computerized map. Preliminary results show clusters of injury sites along busy roads and near schools.

The circumstances of these injuries are contained in the ICE database and are analyzed for patterns of injuries at these sites. Additionally, sites with clusters of pedestrian injuries are visited and in-depth analyses of the environment are performed to identify factors that contribute to the high rates of pedestrian injury.

For further information, contact Flaura Winston, MD, at (215) 590-5208 or e-mail: flaura@mail.med.upenn.edu.

## Puerto Rico

Puerto Rico EMSC reports that it has developed a basic and an advanced pediatric emergency training course for prehospital and emergency

department personnel. What makes these courses different from other EMSC training programs is that both are in Spanish and both involve pre-hospital and emergency department attendees who participate in several lectures and workshops together and take part in two simulated pediatric emergency crises (drowning and car crash). The objective is to work as a team. Participants also have another session in which roles of participants are discussed. According to one participant, that part of the course "has been an incredible opportunity to understand and value the work of our teammates that sometimes we underestimate."

After the third day, the basic course group leaves and PALS is offered to the advanced group. In addition, Puerto Rico EMSC and Puerto Rico Safe Kids joined efforts to support community initiatives on injury prevention through the campaign AEIOU, Save a Child. Puerto Rico EMSC offers a one-day training course four times a year and Safe Kids provides the audiovisuals and written materials and pays for a CPR trainer.

For more information, call Lillian Rivera, MD, at (787) 756-3274.

## South Dakota

South Dakota's EMSC project reports that training for Native American providers in prehospital pediatric care and injury prevention will be presented at the United Tribes Technical College in Bismarck, ND, from June 15-17, 1998. This is the designated training site for Native American programs in a four-state region, and the second annual training event that involves the College, the Native American Injury Prevention Coalition, and the South Dakota EMSC project.

The EMSC project hopes to continue this valuable program to provide

education for the many medically underserved communities within area reservations.

For further information, contact Dave Boer at (605) 357-1371 or e-mail: dboer@sunflowr.usd.edu.

## EMSC Needs Your Help!

The Iowa emergency medical services for children (EMSC) coordinator, Katrina Altenhofen, has been battling systemic Lyme Disease for the past several years. The situation is now life threatening. This disabling disease has affected her cardiovascular, immune, and central nervous system. Currently, she is undergoing an experimental drug therapy similar to chemotherapy. Because of this drug therapy regimen, this humorous bubbly, energetic woman, mother, and wife has been left with multiple complications and massive medical bills.

If this weren't enough, at least one of her sons has similar medical complications.

The EMSC Program continues to be built by great people dedicated to making the lives of children happier and longer. We should never lose sight of helping our own in their times of need.

In an effort to help Altenhofen and her family, the EMSC National Resource Center has established a fund in her name. All donations will go directly to Katrina Altenhofen. The EMSC National Resource Center will not receive any part of the fund.

Individuals interested in making a contribution should send it to:

**Washington State Bank**  
c/o "Katrina Altenhofen EMSC Fund"  
PO Box 311  
Washington, IA 52353.

## Congress *(from page 1)*

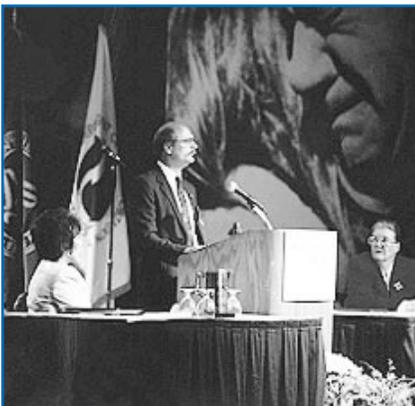


*Bill Robinson, MD, MPH, addresses attendees at Opening Session.*

William Robinson, MD, MPH, chief medical officer of the Health Resources and Services Administration, spoke about the relationships that are critical to the success of the EMSC Program. Specifically, he discussed the successful collaborative efforts between the Department of Transportation and the



*Children's Choir of the Washington, DC-based Zion Baptist Church are rewarded with a standing ovation.*



*Randy Ogden reminds attendees how important it is to serve and protect all children.*

Department of Health and Human Services and encouraged attendees to develop lasting relationships with professional and consumer organizations.

The final speaker for the morning

session was Randy Ogden, battalion chief of the Tucson Fire Department and director of the Arizona EMSC project. The EMSC Program dedicated the Congress to Ogden's son, Eric, who was tragically killed less than six months ago. Ogden came to the Congress to remind attendees of the real significance of their work—to serve and protect the needs of children.

Closing the General Session was a performance by the Children's Choir of the Washington, DC-based

youth. The recitations were a perfect segue to Plenary Speaker Victor LaCerva, MD, author of *Pathways to*



*M.V. Leckie Elementary School students express their hopes and dreams.*

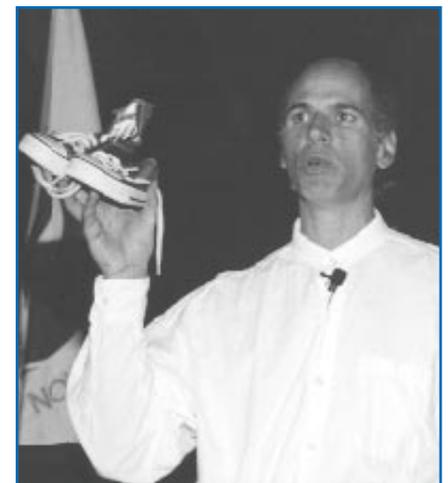
*Peace: Forty Steps to a Less Violent America.* LaCerva's unique trademark is his ability to blend humor with candid discussions on violence prevention. His remarks focused on the role health providers can play in preventing intentional violence.

At a noon luncheon, five individuals and one state were recognized for their dedication to improving the way emergency care is provided to chil-

Zion Baptist Church. Their uplifting voices prepared, motivated, and most of all reminded attendees that children were at the center of their hard work and dedication.

### Day Two Highlights: The Momentum Never Stops

The video energized attendees but it was the words and thoughts of children that permeated their hearts and minds. Three fifth grade students from Washington's M.V. Leckie Elementary School presented poems and recitations to highlight and support the hopes and dreams of today's



*Using children's shoes, Victor LaCerva, MD, introduces attendees to the young girls and boys who lost their lives to violence.*

dren. The EMSC National Heroes Awards was created to recognize the contributions exceptional people have made in saving kids' lives and to identify role models for others in the EMSC field to emulate (see corresponding article, page 4).

### Day Three Highlights: Preparing for the Challenge

Challenges for children in a changing health care environment was the focus of the Closing General Session. It featured Larry Bedard, MD, president of the American College of Emergency Physicians; Patricia Salber, MD, physician director of National Accounts, Kaiser Permanente Medical Care Program; and Judy Waxman, JD, director of government affairs for Families USA. Fitzhugh Mullan, MD, a



*Fitzhugh Mullan, MD, closes the Congress with a discussion on the changing health care environment.*

renowned pediatrician and former policymaker for the Health Resources and Services Administration, delivered the remarks to close the 1998 Congress. He led a provocative discussion on the challenges that children face on the front lines of our changing health care system.

The 1998 National Congress offered more than 45 cutting edge

*"From time to time, our demanding work lives may cause us to lose sight of what we're really trying to do. So, let's take advantage of this time together to redirect our thinking and to renew our commitment to our children."*

EMSC Project Officer Jean Athey, PhD.

educational sessions, including: general sessions; concurrent sessions; a poster session; and research seminars, featuring the latest findings in pediatric emergency care. In addition, attendees had the opportunity to explore the latest products and services in emergency medicine during the EMSC Exhibit Showcase. Approximately 45 child health organizations, agencies, and vendors from around the nation exhibited.

The National Congress on Childhood Emergencies proved to be an exciting and dynamic conference. More than 90% of conference attendees agreed that they planned to use new model programs, initiatives, and/or clinical care programs learned during the Congress. Attendees left the Congress with a renewed commitment to service, lasting bonds of friendship, and a selfless quest to better serve the community, its families, and, most importantly, its children.

### Looking Forward to the Year 2000

During the Closing General Session, David Heppel, MD, Maternal

and Child Health Bureau division director, announced that a second National Congress will be held in the year 2000. The Washington metro area will once again serve as the host city. "This Congress has met and exceeded all expectations," explained EMSC Project Officer Jean Athey, PhD. "We came here for the children. That's what we've dedicated our work to—protecting children, and ensuring that they have a system of care that serves their needs. This Congress sets the stage for bigger and better things. I look forward to seeing you all in the year 2000."



*Attendees pay close attention to a product demonstration by Ferno, one of 45 exhibitors at the Congress*

The EMSC Program would like to thank the following organizations for their support in ensuring the success of the 1998 National Congress on Childhood Emergencies:

*General Motors*

*Robert Wood Johnson Foundation*

*Smith-Kline Beecham Pharmaceuticals*

*National Fire Protection Association*

*Agency for Health Care Policy and Research*

THANK YOU

## Nominations for 1999 National Heroes Awards Now Being Accepted

**T**hrough the National Heroes Awards, the Emergency Medical Services for Children (EMSC) Program seeks to identify, honor, and reinforce the activities of exceptional individuals who have dedicated themselves to transforming the way emergency medical care is provided to children. Beginning in 1998 and each year thereafter, the EMSC Program will honor individuals for their extraordinary contributions to improve children's health care.

Nominations for the 1999 National Heroes Awards are now being accepted. Listed below are the names of the awards to be presented.

- **EMSC Project Coordinator of the Year Award**, given each year to recognize an individual who has made significant and unparalleled strides in integrating the needs of children into their state's emergency medical services system.



- **EMSC Provider of the Year Award**, given each year to recognize an individual for his or her accomplishments in achieving the highest level of care for children within their community.

- **EMSC State Achievement Award**, given each year to recognize the EMSC project team that has had a significant statewide impact, plus a major regional influence on the advancement of pediatric emergency care.

- **EMSC Parent Volunteer of the Year Award**, given each year to the parent who provides particularly meritorious service.

- **EMSC Community Partnership of Excellence Award**, given periodically to a local business that does the most to promote the interests and objectives of the EMSC Program.

- **Innovation in EMSC Product or Program Development Award**, given periodically to recognize a unique product, publication, or program designed to educate or advance pediatric emergency medical care.

The EMSC Program offers three additional award categories, which are presented periodically. Information on when to nominate individuals for these categories will be featured in future issues of *EMSC News*.

- **State Legislator of the Year Award**, given periodically to recognize elected state officials who have championed the cause of pediatric emergency medical care. When the award is given to a governor, it is called the Governor of the Year Award.

- **EMSC Lifetime Achievement Award**, given periodically to recognize an individual who has devoted much of his or her life to advancing emergency medical care for children.

- **Excellence in EMSC Research Award**, given periodically to an individual (who is just beginning a research career in pediatric emergency medicine) for his or her outstanding achievement in conducting and analyzing significant EMSC research.

*“Beginning in 1998 and each year thereafter, the EMSC Program will honor individuals for their extraordinary contributions to improve children's health care.”*

Nomination forms for the 1999 National Heroes Awards are available by contacting the EMSC National Resource Center at (202) 884-4927. The form also can be downloaded from the EMSC web site ([www.emsc.org](http://www.emsc.org)). The nomination forms must be postmarked by Friday, September 4, 1998, and sent to: National Heroes Awards, EMSC National Resource Center, 111 Michigan Avenue, NW, Washington, DC 20010-2970.

All entries will be reviewed by the EMSC Advisory Board in September 1998. Award winners will be announced at the 1999 Annual Grantee Meeting and published in *EMSC News*.

## Latest Library Additions

Welcome to the *EMSC News* column "Latest Library Additions." This section highlights articles written by emergency medical services for children (EMSC) friends and colleagues. The EMSC National Resource Center encourages grantees, emergency medical providers, families, and volunteers involved in pediatric emergency medical care to read these articles for the latest information on EMSC activities and research. Discover what others in the EMSC field are doing and share in their successes.

Also included is a short bibliography of products considered to be of particular interest to the EMSC community. If an interesting publication or product (written or produced within the last 18 months) has crossed your desk, please contact the EMSC National Resource Center Librarian Linda Pierce at (301) 650-8015; lpierce@emscnrc.com. Notices or copies of journal articles, books, videos, and reports on EMSC-related topics should be mailed to: EMSC National Resource Center, Linda Pierce, 111 Michigan Avenue, NW, Washington, DC 20010-2970.

### Color Coding *(from page 9)*

private product. MCHB's David Heppel, MD, and Jean Athey, PhD, and National Highway Traffic Safety Administration's Garry Criddle, RN, CDR, agreed that this and several additional issues need to be addressed by both the private sector and the federal government before moving forward. The general consensus was that this issue is not so overwhelming that it couldn't be undertaken. Everyone involved must be prudent and studious to assure the

### NOTABLE ARTICLES BY EMSC FRIENDS AND COLLEAGUES:

Allen, Ken; Ball, Jane; and Helfer, Bryna. "Preventing and Managing Childhood Emergencies in Schools." *Journal of School Nursing* 14.1 (February 1998), 20-24.

Athey, Jean; Henderson, Deborah; O'Malley, Patricia; and Ball, Jane. "Emergency Medical Services for Children: Beyond Lights and Sirens." *Professional Psychology: Research and Practice* 28:5 (October 1997), 464-470.

Gausche, Marianne. "Education of Prehospital Providers in Pediatrics: National Task Force Studies EMS Pediatric Care." *JEMS* 23:3 (March 1998), 74-76.

Maternal and Child Health Bureau. "TBI State Demonstration Grants." *The Journal of Head Trauma Rehabilitation* 13:2 (April 1998), 66-77.

Neal, Wayne and Kieffer, Suzanne. "Preparing Pediatric Home Care Patients for a Medical Emergency." *CARING Magazine* (May 1998), 85-88.

Phillips, Regina. "Teaching TRIPP: A Valuable Resource Instructors Can Use." *JEMS* 23:3 (March 1998), 64-67.

Seidel, James, et al. "Guidelines for Pediatric Equipment and Supplies

for Emergency Departments." *Journal of Emergency Nursing* 24:1 (February 1998), 45-48.

### NOTABLE PUBLICATIONS CROSSING THE LIBRARIAN'S DESK

American Psychological Association. *Training EMSC Providers in Violence Prevention*. American Psychological Association, January 1998.

Arizona Department of Health Services. *Arizona Emergency Medical Services for Children Strategic Plan*. Phoenix, AZ: Arizona Department of Health, 1997.

Coleman, Mirean Fisher. *Risk-taking Behaviors in the Emergency Department: The Social Worker's Role with Children and Their Families*. National Association of Social Workers, 1998.

Eastham, James N. et al. *A Leadership Guide to Quality Improvement for Emergency Medical Services Systems*. Washington, DC: U.S. Department of Transportation's National Highway Traffic Safety Administration, Division of Emergency Medical Services, July 1997.

Perez, Kelly. *Emergency Medical Services for Children*. Denver, CO: National Conference of State Legislators, February 1998.

integrity of all parties involved. Further meetings focusing on the business aspects of this concept will be convened at a later date.

The North Carolina Department of Health, Office of EMS in collaboration with Duke University Medical School will begin reviewing which three or four individual tools should be evaluated initially. This process will include project design and methodology advice from MCHB, the American Academy of Pediatrics, the American College of Emergency Physicians, and the

Committee on Pediatric Emergency Medicine, as well as DOD, the FDA, and various other groups.

The EMSC National Resource Center wishes to thank all participants for the extremely high level of input provided. Updates on the progress of the project will be forthcoming in future issues of *EMSC News*. Questions concerning pediatric color-coding should be addressed to Bob Waddell at (202) 884-4927; rwaddell@emscnrc.com.

# IMPORTANT DATES TO REMEMBER

## June 13

After Shock: Vision to Action, The Future of EMS  
Yorkdale, Toronto, Canada

Contact: (306) 586-2140

## June 28- July 1

NASN Annual Conference  
San Diego, CA

Contact: National Association of School Nurses at (207) 883-2117

## July 8-10

NAEMSP Mid-Year Meeting  
Incline Village, NV

Contact: National Association of EMS  
Physicians at (913) 492-5858

## August 14-18

APA Annual Meeting  
San Francisco, CA

Contact: American Psychological Association at (202) 336-6020

## August 16-25

National Rehabilitation Week

Contact: Bea Mott of Allied Services at  
(717) 348-1498

## September 9-13

ENA Annual Meeting  
Denver, CO

Contact: Emergency Nurses Association at (800) 243-8362

## September 10-15

North American Congress of Clinical Toxicology  
Orlando, FL

Contact: American Association of Poison Control Centers  
at (202) 362-7217

## September 13-15

Second National Conference on Shaken Baby Syndrome  
Salt Lake City, UT

Contact: American Academy of Pediatrics at (801) 393-3366

## September 13-19

National Rehabilitation Awareness Celebration Week

Contact: Bea Mott of Allied Services at (717) 348-1498

## September 26-28

Family Health and Fitness Days U.S.A.

Contact: Carole Klein-Alexander of the Health  
Information Resource Center at (847) 816-8660 or  
(800) 828-8225

## September

Baby Safety Month

Contact: Kathleen Byer of the Juvenile Products  
Manufacturers Association at (609) 231-8500

## September

Children's Eye Health & Safety Month

Contact: Alice Kelsey of the Prevent Blindness  
America at (847) 843-2020 or (800) 331-2020

### EMSC National Resource Center

111 Michigan Avenue, N.W.  
Washington, D.C. 20010

