

Joint Report to the
General Welfare, Health and Human Resources Committee
Of the Senate and
Health and Human Resources Committee
of the House of Representatives

Report On the Status of Emergency Medical Services for Children

A Report to the 108th Tennessee General Assembly

Tennessee Department of Health
July 2013



TENNESSEE DEPARTMENT OF HEALTH
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BOARD FOR LICENSING HEALTH CARE FACILITIES
EMERGENCY MEDICAL SERVICES BOARD

July 1, 2013

The Honorable Rusty Crowe, Chair
Senate General Welfare, Health and
Human Resources Committee
321 Ware Memorial Building
Nashville, Tennessee 37243

Dear Senator Crowe:

As required by Tennessee Code Ann. §68-11-251 and §68-140-521, we are pleased to submit the annual report on the Emergency Medical Services for Children (EMSC) program; the Board for Licensing Health Care Facilities and the Emergency Medical Services Board collaborated with the Committee on Pediatric Emergency Care (CoPEC) in preparation of the report. The TN EMSC program focuses primarily on pediatric pre-hospital and hospital care, with consideration for injury prevention, disaster preparedness, and quality improvement. This report reflects activities and accomplishments of the Board for Licensing Health Care Facilities and the Emergency Medical Services Board in meeting national EMSC objectives.

Improving the availability and quality of children's health care is a major goal for the State of Tennessee and the Department of Health. Our boards help coordinate the role of Tennessee's medical facilities and emergency medical services in providing appropriate pediatric emergency care.

Respectfully submitted,

Larry Arnold, M.D., Chair
Board for Licensing Health Care Facilities

Sullivan K. Smith, MD, Chair
Emergency Medical Services Board

C: John J. Dreyzehner, MD, MPH, Commissioner
Tennessee Department of Health



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BOARD FOR LICENSING HEALTH CARE FACILITIES
EMERGENCY MEDICAL SERVICES BOARD

July 1, 2013

The Honorable Bob Ramsey, Chairman
House Health and Human Resources Committee
21 Legislative Plaza
Nashville, Tennessee 37243

Dear Representative Ramsey:

As required by Tennessee Code Ann. §68-11-251 and 68-140-321(e), we are pleased to submit the annual report on the Emergency Medical Services for Children (EMSC) program; the Board for Licensing Health Care Facilities and the Emergency Medical Services Board collaborated with the Committee on Pediatric Emergency Care (CoPEC) in preparation of the report. The EMSC program focuses primarily on pediatric pre-hospital and hospital care, with consideration for injury prevention, disaster preparedness, and quality improvement. This report reflects activities and accomplishments of the Board for Licensing Health Care Facilities and the Emergency Medical Services Board in meeting national EMSC objectives.

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Joint Annual Report of
The Board for Licensing Health Care Facilities
And the
Emergency Medical Services Board
To the
Tennessee General Assembly
General Welfare Committee of the Senate
Health and Human Resources Committee of the House of Representatives
On the Status of
Emergency Medical Services for Children

July 1, 2013

I. Requirement of the Report

Tennessee Code Annotated 68-11-251 requires that the Board for Licensing Health Care Facilities and the Emergency Medical Services Board in collaboration with the Committee on Pediatric Emergency Care shall jointly prepare an annual report on the current status of emergency medical services for children (EMSC) and on continuing efforts to improve such services beginning July 1, 1999.

The mission is “To ensure that every child in Tennessee receives the best pediatric emergency care in order to eliminate the effects of severe illness and injury.”

The vision statement is: “To be the foremost advocate for children throughout the continuum of care in Tennessee and the nation.”

II. 2010-2013 Strategic Planning for Committee on Pediatric Emergency Care (CoPEC)

A comprehensive strategic plan was included in the 2010 annual report.

Below is a brief synopsis of the efforts toward reaching the four goals and their respective objectives.

The four goals include:

1. To exceed the national EMSC performance measures (PM).

Statement of Direction: EMSC performance measures are part of the foundation for providing quality pediatric emergency care. In order to measure the effectiveness of federal grant programs, the Health Resources and Services Administration (HRSA) requires grantees to report on specific performance measures related to their grant funded activities. The measures are part of the **Government Performance Results Act (GPRA)**. Below are the required performance measures for the Emergency Medical Services for Children program.

National Performance Measure for EMS	2009	TN Current	National Goal
PM 71: The percent of pre-hospital provider agencies in the State/Territory that have on-line pediatric medical direction available from dispatch through patient transport to a definitive care facility. (Only three BLS services replied to survey and one of the three answered that they did not have online medical control.)	85%	BLS 67%* ALS 89%	90% by 2011
PM 72: The percent of pre-hospital provider agencies in the State/Territory that have off-line pediatric medical direction available from dispatch through patient transport to a definitive care facility.	85%	BLS 100% ALS 96%	90% by 2011
PM 73: The percent of patient care units in the State / Territory that have the essential pediatric equipment and supplies as outlined in national guidelines. (Making recommendations for rule making hearing to EMS equipment)	11%/ 29%	BLS 59.3%* ALS 59.1%*	90% by 2011

Since the 2012 report, the following efforts have been made to strengthen the pediatric readiness of EMS in Tennessee.

- Telephone numbers for the comprehensive regional pediatric center in each EMS region were distributed for EMS personnel to call if they needed additional pediatric consult.
- The requirement to have off-line protocols available in the ambulance was added to the proposed, “Ambulance Equipment, Supplies and Medication Specifications”.
- Additional equipment from the 2009 national equipment guidelines and the proposed new national guidelines was unanimously accepted by EMS clinical issues committee to be added to the proposed “Ambulance Equipment, Supplies and Medication Specifications”.
- Review with no edits regarding the EMS destination guidelines.
- TN is slated to begin the reassessment of EMS PM 71, 72 and 73 the Fall of 2013

National Performance Measure for Hospital Facilities	2009	TN Current	National Goal
PM 74: The percent of hospitals recognized through a statewide, territorial or regional standardized system that are able to stabilize and/or manage pediatric medical emergencies.	96%	100%	By 2017 25%
PM 75: The percent of hospitals recognized through a statewide, territorial or regional standardized system that are able to stabilize and/or manage pediatric traumatic emergencies.	96%	100%	By 2017 50%
PM 76: The percentage of hospitals in the State/Territory that have written inter-facility transfer guidelines that cover pediatric patients and that include the required components of transfer: (two additional components were added since 2009, transfer agreements are being updated with additional components.)	96%	68%*	90% by 2011
PM 77: The percentage of hospitals in the State/Territory that have written inter-facility transfer agreements that cover pediatric patients.	96%	98%	90% by 2011

Since the 2012 report, the following efforts have been made to strengthen the pediatric readiness of hospital facilities in Tennessee.

- National Pediatric Readiness Project

TN EMSC is a participant of the National Pediatric Readiness Project, a multi-phase quality improvement initiative to ensure that all U.S. emergency departments (ED) have the essential guidelines and resources in place to provide effective emergency care to children. The first phase of this project will be a national assessment of EDs' readiness to care for children.

The assessment is based on the following areas of the Joint Policy Statement: Guidelines for the Care of Children in the Emergency Department (published in *Pediatrics*, October 2009 and *Annals of Emergency Medicine*, October 2009):

- Administration and Coordination;
- Physicians, Nurses, and Other ED Staff;
- QI/PI in the Emergency Department (ED);
- Pediatric Patient Safety;
- Policies, Procedures, and Protocols; and
- Equipment, Supplies, and Medications

The primary purpose of this project is three-fold: (1) to establish a composite baseline of the nation's capacity to provide care to children in the ED, (2) to create a foundation for EDs to engage in an ongoing quality improvement process that includes implementing the **Guidelines for the Care of Children in the Emergency Department** and (3) to establish a benchmark that measures an ED's improvement overtime. To compliment the national pediatric readiness project, EMSC worked with the hospitals in TN by making available to each facility a mock readiness assessment. This allowed each facility to ascertain and remedy their pediatric readiness gaps in anticipation of the national assessment.

Following the conclusion of the mock readiness assessment, a meeting was held for hospitals in each CRPC region to attend and acquire the information to remedy their pediatric readiness gaps. Subsequent to the meetings, emails and phone calls were made to facilities offering assistance.

The national pediatric readiness assessment is currently underway in Tennessee and will close on July 6, 2013.

- Revisions to the pediatric emergency care facility rules and regulations will be presented to BLHCF by end of year to incorporate the most recent national guidelines.

National Performance Measure for Institutionalization of EMSC in the State	2009	TN Current	National Goal
PM 78: The adoption of requirements by the State/Territory for pediatric emergency education for the license/certification renewal of basic life support (BLS) and advanced life support (ALS) providers.	No	Yes	Yes
PM 79: The degree to which Tennessee has established permanence of EMSC in the State EMS System	100%	100%	100%
PM 80: The degree to which the State/ Territory has established permanence of EMSC in the State/ Territorial EMS system by integrating EMSC priorities into statutes/ regulations.	7/8	8/8	8/8

Since the 2012 report, the following efforts have been made to strengthen the pediatric emergency care readiness through the institutionalization of EMSC in Tennessee.

- The EMS board passed rules and regulations requiring continuing education for the recertification of EMS providers in Tennessee with a portion of the hours to be pediatrics. The following are the EMS provider license levels and their corresponding hours.
- By requiring continuing education for the renewal of the EMS license, TN now meets all eight of the national performance measures for the institutionalization of EMSC in our state.

<i>Type of License</i>	<i>Total number of continuing education for renewal of license renewal</i>	<i>Number of hours needed in pediatrics</i>
EMR	10 hours	2 hours of the ten
EMT	20 hours	5 hours of the twenty
AEMT	25 hours	8 hours of the twenty five
Paramedic	32 hours	8 hours of the thirty two

2. To expand membership orientation and leadership capacity to address the various components to TN EMSC including CoPEC.

- This task force was combined with the marketing since they are so intertwined.
- A member orientation was presented at quarterly meetings and implemented a buddy system to match more experienced members of CoPEC with newer members.
- Developed a table top display for conferences and a new brochure. The brochure can be found at <http://www.tnemsc.org/documents/TN%20EMSC%20Brochure%202013>

3. To develop and integrate a statewide disaster plan for children.

This task force has been challenged with mapping how disaster management in Tennessee is organized with respect to caring for pediatric patients.

- A draft of a pediatric disaster plan that will eventually be woven into the state plan is being circulated among members for review.

- A pediatric preparedness survey disseminated to the EMS and EMA directors in the state to complete inquiring about the preparedness to deal with pediatrics in an mass casualty incident (MCI) and how to best educate them/share information on the topic.

4. Use education (including publications and data collection) to support, develop, and disseminate current best practice for emergency medical services for children.

a. Education

- *Annual Update in Acute and Emergency Care of Pediatrics Conference* in conjunction with TN American Academy of Pediatrics and hosted by Children's Hospital at Erlanger held April 19-20, 2013 in Chattanooga.
- Regional educational offerings as well as mock pediatric resuscitation with manikins provided by the four comprehensive regional pediatric centers to both EMS agencies and hospital facilities.
- In the process of revising the *Guidelines for Nurses in the School Setting* manual. The intent of this manual is to provide nurses working in the school setting with a set of emergency care guidelines that can be utilized during the delivery of care to the ill or injured student. In addition, other resources are contained in this manual which school nurses may find useful to reference or integrate into their current practice.
- The Comprehensive Regional Pediatric Centers (East TN Children's, Children's at Erlanger, Le Bonheur, and Monroe Carell Jr. at Vanderbilt) are committed to preventing injuries in children through safety programs. A complete listing is included in Appendix A.

b. Publications

Abramo, T. "Emergency Care of Children with Special Health Care Needs." *Guest Editor, W. B. Saunders* (June 2012).

Denslow, P., Doster, J., King, K., and Rayman, J. "Project BRAIN: Working Together to Improve Educational Outcomes for Students with Traumatic Brain Injury." *Perspectives on Neurophysiology and Neurogenic Speech and Language Disorders* (2012): 22 106-118.

Meredith, M. "'Rough Play: Pediatric Concussions Require Early Recognition & Proper Field Treatment'." *Journal of EMS* (2012): 37(4):52-4, 56-7.

c. Data collection

- REDCap data tool is used to capture pediatric readiness of EMS and hospital facilities for quality improvement purposes and educational outreach.

III. Star of Life Awards Ceremony and Dinner

This year was the 5th annual awards ceremony held to honor the accomplishments of personnel from all regions of Tennessee who provide exemplary life-saving care to adult and pediatric patients. The ceremony includes the presentation of the actual adult or pediatric patient scenarios and reunites the EMS caregivers with the individuals they treated. Recipients are chosen from each of the eight EMS regions in the state. This is the premier event within the state to recognize and honor our excellent pre-hospital providers.

Overall State Winner: Region 6:

Maury Regional EMS, Maury County Fire Department & Vanderbilt LifeFlight

This rescue and the Star of Life Award received international coverage and were then picked up by the Tennessean. Articles can be found at:

<http://www.tennessean.com/article/20130624/NEWS01/306240054/>

<http://www.dvidshub.net/news/109150/tennessee-air-guardsman-receives-star-life-award-cave-rescue>

EMS Region 1: Sullivan County EMS & WellmontOne Air Transport

EMS Region 2: Rural Metro Knox County EMS & City of Knoxville Fire Department

EMS Region 3: Bradley County EMS & Cleveland Fire Department

EMS Region 4: Macon County EMS, Vanderbilt LifeFlight & Lafayette Fire Department

EMS Region 5: Williamson Medical Center EMS & Brentwood Fire Department

EMS Region 6: Coffee County EMS & Air Evac Lifeteam

EMS Region 7: Dyersburg Regional EMS & Air Evac Lifeteam

EMS Region 8: Memphis Fire Department

IV. Other accomplishments

- Protocol to deal with glucose medication shortage can be found at <http://www.tnemsc.org/documents/Dextrose%20Shortage%20Protocol>
- *TN EMSC Advocate for Children Award* presented to Michael Wallace, EMT-P and Robert Steele for the Pediatric Dosing Project, a patient safety program to ensure children get the right dose of medication.
- *TN EMS Joseph Weinberg, MD, Leadership Award* to Lee Blair, RN, EMT-P for the REDCap data and changing the care of children.

- Presentation at Rural Health Association of TN meeting with Purnima Unni, MPH regarding ATV safety and how TN compares legislatively with other states
- Program manager, Rhonda Phillippi, was requested to present with TN EMSC Parent Representative, Paula Denslow at the National EMSC Meeting in Bethesda Maryland on integration of parents and consumers to strengthen EMSC within a state.
- Participated in TN Military Child Public Engagement.
- Requested participation in the TN Department of Health's Syndromic Surveillance System task force
- Requested by the National Association of State EMS Officials (NASEMSO) to be on the program planning team for their annual conference to be held at Opryland Funding
- Obtained funding from the Baptist Healing Trust to provide EZ IO drills that enable the fast delivery of medications to pediatric patients. The middle Tennessee counties include:
 1. Coffee County EMS
 2. Fentress County EMS
 3. Hickman County EMS
 4. Marshall County EMS
 5. Marshall County Hospital
 6. Maury Regional EMS
 7. Metro Moore EMS
 8. Trousdale County EMS

V. The Needs of the State Committee on Pediatric Emergency Care

- Requesting the Dept of Health to have a representative from CoPEC as an ex-officio on the **Tennessee Child Fatality Review Team**. CoPEC understands the confidential nature of the Child Fatality Review Team and the TCA code establishing the Committee on Pediatric Emergency Care states, "regarding current trends the committee shall have access to the department of health's existing raw and analyzed data regarding pediatric emergency care health issues."

The mission of the Committee on Pediatric Emergency Care (CoPEC) is to ensure that every child in Tennessee receives the best pediatric emergency care in order to eliminate the effects of severe illness and injury. Working with both the Emergency Medical Services Board and the Board for Licensing Health Care Facilities, CoPEC has helped develop in Tennessee an integrated delivery system for pediatric emergency care involving all hospitals and pre-hospital emergency medical services agencies. This is accompanied by a similarly integrated system for providing pediatric emergency care

education for both hospital and pre-hospital health care providers. The goals of the **Tennessee Child Fatality Review Team** to both obtain a greater understanding of the events causing child fatalities and to investigate possible preventive measures are in alignment with the mission of CoPEC. By participating on the **Tennessee Child Fatality Review Team**, CoPEC can provide both further expertise in discussions regarding the events surrounding child fatalities and can help promote the institution of evidence based injury prevention strategies throughout Tennessee's integrated system of pediatric emergency care.

- Requesting the Department of Health provide a data expert with analysis capabilities to assist in defining outcomes of emergency care for pediatrics.
- Requesting the Department of Health, Division of Health Care Facilities to publish the online inspection results for the health care facility survey - Pediatric Emergency Care Facilities by July 2014. Currently, to comply with federal requirements, the division has made available the health care facility survey inspection results for nursing homes with plans to expand this online reporting to include hospital and other types of facility surveys the division inspects.
- CoPEC is requesting the top 10 Pediatric Emergency Care Facility rules that facilities are not in compliance be reported annually to the Board for Licensing Health Care Facilities prior to October 1st of each year beginning in 2014. This report will then serve as a guide for CoPEC for strategic planning for facility education and support each year.

VI. Conclusion

The Board for Licensing Health Care Facilities and the Emergency Medical Services Board work cooperatively with other programs of the Department of Health to improve the quality of health care and medical services available to the citizens of Tennessee.

We will further describe the impact of the rules on pediatric emergency care by utilizing data collected in our next report on July 1, 2014.

This report was reviewed by the respective boards on _____ and _____ and approved for presentation to the designated committees of the Tennessee General Assembly.

PEDIATRIC TRAUMA CARE Unintentional Injuries in Tennessee: Leading Causes of Death by Age Group in 2007

Source: WISQARS – CDC Website*

*Ages	#1 Cause of Death	#2 Cause of Death	#3 Cause of Death	#4 Cause of Death
1-4	Drowning	MV – Traffic	Fire/Burn	Suffocation
5-9	MV- Traffic	Fire/Burn	Drowning/Firearm/Other Land Transport	
10-14	MV- Traffic	Fire/Burn	Drowning/Other Land Transport/ Poisoning	

**CRPC's in Tennessee and IP Initiatives in Place;
Notes: Survey & Updated June 2013**

Leading Causes of Death from Unintentional injury	Le Bonheur Children's Hospital	Monroe Carell Jr Children's Hospital at Vanderbilt	Children's Hospital at Erlanger	East Tennessee Children's Hospital
#1 MV – Traffic	X	X CSHCN Car Seat Clinic	X	X
#2 Drowning	X	X	X	X
#3 Poisoning	X	X	X	X
#4 Fire/Burn	X	X	X	X
#5 Suffocation / Other Land Transport	X/X	X/X	X/X	X/X
Provision of additional injury mechanism initiative				
Falls	X	X	X	X
Sports Safety	X	X	X	X
Pedestrian and Bike	X	X	X	X
Pre-Teen Driving	Not yet	X	X	X
Battle of the Belt	X	X	X	X
ATV	X	X	X	X
Choking Prevention	X	X	X	X
Safe Sleep	X	X	X	X
Safety Store		X		
Other	Home Safety	Burmese and Somali Bantu-Refugee Fall, Pedestrian, MV, & Home Safety	Never Leave Your Child Alone	Neonatal Abstinence Syndrome
Other	Pre-School Training	Annual Pre-School Training		

Injury Program Survey Results – Tennessee

**East Tennessee Children's Hospital – ETCH, CRPC
Susan Cook – Safe Kids**

Motor Vehicle	Bike Safety	Pedestrian Safety	Fire	Poisoning	Water Safety	Sport Safety	Falls	Choking Hazards	Safe Sleep
Child Passenger Safety; Ages Birth to 14 Years & Parents Provides CPS Training three times annually hold quarterly recertification/renewal classes Pre- Teen Drivers – Ages 11 -14 Years High school Battle of the Belt	Kohl's Bike Safety Program; Helmet Use; Ages 3-14 Years & Educate Parents Ages 3-14 Years & Parents; Ages 5 14 Years & Parents	Safe Kids- Walk this Way; Ages 3-14 Years & Parents;	Local Fire Depts. – Career and Volunteer Team Up with TN State Fire Marshall Office with a Smoke Alarm Program	Tennessee Poison Center	Safe Kids – Media Campaign Dollywood Water Safety Day along with the World Largest Swim Lesson Age 3-14 & Parents		Target audience – Parents of toddlers	Partner: Energizer - Focus: Dangers of lithium button batteries; Ages- Toddler	Halo Program Ages Birth – 2 Years

Countries: Anderson Campbell; Scott, Morgan, Roane, Loudon, Monroe, Blount, Knox, Union, Claiborne, Grainger, Hamblen, Cocke, Jefferson, Sevier;

Appendix A _ Injury Prevention Programs provided by Comprehensive Regional Pediatric Centers in TN
 Injury Program Survey Results – Tennessee
 Le Bonheur Children’s Hospital- CRPC Reached 75,000 Citizens
 Susan Helms – Safe Kids

MV/S	Bike Safety	Pedestrian Safety	Public Fire Education	Poisoning	Water Safety	Sports Safety	Falls / Home Safety	Safe Sleep
Child Passenger Safety; Distribution Programs; Child Safety Seat Check Ups; CPS Technician Trainings and other CPS educational programmin g; Cub Scout CPS Patch Program	Bike Safety Program; Helmet Distribu- tion Program	Safe Kids- Walk this Way: Back to School Campaign; WTW Day; Halloween Safety; Environmental Task Force	Fire Museum of Memphis; Safe Cooking Grants; Rapid Response to Fire Grants w/ local Fire Depts	Tennessee Poison Center ; Lithium Battery Danger Program	Make a Splash Mid-South: Free swim lessons for ‘at risk’ youth; Diversity Swim Clinics; Minority Swim Team & Scholarships; Lifeguard Training; Community CPR Training	Sports Safety Clinics; Defeat the Heat Programming	Home Safety Checks	Kohl’s Car Seats and Cribs for Kids Program: Baby Safety Showers (w/ emphasis on CPS, Safe Sleep, Home Safety; Choking Prevention); Back to Sleep Program w/ Maternal Leagues of Memphis
Ages Birth to 14 Years, Parents & Grandparent s High school Battle of the Belt	Ages 3-14 Years & Parents	Ages 3-14 Years & Parents	Ages Birth – 14 Years, Parents & Grandparents		Ages 6- 12 Years & Parents	Ages 6- 14 & Parents & Coaches	Ages- Birth-- 14 & Parents	For ‘at risk’ moms-to- be & their significant others

Counties: Shelby and Western TN Counties

Appendix A _ Injury Prevention Programs provided by Comprehensive Regional Pediatric Centers in TN

Injury Program Survey Results – Tennessee
 Monroe Carell Jr. Children’s Hospital- CRPC
 Sarah Haverstick – Safe Kids

MVS	Bike Safety	Pedestrian Safety	Fire	Poisoning	Water Safety	Falls / Sports Safety	Choking Hazards	Safe Sleep
Child Passenger Safety; fitting station appointment , community car seat checks, special needs clinic, Safety Store, Refugee program Ages Birth to 14 Years & Parents Provides CPS Training twice annually Pre- Teen Drivers – Ages 11-14 Years; High school Battle of the Belt	Bike Rodeos; Helmet Use events; Safety Store – helmet fittings; Refugee Program Ages 3-14 Years & Parents	Safe Kids- Walk this Way; International Walk to School Day; Refugee Program Ages 3-14 Years & Parents;	Local Fire Depts. – Career and Volunteer Refugee Program Ages Birth – 14 Years & Parents	Tennessee Poison Center Refugee Program	Safe Kids – Media Campaign; Water Wise Middle Tennessee; World’s Largest Swimming Lesson Refugee Program	Target audiences – Program for Injury Prevention in Youth Sports at Vanderbilt (media campaigns, statewide conference, hazing prevention program, etc)	Partner: Energizer - Focus: Dangers of lithium button batteries; Refugee Program Ages- Toddler	Halo Program Refugee Program; Development of hospital policy; Media campaign Ages Birth – 2 Years

Additional Programs:

1. Special Needs Transportation outpatient clinic serving birth to 18+. Also provide technician training in national special needs transportation curriculum.
2. Refugee Population: Safety Program since 2010 (have served Burmese, Somali Bantu, summer 2013: Central African – Congolese, Rwandan, Burundi populations)
3. “Child Care Injury Prevention Trainings” reaching 10-20 child care centers a year (This year also presenting at the statewide early childhood summit and the DCS Resource Parent Conference on safe sleep).
4. Safety Store – provides education and access to low cost child safety resources. New – also provides breastfeeding and wellness products.
5. Be in the Zone- Teen Driver Safety Program by Purima Uuni in the Department of Pediatric Surgery/Trauma

Countries: 41 Middle TN Counties; Bedford, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, DeKalb, Dickson, Fentress, Franklin, Gibson, Giles, Hickman, Houston, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Madison, Marshall, Maury, Montgomery, Moore, Overton, Perry, Pickett, Putnam, Robertson, Rutherford, Smith, Stewart, Sumner, Trousdale, Warren, Wayne, White, Williamson, Wilson

Injury Program Survey Results – Tennessee
 Children’s at Erlanger - CRPC
 Coy Ellis, RN, BS – Safe Kids & Safe and Sound Programs Reached 26,375 citizens

MVMS	Bike Safety	Pedestrian Safety	Fire	Poisoning	Water Safety	Sports Safety	Falls	Choking Hazards	Safe Sleep
Child Passenger Safety – In and Around Cars	Bike Safety Program; Helmet Instruction & Fitting	Safe Kids- Walk this Way;	Local Fire Depts. – Career and Volunteer	Tennessee Poison Center	Safe Kids – Media Campaign- Water Watcher Program	Safe Kids Sports Safety Program Defeat the Heat Concussive Injuries, education Ages 4-16	Home Safety Checks Infant Carrier awareness program Furniture Fall Over – Safe Kids Ages birth-11	Safe Kids Battery education program Magnet Dangers awareness Child proofing the home education Ages 0-16Ages-Toddler	Halo Program Co-sleeping program Ages Birth – 6 Years
Ages Birth to 14 Years & Caregivers	Ages 3-14 Years & Caregivers	Ages 3-14 Years & Caregivers	Fire and safety house education Ages Birth – 16 Years & Caregivers		Birth to 16 & Caregivers				
Distracted Driving- Dangers of hand held communication devices and driving Ages 14-18		Halloween Safety Back to School Safety Program Ages 3-16							
CPS seat distribution and education program									
High school Battle of the Belt									

Counties: Franklin,, Coffee, Hamilton, Bradley, Meigs, Marion, McMinn, Polk, Rhea, Sequatchie, Polk, Bledsoe, Grundy, Cooper Basin, Warren, Van Buren, DeKalb, White, Cumberland, Jackson, Overton, Fentress