Injury Free Coalition for Kids®

Forging New Frontiers

The 28th Annual
Injury Free Coalition for Kids® Conference

December 1-3, 2023
Ft. Lauderdale Embassy Suites

COLUMBIA | MAILMAN SCHOOL OF PUBLIC HEALTH

Cincinnati Children's®

The Injury Free Coalition for Kids® serves as an outreach arm of the Columbia University Center for Injury Science and Prevention

Forging New Frontiers 2023
Secure for Safety

The 28th Annual Injury Free Coalition for Kids® Conference
December 1-3, 2023, Embassy Suites Ft. Lauderdale

CONFERENCE OBJECTIVES

Forging New Frontiers, the annual conference of the Injury Free Coalition for Kids ®, is the premier injury prevention meeting to foster collaborative research, develop best practices and address challenges in the field of pediatric injury prevention.

The objectives of the December 2023 conference are to provide participants with an opportunity to:

- Expand knowledge in the field of Injury Prevention.
- Encourage and disseminate injury prevention research.
- Learn about designing, planning and building healthy communities.
- Share and explore challenges and successes in community-based injury prevention programming with a goal of helping trauma centers develop and improve injury prevention programs.
- Share information about innovative injury prevention best practices.
- Describe how trauma centers can develop and evaluate community-based injury prevention programs.
- Identify opportunities for multi-city projects and research as well as opportunities to learn more about translating research into practice in minority and resource-limited communities.
- Provide attendees with the opportunity to revitalize their creative energies in order to continue to innovate and sustain healthy communities.

ACCREDITATION

CME Credits: In support of improving patient care, this activity has been planned and implemented by Cincinnati Children's and Injury Free Coalition for Kids. Cincinnati Children's is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team. Cincinnati Children's designates this live activity for a maximum of 14.25 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

CHES/MCHES Professional Development: Forging New Frontiers 2023 is sponsored by Injury Free Coalition for Kids, a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. This program is designated for Certified Health Education Specialists (CHES) and/or Master Certified Health Education Specialists (MCHES) to receive up to 15 total Category I contact education contact hours. Maximum advanced-level continuing education contact hours available are 15. No continuing competency CECH were approved.

National Child Passenger Safety Certification Continuing Education: This program has been approved by National Child Passenger Safety Certification, a program of Safe Kids Worldwide, to offer CPS technical continuing education units. Individual sessions that qualify for CPS CEUs are indicated on the agenda. CPS technicians will self-claim up to 5 credits for the conference and will have to maintain documentation of attendance for each claimed session. (A certificate will be provided through the online Injury Free evaluations system that will satisfy this requirement.) This event's pre-approval number is 7742.

Welcome from Our Founder

Barbara Barlow, MD, FAAP, FACS

Professor of Surgery in Epidemiology
Columbia University Center for Injury Science and Prevention
Executive Director and Founder, Injury Free Coalition for Kids

Welcome to the 28th Annual Injury Free Coalition for Kids Conference, Forging New Frontiers: Secure for Safety! We are excited to once again be in sunny Florida welcoming our Coalition of injury prevention centers and injury prevention professionals from across the country. We have so much to share with you in the next two and a half days.

Our Coalition remains strong and continues to welcome, train, and educate some of the country's brightest injury prevention advocates. Early-career injury prevention professionals, trained by esteemed injury prevention leaders, are now serving as PIs at multiple Injury Free sites and leading compelling injury research. Our original PIs now hold national leadership positions that will help elevate injury prevention and uphold equity in research and practice. We are thankful to the wonderful PCs, staff, and especially E. Lenita Johnson, who retired this year after many years of working tirelessly toward reducing injury. We are also grateful to Dr. Marlene Melzer-Lange for serving as the Injury Free Coalition for Kids President.

We were excited to celebrate the 4th annual National Injury Prevention Day with help from our excellent partners: Safe States Alliance (SSA), Safe Kids Worldwide, Juvenile Products Manufacturing Association (JPMA), Be Smart a program of Everytown USA, Giffords, Gun Owners for Safety Coalition, Society for the Advancement of Violence and Injury Research (SAVIR), the American Trauma Society (ATS) and Trauma Center Association of America (TCAA). This national event shines a green light on the burden of injury and allows for injury prevention advocates to come together for a common goal. We thank everyone who participated and made this event a success.

As Chair of the Program Committee and President-Elect of the Injury Free Board, Dr. Kathy Monroe has worked with the respective members to develop this year's comprehensive program. We thank this Committee for organizing the abstract selections and judging during the conference. Their efforts bring us important keynote speakers, abstract presentations and posters, an informative panel of experts, and skill building workshops that will inspire us to go back to our own communities and continue to address these injury prevention priorities and secure for safety. Get ready to learn more about the importance of prioritizing Car Passenger Safety from Joseph Colella. Dr. Michael Levas, the incoming Program Committee Chair, will moderate Saturday's Keynote on Safe Sleep, Downing, Firearms, Injury Prevention, and the impact on children with special needs. We are also thrilled to honor one of our very own Injury Free PIs, Dr. Kyran Quinlan, as our Pioneer Award recipient for his unwavering commitment to improve the health and safety of children through education and innovative practice.

Injury Epidemiology continues to publish the Injury Free Annual Conference Supplement, representing papers from our annual meeting. Enjoy reading the proceedings of the 27th annual Injury Free conference and remember to cite papers from our meetings as you prepare your papers for publication.

We encourage you to learn, engage and network with everyone, develop new partnerships, and further explore the topics covered. Also make sure to visit the exhibitor booths featuring car passenger safety education materials from SafeRide News, firearm safety with Giffords and their Gun Owners for Safety Coalition, and our good friends and partners in injury prevention Safe Kids Worldwide.

Enjoy!

Welcome from Our President

Kathy W. Monroe, MD, MSQI

Injury Free Coalition for Kids Board President
Forging New Frontiers: The Annual Conference of the Injury Free Coalition for Kids, Program Chair
PI, Injury Free Coalition for Kids of Alabama
Professor of Pediatrics, University of Alabama
Division Director, Children's of Alabama Emergency Department

It is a pleasure to welcome you to the 28th Injury Free Coalition for Kids Annual Conference, Forging New Frontiers: Secure for Safety. The Injury Free family has continued to grow innovative strategies for injury prevention in our children's hospitals and communities. Through our publication of our annual meeting supplement in Injury Epidemiology, we continue to share our work with others.

This year our focus on "Secure for Safety" features a keynote session with Joe Colella, the Director of Child Passenger Safety for the Juvenile Products Manufacturers Association. Joe has been a child safety advocate for three decades and has assisted with related education in 48 states and 5 additional countries. His many roles include being a member of the Society of Automotive Engineers child restraint committee, the editorial board for Safe Ride News, and co-leading the Safe Kids in Automated Vehicles Alliance. This session on child passenger safety will be moderated by our own, Adrienne Gallardo, Program Manager for the OHSU Doernbecher Injury Prevention Program. Adrienne is the current chair of the Injury Free CPS Subcommittee.

Saturday morning, our panel on "What's Known, What's New and What's Needed in Injury prevention" will be moderated by Dr. Mike Levas, our incoming program chair for IFCK. The illustrious panelists are Keisha Frasier Doh MD, Rohit Shenoi MD, Lorrie Lynn and Ashley Blanchard MD, MS.

Dr. Doh is a Pediatric Emergency Physician at Childrens' Healthcare of Atlanta and Assistant Professor of Pediatrics and Emergency Medicine at Emory University. She is Co-Chair for Children's Injury Prevention Program (CHIPP) and Co-Chair of the intentional injury taskforce of CHIPP. She leads and helped establish a multi-disciplinary group that promotes firearm injury prevention by using the Asking Saves Kids (part of the AAP/Brady Campaign Initiative) platform. She will be discussing firearm injuries.

Dr. Rohit Shenoi, Professor of Pediatrics at Baylor College of Medicine and an Attending Physician in the Emergency Center at Texas Children's Hospital will be discussing water safety and drowning prevention. He is currently funded by a CDC grant to study subpopulations that experience higher rates of unintentional drowning and investigate the causes and outcomes of these disparities. He has authored several research articles in injury prevention, coauthored the AAP Policy Statement and Technical Report on drowning and was a contributor to the US National Water Safety Action Plan.

Lorrie Lynn has a Master's Degree in Sociology and 8 years of experience working as Director of Grants and Evaluation at the National Safety Council. She is Manager of Injury Prevention Programs within the Center for Healthier Communities at Rady Children's Hospital San Diego and site Coordinator for Injury Free Coalition for Kids and Coordinator for Safe Kids San Diego. Her many projects have addressed Safe Sleep for Infants, Window falls, Water Safety and Drowning Prevention, Pedestrian and Bicycle Safety, Child Passenger Safety and Teen Safe Driving. Lorrie is also a member of the Injury Free Coalition for Kids Board and is current co-chair for the Safe Sleep Committee. She will be sharing updates regarding sleep related injury prevention.

Special consideration for injury prevention is needed when addressing children with special needs such as autism. Dr. Ashley Blanchard is a pediatric emergency room physician and Assistant Professor at Columbia University Irving Medical Center. She has a specific interest in injury prevention interventions targeted to unique populations with differential risk of injury (such as children and adults with autism). Her current work aims to describe epidemiologic trends in

injuries among children with autism and the use of mobile health technology to reduce adolescent access to lethal means and prevent adolescent suicide.

We are excited to present this year's Pioneer Award to Dr. Kyran Quinlan to honor his successful career dedicated to injury prevention. The title of Dr. Quinlan's keynote is "Getting There Without a Map: Adventures in Child Injury Prevention." We are honored to hear his keynote presentation and to celebrate his lifetime commitment to injury prevention.

Putting together an exciting conference like ours takes many dedicated colleagues. A special thanks to the members of the Program Committee for their work organizing the conference. I thank the Scientific Publications Committee who have done an incredible job of reviewing abstracts. Thanks also go to the presenters, panelists, keynote speakers, and moderators for sharing their expertise with us. A special word of thanks to Walt, DiLenny, our President Marlene Melzer and our Associate Director Dr. Danielle Laraque Arena for their hard work and dedication to Injury Free and their extensive knowledge, technical expertise, and experience in putting on this conference.

Many thanks to the committees (& chairs) of IFCK that keeps us connected all year long: the Social Media Committee (Maneesha Agarwal and Kristyn Jeffries), the Child Passenger Safety Committee (Adrienne Gallardo), the Firearm Safety Committee (Kirsten Bechtel, Sandra McKay), the Early Career Investigator Program ECIP (Ashley Blanchard), the Safe Sleep Committee (Lorrie Lynn, Shelby Crespi), the Awards Committee (Dilenny Roca-Dominquez, Steve Rogers) and the NIPD Committee (Dilenny Roca-Dominquez).

Thank you to the fabulous Garry Lapidus for keeping our Drum Karaoke alive!

A special thanks to our fearless leader and founder, Dr. Barbara Barlow. Her dedication, wisdom, expertise and inspiration help make this an exciting organization and conference every year.

This year, we saw the retirement of Lenita Johnson who has served our organization above and beyond the call of duty for over 20 years. We are happy for Lenita to enjoy retirement, sad for us to see her retire from Injury Free, and excited to celebrate her accomplishments! Likewise, a big thanks to former board members Chris Vitale and Dawne Gardner for their commitment and service to our Injury Free organization.

Many thanks for attending YOUR conference. May you have many opportunities to network with both new attendees and known colleagues! When we come together and share injury prevention ideas, we join forces to make children safer.

Sincerely,

Keynote Speaker

Joe Colella

Director of Child Passenger Safety
Juvenile Products Manufacturers Association (JPMA)

Joe Colella is the Director of Child Passenger Safety for the Juvenile Products Manufacturers Association. He has been a child safety advocate for three decades and has assisted with related education in 48 states and 5 additional countries. His many roles include being a member of the Society of Automotive Engineers child restraint committee, the editorial board for Safe Ride News, and co-leading the Safe Kids in Automated Vehicles Alliance.

2023 Pioneer Award

Kyran Quinlan, MD, MPH

Pediatric Medical Advisor to the Director
Illinois Department of Public Health

For more than 25 years, Dr. Quinlan has worked to improve the health and safety of children through his education of everyone from medical students to engineers, his advocacy on microwave safety, car passenger safety, and gun safety and his determination to make the world safer for children. Dr. Quinlan, MD, MPH is an academic general pediatrician, researcher and advocate who has recently become the Pediatric Medical Advisor to the Director of the Illinois Department of Public Health. Prior to this role, he was Professor of Pediatrics and Director of the Division of General Pediatrics at Rush University Medical Center. He served as the Principal Investigator for the CDC-funded Sudden Unexpected Infant Death-Case Registry for Cook County, IL and was the prior Chair of the AAP Council on Injury, Violence, and Poison Prevention.

Dr. Quinlan graduated from Lake Forest University with a BS in Chemistry, and received his MD from Loyola's Stritch School of Medicine, and then completed his pediatric residency at Wyler Children's Hospital at the University of Chicago. He then received his Master of Public Health in Epidemiology and Biostatistics from the School of Public Health at the University of Illinois at Chicago with his MPH Essay being "Motor Vehicle-Related Injuries Among American Indian and Alaska Natives" in 1996—already involved in injury research! Between 1997 and 1999 Kyran served as the Epidemic Intelligence Service Officer in the Division of Unintentional Injury Prevention at the National Center for Injury Prevention and Control at the CDC in Atlanta. Clearly, early in his career, Kyran was focused on injury and injury prevention topics.

Dr. Quinlan is a leader in all topics pediatric injury prevention. He has examined pediatric injury epidemiology, built playgrounds and worked with communities to prevent pediatric pedestrian injury in Chicago, worked on programs to prevent sudden unexpected infant death, and strives to prevent pediatric burns through safer microwaves. Dr. Quinlan has been awarded multiple honors from the CDC for his work in the epidemiology of pedestrian injuries in various settings including the CDC's National Center for Injury Prevention and Control Directors Award "For working effectively with the U.S. Department of Transportation and its National Highway Traffic Safety Administration to enhance research on motor vehicle injuries and to develop programs to prevent them." In 2022, Kyran received the American Burn Association "Burn Prevention Award", which is a national award annually for his extensive work to make microwave oven doors child resistant. Kyran worked for over fifteen years with engineers, injury prevention specialists, and legislators to make all microwaves safe for children. He steps outside the traditional walls of medical research to promote child safety.

Kyran has been educating trainees and faculty on pediatric injury prevention through his innovative practices. Holding a car seat fitting for pediatric residents about to graduate from their program is one example. He arranged for certified car seat technicians to teach the residents how to install seats and place baby dolls into them appropriately. He has lectured at multiple academic centers regarding pedestrian safety and participated in a quality improvement collaborative to increase safe sleep for infants amongst eight community sites around the nation. Kyran has mentored many trainees, fellows, and faculty in research practices and injury prevention strategies.

We are honored to award Dr. Kyran Quinlan the 2023 Pioneer Award for his amazing accomplishments in injury prevention for children!

2023 Principal Investigator of the Year

Charles Jennissen, MD

Professor of Emergency Medicine and Pediatrics
Department of Emergency Medicine
University of Iowa Healthcare
charles-jennissen@uiowa.edu

Dr. Chuck Jennissen was enthusiastically nominated for the Pl of the Year Award by his team. He has distinguished himself in pediatric injury prevention, as a researcher, educator, and advocate for children. He has demonstrated excellence in leadership, has labored unceasingly to make a difference in unintentional injury to children and has devoted much of his medical career to increasing public awareness of the need for injury prevention work.

He has helped create, sustain, study, and grow a wide range of successful injury prevention programs. He has focused much of his work on All-Terrain and Off-Road Vehicle safety, where he is widely published. Other areas of research where he has published and presented are on firearm safety, sudden unexplained infant death, lawnmower safety, and playground injuries. He passionately shares his expertise with other institutions to utilize the evidence-based programming he was instrumental in developing. He has served on several editorial boards, grant review teams and has a keen focus on translating his research into practice.

He is a wonderful mentor and especially enjoys introducing pediatric injury prevention to students early in their medical education. Chuck's mentees also nominated him for this award and commented, "Dr. Jennissen's eagerness to actively involve students in his research, advocacy, and leadership is what makes him such an excellent mentor." His expert guidance of novice researchers has led to multiple abstract presentations at local and national conferences as well as publications in prominent journals.

We are so fortunate to have Dr. Jennissen as part of the Injury Free family and congratulate him on receiving this well-deserved award!

2023
Program Coordinator of the Year

Dex Tuttle, M.Ed., CPST-I

Injury Prevention Program Manager
Children's Minnesota
Dex.Tuttle@childrensmn.org

Dex Tuttle, M.Ed., is the trauma prevention specialist and PC of IFCK at Children's Minnesota. Dex was instrumental in Children's Minnesota becoming an Injury Free Coalition for Kids site.

At Children's Minnesota, patients and their families speak more than 60 languages. To provide equitable resources, it is sometimes necessary to convey important safety messages without using written or spoken words. Through his efforts and collaboration with a digital animation company, Dex has been able to share injury prevention messaging with families with limited English proficiency or literacy. This incorporation of art and positive messaging has allowed messages to be shared across cultures and language groups. He has also embraced as a new principal investigator the process of conducting qualitative and quantitative research on the efficacy of these animated videos, working with research specialists and others in the organization to understand research methodology.

His enthusiasm for injury prevention education and passion for reaching families and caregivers who are otherwise left out of the national conversations about safety are inspiring. He is now also the only instructor in Minnesota to be certified to teach the Child Passenger Safety Technician, Safe Travels for All Children, and Safe Native American Passages courses. He has collaborated extensively with the Great Plains Tribal Leaders Health Board, which serves 18 tribes in 4 states, to develop a child passenger safety program, including leading CPST courses and mentoring new CPSTs and their first CPST instructor. This collaboration speaks volumes of his dedication to improving the health of all children, and to thoughtfully embracing the cultures and life experiences of the communities and caregivers he serves.

Dex has served on multiple committees and organizations at all levels, including Trauma Centers Association of American Injury Prevention Committee, Midwest Injury Prevention Alliance, and Safe Kids, Minnesota. He collaborates with leaders across the organization and champions efforts to educate and to share resources, including bike helmets, safety lights, and window locks. His partnership with over 30 community organizations allows injury prevention messaging to reach across the metro area. He represents Children's Minnesota well in all he does and strives to be as inclusive and resourceful as possible.

2023 Lifetime Achievement Award

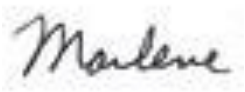
Lenita Johnson, PhD

It's been a long time since it happened—but I still remember the first time I met Lenita. She was at the first Injury Free conference that I had attended, way back when. She was convincing everyone that they needed to understand how to update their site information on the Injury Free website—and had a lot of enthusiasm for the work at hand. I thought to myself—here's a woman with a passion for her work. That was an understatement—Lenita is an incredible advocate for injury prevention for children and for building a network of collaborators and coalitions around the country.

Lenita has many talents and experiences. Born in Texas, she traveled to Germany where her father taught in the US High School; she and her family then settled near an army base in El Paso. She is a graduate of the University of Texas at Arlington where she received her Bachelor's Degree in Journalism, she then attained a Master's Degree in Communications at University of Illinois and a PhD from the University of Missouri. Lenita worked in TV broadcasting in Rockford, Illinois, as well as for KMBC-TV in Kansas City where she was the special programs writer and produced many different documentaries and segments for Kansas City television. She is the recipient of 5 Emmys for her work. She then became the Community Relations Manager for a government-funded Child Safety Net Plan in Kansas City—her advocacy increased the market share for this plan considerably. Following that, she found her path to pediatric injury prevention by becoming the Child Safety Center manager at Children's Mercy in Kansas City—here she built community links to the hospital, enhanced the injury prevention plans within the hospital, and built relationships with business and government. Dr. Barlow tells me that she met Lenita at a four-state NTSA conference in Kansas City. Lenita said that she wanted to work toward bettering communities rather than reporting on their problems.

In January 2000, right at the turn of the millennium, Lenita joined Injury Free as the Marketing and Communications Director. She has gone above and beyond the call of duty! She has a talent for engaging people and bringing out the best in them. She also has the remarkable ability to support all of us in difficult situations-- to understand the next, best steps to continuously prevent pediatric injuries. Injury prevention in pediatrics is upheld by children's hospitals around the country—these programs, though, are usually underfunded and can be threatened first by budget cuts and position losses. Lenita understood and was always the first to reach out to folks who may have been affected by these situations. Lenita knows people—and has served as a huge resource to our pediatric injury prevention community. She developed National Injury Prevention Day, organized the annual meetings, and worked to develop committees. And, if you couldn't remember someone's name or which hospital they were from—just ask Lenita!

Lenita is the heart and soul of Injury Free. So, here's to a great big CONGRATULATIONS to Lenita for all that she has accomplished in the prevention of pediatric injury and for her work building the Injury Free Coalition. Your colleagues here at Injury Free thank you and wish you lots of fun on your next adventure!



Marlene Melzer-Lange, MD
Board Chair, Injury Free

Schedule at a Glance

Thursday, November 30

4:00-7:00pm	Registration	Grand Salon E/F

Friday, December 1

7:00 am	Registration	Grand Salon E/F
8:30 am	Welcome & Logistics	Grand Salon A/B/C/D
8:40 am	**Keynote: Joe Colella**	**Grand Salon A/B/C/D**
9:30 am	Platform Presentations: Transportation Safety	Grand Salon A/B/C/D
10:45 am	Coffee Break	Grand Salon E/F
10:55 am	Platform Presentations: Drowning Prevention and Safe Sleep	Grand Salon A/B/C/D
12:10 am	Lunch / Topic Tables	Atrium
1:15 pm	Platform Presentations: Violence and Firearm Injury Prevention	Grand Salon A/B/C/D
2:30 pm	Break	
2:45 pm	Platform Presentations: Suicide Prevention and Mental Health	Grand Salon A/B/C/D
4:00-5:00 pm	PI Meeting PC Meeting	Grand Salon A/B Grand Salon C/D
6:00-7:00 pm	Reception	
7:00 pm	Board of Directors Meeting	

Saturday, December 2

7:00 am	Registration	Grand Salon E/F
8:00 am	**Keynote Panel Discussion**	**Grand Salon A/B/C/D**
9:00 am	Platform Presentations: Firearm Injury Prevention	Grand Salon A/B/C/D
10:00 am	Coffee Break	Grand Salon E/F
10:15 am	Saturday Lightning Round Presentations	Grand Salon A/B/C/D
10:50 am	Poster Session	Grand Salon E/F
11:15 am	**Pioneer Award Presentation and Keynote: Kyran Quinlan**	**Grand Salon A/B/C/D**
12:15 pm	Lunch	Atrium
1:30 pm	Workshop Sessions	(see agenda)
2:45 pm	Break	
2:50 pm	Workshop Sessions	(see agenda)
4:05 pm	Group Meetings: Safe Sleep, Firearm, IAMSBIRT, NIPD	(see agenda)
5:00 pm	Group Meetings: CPS, ECIP	(see agenda)
6:30 pm	Dinner and Awards Presentation Drum Karaoke featuring the *Lapido Sound Machine!*	Atrium/Causeway

Sunday, December 3

8:15 am	Group Meeting: Social Media	
8:30 am	Business Meeting	Grand Salon A/B/C/D
9:00 am	Platform Presentations: Other Injury Prevention Topics	Grand Salon A/B/C/D
10:15 am	Break	
10:25 am	Sunday Lightning Round Presentations	Grand Salon A/B/C/D
11:20 am	Poster Session	Grand Salon E/F
12:00 pm	Adjournment	

Acknowledgements

Support for this event has been provided by:

Silver Sponsor

SAFE KIDS WORLDWIDE®

Conference Exhibitors

GUN OWNERS FOR SAFETY

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safe ride news™
Educational Materials for the Child Passenger Safety Field

Please make sure to stop by the exhibition booths during the conference!

CONFERENCE AGENDA

Thursday, November 30, 2023

4:00 pm

SALONS E/F

Registration

Friday, December 1, 2023

7:00 am

SALONS E/F

Registration

8:30 am

SALONS A/B/C/D

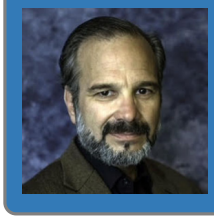
Welcome & Logistics

8:40 am

KEYNOTE — SALONS A/B/C/D

Child Passenger Safety: A Public Health Priority

1.00 CME/CHES CREDIT HOURS — 1.0 CPS CEU



Joe Colella
Director of Child Passenger Safety
Juvenile Products Manufacturers Association

9:30 am

PLATFORM PRESENTATIONS — SALONS A/B/C/D

Transportation Safety

1.25 CME/CHES CREDIT HOURS

Moderators:
Lorrie Lynn, MA, CPSTI
James Dodington, MD, CPST, FAAP

Establishing an Adaptive Needs Fitting Station: Overcoming Challenges, Pursuing Funding
Sheryl Williams, BSN, RN, CCM
Adrienne R. Gallardo, BSW, MAOM, CPST-I

Golf Cart-related Injuries to Children in a Single Institution
Jennifer E. McCain, MD

Rural Adolescent Attitudes and Use of Helmets While Riding ATVs, Motorcycles and Dirt Bikes
Sehansa Karunatilaka

Road Safety Education integrated into the school's existing curriculum to effect behavioral change of the next generation of road users and preserve the future by preventing Death Injuries and Trauma
Ramona Doorgen

Testing a New Care Model: Implementing a Virtual Driving Assessment in Pediatric Primary Care
Maura Powell, MPH, MBA

10:45 am

SALONS E/F

Coffee Break

Friday, December 1, 2023

10:55 am

PLATFORM PRESENTATIONS — SALONS A/B/C/D

Drowning Prevention and Safe Sleep

1.25 CME/CHES CREDIT HOURS

Moderators:
Teresa Riech, MD, MPH, FAAP, FACEP
Kristyn Jeffries, MD, MPH

Unintentional drowning deaths among children and adolescents with autism spectrum disorder in United States, 1999-2020
Shericka Harris, MSPH

Using Syndromic Surveillance for Unintentional and Undetermined Intent Drowning Surveillance in a Large Metropolitan Area
Rohit P. Shenoi, MD

The Continued Trauma of Unsafe Sleep: A Retrospective Review of Sudden Unexpected Infant Deaths at a Large Tertiary Care Center
Michelle Pintea, MD, MPH

Connecting Data to "Close the Loop" with Birth Hospitals to Prevent SUID
Gina Lowell, MD, MPH
Kyran Quinlan, MD, MPH

Community Partnership Approaches to Safe Sleep (CPASS) Program Evaluation
Lois K. Lee, MD, MPH, FACEP, FAAP

12:10 pm

Lunch / Topic Tables

We will be hosting Table Topics this year in which you may choose a table where you will enjoy your lunch and have a lively discussion with leaders in the field. Please bring your questions and work experiences to share with the group in these informal interactive sessions. This time is meant to be useful for networking and sharing between sites on topics of injury prevention activities.

Firearm Safety
Ben Hoffman, MD, MPH
Lindsay D. Clukies, MD, FAAP
Laura A. Kemerling, MSN, RN, C-NPT

Legislative Advocacy
Lois K. Lee, MD, MPH, FACEP, FAAP
Brit Anderson, MD

Drowning Prevention
Rohit P. Shenoi, MD
Alicia Webb, MD

Suicide Prevention
Steven C. Rogers, MD, MS-CTR
Kristen Volz, MS

Getting Hospital Support for Injury Prevention
Kathy W. Monroe, MD, MSQI
So_a Chaudhary, MD
Pablo Aguayo, MD, FACS, FAAP

Poisoning Prevention
Wendy J. Pomerantz, MD, MS
Maneesha Agarwal, MD, FAAP

Safe Sleep
Jennifer E. McCain, MD
Lorrie Lynn, MA, CPSTI
Shelby Crespi, MPH, CPST

Funding
Karen Sheehan
Michael Levas, MD, MS

Violence and Firearms
Andrew Kiragu, MD

Violence Prevention Programs
Marlene Melzer-Lange, MD
James Dodington, MD, CPST, FAAP

Child Passenger Safety
Adrienne R. Gallardo, BSW, MAOM, CPST-I
Dex Tuttle, M.Ed., CPST-I
Denise Donaldson, MBA, CPST-I

1:15 pm

PLATFORM PRESENTATIONS — SALONS A/B/C/D

Violence and Firearm Injury Prevention

1.25 CME/CHES CREDIT HOURS

Moderators:
Andrew Kiragu, MD
Kathy W. Monroe, MD, MSQI

Predictors of Repeat Pediatric Firearm Injury in St. Louis: A 10-year Retrospective Cohort Analysis
Lindsay D. Clukies, MD, FAAP

A National Study of Firearm Presence and Storage Practices in Rural Adolescent Homes
Megan Sinik, BS

Youth Firearm Suicide in the United States
Tannuja Rozario, PhD
Mackey O'Keefe, BA

Lock and Protect, Reducing Access to Adolescent Means of Suicide: A Feasibility Cohort Pilot Study
Ashley Blanchard, MD, MS

Reducing Firearm Access for Youth at Risk for Suicide in a Pediatric Emergency Department
D. Shanté Washington, DSW, LCSW, LICSW, CCTP

2:30 pm

Break

2:45 pm

PLATFORM PRESENTATIONS — SALONS A/B/C/D

Suicide Prevention and Mental Health

1.25 CME/CHES CREDIT HOURS

Moderators:
Sarah Beth Abbott, BS, EMT-LP
Ashley Blanchard, MD, MS

Intentional self-harm (ISH) Injuries in a Pediatric Emergency Department
Jennifer E. McCain, MD

Excess Risk of Self-Injury Associated with Autism Spectrum Disorder
Ashley Blanchard, MD, MS

Understanding Perceptions around Mental Health and Suicide to Improve Suicide Screening : Conversations with Youth and Their Caregivers
Sara Kohlbeck, PhD, MPH
Michelle Pickett, MD, MS

Middle and High School Principals' Perceptions and Practices for Implementing Suicide Prevention Programs for Their Students in Their Schools.
Dawn M. Porter, MS, CHES

Peers Supporting Peers: An Institutional Approach to Reduce Mental/Emotional Injury
Vikki Pennington, LMSW, CCLS, CPST

4:00 pm

SALONS A/B

PI Meeting

SALONS C/D

PC Meeting

6:00 pm

TERRA/AQUA

Reception

7:00 pm

GULFSTREAM

Board of Directors Meeting

Saturday, December 2, 2023

7:00 am

SALONS E/F

Registration

Visit Miami's "Injury Free Mobile"

Injury Free Miami's safety bus, the Injury Free Mobile, will be onsite for you to visit at your leisure this morning until after lunch. Please stop by and see this wonderful resource.

8:00 am

PANEL DISCUSSION — SALONS A/B/C/D

What's Known, What's New and What's Needed in Injury Prevention

1.00 CME/CHES CREDIT HOURS

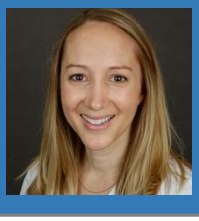
Moderator:
Michael Levas, MD, MS

Panelists:

Lorrie Lynn, MA, CPSTI
Manager, Injury Prevention Programs
Coordinator, Safe Kids San Diego
Rady Children's Hospital - San Diego
llynn@rchsd.org

Rohit P. Shenoi, MD
Department of Pediatrics
Division of Emergency Medicine
Baylor College of Medicine
Houston, Texas

Kiesha Fraser Doh, MD
Pediatric Emergency Physician
Children's Healthcare of Atlanta
Assistant Professor of Pediatrics and Emergency Medicine
Emory University



Ashley Blanchard, MD, MS
Assistant Professor of Emergency Medicine in Pediatrics
Columbia University Medical Center
ab3923@cumc.columbia.edu

9:00 am

PLATFORM PRESENTATIONS — SALONS A/B/C/D

Firearm Injury Prevention

1.00 CME/CHES CREDIT HOURS

Moderators:
Lois K. Lee, MD, MPH, FACEP, FAAP
Alicia Webb, MD

Increasing a hospital-based violence intervention program's services for pediatric patients and their families who come to the emergency department for interpersonal violence
Narmeen Khan, MD

Universal Screening for Pediatric Firearm Injury Risk: Preliminary Results from the Firearm Injury and Mortality Prevention (FIMP) Initiative
Emma Cornell, MPH

A National Study of Firearm Use and Safety Training of Rural Adolescents
Charles Jennissen, MD

Impact of Cable Gun Lock Distribution on Firearm Securement after Emergent Mental Health Evaluation: A Randomized Controlled Trial
Bijan W. Ketabchi, MD, MPH

10:00 am

SALONS E/F

Coffee Break

10:15 am

LIGHTNING ROUND PRESENTATIONS — SALONS A/B/C/D

Saturday Lightning Round

0.50 CME/CHES CREDIT HOURS

Moderators:
Wendy J. Pomerantz, MD, MS
So_a Chaudhary, MD

Treading Water: Fatal Pediatric Drownings in Alabama Pre, Peri and Post COVID Stay-At-Home Orders
Dana Eyerly, MD

Using Media Reports to Describe the Epidemiology of Unintentional Child Drownings in Oregon
Colin Eaton, BS

Child Passenger Safety Nurse Champion Program: Nursing's Flourishing Ability in Car Seat Consults
Cassandia Poteau, MS, CPST, CHES
Barbara DiGirolamo, M.Ed., CPSTI
Deirdre Walsh, BA

A Scoping Review of Adverse and Positive Childhood Experiences
Dina Burstein, MD, MPH

A Retrospective Study of Pediatric Snakebites in the United States, 2016-2022, Using the Pediatric Hospital Information System (PHIS) Database
Kristyn Jeffries, MD, MPH

A National Study of Rural Youth's Exposure to Firearm Violence and Attitudes Towards Firearm Safety Measures
Megan Sinik, BS

Intentionality of Pediatric Firearm Injuries Based on Area Deprivation Index
Altamish Daredia, MD

10:50 am

POSTER SESSION — SALONS E/F

Poster Session

11:15 am

KEYNOTE — SALONS A/B/C/D

Pioneer Award Keynote / Getting There Without a Map: Adventures in Child Injury Prevention

1.00 CME/CHES CREDIT HOURS

Kyran Quinlan, MD, MPH
Pediatric Medical Advisor to the Director
Illinois Department of Public Health
kyran.p.quinlan@illinois.gov

12:15 pm

ATRIUM

Lunch

1:30 pm

WORKSHOP SESSION 1A — GULFSTREAM

How to successfully develop a Youth Suicide Prevention Program in your emergency department... including a demonstration of Question, Persuade, and Refer Gatekeeper Training

1.25 CME/CHES CREDIT HOURS

Steven C. Rogers, MD, MS-CTR
Kristen Volz, MS

Saturday, December 2, 2023

1:30 pm

WORKSHOP SESSION 1B — SALON C

Beyond Compartmentalization: School Transportation Safety for Preschoolers and Students with Disabilities

1.25 CME/CHES CREDIT HOURS — 1.5 CPS CEU

Denise Donaldson, MBA, CPST-I

WORKSHOP SESSION 1C — SALON D

Moving from "Project" to "Publication" in Manuscript Writing

1.25 CME/CHES CREDIT HOURS

Holly R. Hanson, MD, MS
James Dodington, MD, CPST, FAAP
Michael Levas, MD, MS

WORKSHOP SESSION 1D — SALONS A/B

Taking Action: An Innovative Approach to Injury Prevention Using Theater

1.25 CME/CHES CREDIT HOURS

Michele Schombs, BSN, RN, CEN
Shahenda Khedr, BA
Francesca Sullivan, BSN, RN, CEN
Robert Curran, D.C., EMT

2:45 pm

Break

2:50 pm

WORKSHOP SESSION 2A — GULFSTREAM

From Symptoms to Solutions: Why Hospital Violence intervention Programs (HVIPs) Are Essential

1.25 CME/CHES CREDIT HOURS

Lindsay D. Clukies, MD, FAAP
Kristen L. Mueller, MD
Randi Smith, MD
Laura A. Kemerling, MSN, RN, C-NPT
James Dodington, MD, CPST, FAAP
Marlene Melzer-Lange, MD
Kateri Chapman-Kramer, MSW, LCSW

WORKSHOP SESSION 2B — SALON C

Child Death Review: Partners in Prevention

1.25 CME/CHES CREDIT HOURS

Abby Collier, MS

WORKSHOP SESSION 2C — SALON D

How to Transport a Superhero: Considerations for safe transportation of children with unique medical circumstances

1.25 CME/CHES CREDIT HOURS — 1.5 CPS CEU

Dex Tuttle, M.Ed., CPST-I
Michelle Nichols, CPST-I

WORKSHOP SESSION 2D — SALONS A/B

Navigating Mentor-Mentee Relationships in Injury Prevention: From Successes to Challenges

1.25 CME/CHES CREDIT HOURS

So_a Chaudhary, MD
Kathy W. Monroe, MD, MSQI
Maneesha Agarwal, MD, FAAP
Charles Jennissen, MD
Brent M. Troy, MD, MPH, FAAP
Wendy J. Pomerantz, MD, MS
Altamish Daredia, MD
Steven C. Rogers, MD, MS-CTR

4:05 pm

GULFSTREAM
Safe Sleep Group Meeting

SALON C
Firearm Group Meeting

SALON D
IAMSBIRT Group Meeting

SALONS A/B
NIPD Group Meeting

5:00 pm

CHILD PASSENGER SAFETY GROUP MEETING — GULFSTREAM
Child Passenger Safety Group Meeting / LATCH Manual Training
1.0 CPS CEU

Denise Donaldson, MBA, CPST-I

ROOM 209
Early Career Physicians Group Meeting

6:30 pm

ATRIUM/CAUSEWAY
Dinner and Awards Presentation
Drum Karaoke featuring the Lapido Sound Machine!

Sunday, December 3, 2023

8:15 am

Social Media Group Meeting

8:30 am

SALONS A/B/C/D
Business Meeting

9:00 am

PLATFORM PRESENTATIONS — SALONS A/B/C/D
Other Injury Prevention Topics
1.25 CME/CHES CREDIT HOURS

Moderators:
Maneesha Agarwal, MD, FAAP
Shelby Crespi, MPH, CPST

Rural Adolescent Attitudes and Use of Equestrian Helmets
Brianna Iverson, BS

Abstract to Publication: A 7-year analysis of abstract presentations at Injury Free Coalition for Kids Annual Conference
Kristyn Jeffries, MD, MPH

The Impact of UFOV4 and Visual Acuity on Adolescent Visual Response to Safety Critical Events in a Driving Simulator
Kaiden D. Kennedy, BS

Continuing Conversations about Alcohol and Drugs with Injured Adolescents
Michael J. Mello, MD, MPH

Doctor for a Day: Community Teddy Bear Clinic
Makenzie Ferguson, RN, BSN, CPEN

Sunday, December 3, 2023

10:15 am

Break

10:25 am

LIGHTNING ROUND PRESENTATIONS — SALONS A/B/C/D

Sunday Lightning Round

1.00 CME/CHES CREDIT HOURS

Moderators:
Holly R. Hanson, MD, MS
Pam Hoogerwerf, BA

Impact of Helmet Use on Local Pediatric Trauma Outcomes to Guide Injury Prevention Initiatives
Tommy Kim, BA

The Effects of the COVID-19 Pandemic on Pediatric Dog Bite Injuries
Thomas Menk, MD

Snowmobile Helmets: Attitudes and Use by Rural Adolescents
Brianna Iverson, BS

Meeting the Community Where they Are: Reaching Underserved Populations through Partnership with A Home Visiting Nurse Program
Shelby Crespi, MPH, CPST
Salvador Vargas, CPST-I

Injury Prevention in the Emergency Department
Anna Paige Wilson, BS

Characteristics of Pediatric Emergency Department Encounters for Fractures Concerning for Abuse
Stephanie Ruest, MD, MPH

First Responder Outreach Project: Prevention through education and resources
Lorrie Lynn, MA, CPSTI

Safety Baby Showers: An Approach to Improve Parental and Pediatric Resident Practice of Infant Injury Prevention
Heather Hirsch, MD, MPH

Injury prevention program development driven by top-down commitment to distribute hrearm safety kits in a large metropolitan area
Sarah Beth Abbott, BS, EMT-LP

Review of Pediatric Pedestrian Fatalities Through a Safe System Lens to Prevent Future Deaths: Differences in Child and Adolescent Risk Factors
Tanya Charyk Stewart, MSc

Partnering Prenatally for SUID Prevention: Safe Sleep Kits for Expectant Parents
Mandy Che, BS

11:20 am

POSTER SESSION — SALONS E/F

Poster Session

12:00 pm

Adjournment

Session and Presentation Abstracts

KEYNOTE

Child Passenger Safety: A Public Health Priority

Friday, December 1, 2023, 8:40 AM to 9:30 AM

Joe Colella
Director of Child Passenger Safety
Juvenile Products Manufacturers Association

Keynote Description: Motor vehicle crashes are a leading cause of injury, hospitalization and fatality for children, and differences in protection needs at various child development levels complicate injury mitigation. Comprehensive correction efforts, largely driven by the transportation safety community, have significantly decreased fatalities and reduced nonfatal injuries in recent decades, but additional work is demonstrably needed. This session highlights relevant research, uses graphic and video demonstration, and provides context to illustrate how public health prioritization, continuing research, grassroots advocacy, updated policy and restraint development must jointly contribute to improving child occupant safety.

Learning Objectives:
1. Enhance understanding of crash dynamics in relation to child occupants
2. Illustrate evidence-based child restraint selection and transition recommendations
3. Discuss common and potential injuries among unrestrained, inappropriately restrained and correctly restrained occupants
4. Improve understanding of how the Es of injury prevention intersect with child passenger safety

PLATFORM PRESENTATIONS

Transportation Safety

Friday, December 1, 2023, 9:30 AM to 10:45 AM

Session Description: In this session, we will discuss Child and Adolescent Transportation Safety, from a focus on Adaptive Needs Fitting Station development to the dangers of golf carts and ATVs, we will explore injury epidemiology and program development. Then we will pivot to the educational development of road safety instruction and finally, we will hear from authors on a novel virtual driving assessment for adolescents implemented in a primary care setting. These specific study discussions will be set in the context of the importance and success of child transportation safety initiatives within larger injury prevention efforts.

Learning Objectives: Participants should understand:
1. How to meet community adaptive seating demands and develop programming locally.
2. The most frequent mechanisms for serious golf cart-related injuries and how existing laws should be enforced alongside advocacy for more stringent laws.
3. Perspectives from adolescents on helmet use on ATVs and ways to promote greater ATV safety.
4. How to advocate to have road safety education integrated into their school's existing curriculum.
5. The importance of virtual driving assessment (VDA) and how the VDA can be implemented into a primary care network.

Moderators:

Lorrie Lynn, MA, CPSTI
Manager, Injury Prevention Programs
Coordinator, Safe Kids San Diego
Rady Children's Hospital - San Diego
llynn@rchsd.org

James Dodington, MD, CPST, FAAP
Associate Professor of Pediatrics and Emergency Medicine
Yale School of Medicine
Executive Committee Member, AAP Council on Injury Violence and Poison Prevention
Certified Child Passenger Safety Technician
Medical Director, Center for Injury and Violence Prevention
Yale New Haven Health

Establishing an Adaptive Needs Fitting Station: Overcoming Challenges, Pursuing Funding

Sheryl Williams, BSN, RN, CCM
Pediatric Integrated Community Case Manager
OHSU Doernbecher Children's Hospital
willishe@ohsu.edu

Adrienne R. Gallardo, BSW, MAOM, CPST-I
Manager, Injury Prevention Program
OHSU Doernbecher Children's Hospital
gallarda@ohsu.edu

Authors: *Kyndra Lathim, CPSTI; Adrienne Gallardo, BSW, MAOM, CPST-I*

Background: One hospital is revolutionizing adaptive car seat assessments and funding. The most vulnerable members of our population were overlooked during the pandemic due to limiting community contact. During this time, DME providers took over the adaptive car seat demands which led to incorrect use and compatibility concerns both with the vehicle and child fit. After multiple incompatibilities were found, we connected with the DME providers and began establishing relationships. This program is now the program that medical providers, therapists, and DMEs are referring all adaptive car seat requests to.

Methods: Prior to establishing the Adaptive Needs Fitting Station, the assessments were a team effort by all special needs trained technicians. A family would work with a Child Passenger Safety Technician (CPST), find an appropriate car seat, and the CPST would provide a letter of medical necessity for the family to share with their case manager to pursue funding. This resulted in adaptive car seats not being funded.

To solve this issue for these valuable members, we streamlined the process to one CPST. To fund the position, we tracked the number of families being seen, how many hours spent from start to finish with one family, and proved the increase in funding from 0% to 66% to leadership.

Due to the established fitting station, successful funding, and relationships being built with key stakeholders, we are the point-team for all adaptive car seat request and have limited misuse, incompatibilities, and increased funding and most importantly a safe way for children with disabilities to travel in their vehicle.

Results: Throughout 2020-2021 we began seeing most of the adaptive seating needs in a large city, and in 2021 we helped 81 families with adaptive car seats and closed 35 with a funding rate of 43%. In 2022 we established a .5 FTE position to allow one person to establish relationships with DME and insurance plans and oversee the adaptive car seat assessments. Averaging 12 – 20 hours a week, this one person helped 101 children with special healthcare needs in Oregon, Washington, and Idaho with a funding rate of 66%. To date in 2023, 34 assessments have been conducted and have competed 19 with a funding rate of 56%

Conclusions: We are establishing relationships with Medicaid and funding sources and leveraging key stakeholders to change how adaptive car seats are obtained. Through our trials, errors, and successes, we want to share what we have learned and set a pathway for other agencies and states to find the same success.

Objectives: 1. How to meet community adaptive seating demands and the costs to main program. 2. How to leverage key stakeholders and establish relationships with DME providers. 3. Tips and tricks for navigating Medicaid and private insurance plans.

Golf Cart-related Injuries to Children in a Single Institution

Jennifer E. McCain, MD
Assistant Professor, Pediatric Emergency Medicine
University of Alabama at Birmingham
jennifermccain@uabmc.edu

Authors: *Jennifer E. McCain, MD; Ashley E. Bridgmon, MPH, MBA; William D. King, DrPH; Michele Nichols, MD; Kathy Monroe, MD, MSQI*

Background: Golf carts have become a popular mode of transportation, and many cities allow operation of these by children as young as 14 years old. Unfortunately, children can be seriously injured from activities surrounding the use of golf carts. Our study aims to identify the descriptive epidemiology of golf cart-related injuries in our institution in order to develop prevention measures for this injury type.

Methods: Golf cart-related injury visits were identified using an injury surveillance system in the emergency department (ED) of a pediatric tertiary hospital. All children 18 years and younger evaluated in the ED and given an ICD10 code range within V86, V87 and V09 external cause of injury code in 2022 were included. Confirmatory searches of the History of Present Illness (HPI) section of provider notes containing “golf” were performed. Basic descriptive statistics, frequency tables, and T-test of means were performed using Epi Info Version 7.2.4.0 (CDC).

Results: In 2022, 44 children ranging in age from 2 -16 years old (mean 10.5, median 11.0) were treated for golf cart-related injuries. Males (n=29, 65.9%) accounted for the majority of these injuries. The majority of these patients had private insurance (n=31, 70.4%). Trauma code criteria were met by six patients (13.6%) while 12 patients (27.3%) were admitted to the hospital (13.5% of all injury visits result in admission). Patient mean age did not differ significantly between admitted and discharged patients (mean age 11.7 yrs. vs 9.9 yrs., respectively) (t=1.2, p=0.23). Among those admitted, 5 patients (41.7%) had a one-day admission while 7 patients (58.3%) had stays from two to 21 days (median 2 days).

Injuries sustained included: lacerations/abrasions (33), skull fractures (8), extremity fractures (7), intracranial hemorrhages (3), concussions (3), pulmonary contusions (2), pneumothorax (1), vertebral fracture (1), orbital injury (1), and degloving of foot (1). Mechanisms for those more severely injured included ejection from cart (6), golf cart rollover (4), hit by vehicle while riding cart (1), and pedestrian hit by cart (1).

Conclusions: Children playing in and around golf carts can result in significant injuries- many of which require hospital admission. Golf cart laws vary from state to state and even community to community, and it is important that these laws are enforced. Golf cart owners should be aware of the age a child can legally drive a golf cart in their area. Injury prevention efforts should highlight behaviors increasing the risk for

rollover while using these vehicles. All golf cart operators should understand the risk of serious injury when riding on uneven ground, when riding near motor vehicles, and when children are unrestrained.

Objectives: 1. Children can be seriously injured when playing in and around golf carts. 2. The most frequent mechanisms for serious golf cart-related injuries are rollovers and ejections. 3. Existing laws should be enforced, and pediatricians should advocate for more stringent laws.

Rural Adolescent Attitudes and Use of Helmets While Riding ATVs, Motorcycles and Dirt Bikes

Sehansa Karunatilaka
Undergraduate, Human Physiology Major
University of Iowa
sehansa-karunatilaka@uiowa.edu

Authors: *Sehansa Karunatilaka; Brianna Iverson, BS; Devin Spolsdoff, MS; Pam Hoogerwerf, BA; Kristel Wetjen, RN, MSN; Shannon Landers, BS; Charles Jennissen, MD*

Background: All-terrain vehicles (ATVs) are work and recreational vehicles common in rural areas and mishaps associated with them frequently cause death and serious injury. Head injuries are the most common cause of death in ATV-related events, and helmet use can significantly decrease the risk. Our objective was to determine rural adolescents' attitudes regarding helmets while riding ATVs, motorcycles and dirt bikes, the frequency of helmet use on these vehicles, and how demographic factors may be associated.

Methods: A convenience sample of attendees of the 2022 Iowa FFA (formerly Future Farmers of America) Leadership Conference completed an anonymous survey at the University of Iowa Stead Family Children's Hospital injury prevention booth. After compilation, data were imported into Stata 15.1 (StataCorp, College Station, TX). Descriptive and statistical analyses including bivariate (Chi-square, Fisher's exact test) were performed.

Results: A convenience sample of 1,331 adolescents between 13-18 years old participated in the study. One half lived on a farm, 21% lived in the country but not on a farm and 28% were from towns. Nearly two-thirds (65%) of subjects owned an ATV with 77% of all having ridden an ATV in the past year. Farm residents had the highest ATV ownership (78%) and having ridden (80%) proportions, both $p<0.001$. Overall, ownership and ridership for motorcycles (22% and 30%, respectively) and dirt bikes (29% and 39%, respectively) was significantly less than ATVs, all $p<0.001$. Of ATV riders, those living on farms or in the country but not on a farm rode them more frequently than those from towns, $p<0.001$. Higher percentages always/almost always wore helmets while riding dirt bikes (51%) and motorcycles (57%) than ATVs (21%), $p<0.0001$. Those from farms had significantly lower proportions wearing helmets as compared to those living elsewhere for all vehicles. Helmet use importance ratings (from 1-10, 10 high) were not different for motorcycles (mean 8.59) and dirt bikes (mean 8.30), but much lower for ATVs (mean 6.13). Females, non-owners, less frequent riders, and those supporting helmet laws all had higher helmet use importance ratings. Males, older adolescents, those from farms, and owners of the vehicle had lower proportions that supported helmet laws for ATVs, motorcycles and dirt bikes. Support for helmet laws was significantly lower for ATVs (30.7%) than dirt bikes (56.3%) or motorcycles (72.3%), both $p<0.001$.

Conclusions: ATV ownership and use by rural adolescents in the study was extremely common, especially those from farms. Study adolescents rated wearing a helmet while riding motorcycles and dirt bikes as being very important but much lower for ATVs. Farm youth had lower proportions wearing helmets for all vehicles and less support for laws mandating helmet use. Our study indicates that the safety culture surrounding helmet use is poor among rural adolescents and deserves targeted interventions. Increased helmet use would likely decrease the number of deaths and serious injuries associated with these motorized vehicles.

Objectives: 1. List at least three youth demographic factors associated with higher proportions having ridden ATVs, motorcycles and dirt bikes. 2. Describe rural youth's attitudes related to helmet use and how it differs among motorized vehicles. 3. State which rural adolescents might be at greater risk for lack of helmet use on motorized vehicles including ATVs.

Testing a New Care Model: Implementing a Virtual Driving Assessment in Pediatric Primary Care

Maura Powell, MPH, MBA
Senior Strategy Integration Manager
The Possibilities Project
Children's Hospital of Philadelphia
powellma@chop.edu

Authors: *Shannon Kelleher, MPH; Maura Powell, MPH, MBA ; Uchenna Nwokeji, MS; Nicole Koepke, MSN, CRNP; Jamillah Millner, MPH; Joshua C. Fischer, BS; Alexander K Gonzalez, MS, MBA; Shukai Cheng, MS; Elizabeth A. Walshe, PhD; Colleen Schlotter, BS; Flaura Winston, MD, PhD; Alex Fiks, MD, MSCE*

Background: Motor vehicle crashes are a leading cause of death for youth, and most crashes are due to driver error. Our study objective was to implement a Virtual Driving Assessment (VDA) into adolescent well visits at a large pediatric primary care network to assess driving skills and provide customized feedback to help teenagers avoid common driving errors. Funding was provided by a gift from NJM Insurance.

Methods: Between May 2021- December 2022, we conducted a single arm implementation study utilizing the IHI Innovation Methodology, an iterative testing and refinement process. The VDA is a validated 15-minute self-guided virtual driving test. 18 urban, suburban, and semi-rural primary care sites integrated the VDA into the adolescent well-visit for teens 15 years of age and older. A multi-disciplinary stakeholder group, including clinical champions, driving experts, innovation specialists, administrative leaders, parents and teen advisors, provided input to implement strategies addressing key barriers to expanded VDA use. We measured the proportion of eligible teens by site who completed a VDA at their well-visit monthly and overall and collected user satisfaction feedback.

Results: In total, 16,736 eligible patients had a well visit during the implementation period. Among these adolescents, 2,161 completed a VDA with an overall median network completion rate of 11% (IQR: 5-17%, Figure 1), with some sites achieving up to 31% completion rate across the study period. There were notable rate changes over the study period around COVID and winter viral surges (Figure 1). Those completing the VDA were

more likely to be 16 or 17 years old compared to 15 years of age (p-value < 0.001); and the majority had not yet received a license or permit. Key implementation barriers identified by stakeholders included workflow variability by site and additional time needed to complete the VDA. To address stakeholder feedback, we implemented in-office interventions such as distributing weekly eligible patient reports posted in staff areas. A text messaging strategy was created to alert families that the VDA would be available at well-visits.

76% of teens completing the satisfaction survey both agreed or strongly agreed that they would recommend the VDA to their friends and that they would take the VDA again.

Conclusions: Implementing a novel virtual driving assessment into the adolescent well visit in a busy primary care setting is feasible and desired by teens, although barriers remain. This project provides a model for integrating innovative technologies into primary care to address salient health risks.

Objectives: 1. Why the VDA is an important tool. 2. How the VDA can be implemented into a primary care network.
3. Potential barriers for implementation of the VDA.

PLATFORM PRESENTATIONS

Drowning Prevention and Safe Sleep

Friday, December 1, 2023, 10:55 AM to 12:10 PM

Session Description: This platform session will highlight how researchers are leveraging unique datasets and partnerships to identify and prevent drowning and SUIDs. During this session, we will describe the differences in drowning deaths among children with autism spectrum disorder and explore the utility of syndromic surveillance in monitoring trends in drowning injuries. Additionally, we'll learn the importance of documenting safe sleep after clinical encounters, informing birth hospitals about local SUID rates, and using hospital-community partnerships to expand the reach of infant safe sleep programs.

Learning Objectives:
1. To understand the demographic characteristics of fatal drownings among children with autism spectrum disorder as a contributing cause of death.
2. To explore how the CDC's syndromic surveillance data can be utilized to monitor drowning injury trends.
3. To recognize the impact that social determinants of health have on the rate of sleep related deaths in infants.
4. To identify how SUIDs disproportionately occur in Chicago communities experiencing economic hardship and inequitable access to care.
5. To examine how hospitals can effectively partner with community-based organizations for safe sleep programs.

Moderators:

Teresa Riech, MD
Medical Director, Pediatric Emergency Department
OSF St. Francis Medical Center
teresa.m.riech@osfhealthcare.org

Kristyn Jeffries, MD, MPH
Assistant Professor of Pediatric Hospital Medicine
University of Arkansas for Medical Sciences
Arkansas Children's Hospital
kmelchiors@uams.edu

Unintentional drowning deaths among children and adolescents with autism spectrum disorder in United States, 1999-2020

Shericka Harris, MSPH
Health Scientist, Applied Sciences Branch
Division of Injury Prevention
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention
whf3@cdc.gov

Authors: *Shericka Harris, MSPH; Briana Moreland, MPH; Sarah C. Tinker, PhD, MPH; Tessa Clemens, PhD, MEd*

Background: Drowning is a leading cause of death among children worldwide, and children with autism spectrum disorder (ASD) are at an increased risk of drowning. A previous study in the United States found that, compared to deaths without ASD listed as a contributing cause, deaths with ASD listed as a contributing cause were more likely to be unintentional injuries, including specifically deaths by drowning. In Australia, children and adolescents with ASD were three times more likely to drown when compared to those without ASD. The objective of this study was to explore unintentional drowning deaths in the United States among children and adolescents where ASD was identified as a contributing cause of death.

Methods: Mortality data were obtained from the multiple cause-of-death data files in the National Vital Statistics System to identify children and adolescents (<1-19 years) with a contributing cause of death of ASD who died between 1999 and 2020. Using the International Classification of Diseases, 10th Revision (ICD-10), unintentional drowning deaths were identified using underlying cause-of-death codes W65-W74, V90, and V92 and ASD was identified using the multiple cause-of-death ICD-10 code F84.0 (childhood autism).

Results: There were 91 unintentional drowning deaths where ASD was listed as a contributing cause of death among children and adolescents in the United States from 1999-2020. Among children who drowned and had a contributing cause of death of ASD, the highest proportions were aged 5-9 years

(51.6%), resided in the South (44.0%) and the Midwest (31.9%), and drowned in natural water (37.4%), bathtubs (25.3%), and swimming pools (24.2%). These results differ from the demographic and geographic characteristics in the overall population of children who drown. Among all children who drown, the highest proportions were aged 1-4 years (41.7%), resided in the South (48.9%) and West (22.6%), and drowned in swimming pools (33.2%) and natural water (32.9%).

Conclusions: Children 5 to 9 years of age accounted for over half of the drowning deaths with ASD listed as a contributing cause among children and adolescents. Diagnosis of ASD generally occurs after the age of 4 years which may explain a greater percentage of drowning deaths occurring after the age of 4 among children and adolescents with ASD listed as a contributing cause of death. Further research on the demographic and/or behavioral characteristics may elucidate the relationship between drowning risk and ASD. Due to limitations in death certificate data, the number of children and adolescents with ASD who fatally drowned is likely underestimated in this analysis.

Objectives:
1. Identify differences in drowning deaths among children with ASD as a contributing cause of death compared to drowning deaths in the overall population.
2. Describe demographic characteristics of children who drowned and had ASD listed as a contributing cause of death.
3. Recognize opportunities for improved data collection, to better understand the risk of drowning among children with ASD.

Using Syndromic Surveillance for Unintentional and Undetermined Intent Drowning Surveillance in a Large Metropolitan Area

Rohit P. Shenoi, MD
Department of Pediatrics
Division of Emergency Medicine
Baylor College of Medicine
Houston, Texas

Authors: *Rohit P. Shenoi, MD; Nicholas Peoples, MSc; Jennifer L. Jones, MS; Ned Levine, PhD*

Background: The CDC adapted a drowning syndromic surveillance definition for use in National Syndromic Surveillance Program (NSSP) data. However, the accuracy of the syndrome in capturing emergency department (ED) and urgent care (UCC) visits [collectively termed Syndromic Surveillance (SS) visits], and its use in drowning surveillance is unknown. We aimed to determine the percentages of true-positive unintentional and undetermined intent drowning (UUID) cases for all ages in a large metropolitan area based on all cases captured by this definition. A secondary aim was to describe the burden and injury trends of UUID syndromic surveillance visits.

Methods: We applied the CDC definition for drowning to data available in NSSP for the 8-county metropolitan Houston area for the years 2018-2022. Data were analyzed after querying the dataset for ICD-10-CM codes for UUID cases and manually reviewing the text describing the chief complaint and discharge diagnosis for UUID SS visits. To calculate the percentage of true positives, we divided the number of UUID cases by the total visits captured by the syndromic definition for drowning. UUID drowning rates per 100,000 SS visits were calculated as the number of SS visits for UUID divided by the total number of SS visits and multiplied by 100,000.

Results: There were 24,742,818 (ED: 23,870,676; UCC: 872,142) SS visits captured by the NSSP for metropolitan Houston between 2018 to 2022. During the same period, there were 2,759 SS visits for UUID (Mean rate:11.15 UUID SS visits/100,000 SS visits. There were 2,019 cases (72.5%) with ICD-10-CM drowning codes; 2,015 (99.8%) were classified as UUID. Of the remaining 740 cases with no ICD-10-CM codes, 690 (93.2%) cases had a chief complaint or discharge diagnosis text indicating “drowning” or “submersion” or “underwater” or “inhaled water” or “swallowed water” in relation to contact with a body of water and/or specific misspellings. Among all 2,759 visits classified as drowning based on the syndromic surveillance definition for drowning, there were 2,705 (98.0%) cases classified as Yes (true-positive) UUID and 54 (2.0%) classified as “No”. UUID SS visits were lowest during 2020 (9.6/100,000 SS visits). Males and minority groups constituted 48% and 38% of SS visits for UUID respectively. Children aged 0-17 years comprised 79.3% of SS visits for UUID. UUID SS rates for minority groups (11.75/100,000 SS visits) and non-minority groups (11.81/100,000 SS visits) were similar. UUID SS rates for males (13.7/100,000 SS visits) were higher than females (8.5/100,000 SS visits); and higher for non-Hispanics (12.3/100,000 SS visits) compared to Hispanic persons (10.4/100,000 SS visits).

Conclusions: Syndromic surveillance data are a novel source for conducting drowning surveillance in a large metropolitan region. The CDC’s syndromic surveillance definition for drowning accurately captures nearly all SS visits of drowning victims who present to the ED or UCC. It can be used to evaluate racial and ethnic disparities in non-fatal drowning rates.

Objectives:
1. Understand the accuracy of syndromic surveillance in non-fatal drowning surveillance.
2. Learn the utility of syndromic surveillance in monitoring drowning injury burden and trends.
3. Recognize the usefulness of syndromic surveillance in evaluating racial and ethnic disparities in non-fatal drowning rates.

The Continued Trauma of Unsafe Sleep: A Retrospective Review of Sudden Unexpected Infant Deaths at a Large Tertiary Care Center

Michelle Pintea, MD, MPH
Pediatric Emergency Medicine Fellow
Division of Pediatric Emergency Medicine, St. Louis Children's Hospital
Washington University in St. Louis School of Medicine
pintea@wustl.edu

Authors: *Michelle Pintea, MD, MPH; Kathryn Spectorsky, MD; Lindsay D. Clukies, MD, FAAP*

Background: Deaths from unsafe sleep environments, which include sudden unexpected infant deaths (SUID), accidental suffocation, and strangulation, continue to account for roughly 3,400 child fatalities annually in the United States. While several seminal national educational campaigns, such as Back to Sleep in 1994, decreased the national SUID death rate, Missouri continues to see high rates of sleep-related deaths, with over

one hundred sleep related deaths in infants in 2021. In this study, we seek to identify demographics of infants with a cause of death identified as SUID at a large tertiary children's hospital.

Methods: Patients less than 12 months of age who presented to a level one pediatric trauma center were identified using an established National Trauma Database. A retrospective chart review was conducted, identifying patients with ICD codes including suffocation, asphyxiation, and unsafe sleep environment. Events surrounding the death of the included patients were identified by autopsy report, or if unavailable, by chart documentation at time of presentation. Patients with an underlying medical etiology for their death were excluded. Charts were reviewed for documented parental ages, circumstances regarding event, autopsy report, previous encounters in the medical system, and documented safe sleep conversations. Deprivation index (DI) was assigned by home zip code based on a principal components analysis of six American Community Survey measures by the US census.

Results: A total of 69 patients were identified from 2013– 2022, of which 55 met the inclusion criteria. Of the included patients, 60% had autopsy findings consistent with suffocation or an unsafe sleep event. Of those patients without autopsies or those with inconclusive autopsy findings, all had documentation in the chart regarding unsafe sleep. The average DI of the included patients was .489, a statically significant difference ($p<.0001$) than the national mean. On our review, 44% of patients had a documented encounter in the Electronic Medical Record (EMR) prior to their death and only 33% had documentation regarding safe sleep-in previous visits in the EMR.

Conclusions: Unsafe sleep, a preventable death, still account for numerous infant deaths. The difference in DI index between our patients and the national average highlight that social determinants of health continue to play a role in preventable death and injury. Our data suggests that only approximately one third of patients had a conversation documented regarding safe sleep before their death. Based on these findings, a targeted injury prevention intervention around safe sleep and documentation is planned.

Objectives:
1. Attendees will learn of the continuing high rates of sleep-related deaths, especially in Missouri and that social determinants of health continue to play a role in preventable death and injury.
2. Attendees will learn the importance of documentation around safe sleep.
3. Attendees will be able to explain the importance of a targeted injury prevention intervention aimed at decreasing the number of sleep-related deaths.

Connecting Data to "Close the Loop" with Birth Hospitals to Prevent SUID

Gina Lowell, MD, MPH
Associate Professor, Department of Pediatrics
Director of Community Health for Pediatrics
Rush University Children's Hospital
gina_lowell@rush.edu

Kyran Quinlan, MD, MPH
Pediatric Medical Advisor to the Director
Illinois Department of Public Health
kyran.p.quinlan@illinois.gov

Authors: *Gina Lowell, MD, MPH; Rojin Ahadi, MPH; Meredith Reynolds, MD; Christie Lawrence, DNP, RNC-NIC; Kyran Quinlan, MD, MPH*

Background: Each year in the US, about 3,400 infants die from Sudden Unexpected Infant Death (SUID). In Cook County IL, SUID occurs on average nearly once a week. Education and prevention opportunities exist for hospitals who birth these infants, yet birth hospitals rarely hear when an infant they discharged dies from SUID. We leveraged access to available data sources to calculate SUID rates of Cook County birth hospitals and their geographical proximity with those communities most impacted by SUID.

Methods: Data from the Cook County Medical Examiner's Office for SUIDs that occurred between 1/1/2019 and 12/31/2021 were analyzed for hospital of birth. The Illinois Department of Public Health (IDPH) provided resident live birth data by Cook County birth hospital for the 11 birth hospitals with the greatest number of infants discharged who subsequently died from SUID during this time frame. SUID rates (cases/1,000 resident live births) were calculated for each birth hospital. SUIDs in Cook County during this time period were mapped using RStudio and compared with Chicago Health Atlas data visualizing community areas of high economic hardship and with mapping of Cook County birth hospitals.

Results: From 2019-2021, the eleven hospitals included in this analysis delivered between less than 1,000 to over 35,000 infants per birth hospital. SUID rates for birth hospitals ranged from 0.34 to 6.8 cases per 1,000 resident live births. Geographical distribution of SUIDs showed high concentration in areas geographically associated with those birth hospitals with the highest SUID rates, and with those community areas experiencing high economic hardship. The birth hospital with the highest SUID rate was 3 times that of the birth hospital with the second highest SUID rate, and 20 times that of the birth hospital with the lowest SUID rate. The birth hospital with the highest SUID rate experienced a pandemic-related closure of its labor and delivery unit, as did the birth hospital with the 7th highest SUID rate.

Conclusions: Birth hospitals in community areas most impacted by SUID experience variably and disproportionately high SUID rates. SUID occurs in areas of high economic hardship where closures of labor and delivery units reflect disinvestment and deepen inequitable access to trusted care. No system currently exists for birth hospitals to learn of SUIDs that happened to babies they discharged. Describing this data is the first step towards "closing the loop" with birth hospitals. Leveraging different public health data sources to describe

these disparities creates opportunities to reach stakeholders at birth hospitals invested in preventing SUID through sharing data, clinical practices, hospital policies, community approaches and passion to promote safe sleep during the critical opportunity birth hospitals have surrounding the birth of a baby.

Objectives:
1. Recall 3 data sources used to illuminate the SUID rates for infants discharged from Cook County birth hospitals.
2. Understand the non-uniformity of SUIDs experienced by infants discharged from Cook County birth hospitals serving communities with varying economic hardship.
3. Consider how historical disinvestment, economic hardship and the pandemic intersect to impact hospital systems serving communities most impacted by SUID.

Community Partnership Approaches to Safe Sleep (CPASS) Program Evaluation

Lois K. Lee, MD, MPH, FACEP, FAAP
Senior Associate in Pediatrics, Boston Children's Hospital
Associate Professor of Pediatrics and Emergency Medicine, Harvard Medical School
Immediate Past-President, IFCK
lois.lee@childrens.harvard.edu

Authors: *Lois K. Lee, MD, MPH, FACEP, FAAP; Alison Hanes, MPH; Bonnie Kozial, BA; Linda Radecki, MS; Jennifer McCain, MD; Asim Abbasi, MD; Sevilay Dalabih, MD; Gina Lowell, MD; Ben Hoffman, MD, MPH*

Background: Sudden unexpected infant death (SUID) continues to be a leading cause of death in U.S. infants, with significant disparities by race and socio-economic status. Infant safe sleep behaviors are associated with decreasing SUID risk, but challenges remain for families to practice these routinely. The objective of this program was to implement and evaluate a novel approach for an infant safe sleep pilot program, partnering hospitals with community-based organizations (CBOs) serving at-risk communities.

Methods: Community Partnership Approaches to Safe Sleep (CPASS) was a prospectively implemented infant safe sleep program developed by the American Academy of Pediatrics and executed from December 2021 through October 2022. The program consisted of: 1) monthly learning community program calls; 2) dissemination of culturally sensitive, language specific education; and 3) distribution of safe sleep survival kits (sleep sack, cribette, sheet, pacifier, educational materials). CPASS included hospitals partnering with CBOs across 5 US cities: Portland, OR, Little Rock AR, Chicago, IL, Birmingham, AL, and Rochester, NY. Surveys of sites and families were used for program outcome evaluations: 1) site participation in CPASS activities; 2) use of kits distributed to families; and 3) parent/caregiver safe sleep knowledge and behavior (reported as mean nights (M), standard deviation (SD), and range of nights) after kit/education provision.

Results: There was strong site participation in the CPASS learning community activities with at least 2 representatives (1 hospital-based, 1 CBO-based) from each site attending every call. Across the 5 sites, 1,002 safe kits were distributed, the majority (>85%) to families with infants < 1 month old. Among participating families 45% reported no safe sleep location before receipt of the kit and reported new safe infant sleep knowledge regarding no bedsharing (30%); sleeping on back (27%); and sleep environment (25%). Family adherence to nighttime safe sleep recommendations included: 1) no bedsharing (M 6.0, SD 1.8, range 0-7); 2) sleep on back (M 6.3, SD 1.7, range 0-7); and 3) sleep on uncluttered mattress (M 6.0, SD 2.0, range 0-7). Overall, hospital-CBO relationships were strengthened with program participation. Lessons learned included importance of: 1) resources in languages beyond English and Spanish; 2) future social media for enhanced outreach; 3) culturally and linguistically appropriate messaging for families; and 4) shifting SUID narrative as a preventable event. CPASS participation influenced counselling, including moving from awareness to action and celebrating and building upon family safe sleep knowledge. Sharing local SUID data and greater incorporation of terms like 'suffocation' and 'strangulation' were found to be useful with families.

Conclusions: The CPASS pilot provides a new, innovative model for building strategic hospital-community partnerships for infant safe sleep community-based programs. CPASS empowered families with knowledge and resources to practice infant safe sleep. Important lessons learned included improved ways to center and communicate with families.

Objectives:
1. Describe evidence-based interventions to improve infant safe sleep behaviors to prevent infant sleep-related death.
2. Examine how a community-based safe sleep program enhanced knowledge and safe sleep environment behaviors among families with newborns.
3. Discuss the benefits and challenges of hospital partnerships with community-based organizations for implementing safe sleep programs.

PLATFORM PRESENTATIONS

Violence and Firearm Injury Prevention

Friday, December 1, 2023, 1:15 PM to 2:30 PM

Session Description: Intentional injuries, including from firearms, are a leading cause of death and disability to children and youth in the U.S. In this session we will learn how a quality improvement approach can be applied to analyzing hospital-based injury prevention interventions. In addition, we will explore firearm storage practices among rural youth and the epidemiology of firearm suicide. The session will also include presentations about 2 different methods of lethal means counselling, including for firearms, implemented in the pediatric emergency department.

Learning Objectives:
1. Describe how to use a quality improvement approach to examine the effectiveness of patient enrollment for a hospital-based violence intervention program.
2. Examine the prevalence of and storage patterns for firearms among households of rural youth.
3. Appraise changes in youth firearm suicide epidemiology over time in the U.S.
4. Analyze the feasibility and acceptability of a novel lethal means counseling decision aid implemented in a pediatric emergency department
5. Discuss the effectiveness of different methods of lethal means counseling in pediatric emergency departments.

Moderators:

Andrew Kiragu, MD
Principal Investigator, Injury Free Coalition for Kids of Minneapolis (Children's Minnesota)
Associate Professor of Pediatrics
University of Minnesota
andrew.kiragu@hcmed.org

Kathy W. Monroe, MD, MSQI
Professor of Pediatrics
University of Alabama
kmonroe@uabmc.edu

Predictors of Repeat Pediatric Firearm Injury in St. Louis: A 10-year Retrospective Cohort Analysis

Lindsay D. Clukies, MD, FAAP
Associate Professor of Pediatrics
Associate Trauma Medical Director
St. Louis Children's Hospital
Washington University in St. Louis

Authors: *Zoe Miller; Daphne Lew; Kateri Chapman-Kramer; Ben Cooper; Lindsay D. Clukies, MD, FAAP; Kristen L. Mueller*

Background: Firearm injury is the leading cause of death among youth in the United States. Individuals who experience one firearm injury are at an increased risk of subsequent injury by firearm. As many patients receive care from multiple hospitals and health systems in a geographic region, there is need to develop comprehensive liked data sets to assess constructs such as violence-related injury. The present study aims to identify demographic and clinical risk factors associated with repeat firearm injury within the pediatric population.

Methods: This study is a 10-year retrospective observational cohort analysis of all consecutive firearm injured children who presented to one of four St. Louis adult or pediatric level I traumas hospital for acute care. Data were collected on demographics from the St. Louis-Hospital Violence Intervention Program Data Repository (STL-HVIP-DR). This multi-hospital system repository contains encounter-level data on all patients who present for a violent injury (blunt assault, stabbing, firearm injury) from 2010 onward. A Kaplan-Meier survival analysis was performed to estimate the cumulative incidence of repeat firearm injury within the study population stratified by age group. A Cox proportional hazards regression model was performed to estimate the association between repeat firearm injury and demographic and clinical risk factors.

Results: Of the 1,340 patients treated for an initial firearm injury, 160 (12%) of patients experienced a repeat firearm injury during the study period. Among reinjured patients, 78% were Black, non-Hispanic males between the ages of 15 and 17. Youth were significantly less likely to be reinjured if they were treated at a children's hospital in both the 10-14, $X2(1, N=263) = 13.89$, ($p < 0.05$), and the 15-17 age groups, $X2 (1, N=898) = 5.84$, ($p < 0.05$). However, older Black adolescents were less likely to be treated at a children's hospital than white youth, $X2 (1, N=1,340) = 18.58$, ($p < 0.05$).

Conclusions: Among the distressingly large cohort of firearm injured youth receiving care at a partner level I trauma hospital in the St. Louis region, there were substantial race, gender and age disparities. Of note, Black teens were significantly less likely to be treated at a children's hospital, which may have implications for receipt of age-appropriate trauma informed care during and after hospitalization. Additional study is needed to examine factors perpetuating this inequitable care.

Objectives: Participants will learn the epidemiology of firearm injuries nationally and locally, within the St. Louis area region. They will also learn about the STL-HVIP-DR through our regional, multi-centered HVIP program. Lastly, they will identify key disparities in demographic and clinical risk factors associated with repeat firearm injury within the pediatric population.

A National Study of Firearm Presence and Storage Practices in Rural Adolescent Homes

Megan Sinik, BS
4th Year Medical Student
University of Iowa Carver College of Medicine
megan-sinik@uiowa.edu

Authors: *Benjamin Linden, BS; Megan Sinik, BS; Kristel Wetjen, RN, MSN; Pam Hoogerwerf, BA; Junlin Liao, PhD; Charles Jennissen, MD*

Background: Firearm-related unintentional and suicide death rates are greater in rural areas, and firearm access greatly increases the risk of suicide. A major factor in preventing these tragedies is safe firearm storage. Our study objective was to evaluate firearm exposure and storage practices in the homes of rural adolescents including those living on farms and ranches.

Methods: An anonymous survey was administered to a convenience sample of attendees at the 2021 National FFA (formerly Future Farmers of America) Convention & Expo at the University of Iowa Stead Family Children's Hospital injury prevention booth. The data was entered into Qualtrics and then imported into Stata 15.1 (StataCorp, College Station, Texas) for descriptive (frequencies), bivariate (chi-square, Fisher's exact test) and multivariable logistic regression analyses.

Results: 3,206 adolescents who were 13-18 years old participated; 45% lived on a farm, 34% lived in the country but not a farm and 21% lived in a town. In their homes, 87% of participants reported having rifles/shotguns, 71% had handguns and 69% had both rifles/shotguns and handguns. Those living on farms were 7.5x and 2x more likely to have rifles/shotguns and handguns, respectively, as compared to those from towns. Other U.S. Census Regions were at least 2.3x and 1.6x more likely to have rifles/shotguns and handguns, respectively, as compared to those from the Northeast. Rifles/shotguns and handguns were stored unlocked and/or loaded at least some of the time in 66% and 64% of homes, respectively. Those from farms were 1.5x and 1.7x more likely to have rifles/shotguns and handguns stored unlocked and loaded, respectively, as compared to those from town. The South, West and Midwest were 5.9x, 3.2x and 2.8x more likely to have rifles/shotguns and 8.1x, 5.2x and 4.3x more likely to have handguns stored loaded and unlocked, respectively, as compared to the Northeast. For homes with unlocked rifles/shotguns and unlocked handguns, 37% and 36% also stored ammunition unlocked, respectively.

Conclusions: Our study found that the vast majority of rural adolescents surveyed lived in homes with firearms, and a large proportion of those firearms were not stored safely. There were significant differences regarding the presence and storage of firearms by demographic factors, especially the region where youth lived and their home setting (i.e., farms and ranches). Unsafe storage practices are likely contributing to the higher unintentional and suicide death rates seen in rural areas. Widespread efforts are needed to educate rural families about the importance of proper firearm and ammunition storage.

Objectives:
1. To understand the degree of firearm/rifle and handgun presence in the homes of rural youth.
2. To be able to state the storage patterns of firearms/rifles and handguns in rural homes where youth live.
3. To be able to list at least two factors that are associated with an increase in the proportion of homes of rural youth with firearms/rifles and handguns being present, as well as improperly stored.

Youth Firearm Suicide in the United States

Tannuja Rozario, PhD
Associate Director of Research
Everytown for Gun Safety
trozario@everytown.org

Mackey O'Keefe, BA
Research Fellow
Everytown for Gun Safety
mokeefe@everytown.org

Authors: *Tannuja Rozario, PhD; Mackey O'Keefe, BA*

Background: Each year, thousands of young people die by firearm suicide, and over the past decade, the firearm suicide rate among young people increased faster than for any other age group. Ongoing stressors, like navigating changes in school learning environments and hardships associated with the COVID-19 pandemic posed unique challenges for America's youth. American Indian and Alaska Native (AI/AN) youth have the highest firearm suicide rates, followed by white and Black youth. In addition, certain subgroups of young Americans face sharp increases in firearm suicide, such as children ages 10 to 14. The purpose of this project is to increase the understanding of firearm suicide among young people ages 10-24 in the United States from 2018 to 2021, and to analyze the unique effects the pandemic had on this rising crisis. To do this, this study will compare firearm suicide trends among youth overall, and those in age groups that saw large increases, such as those 10-14, as well as demographic subgroups, and associations with regional differences and gun laws, and discuss injury prevention such as BeSMART.

Methods: Data with suicide as the underlying cause of death among persons aged 10 to 24 years from 2018 to 2021 was obtained from the Web-based Wide-Ranging Online Data for Epidemiologic Research (WONDER) of the Centers for Disease Control and Prevention. Annual numbers of suicides were obtained, as well as age, race, ethnicity, sex, region and suicide method such as use of firearms. Gun safety policies came from Evertytown's Gun Law Rankings, which are based on a comprehensive survey of 50 gun safety laws in all states.

Results: More than 3,300 young people die by firearm suicide each year. From 2018-2021, the rate of firearm suicide among young people increased by 18%. During this time, there were increases in firearm suicide rates among all racial groups: 59% increase for Black youth, 10% increase for white youth, 25% increase for Latinx youth, 35% increase for AI/AN youth, and

45% increase for API youth. For those age 10-14, Black and Latinx children experienced the largest increases in the proportion of suicides that involved firearms, with increases of 12% and 10%, respectively. In addition, boys and young men (10-24) represent 9 in 10 youth firearm suicide victims. However, among children aged 10-14, increases in the firearm suicide rate for girls of this age outpaced those of boys during the pandemic. Lastly, in states that lead the nation in enacting strong gun safety policies, 27% of youth (10-24) suicides involved a gun, while 59% involved a gun in states that have failed to put basic protections into place. Among children 10-14, 18% of suicides involved a firearm in states that are national leaders, while 41% of suicides were by firearm in states that are national failures.

Conclusions: Firearm suicide among young people has reached a crisis during the pandemic. These findings help us understand the prevalence of youth firearm suicide in the United States.

Objectives:
1. Firearm suicide prevalence among young people ages 10-24 in the United States from 2018 to 2021.
2. Demographic trends in young firearm suicide, such as age, race, ethnicity, sex, and associations between gun safety polices and firearm youth suicide.
3. Firearm injury prevention such as BeSMART.

Lock and Protect, Reducing Access to Adolescent Means of Suicide: A Feasibility Cohort Pilot Study

Ashley Blanchard, MD, MS
Assistant Professor of Emergency Medicine in Pediatrics
Columbia University Medical Center
ab3923@cumc.columbia.edu

Authors: *Ashley Blanchard, MD, MS; Joandalys Tejada, MPH; Emma Cornell, MPH; Joan Asarnow, PhD; Randy P. Auerbach, PhD; Peter Dayan, MD, MSc*

Background: Emergency department (ED) visits for adolescent suicidal ideation or attempts have doubled in recent decades. Providing lethal means counseling to guardians in EDs is a promising method to prevent suicide attempts and death in adolescents. Our multi-disciplinary clinical and investigative team has systematically developed Lock and Protect, a novel lethal means restriction decision aid for guardians presenting to EDs with their adolescent child. Lock and Protect is a web-based, decision aid, which uses a non-judgmental, self-directed approach to offer a range of options to reduce access to lethal means. We aimed to determine the acceptability and feasibility of implementing the Lock and Protect decision aid and the feasibility of conducting a future trial in the ED among parents whose adolescents are at risk of suicide.

Methods: We conducted a prospective cohort study of caregivers and adolescents. Caregivers received the Lock and Protect intervention during evaluation of their child in the ED. We included caregivers of adolescents ages 13-17 years-old presenting to the ED for suicidal ideation, suicide attempt, or non-suicidal self-injury. Though our study is not powered to determine effectiveness, our primary outcome assessed change in home access of medications and/or firearms at 2-weeks and 4-weeks after ED visit. Secondary outcomes included measures of decision quality, acceptability and behavioral intent. Decision quality is a fundamental element of the Ottawa Decision Support Framework, as a precursor to behavior change. We used standard descriptive statistics with appropriate distribution measures to summarize feasibility, acceptability, and behavior change.

Results: Of 40 enrolled, caregivers were 52.5% Latine, 42.5% White, and 30% Black. Among caregivers, Lock and Protect was found to be respectful of their family values about medications (100%) and firearms (97.5%), with 92.5% of caregivers reporting that the length and amount of information in Lock and Protect was "just right." All caregivers would recommend the tool to a friend or family member in a similar situation, and 93.3% found that the options presented were realistic. 97.5% of guardians found Lock and Protect to be useful for changing home access to lethal means. Caregivers used the tool for an average of 9.5 minutes and 100% of caregivers completed the tool. Follow up procedures were completed for 71% of caregivers and adolescents and 70.9% of caregivers increased safe storage of firearms or medications in their home.

Conclusions: Lock and Protect, a web-based lethal means counseling decision aid, is feasible to implement in the ED and acceptable to guardians of adolescents presenting to a single, urban ED for suicidal thoughts and behaviors.

Objectives:
1. Understand the acceptability and feasibility of a novel, web-based ED-based lethal-means counseling decision aid.
2. Understand how a novel, web-based lethal means counseling decision aid might be integrated into ED-care of adolescents at increased risk for suicide.

Reducing Firearm Access for Youth at Risk for Suicide in a Pediatric Emergency Department

D. Shanté Washington, DSW, LCSW, LICSW, CCTP
Behavioral Mental Health Specialist
Hughes Spalding Emergency Department
donnetta.washington@choa.org

Authors: *Sofia Chaudhary, MD; Caroline Chivily, MPH; Emily Morris, MD; Scott Gillespie, MS, MSPH; Donnetta Shanté Washington, DSW, LCSW, LICSW, CCTP; Kiesha Fraser, MD; Sarah Lazarus, DO; Angela Costa, DO; Nathan Call, PhD; Jonathan Rupp, PhD; Harold Simon, MD, MBA*

Background: Firearm-related suicide is the second leading cause of pediatric firearm death. Lethal means counseling (LMC) can improve firearm safe-storage practices and be a critical intervention for families with youth at-risk of suicide. Our study objectives were to evaluate feasibility and acceptability of pediatric emergency department (ED) behavioral health (BH) specialists providing LMC to caregivers of youth presenting with BH complaints and to investigate practice changes pre- to post-intervention.

Methods: Prospective feasibility study of caregivers of youth presenting to pediatric ED with BH complaints. Caregivers completed a self-administered electronic survey regarding self-reported demographics and firearm safe-storage knowledge/practices. All participants received LMC from BH specialist after primary BH concerns were addressed. Gun-owners were offered a free lockbox and/or trigger lock. 1-week follow-up electronic surveys gathered self-reported data on firearm-safety practices and intervention acceptability. Primary outcomes include proportion of gun-owning participants,

follow-up survey response, and acceptability of LMC. Secondary outcomes include reported changes in firearm-safety practices. Descriptive statistics were used for univariate and paired data responses. Likert-scale acceptability responses were dichotomized to strongly agree/agree (affirmative) vs. neutral/disagree/strongly disagree.

Results: 81 subjects were approached with 50 (62%) enrolling (96% female, 47% Black, mean age 40 years (SD± 8.3)). 60% had no prior gun-safety counseling/education; 44% had at least one gun at home. Among gun-owners (n=22), 81% had handguns and 45% had shotguns. 63% always used safe-storage device. 45% used gun-safe, 27% used lock box, and 23% used trigger lock. 59% of gun-owners requested safe-storage devices. 78% (n=39/50) of enrolled participants completed follow-up, where 69% of participants asked about household guns prior to child visiting other homes compared to 46% pre-intervention (+23%). More than 80% affirmed at intake and follow-up that ED gun-safety education was useful and 85% affirmed at intake and follow-up that ED is appropriate place for gun safety discussions. Among gun-owners that completed follow-up (n=19), 100% stored all guns locked at 1-week compared to 74% pre-intervention (+26%). Ten families removed guns temporarily or permanently after the ED intervention.

Conclusions: Pilot results show that it is feasible to provide LMC in the ED via BH specialists to families of high-risk youth. Caregivers report finding this intervention useful, acceptable, and appropriate. Additionally, LMC and device distribution led to reported changes in safe-storage practices.

Objectives:
1. Attendees will learn that lethal means counseling (LMC) is a critical intervention for caregivers of youth presenting with behavioral health complaints to a pediatric emergency department (ED).
2. Attendees will learn that pediatric caregivers find ED-based LMC acceptable.
3. Attendees will learn that pediatric caregiver gun owners demonstrate changes in self-reported secure storage practices after LMC intervention.

PLATFORM PRESENTATIONS

Suicide Prevention and Mental Health

Friday, December 1, 2023, 2:45 PM to 4:00 PM

Session Description:
This session will review topics in mental health spanning adolescent self-harm to healthcare provider emotional injury. Studies describe epidemiologic patterns and interventions in self-injury and suicidal thoughts and behaviors among kids and a novel intervention for healthcare provider peer-support after stressful workplace events.

Learning Objectives:
1. Participants will discuss intentional self-harm injuries are a growing cause for pediatric emergency department visits.
2. Participants will distinguish evidence regarding self-injury risk associated with autism and comorbidities.
3. Participants will recognize the qualitative themes from focus groups and highlight how these themes might impact school-based screening for suicide risk for black and Hispanic youth
4. Participants will have an increased knowledge of school principals' cultural and logistical barriers they face that can prevent implementation of suicide prevention programs in their schools.
5. Participants will define steps to implement a volunteer-based peer-to-peer emotional first aid program across a large health system

Moderators:

Sarah Beth Abbott, BS, EMT-LP
Injury Prevention and Outreach Education Coordinator
Children's Memorial Hermann Hospital
sarah.abbott@memorialhermann.org

Ashley Blanchard, MD, MS
Assistant Professor of Emergency Medicine in Pediatrics
Columbia University Medical Center
ab3923@cumc.columbia.edu

Intentional self-harm (ISH) Injuries in a Pediatric Emergency Department

Jennifer E. McCain, MD
Assistant Professor, Pediatric Emergency Medicine
University of Alabama at Birmingham
jennifermccain@uabmc.edu

Authors: *Ashley E. Bridgmon, MPH, MBA; Jennifer E. McCain, MD; Kathy Monroe, MD, MSQI; William D. King, DrPH*

Background: Intentional self-harm (ISH) injuries are an increasing reason for visits to emergency departments (ED). ISH injuries are often the result of various forms of cutting, toxin ingestion, and other acts of bodily harm. Our study was conducted in an effort to quantify the numbers of ISH ED visits in our pediatric tertiary care hospital, and to identify the descriptive epidemiology of this important issue. Through an epidemiologic model approach, we seek to develop important primary and secondary public health interventions for responding to this ever-growing child health issue.

Methods: A convenience sample of 2022 ED visits for ISH injuries were identified for analysis using an injury surveillance system at our pediatric tertiary hospital. Inclusion criteria included all children evaluated in the ED with ICD 10 codes ranging from X60 – X84. Confirmatory searches of the history of present illness (HPI) containing "intentional injury" were also performed. A nested case-control design was used to compare and contrast the ISH injury visits to non-ISH injury visits. A random selection of non-ISH visits were used as the control group. An Excel datafile was used for data entry and management while MedCalc and Epi info Version 7.2.4.0 (CDC) statistical program were used for data analysis. Odds ratio determinations with 95% Confidence Intervals, t test for means (comparisons) and Z test of proportions were used when appropriate for analysis.

Results: Our study found 368 ISH ED visits during 2022. ISH visits had 4.7 times the odds of being female compared to controls, (OR=4.7, 95%CI (3.4, 6.4)). Specifically, white females accounted for the highest gender-race proportions, 51.9% vs 22.6%, (z=8.4, p<0.00001). Children with ISH visits were significantly older than controls (mean ages, 14.1 yrs. vs 7.1 years, respectively), (t=25.8, p<0.00001). ISH visits had a high rate of admission (59.2%) and 71.2% had ESI's of 2. Mean length of stay among admitted was 7.1 days compared to 2.5 days among controls (t=2.6, p<0.0001). The leading mechanism of ISH injury was poison ingestion (68.8%) which was 5.1 times the proportion of poison among controls, (z=15.6, p<0.00001). Other mechanisms of ISH injury included forms of cutting (glass, knife, sharp objects) at 26.9%.

Conclusions: Intentional self-harm injuries continue to be a growing concern for pediatric ED visits, with children as young as five years old presenting with ISH injuries. These visits more commonly result in admission than other injury types and when admitted, patients have significantly longer lengths of stay than children with non-ISH injuries. With poison ingestion being the leading cause of ISH injury, continuing to advocate for safe storage practices is necessary. Preventative public health interventions that increase awareness and target the at-risk population are needed to combat intentional self-harm injuries.

Objectives:
1. Intentional self-harm injuries are a growing cause for pediatric emergency department visits.
2. A comprehensive Public Health Model approach is needed to combat ISH injuries in our youth.
3. Primary care providers should be alert to this common problem of intentional self-harm and seek early psychiatric care for their patients.

Excess Risk of Self-Injury Associated with Autism Spectrum Disorder

Ashley Blanchard, MD, MS
Assistant Professor of Emergency Medicine in Pediatrics
Columbia University Medical Center
ab3923@cumc.columbia.edu

Authors: *Guohua Li, MD, DrPH; Stanford Chihuri; Ashley Blanchard, MD, MS; Carolyn DiGuiseppi*

Background: Autism spectrum disorder (ASD) is a neurodevelopmental condition characterized by persistent challenges in social interactions and restricted, repetitive patterns of behavior and interests. The reported prevalence of ASD in the United States has tripled in the past two decades. Recent studies indicate that ASD is associated with increased self-injurious behaviors. The purpose of this study is to assess the excess risk of self-injury associated with ASD.

Methods: Data from the 2016-2018 Nationwide Emergency Department Samples were analyzed to examine the epidemiologic patterns and excess risks of self-injury associated with ASD, and attention deficit/hyperactivity disorder (ADHD) or intellectual disability (ID). ED visits for self-injury were identified according to the ICD–10–CM external cause-of-injury matrix. Multivariable logistic regression modeling was used to estimate the adjusted odds ratios (aOR) and 95% confidence intervals (CI) of self-injury associated with ASD, and ADHD/ID.

Results: The 2016-2018 NEDS recorded a total of 99,602,049 ED visits; of them, 2,488,066 (2.5%) were related to self-injury. Self-injury accounted for 3.6% of ED visits made by patients with a diagnosis of ASD, 5.8% of ED visits by patients with a diagnosis of ADHD, and 4.9% of ED visits by patients with a diagnosis of ID. Relative to patients without ASD, ADHD, and ID, the odds of self-injury increased 84% for patients with ASD but without ADHD or ID (aOR = 1.84; 95% CI: 1.78, 1.89), 189% for patients with ADHD/ID but without ASD (aOR = 2.89; 95% CI: 2.86, 2.93), and 178% for patients with ASD and ADHD or ID (aOR = 2.78; 95% CI: 2.63, 2.94). Poisoning was the leading mechanism of self-injury, accounting for 73.7% of self-injury-related ED visits.

Conclusions: Results of this study indicate that ASD is associated with a significantly increased risk of self-injury and that comorbid ADHD/ID can explain only part of the excess risk of self-injury in people with ASD.

Objectives:
1. Update on the recent trends of autism prevalence in the US.
2. Review recent research on injuries among people with autism.
3. Assess evidence regarding self-injury risk associated with autism and comorbidities.

Understanding Perceptions around Mental Health and Suicide to Improve Suicide Screening: Conversations with Youth and Their Caregivers

Sara Kohlbeck, PhD, MPH
Assistant Professor, Department of Psychiatry and Behavioral Medicine
Director, Division of Suicide Prevention, Comprehensive Injury Center
Medical College of Wisconsin
skohlbeck@mcw.edu
she/her

Michelle Pickett, MD, MS
Associate Professor of Pediatrics—Emergency Medicine
Associate Vice Chair of DE&I, Department of Pediatrics
Medical College of Wisconsin
she/her/hers

Authors: *Sara Kohlbeck, PhD, MPH; Michelle Pickett, MD, MS*

Background: Suicide is the second leading cause of death among adolescents and young people, claiming more than 6,000 young lives in the United States in 2019. Rates of suicide among Black youth are on the rise in comparison to other racial groups. Between 2001 and 2017, suicide among Black females and males increased by 182% and 60%, respectively. In comparison, rates of suicide among white youth have declined over time. Suicide rates for Hispanic high school girls is 30% more than non-Hispanic white girls in the same age group. Mental health is stigmatized within the Black and Hispanic community and as a result, help-seeking in times of mental distress or suicide crisis may be reduced. In a national sample, 10% of Black adults (compared to 5% of the general population) had unmet mental health needs in the past 12 months. Among reasons for not seeking care was minimization of the problem and concerns about the stigma associated with mental illness. 'Double discrimination' for being Black and for having a mental illness, is a true concern within the black community and needs to be considered when designing and implementing screening programs with this population. It is critically important to determine relevant and appropriate school-based suicide screening practices and interventions in the context of Black youth suicide in an urban setting, and the aim of this study is to identify language youth employ around mental health to develop responsive suicide risk screening practices.

Methods: Focus groups were conducted with Black and Hispanic youth ages 10 to 18 (and their caregivers) in Milwaukee, WI to elucidate relevant considerations for screening, referral, and services that are culturally safe. Additionally, focus groups will also be conducted with caretakers of Black and Hispanic youth in Milwaukee to determine familial attitudes toward youth suicide screening, help-seeking for mental health or suicide-related issues, as well as to evaluate stigma-related barriers that may affect project progress.

Results: A total of six focus groups were conducted - three with Black and Hispanic youth and three with their caregivers. Themes around stigma were identified as well as lack of trust of authority figures (e.g., administration, counselors) within the schools. These issues can negatively impact help-seeking among youth, which can hinder the identification of youth at-risk for suicide in non-responsive screening practices. At the same time, youth and their caretakers highlighted positive aspects of peer support as well as a willingness to support others during a mental health crisis. Peer support, therefore, can be leveraged in screening efforts as well as attempts to increase help-seeking and reduce stigma.

Conclusions: Tailoring suicide risk screening efforts within the school setting to be congruent with youth and caregiver perceptions around mental health and help-seeking may increase the efficacy of these efforts. Culturally responsive screening practices for Black and Hispanic youth may decrease suicidal behavior in the Black and Hispanic communities.

Objectives:
1. Describe current trends in suicide among Black and Hispanic youth.
2. Detail a qualitative study aimed at identifying youth and caretaker perceptions around mental health and suicide to develop a culturally responsive suicide risk screening program.
3. Explore the qualitative themes from focus groups and highlight how these themes might impact school-based screening for suicide risk.

Middle and High School Principals' Perceptions and Practices for Implementing Suicide Prevention Programs for Their Students in Their Schools.

Dawn M. Porter, MS, CHES
Program Manager, Arkansas Chapter American Foundation for Suicide Prevention
dporter@afsp.org

Authors: *Dawn M. Porter, MS, CHES; Dr. Louis S. Nadelson, PhD; Hope Mullins, MPH*

Background: Suicide is the 2nd leading cause of death in children 10-18 years old. Suicide deaths among children have profound effect on educational communities. Secondary schools are prime locations to provide suicide prevention education as students spend most of their time in classroom learning environments. Unfortunately, many school faculty and staff are inadequately prepared to identify and intervene when a student is at risk for suicide. As the school leader, principals have the opportunity to provide and support suicide prevention programs for their students. Our search of the literature search indicated a research gap in principals' perceptions of and engagement in implementing suicide prevention programs for their students. To address the gap, we conducted a qualitative research study to explore school principals' knowledge of suicide prevention programs, their perceptions of logistical and cultural barriers, and justification for adopting suicide prevention programs.

Methods: Accessing a publicly accessible database of principals, we recruited participants via email. We focused on principals working in secondary schools where no suicide prevention work was taking place. We conducted semi-structured interviews via zoom of eight secondary school principals working in a south-central region of the United States. Interview protocol consisted of questions that aligned with the concepts of the Health Belief Model and was designed to elicit responses detailing the principal's experience with suicide among their students, identify potential barriers to

implementation, and justifications for adopting suicide prevention programs.

Results: We found principals' justifications for adopting suicide prevention programs were the desire to address their student's mental health and improved learning. Principals also recognized the need for suicide prevention programming. Logistical and cultural barriers included limited staffing, lack of knowledge of suicide prevention program resources, and support from the school district central administration. The principals also shared the cultural barriers of stigma and community resistance to school involvement in suicide prevention. Our results indicated for principals seeking to overcome barriers to implementing suicide prevention programs, they will need support and resources and will need to address issues of knowledge and perceptions in their school and community.

Conclusions: School-based suicide prevention programs can have high impact on the well-being of all in the school. There is a need to prepare principals and staff with the training and resources to identify students who may be thinking of suicide. However, there is also a need for extensive communication to ensure accurate knowledge, meaningful interventions, and sustained implementation. Many principals could benefit from professional development focused on implementation of suicide prevention programs, and there may be a high impact by including implementation of the programs as part of the initial leadership preparation.

Objectives:
1. Participants will have an increased knowledge of school principals' justifications for implementation of suicide prevention programs in their schools.
2. Participants will have an increased knowledge of school principals' cultural barriers they face that can prevent implementation of suicide prevention programs in their schools.
3. Participants will have an increased knowledge of the logistical barriers that school principals face that can prevent implementation of suicide prevention programs in their schools.

Peers Supporting Peers: An Institutional Approach to Reduce Mental/Emotional Injury

Vikki Pennington, LMSW, CCLS, CPST
Certified Child Life Specialist
TIRR Memorial Hermann/Children's Memorial Hermann
victoria.pennington@memorialhermann.org

Authors: *Vikki Pennington, LMSW, CCLS, CPST*

Background: Beginning at one of the busiest pediatric Level 1 trauma centers, a volunteer emotional first aid program (Code Lilac) launched in 2015 with the goal to provide compassionate, confidential, and timely peer-to-peer support to members of the healthcare workforce experiencing stressful work-related events. During the pandemic (March 2022), this not-for-profit health system, comprised of 17 hospitals and more than 30,000 employees in a large metropolitan area, adopted this program as a system-wide approach to support all staff within the community. Psychological distress related to providing health care was present prior to the COVID pandemic and has become a leading factor in provider's intentions to leave their profession (1, 2). Policy implications also support this type of programming, as the Joint Commission and the National Quality Forum has now recommended healthcare institutions to recognize "second victims' needs" and establish a support structure to assist them through coping with traumatic medical events (3).

Methods: Code Lilac supports peer responder teams to 14-hospital campuses. The interdisciplinary team includes 100 leaders and more than 550 peer responders. These teams were trained and supported by consultants at Johns Hopkins (RISE) Resilience in Stressful Events Program (3). Interventions include individual support, group support and pro-active support services. Data on peer responses was generated as part of the program development and improvement process.

Results: To date, this is the largest peer responder program in the United States. Over 5,000 individuals have benefitted from Code Lilac through individual or group support. Since November 2022, 100+ calls have come through the Code Lilac Hotline, which is open to the entire 30,000+-member workforce including nearly 200 outpatient locations, home based services and remote workers. These responses have addressed a variety of traumatic or stressful workplace events including cumulative stress related to patient care, fetal demise, maternal deaths, death of a child related to non-accidental trauma, suicide of a colleague, and medical errors.

Conclusions: The program's high utilization demonstrates the need for peer support in the aftermath of stressful events, as well as the receptivity of the workforce members to accessing emotional first aid support. The presenter will discuss core components of the program, ethical and professional considerations, and strategies for ensuring utilization of the services. Next steps include designing a robust prospective psychological study on the impact of participation in a peer responder program.

Objectives:
1. Describe the burden of burnout among Healthcare Professionals.
2. Recognize steps to implement a volunteer-based peer-to-peer emotional first aid program across a large health system.
3. Distinguish outcomes of supporting staff during aftermath of stressful events.

PANEL DISCUSSION

What's Known, What's New and What's Needed in Injury Prevention

Saturday, December 2, 2023, 8:00 AM to 9:00 AM

Description: This session will highlight the work of our esteemed colleagues in a myriad of injury prevention topics including firearms, drowning, sleep related injuries, suicide, and youth with autism spectrum disorder. The panelists will highlight new trends in epidemiology and intervention strategies. They will further identify gaps in their fields and describe potential solutions to improve future injury prevention efforts.

Objectives:

1. Describe existing disparities in drowning burden and access to drowning countermeasures.
2. Formulate an injury prevention framework to address pediatric drowning.
3. Understand existing burden of SUID, current trends and best practice recommendations.
4. Describe existing disparities in firearm injuries.
5. Formulate an injury prevention framework to address firearm injuries.
6. Understand the trends of injury among children with autism and their unique injury risk and available interventions.

Moderator:

Michael Levas, MD, MS
Pediatric Emergency Medicine, Medical College of Wisconsin
Medical Director, Project Ujima
Associate Director, Comprehensive Injury Center at MCW
Vice Chair of Diversity, Department of Pediatrics

Panelists:

Lorrie Lynn, MA, CPSTI
Manager, Injury Prevention Programs
Coordinator, Safe Kids San Diego
Rady Children's Hospital - San Diego
llynn@rchsd.org

Kiesha Fraser Doh, MD
Pediatric Emergency Physician
Children's Healthcare of Atlanta
Assistant Professor of Pediatrics and Emergency Medicine
Emory University

Rohit P. Shenoi, MD
Department of Pediatrics
Division of Emergency Medicine
Baylor College of Medicine
Houston, Texas

Ashley Blanchard, MD, MS
Assistant Professor of Emergency Medicine in Pediatrics
Columbia University Medical Center
ab3923@cumc.columbia.edu

PLATFORM PRESENTATIONS

Firearm Injury Prevention

Saturday, December 2, 2023, 9:00 AM to 10:00 AM

Session Description: Firearms are the leading cause of death for children and youth 1-24 years old in the U.S. Despite this challenging public health problem, there are approaches and policies that can be applied for injury prevention. In this session we will learn about risk factors associated with recidivism for firearm injury related emergency department visits in an urban area. In addition to the urban environment, we will discuss the experience of rural youth regarding rifles, shotguns, and handguns and their firearm safety training. This session will also include presentations related to possible prevention strategies to decrease firearm injuries and deaths. We will explore a universal screening with focused brief intervention program for violence risk and firearm access for youth in the emergency department, as well as a randomized controlled trial of lethal means counselling for youth presenting for a mental health evaluation in the emergency department.

Learning Objectives:

1. Examine health disparities related to repeat emergency department visits for firearm related injuries among urban youth.
2. Appraise the feasibility and utility of a universal screening program integrated with brief intervention for youth at risk for violence and firearm access.
3. Describe the experience of rural youth related to firearm use and safety training.
4. Analyze the effectiveness of a lethal means counselling program in the emergency department for improving firearm secure storage among urban families.
5. Discuss the importance of tailoring approaches among different environments, patient populations, and healthcare settings for firearm injury prevention.

Moderators:

Lois K. Lee, MD, MPH, FACEP, FAAP
Senior Associate in Pediatrics, Boston Children's Hospital
Associate Professor of Pediatrics and Emergency Medicine, Harvard Medical School
Immediate Past-President, Injury Free Coalition for Kids
lois.lee@childrens.harvard.edu

Alicia Webb, MD
Assistant Professor
UAB Department of Pediatrics
Division of Pediatric Emergency Medicine
acwebb@uabmc.edu

Increasing a hospital-based violence intervention program's services for pediatric patients and their families who come to the emergency department for interpersonal violence

Narmeen Khan, MD
Fellow Physician, Pediatric Emergency Medicine
Medical College of Wisconsin Affiliated Hospitals

Authors: *Narmeen Khan, MD; Michael Levas, MD, MS; Marlene Melzer-Lange, MD*

Background: Thousands of children are treated for firearm-related injuries in emergency departments (EDs) in the United States (US) annually, with mortality rates as high as 20%. Our children's hospital resides in an urban county within the Midwest that has one of the highest rates of firearm injuries in the US. Our hospital-based violence intervention program (HVIP) is a collaborative support network that assists pediatric victims of violence and their families during and after hospitalization. The program provides resources including housing, mental health, job security, and legal support as these individuals attempt to recover from their trauma and navigate societal stressors. Our global aim is to increase HVIP services (through increasing referral and acceptance rates) at our pediatric ED. Our specific aim is to increase HVIP referral rates in our ED by 20% over a 12-month period. We highlight the needs assessment and quality improvement strategies utilized to reach our goals.

Methods: Inclusion criteria for our HVIP are children up to 18 years of age residing within our county who have faced interpersonal violence. Injuries include firearm injuries, stab wounds, and hit-and-runs. Exclusions include being under police and/or child protective services custody, out-of-home placement, and sexual assaults. We looked at 974 ED encounters who presented to the ED from 2020 to 2023 and met the above inclusion criteria to perform a retrospective chart review. Thirty-two of these encounters were excluded as the patient was deceased or transferred to another facility. We created p-charts from the raw data and conducted focused interviews with and surveys to stakeholders, including nurses, providers, crime victim advocates (CVAs who discuss the HVIP to patients and families), and social workers. We retrospectively reviewed de-identified patient data including chief complaint and ED disposition to create the p-charts and review HVIP-eligible patients who were missed.

Results: Six hundred and eighty-four out of the 942 HVIP-eligible encounters (73%) were not admitted to the hospital for their injuries, whereas 27% were. From the children who were discharged home (73%), 44% had HVIP consults placed, with 99% placed in the ED. Sixty-nine percent of patients who had a consult placed accepted enrollment into the program. Of the

children (27%) admitted to the hospital (including general floor, intensive care unit, or operating room), 75% had an HVIP consult placed, with only 43% placed in the ED. Seventy-six percent of these patients were ultimately enrolled in the HVIP.

Conclusions: From our needs assessment and chart reviews, we learned that we are missing large volumes of HVIP-eligible referrals. As next steps, we will be implementing plan-do-study-act cycles to test whether two of many possible interventions can help us achieve our specific aim. The two interventions will be to make modifications to our ED's electronic medical record software as well as increase the visibility of and provide more resources to our HVIP's CVAs.

Objectives:
1. Discuss the importance of hospital-based violence intervention programs (HVIPs), particularly in the pediatric emergency department setting.
2. Highlight a needs assessment to critically appraise an HVIP using a quality improvement approach.
3. Gather tools for next steps, including possible interventions, to improve the HVIP.

Universal Screening for Pediatric Firearm Injury Risk: Preliminary Results from the Firearm Injury and Mortality Prevention (FIMP) Initiative

Emma Cornell, MPH
Clinical Research Program Manager
Northwell Health Center for Gun Violence Prevention

Authors: *Emma Cornell, MPH; Laura Harrison, MPH; Monica Shekher-Kapoor, MD; Sandeep Kapoor, MD, MS-HPPL; Chethan Sathya, MD, MSc, FRCSC, FACS*

Background: Firearms are the leading cause of death for US children and adolescents. Emergency departments (EDs) present unique opportunities to adopt Firearm Injury and Mortality Prevention (FIMP) strategies, serving as safety nets during times of crisis, providing care for those without primary healthcare sources, and treating patients with firearm-related injuries. Pediatric healthcare providers routinely screen for a variety of health concerns, providing anticipatory guidance and educational resources to patients and caregivers to promote health and safety. Thus, pediatric EDs provide optimal environments for implementation of FIMP strategies as part of usual care. We implemented a universal FIMP screening program to normalize conversations about firearm safety and violence risk for all patients, caregivers, and healthcare team members. This universal screening strategy was based on successful implementation of a "We Ask Everyone" approach using Screening, Brief Intervention, and Referral to Treatment (SBIRT) for substance use. We applied this SBIRT framework for substance use to FIMP, based on synergistic goals and harm reduction principles, to maximize reach to all patients and destigmatize firearm injury risk.

Methods: Universal screening for firearm access and violence risk for patients > 12 years was implemented in three New York hospitals, including one pediatric ED beginning in July 2021. For adolescent patients ages 12-17, screening consists of a question about firearm access within or outside the household, and the 4-question SaFETy score, a validated tool to predict future firearm violence risk. Screening tools and reports were programmed into the electronic health record (EHR). Prior to implementation, asynchronous online education for healthcare team members was disseminated exploring FIMP as a public health issue, reviewing the screening tool, workflow, documentation, and available resources. Additional synchronous education was provided to team members providing support to patients who screened positive.

Results: Since implementation through April 2023, 4,649 pediatric patients ages 12-17 across the three EDs were screened for firearm injury and violence risk. Among patients at our pediatric ED, 16.13% of all patients (4,503 total) were screened. 79 (1.75%) screened positive for firearm access, and 134 (2.98%) screened positive for violence risk, with 217 (4.67%) positive screens overall. Among pediatric patients with a positive screen, 77 (19.35%) were approached for a full screen, brief intervention (using motivational interviewing and the brief negotiated interview) and resources.

Conclusions: Pediatric ED FIMP screening is a promising tool to identify, and subsequently provide patients and families with resources and support to increase safety and reduce risk associated with firearm access and violence risk. Factors associated with increased FIMP utilization include robust championship by ED leadership and ongoing, health system-wide prioritization of firearm injuries as a public health concern. Disruptions to clinical workflows including COVID-19 and subsequent RSV and influenza surges temporarily reduced pediatric FIMP screens, which improved over time. Future steps include expansion of FIMP screening to additional pediatric service lines system wide.

Objectives:
1. Attendees will be able to describe the utility of universal screening for firearm injury risk in the pediatric emergency department setting.
2. Attendees will be able to identify opportunities to integrate conversations around firearm safety and violence prevention within standard clinical interactions.
3. Attendees will be able to determine barriers and facilitators to ED adoption of firearm injury prevention strategies

A National Study of Firearm Use and Safety Training of Rural Adolescents

Charles Jennissen, MD
Professor of Emergency Medicine and Pediatrics
Department of Emergency Medicine
University of Iowa Healthcare
charles-jennissen@uiowa.edu

Authors: *Jamie (Miller) Koopman, MD; Benjamin Linden, BS; Megan Sinik, BS; Kristel Wetjen, RN, MSN; Pam Hoogerwerf, BA; Junlin Liao, PhD; Charles Jennissen, MD*

Background: Data regarding rural youth's experience with firearms is limited despite their frequent presence in homes. Firearm training is considered an important aspect of safety and preventing unintentional firearm injuries and deaths. Our objective was to investigate rural adolescents' use of firearms and whether they had received formal firearm training.

Methods: A convenience sample of 2021 National FFA (formerly Future Farmers of America) Convention & Expo attendees were given an anonymous survey at the University of Iowa Stead Family Children's Hospital injury prevention booth. The survey explored their use of rifles/shotguns and handguns, when they first fired them, and whether they had completed a firearm training certification course. Data was compiled in Qualtrics and exported to Stata 15.1 (StataCorp, College Station, Texas). Descriptive (frequencies), bivariate (chi-square,

Fisher's exact test) and multivariable logistic regression analyses were performed.

Results: 3,206 adolescents of ages 13-18 years participated with 45% reporting they lived on a farm or ranch, 34% lived in the country but not on a farm and 21% lived in town. The vast majority of participants (85%) had fired a rifle/shotgun; 43% reported firing them >100 times. Of those that had fired rifles/shotguns, 41% had done so before 9 years old and 71% before 12 years. Most had also fired a handgun (69%), with 23% having fired handguns >100 times. Of those that had fired handguns, 44% had done so before 11 years of age and 77% before 14 years. Average age for first firing rifles/shotguns was 9.5 (SD 3.1) years, and 11.1 (SD 3.0) years for handguns. Males, non-Hispanic Whites, and those living on farms or in the country had significantly greater percentages that had fired a rifle/shotgun or a handgun. Significant differences were also seen by U.S. Census Region. Over half (64%) reported they had gone hunting with 32% first hunting before 9 years old and 55% before 11 years. Of those that had used a firearm, 67% had completed a firearm safety training course. Overall, 23% were/had been members of a school or club shooting team and of these, 87% had taken a safety course.

Conclusions: Most FFA member participants had fired both rifles/shotguns and handguns, many at very young ages. Significant differences in firearm use were noted by demographic factors including the youth's home setting (i.e., farms and ranches) and their U.S. Census Region. Substantial numbers of adolescents that had used a firearm had not received formal training. Families should be advised when it is developmentally appropriate to introduce youth to firearms, and all should take firearm safety training before using them.

Objectives:
1. To understand at what ages rural youth are starting to shoot rifles/shotguns and handguns, and the frequency of their use.
2. To be able to list two factors that are associated with an increased proportion of rural youth having fired a rifle/shotgun or a handgun.
3. To be able to state the proportion of rural youth that have obtained firearm safety training and describe two factors associated with adolescent firearm users having received training or not.

Impact of Cable Gun Lock Distribution on Firearm Securement after Emergent Mental Health Evaluation: A Randomized Controlled Trial

Bijan W. Ketabchi, MD, MPH
Assistant Professor of Clinical Pediatrics
Division of Emergency Medicine
Perelman School of Medicine at the University of Pennsylvania
Children's Hospital of Philadelphia
ketabchib@chop.edu

Authors: *Bijan W. Ketabchi, MD, MPH; Michael A. Gittelman, MD; Yin Zhang, MS; Wendy J. Pomerantz, MD, MS*

Background: Suicide-related presentations to pediatric emergency departments (PED) have increased drastically in recent years. PED providers have the opportunity to reduce suicide risk by counseling caregivers on restricting access to lethal means, such as medications and firearms. Supplementing lethal means counseling (LMC) with safety device distribution is effective in improving home safety practices; however, data on efficacy in high-risk patient populations is limited. The objective of this study was to determine if receiving cable-style gun locks in addition to LMC, compared to LMC alone, improved securement of all household firearms, among caregivers of children presenting to a pediatric emergency department (PED) for mental health (MH) evaluation.

Methods: In this randomized controlled trial, caregivers of patients presenting for MH evaluation completed a survey on current safety practices surrounding firearms and medication in the home. Participants were randomized to receive either LMC (control) or LMC plus 2 cable-style gun locks (intervention). A follow-up survey reassessing safety practices was distributed 1 month after initial encounter. Primary outcome was proportion of households, at follow-up, reporting all firearms secured with a locking device. Secondary outcomes included: removal of firearms and/or medication from the home, purchase of additional safety devices, change from baseline securement practices, and acceptability of PED-based counseling. Additionally, those in the intervention arm were asked about use of PED-provided locks.

Results: Two hundred participants were enrolled and randomized. Comparable portions of each study group completed follow-up surveys. The control and intervention arms had similar proportions of households reporting all firearms secured at baseline (89.9% vs 82.2%, p = 0.209) and follow-up (97.1% vs 98.5%, p = 0.96), respectively. Other safety behaviors such as removal of medication (19.1% vs 13.2%, p = 0.361), removal of firearms (17.6% vs 11.8%, p = 0.732), and purchase of additional safety devices (66.2% vs 61.8%, p = 0.721) were also alike between the two groups. There were increased odds of medication securement in both control (OR 8.8, 95% CI 3.1—20.9) and intervention arms (OR 8.2, 95% CI 3.8—19.4), compared to their respective baselines. Only the intervention arm had higher odds of firearm securement at follow-up (OR 14.5, 95% CI: 2.9—264), while the control arm did not (OR 3.7, 95% CI: 0.9—24.6). Greater than 92% of caregivers in both groups held favorable views of PED-based counseling. Within the intervention group, 70% reported utilization of PED-provided locks. Preference for different style of gun lock (e.g., lockbox) was the most cited reason among those not using PED-provided cable locks.

Conclusions: ED-based LMC is a favorably-viewed, effective tool for helping families of high-risk children decrease access to lethal means in the home. Providing cable-style gun locks did not produce higher rates of firearm securement than LMC alone—likely due to high baseline rates of firearm securement and preference for different style of lock among non-utilizers. Future studies should assess the efficacy of other devices on different aspects of home safety practices.

Objectives:
1. Understand opportunities and barriers to implementing effective ED-based lethal means counseling.
2. Understand that ED-based lethal means counseling is a valuable tool for improving multiple home safety behaviors, among families of patients at high risk of suicide or unintentional injury.
3. Understand that caregivers are open to discussion of firearm safety and the vast majority viewed ED-based counseling favorably

Saturday Lightning Round

Saturday, December 2, 2023, 10:15 AM to 10:50 AM

Session Description:
In this session attendees will learn about a variety of pediatric injuries from drowning to snake bites to firearms and health disparities within these injury mechanisms. Attendees will also see how nursing-centered programs can improve car passenger safety interventions and how regionality and rurality play a role in pediatric injury.

Learning Objectives:
1. To understand differences in pediatric drowning epidemiology across the pre, peri, and post COVID-19 era
2. To illustrate how media reports can inform pediatric drowning prevention efforts
3. To learn how a Child Passenger Safety Nurse Champion education program can increase car seat education and intervention efforts
4. To understand the available literature and its gaps for investigating health outcomes of original adverse childhood events, expanded adverse childhood events, and positive childhood experiences
5. To understand the epidemiology and clinical outcomes of pediatric snake bites in the US and variations by US region
6. To learn about rural youth experiences with firearm-related violence and their perspectives regarding firearm injury prevention strategies
7. To identify how intentionality of firearm injuries varies according to area deprivation index in rural and urban settings.

Moderators:

Wendy J. Pomerantz, MD, MS
Professor of Pediatrics
University of Cincinnati
Cincinnati Children's Hospital
Division of Emergency Medicine
wendy.pomerantz@cchmc.org
Twitter @WJPomerantzMD

Sofia Chaudhary, MD
Assistant Professor of Pediatrics and Emergency Medicine
Emory University School of Medicine
Pediatric Emergency Medicine Physician
Children's Healthcare of Atlanta
Co-PI/Atlanta IFCK Chapter
schaud3@emory.edu
Twitter @sofiaschaudhary

Treading Water: Fatal Pediatric Drownings in Alabama Pre, Peri and Post COVID Stay-At-Home Orders

Dana Eyerly, MD
PGY-3, Categorical Pediatrics
University of Alabama Birmingham
dreyerly@uabmc.edu

Authors: *Dana Eyerly, MD; Alicia Webb, MD; William King, Dr. PH; Michele Nichols, MD; Kathy Monroe, MD, MSQI*

Background: Drowning is a leading cause of injury death in children ages 1-4 years. However, few studies report on the descriptive epidemiology of childhood drowning changes during the COVID epidemic. Our objective was to describe the epidemiology of state reported child drownings in the pre, peri and post COVID periods. One of our research hypotheses was that Alabama's statewide stay-at-home order (during COVID) resulted in a significant decrease in the numbers of drownings reported compared to other years.

Methods: Death records were obtained from the Alabama Department of Public Health for drownings during the years 2016-2021, for children ages 0-17 years old in Alabama. We labeled three time periods: 2016-2019 as pre-COVID, 2020 as peri-COVID and 2021 as the post-COVID period. Numbers of drownings and other key demographics were compared between the three study periods. State reported drownings were provided as an Excel file. Basic descriptive analyses were performed using Excel and Epi Info Version 7.1, (CDC). Year to year comparisons in the numbers of drownings were evaluated statically using the Poisson test of counts. Median age differences by location of drowning were compared using the Kruskal Wallis ANOVA and Dunn's post hoc multiple comparison tests.

Results: There were a total of 104 drowning fatalities reported, with 84 drownings in the pre-COVID era, 6 in peri-COVID and 14 post-COVID. The peri-COVID year had significantly lower numbers of reported drownings ($p=0.003$) compared to all other years. Median age was found to be higher among "Open Water/ Pond" drowning victims compared to those drowning in "Bath Tub" ($p<0.0001$) and "Pool, Hot Tub, Spa" ($p=0.001$). Pre-COVID, 52% of drownings were in children ages 1-4 years old, while there were not any drownings in children ages 1-4 years peri-COVID. 60% of drownings occurred in open water for the peri-COVID era as opposed to 33% pre-COVID and 38% post-COVID.

Conclusions: Pre-COVID, pools were the setting for the most drownings in children ages 0-17 years old in the state of Alabama. We theorize that social gathering restrictions peri-COIVD led to less pool parties at homes and the closing of public pools, decreasing potential drowning settings. Rate of drownings began increasing again in the post-COVID era, likely due to the openings of public pools and social gatherings. It is unusual that the drownings of children ages 1-4 years were so

significant pre-COVID, but much less of a statement in the other two periods. This again may be because the closure of pools and less social gatherings around pools, reducing the number of toddlers who cannot swim around water.

Objectives: 1. Recognize that there were significant changes in the rate of fatal drownings for children during COVID.
2. Compare the differences in drowning demographics, such as race, age, gender, location among the three COVID eras studied
3. Understand how stay-at-home may have played a role in drowning rates during COVID.

Using Media Reports to Describe the Epidemiology of Unintentional Child Drownings in Oregon

Colin Eaton, BS
Medical Student, Oregon Health and Science University
eatonc@ohsu.edu

Authors: *Colin Eaton, BS; Brittny Flynn, BS; Jasmine Curry, MD; Ben Hoffman, MD*

Background: Unintentional injuries remain the leading cause of death for children aged 1-18 years old, and drowning remains a major cause of preventable mortality. Data from the CDC demonstrates that Oregon children die from drowning at a higher rate than the national average, and significantly more than children and youth in the neighboring states of Washington (42% higher rate) and California (72% higher rate). Objective existing data sources lack the epidemiologic and demographic information necessary to inform drowning prevention efforts. We utilized media reports of child drowning events to provide that critical information.

Methods: We identified all drowning deaths for children and youth 0-17 years of age from the Oregon Bureau of Vital Statistics for the years 2006-2020. We then performed internet searches, using publicly available media reports, obituaries, and other items regarding each death to categorize each death by age, location, and type of water.

Results: There were 171 unintentional pediatric drowning victims identified during the period examined. 134 (78%) had publicly available information that allowed us to characterize epidemiologic factors. Most pediatric drowning deaths occurred in natural water on public lands (61%overall, 85% for ages 4-17). Males drowned at a higher rate than females, approximately 3:1. The highest overall drowning rates occurred in children aged 0-4 years old, consistent with national trends. While most occurred on private property, almost half were associated with natural water and not swimming pools. Children of color drown at almost twice the rate of non-Hispanic white children (RR 1.927) in natural water on public lands. Between 6% and 20% of drownings may have been prevented with PFD use.

Conclusions: We employed media and other publicly available resources to identify key demographic and epidemiologic factors associated with drowning for children ages 0-17 in Oregon. Natural water, on both private and public land, poses the greatest risk, and children of color bear a higher burden of drowning mortality. Efforts to prevent drowning in Oregon must focus on ensuring access to multiple layers of protection, including water competence training and PFD use, and must incorporate community-based approaches to addressing equity and disparity. These findings will be used to inform community and policy initiatives to decrease drowning rates. Further research and epidemiologic tools should be used to help identify and address the disparities among drownings in children of color and other minority groups.

Objectives: 1. Oregon children suffer from higher rates of drowning as compared to neighboring states, particularly children of color are at disproportionately increased risk.
2. The majority of drownings occur in natural water on public lands, part of which could have been prevented with the use of a personal flotation device. 3. This data should be used to guide future policy initiatives to ensure the safety of children engaging in water activities.

Child Passenger Safety Nurse Champion Program: Nursing's Flourishing Ability in Car Seat Consults

Cassandia Poteau, MS, CPST, CHES
Injury Prevention Program Specialist
Department of Surgery, Trauma Center
Boston Children's Hospital
Cassandia.Poteau@childrens.harvard.edu

Barbara DiGirolamo, M.Ed., CPSTI
Injury Prevention Program Coordinator
State Chapter Director- ThinkFirst Boston
Department of Surgery, Trauma Center
Boston Children's Hospital
Barbara.DiGirolamo@childrens.harvard.edu

Deirdre Walsh, BA
Practice Administrator I, Trauma Center
State Office Coordinator, Safe Kids Massachusetts
Boston Children's Hospital
deirdre.walsh@childrens.harvard.edu

Authors: *Cassandia Poteau, MS, CPST, CHES; Barbara DiGirolamo, M.Ed., CPSTI; Deirdre Walsh, BA*

Background: Hospital-based child passenger safety (CPS) technicians are an excellent source of information and can provide child safety seats (CSS) to those in need. However, their availability may be limited due to competing demands. With the increasing community demands on technicians, the CPS Nurse Champion program was created to provide education and training to nurses to increase their knowledge and level of skill in handling car seat consults. We classify this group of staff nurses interested in obtaining CPS education and training and/or who have completed their training as "CPS Champions". They are present to provide information and seats when the CPS technicians are unavailable.

Methods: Members of the Injury Prevention (IPP) and Surgical Nursing Programs created the Child Passenger Safety Nurse Champion Program to achieve CPS competency for nurses. The course is comprised of a lecture component and a hands-on component. Participants rotated through three different one-hour breakout sessions: 1) Traditional car seats 2) Infant car seat and Dream ride car beds 3) Modified EZ-On vest. Instructors evaluated whether or not the nurses met the core

competency standards for each seat/bed. Participants completed a program evaluation at the end of the course. It is important to note that the CPS Nurse Champion program and the Infant Tolerance Screening are two different forms of nursing education.

Results: Following the implementation of the CPS Nurse Champion program, there was an increase in nurses requesting car seats for their patients without consultation from hospital-based CPS technicians. There was little change between 2019 (total request of 166) and 2020 (total request of 167) due to the COVID-19 pandemic. In a post-COVID era, the request for car seats by nurses has risen each year, with 2022 seeing the highest request at 413.

Conclusions: The creation of the CPS nurse champion program is an essential education portion for nurses working in the field of pediatrics. Child passenger safety is a crucial piece to consider when caring for a child at a pediatric hospital as care and safety should always be the top priority. Since CPS technicians are not available 24/7, it is ideal to have nurses trained in CPS education, so families can receive assistance when a CPS technician is not available. The nurses can rely on their knowledge and skills to help families get the proper car seat for their children. However, nurses are still able to connect with CPS technicians if they encounter a child that may need a specialty restraint.

Objectives: 1. There has been an increase in car seat distribution during the hospital's off hours.
2. Child passenger safety technicians have experienced a reduction in pages of non-complex patients needing car seats.
3. Child passenger safety champions continue to contact hospital-based CPS techs for assistance with complex patients.

A Scoping Review of Adverse and Positive Childhood Experiences

Dina Burstein, MD, MPH
HOPE Project Director
The HOPE National Resource Center
Center for Community-Engaged Medicine
Institute for Clinical Research and Health Policy Studies
Tufts Medicine
dina.burstein@tuftsmedicine.org
(401) 787-1316

Authors: *Dina Burstein, MD, MPH; Robert Sege, MD, PhD; Joachim Hero, PhD*

Background: Children's brain growth and cognitive development is influenced by adverse and positive experiences. The original adverse childhood experiences (ACEs) study was published more than two decades ago, therefore there is a need to update the original formulation. This study was undertaken to explore the evidence for categories of ACEs not included in the original study, and for positive childhood experiences (PCEs) that promote optimal development and mitigate the adverse outcomes associated with ACEs. We report the results of a scoping review of the literature on original ACEs, possible expanded ACEs (ExACEs), PCEs and their effects on health outcomes. This scoping review describes the available literature with the goal of identifying gaps and preparing for systematic literature reviews.

Methods: We conducted a systematic scoping review according to PRISMA standards: bibliographic review across multiple databases, screening of titles and abstracts to eliminate irrelevant articles, full text screening to identify relevant articles, data abstraction, analysis and reporting. Scoping reviews do not include an assessment of data quality. This study included only English language reports of studies conducted in the United States that reported associations between exposures and outcomes published in 2014 or later. Studies of people from other countries and prevalence studies were excluded.

Results: Over 23,000 articles were screened; 4,048 original ACEs, 6,617 ExACEs, and 8,919 PCEs. Only systematic reviews were considered for the original ACEs. Nineteen studies were included, and these reported 33 associations with abuse, 11 with family factors, and 7 with neglect. Few studies looked at physical health outcomes. Fifty-one original reports related to ExACEs were included. Exposures included bullying, discrimination, exposure to violence, and harsh parenting. Mental health outcomes were most commonly reported for ACEs and ExACEs.

A total of 220 original articles concerning PCEs were included. Analytic categories were based on the HOPE (Healthy Outcomes from Positive Experience) framework, categorized as relating to environment, relationships, and social engagement. The largest volume of literature related to caregiver relationships, school environment, and opportunities for community and spiritual engagement. Much of the data was derived from a small number of surveys. PCEs were inconsistently defined.

Conclusions: Since 2014, many studies published in peer-reviewed journal articles have examined the roles of adverse experiences, beyond the original ACEs, and positive childhood experience. Relatively few studies investigated associations between childhood experiences and physical health outcomes. Further systematic reviews are needed to better understand the health effects of the original ACEs, to explore the inclusion of discrimination, harsh parenting, and violence exposure as ExACEs, and PCEs on their own and co-occurring with ACEs.

Objectives: 1. Understanding of the quantity and focus of literature investigating health effects of original ACEs, ExACEs and PCEs. 2. Identify gaps in current body of research.
3. Identify potential ExACEs.

A Retrospective Study of Pediatric Snakebites in the United States, 2016-2022, Using the Pediatric Hospital Information System (PHIS) Database

Kristyn Jeffries, MD, MPH
Assistant Professor of Pediatric Hospital Medicine
University of Arkansas for Medical Sciences
Arkansas Children's Hospital
kmelchiors@uams.edu

Authors: *Kristyn Jeffries, MD, MPH; Sara Sanders, MD; Brittany Slagle, DO; Charalene Fisher, MD; Dustin Williford, MD; Jacob Filipek, MD; Maxwell Taylor, MD; Rachel Ekdahl, MD; Rebecca Cantu, MD, MPH*

Background: Nearly 5000 snake bite injuries are reported to United States (U.S.) poison centers annually, with 30% of those injured being younger than 19 years of age. With limited quantities of antivenin available nationally, it is important that these resources be preferentially allocated to areas with higher incidence of snake bite injuries. The purpose of this study was to describe the incidence, patient characteristics and outcomes of pediatric hospitalizations related to snake bites in the U.S.

Methods: This retrospective cross-sectional study used the Pediatric Hospital Information System (PHIS) database to identify children 0-21 years old with hospital encounters for snake bites from January 1, 2016, through December 31, 2022. Data elements collected included sex, race and ethnicity, intensive care unit (ICU) charge flag, urbanicity, U.S. region, disposition, severity of illness, length of stay, and antivenin administration. U.S. regions were categorized based on the United States Census Bureau Regions and Divisions. Frequencies and Chi-Square analysis were used to characterize the populations.

Results: There were 2,663 pediatric encounters for snake bites included in the study population, with patients primarily being male (61%), living in a Southern state (82%) and with a median age of 9.3 years (IQR: 5.5-13.1). Almost 82% of the patients were hospitalized for their injuries and 52% received antivenin at the children's hospital. Admitted children were significantly younger ($p<0.0003$) and more likely to live in non-urban zip codes ($p<0.01$), despite the majority of the study population having urban zip codes (72%). Rural children were also more likely to receive antivenin ($p<0.01$) than urban children.

Conclusions: There is significant variation in pediatric snake bites by U.S. region and rurality. Barriers to access to healthcare and antivenin may have led to more severe illness and subsequent hospitalization for injured rural children. Our findings could be helpful in directing allocations of antivenin and education about pediatric snake bite management to hospitals in areas with higher volumes of pediatric snake bites.

Objectives: 1. There was variation in patient characteristics and outcomes of pediatric hospitalizations related to snake bites in the United States. 2. A majority of children were hospitalized for their injuries and lived in Southern states. 3. Rural children were more likely to be admitted and receive antivenin.

A National Study of Rural Youth's Exposure to Firearm Violence and Attitudes Towards Firearm Safety Measures

Megan Sinik, BS
4th Year Medical Student
University of Iowa Carver College of Medicine
megan-sinik@uiowa.edu

Authors: *Megan Sinik, BS; Benjamin Linden, BS; Kristel Wetjen, RN, MSN; Pam Hoogerwerf, BA; Junlin Liao, PhD; Charles Jennissen, MD*

Background: Youth have become leading voices of concern as the epidemic of firearm deaths and injuries in the United States continues and worsens. The objective of our study's was to investigate rural adolescent's personal experiences with firearm-related violence, and their attitudes towards firearms and gun violence prevention strategies.

Methods: At the 2021 National FFA (formerly Future Farmers of America) Convention & Expo, a convenience sample of attendees were administered an anonymous survey at the University of Iowa Stead Family Children's Hospital injury prevention booth. The survey explored their personal experiences with firearm-associated deaths and injuries, and their attitudes regarding firearm-related issues and safety measures. After data were compiled, descriptive (frequencies), bivariate (chi-square, Fisher's exact test) and multivariable logistic regression analyses were performed using Stata 15.1 (StataCorp, College Station, Texas).

Results: 3,206 adolescents that were 13-18 years old participated in the survey with nearly half (45%) reporting they lived on a farm or ranch, 34% living in the country but not on a farm and 21% from a town. About 10% of participants had personally seen someone threatened with a firearm. Nearly half (46%) stated they knew someone who had been killed or injured by gunfire. Most agreed that a firearm safety course (75%) and background checks (74%) should be mandatory before purchasing a firearm (including sales and gifts between private citizens). One-half agreed that there should be laws requiring safe storage (both locked and unloaded) of firearms in homes, 18% disagreed. Nearly two-fifths (38%) agreed that parents should ask families where their children visit whether they have firearms stored unlocked. Overall, 31% agreed there should be a national database of all privately owned firearms, 35% disagreed. Only 21% agreed healthcare providers should ask parents about firearm storage in the home, 58% disagreed. Overall, those from farms were less likely to agree with firearm safety measures. Over three-quarters agreed a firearm in the home made it safer with nearly half (48%) strongly agreeing.

Conclusions: A majority of adolescent participants supported some firearm safety measures including required training and background checks. However, they do not agree with a number of other measures, some that are major components of firearm injury prevention efforts of organizations like the American Academy of Pediatrics. We did find that many rural youth's lives had been affected by the threat of firearm violence and by firearm-related deaths and injuries. Our study did not investigate the effects of firearm violence on participants' mental health and wellbeing, but future studies addressing this question seem highly justified. Rural firearm injury prevention programs should explore the basis for present attitudes and how they might be best modified to improve safety practices.

Objectives: 1. To understand the degree of exposure rural youth have to firearm-related violence and its resultant injuries and deaths. 2. To be able to state some of the general attitudes youth have about firearm issues. 3. To be able to list at least three factors that might influence youth's attitudes regarding firearms.

Intentionality of Pediatric Firearm Injuries Based on Area Deprivation Index

Altamish Daredia, MD
Resident, PGY-1
Emergency Medicine - UT Houston
altamish.f.daredia@UTH.tmc.edu

Authors: *Altamish Daredia, MD; Eric Jorge, MD; Elizabeth Baker, PhD; Gabriela Oates, PhD; Kathy Monroe, MD, MSQI*

Background: Between 2012 and 2014, on average 1300 children under the age of 18 died each year because of a firearm related injury in the United States. Studies have shown that socioeconomic differences influence many health-related issues, including the overall number of firearm related injuries; however, the specific ways in which they affect pediatric firearm injuries is less well known. The Area Deprivation Index (ADI) is an objective measure used to stratify the level of socioeconomic disadvantage based on zip codes. This study aimed to divide locations into groups based on ADI and assess the intentionality of firearm injuries based on ADI in both rural

and urban settings. The data shown here will help guide public health experts and pediatricians in targeting firearm injury prevention based on location.

Methods: A retrospective chart review of firearm related wounds was conducted in children ages 0-19 who presented over a twenty-year period (2000-2019) to our institution (pediatric quaternary care center and the sole pediatric level one trauma center in the state of Alabama), as well as the local county medical examiner's office. More than twenty variables, including zip code, associated ADI score, associated Rural-Urban Commuting Area (RUCA) code, intentionality, and outcomes, were collected using pre-determined criteria and analyzed. After accounting for the demographic characteristics of the patients, a multivariable logistic regression was used to assess for associations between socioenvironmental measures (socioeconomic and rurality) and the intentionality of the shooting.

Results: Those who experienced an intentional shooting had a higher mortality rate compared to those who experienced an unintentional shooting (52.65% vs 12.34%). Those who resided in urban areas have three times the odds of experiencing an intentional shooting (OR: 3.04, 95%CI: 1.55-5.96). Additionally, older children, females, and non-Hispanic Black children were more likely to experience an intentional shooting. Although individuals who lived in urban areas were overall more likely to experience an intentional shooting, it depended on the ADI. In areas with lower ADI, intentionality of the shooting did not vary by urban status. However, in areas with higher ADI, those who resided in urban areas were more likely to experience an intentional shooting.

Conclusions: There is a statistically significant increase in odds of an intentional shooting in an urban area as compared to a rural area, but only in low resource (high ADI) areas. More research is needed in this area of pediatric healthcare disparities, as well as ways that this knowledge can be used for more focused and targeted firearm injury prevention tactics.

Objectives: 1. Understand the basic trends in pediatric firearm injuries in the state of Alabama. 2. Learn which areas (based on SES and rurality) are more at risk for intentional vs. unintentional firearm injuries. 3. Identify how specific firearm injury prevention tactics can be applied to areas that are more at risk for intentional vs unintentional injuries.

KEYNOTE

Pioneer Award Keynote / Getting There Without a Map: Adventures in Child Injury Prevention

Saturday, December 2, 2023, 11:15 AM to 12:15 PM

Kyran Quinlan, MD, MPH
Pediatric Medical Advisor to the Director
Illinois Department of Public Health
kyran.p.quinlan@illinois.gov

For more than 25 years, Dr. Quinlan has worked to improve the health and safety of children through his education of everyone from medical students to engineers, his advocacy on microwave safety, car passenger safety, and gun safety and his determination to make the world safer for children. Dr. Quinlan, MD, MPH is an academic general pediatrician, researcher and advocate who has recently become the Pediatric Medical Advisor to the Director of the Illinois Department of Public Health. Prior to this role, he was Professor of Pediatrics and Director of the Division of General Pediatrics at Rush University Medical Center. He served as the Principal Investigator for the CDC-funded Sudden Unexpected Infant Death-Case Registry for Cook County, IL and was the prior Chair of the AAP Council on Injury, Violence, and Poison Prevention.

Dr. Quinlan graduated from Lake Forest University with a BS in Chemistry, and received his MD from Loyola's Stritch School of Medicine, and then completed his pediatric residency at Wyler Children's Hospital at the University of Chicago. He then received his Master of Public Health in Epidemiology and Biostatistics from the School of Public Health at the University of Illinois at Chicago with his MPH Essay being "Motor Vehicle-Related Injuries Among American Indian and Alaska Natives" in 1996—already involved in injury research! Between 1997 and 1999 Kyran served as the Epidemic Intelligence Service Officer in the Division of Unintentional Injury Prevention at the National Center for Injury Prevention and Control at the CDC in Atlanta. Clearly, early in his career, Kyran was focused on injury and injury prevention topics.

Dr. Quinlan is a leader in all topics pediatric injury prevention. He has examined pediatric injury epidemiology, built playgrounds and worked with communities to prevent pediatric pedestrian injury in Chicago, worked on programs to prevent sudden unexpected infant death, and strives to prevent pediatric burns through safer microwaves. Dr. Quinlan has been awarded multiple honors from the CDC for his work in the epidemiology of pedestrian injuries in various settings including the CDC's National Center for Injury Prevention and Control Directors Award "For working effectively with the U.S.

Department of Transportation and its National Highway Traffic Safety Administration to enhance research on motor vehicle injuries and to develop programs to prevent them." In 2022, Kyran received the American Burn Association "Burn Prevention Award", which is a national award annually for his extensive work to make microwave oven doors child resistant. Kyran worked for over fifteen years with engineers, injury prevention specialists, and legislators to make all microwaves safe for children. He steps outside the traditional walls of medical research to promote child safety.

Kyran has been educating trainees and faculty on pediatric injury prevention through his innovative practices. Holding a car seat fitting for pediatric residents about to graduate from their program is one example. He arranged for certified car seat technicians to teach the residents how to install seats and place baby dolls into them appropriately. He has lectured at multiple academic centers regarding pedestrian safety and participated in a quality improvement collaborative to increase safe sleep for infants amongst eight community sites around the nation. Kyran has mentored many trainees, fellows, and faculty in research practices and injury prevention strategies.

We are honored to award Dr. Kyran Quinlan the 2023 Pioneer Award for his amazing accomplishments in injury prevention for children!

Keynote Description: While the last three decades have seen remarkable advances in child injury prevention, much work remains to be done to further protect children. Dr. Quinlan will touch on moments of inspiration from pioneers whose insights and advocacy have led to key advances in our field. He will share how clinical experiences have driven his own research and advocacy efforts. He sees us all as pioneers in this field. Sometimes our efforts are effective, sometimes less so. But together, we continue to chip away at the variety of child injury threats and try to make the world a safer place for kids.

Learning Objectives: 1. Appreciate several specific notable trends in child injury over the past 30 years. 2. Recognize those "pioneers" before us whose work had a significant impact on child safety. 3. Discuss the role of personal clinical experience in driving child injury prevention advocacy work.
4. Acknowledge the varied outcomes of our efforts in child injury prevention. 5. Look forward to some of the future child injury challenges we face in the years ahead.

Workshop Sessions

WORKSHOP SESSION 1A

How to successfully develop a Youth Suicide Prevention Program in your emergency department... including a demonstration of Question, Persuade, and Refer Gatekeeper Training

Saturday, December 2, 2023, 1:30 PM to 2:45 PM

Steven C. Rogers, MD, MS-CTR
Attending Physician - Division of Emergency Medicine
Medical Director - Emergency Behavioral Health Services
Connecticut Children's
Research Scientist
Connecticut Children's Injury Prevention Center
Associate Professor
University of Connecticut School of Medicine
scrogers@connecticutchildrens.org

Kristen Volz, MS
Research Assistant 2
Connecticut Children's Hospital
kvolz@connecticutchildrens.org

Description: QPR stands for Question, Persuade, and Refer – the 3 simple steps anyone can learn to help save a life from suicide. Just like CPR, QPR is an emergency response to someone in crisis and can save lives. QPR is the most widely taught Gatekeeper training in the world. A gatekeeper is someone in a position to recognize a crisis and the warning signs that someone may be contemplating suicide. Gatekeepers can be anyone, but include parents, friends, neighbors, teachers, ministers, doctors, nurses, office supervisors, squad leaders, foremen, police officers, advisors, caseworkers, firefighters, and many others who are strategically positioned to recognize and refer someone at risk of suicide.

The first 20 participants will be eligible to participate in QPR and receive a booklet that contains all the material covered in the class, as well as a certificate of completion at no cost.

Objectives:
1. Recognize the common causes of suicidal behavior
2. Recognize the warning signs of suicide
3. Identify local and national resources to help themselves or someone in crisis
4. Recognize opportunities to bring suicide prevention training to clinical and non-clinical team members within your institution.

WORKSHOP SESSION 1B

Beyond Compartmentalization: School Transportation Safety for Preschoolers and Students with Disabilities

Saturday, December 2, 2023, 1:30 PM to 2:45 PM

Denise Donaldson, MBA, CPST-I
Editor/Publisher
Safe Ride News Publications, LLC
denise@saferidenews.com

Description: Today's at-risk children are much more likely to attend school than those of past generations, so pupil transporters must adapt to ensure these children are safe on the school bus. While compartmentalization is a suitable form of occupant protection for their typical school-age peers, child safety restraint systems (CSRS) are a must for these younger, smaller, and/or more fragile students. This session will identify the full range of CSRS options available and explore selection criteria, installation requirements, and the safe and proper use of harness systems. Tips will be provided for using CSRS in potentially challenging school bus environments, as well as directions for effective and efficient evacuation in case of emergency.

Objectives:
1. Understand the function of compartmentalization and its limitations.
2. Identify the full range of CSRS options to choose from.
3. Outline the selection criteria for CSRS options and lay out a selection model.
4. Review CSRS installation basics on school buses, especially as it varies from personal vehicles
5. Outline the steps for emergency evacuation of children who ride in CSRS.
6. Provide resources for reference and further learning.

WORKSHOP SESSION 1C

Moving from "Project" to "Publication" in Manuscript Writing

Saturday, December 2, 2023, 1:30 PM to 2:45 PM

Holly R. Hanson, MD, MS
Associate Professor of Pediatrics
University of Cincinnati
Cincinnati Children's Hospital
Division of Pediatric Emergency Medicine
holly.hanson@cchmc.org

James Dodington, MD, CPST, FAAP
Associate Professor of Pediatrics and Emergency Medicine
Yale School of Medicine
Medical Director, Center for Injury and Violence Prevention
Yale New Haven Health

Michael Levas, MD, MS
Pediatric Emergency Medicine, Medical College of Wisconsin
Medical Director, Project Ujima
Associate Director, Comprehensive Injury Center at MCW
Vice Chair of Diversity, Department of Pediatrics

Description: Academic productivity is an important component of both scholarly advancement and individual promotion. Preparation, submission, and acceptance of manuscripts are key ingredients. The British Medical Journal published an article in 2014 titled, "How to Get Your Research Published" and in this article they suggest that publishing research is important because it allows for debate and education, serves as a catalyst for practice change, and it allows for career promotion. Writing and submitting manuscripts, however, is not part of medical school curriculum and the peer-review process can be daunting with journal acceptance rates low.

This workshop will focus on the basics of writing a manuscript for peer-review publication. We will break down the writing process into a before you write, while writing, and after you write section. We will discuss ways to make writing easier, keys to collaborating while writing, choosing a journal for submission, and the dreaded response to reviewers. The second part of the workshop will allow for independent writing based on a sample "study" that is provided or workshop participants are welcome to bring their own materials to get help and ideas. We will end with a time of Q&A.

Objectives:
1. Understand how to set yourself up to write successfully and choose a journal.
2. Review the "Instructions to the Author"
3. Obtain a "toolbox" of useful instruments for writing well
4. Learn how to respond to reviewers
5. Practice writing with others.

WORKSHOP SESSION 1D

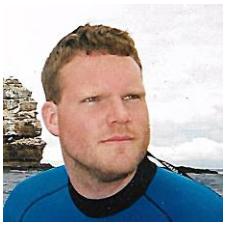
Taking Action: An Innovative Approach to Injury Prevention Using Theater

Saturday, December 2, 2023, 1:30 PM to 2:45 PM

Michele Schombs, BSN, RN, CEN
Injury Prevention Coordinator,
Department of Surgery
New York Presbyterian Queens
mis9332@nyp.org

Shahenda Khedr, BA
Research Coordinator, Department of Surgery
New York Presbyterian Queens
shk9133@nyp.org

Francesca Sullivan, BSN, RN, CEN
Trauma Program Director, Department of Surgery
New York Presbyterian Queens
frs9017@nyp.org



Robert Curran, D.C., EMT
Injury Prevention Coordinator,
Department of Surgery
New York Presbyterian Weill-Cornell
roc9187@nyp.org

Description: A challenge facing injury prevention is community engagement and behavior change. Theater performers by nature of their work are masters at engaging audiences and have the talent to keep people coming back. This workshop will demonstrate the unique work our Trauma Center is doing by employing performance techniques to engage our populations in behavioral changes that might reduce injury. Instead of didactic lectures we can offer interactive performances to our most at risk patient populations and help them create solutions using time-tested theater techniques. For policy changes, instead of simply sending letters we suggest invitations to a "legislative theater" performance working collaboratively with communities and policy makers to create changes that enable injury prevention efforts.

Forum Theater is about community self-empowerment. Developed by Augusto Boal in the early 1970s, it was used to empower communities during their struggles for justice by helping them examine their problems, collectively find solutions, and design ways to remove barriers. Another related form known as Legislative Theater works with policy makers and the community to expose weaknesses in proposed legislation. Legislative theater uses direct feedback from impacted community members during live sessions to develop policy changes. Working with communities and policy makers is at the core of injury prevention efforts to reduce the burden of injury.

Our trauma center recently published an innovations journal demonstrating the potential impact of Forum Theater on communications with marginalized populations. Our current work is focused on sharing these tools for community engagement with our regional trauma centers by offering a workshop. The current format is a 20 hour, 10-week virtual facilitator workshop. Participants learn from theater professionals how to be theater facilitators and use these tools to address injury prevention needs within their own catchment areas. Our future work will examine if combining these theater models can create real world solutions in injury prevention to reduce the burden of injury.

Participants attending the Taking Action 90 minute workshop will have an opportunity to experience different theater mini games, including our innovative theater game used to examine implicit bias. The final demonstration will be a brief Forum Theater performance providing participants an opportunity to participate as Spect-actors, with a focus on Injury Prevention/Trauma patient populations.

Objectives:
1. Discuss concepts of Theater Techniques and their application to healthcare education. (15 min)
2. Demonstrate current work using theater, our current collaborations, & regional workshop development (10 min)
3. Participate in an Interactive Theater warm-up session (Theater mini games) (20 min)
4. Participate as Spect-actors: A mini Forum Theater performance (30 min)

WORKSHOP SESSION 2A

From Symptoms to Solutions: Why Hospital Violence Intervention Programs (HVIPs) are Essential

Saturday, December 2, 2023, 2:50 PM to 4:05 PM

Lindsay D. Clukies, MD, FAAP
Associate Professor of Pediatrics
Associate Trauma Medical Director
St. Louis Children's Hospital
Washington University in St. Louis

James Dodington, MD, CPST, FAAP
Associate Professor of Pediatrics and Emergency Medicine
Yale School of Medicine
Medical Director, Center for Injury and Violence Prevention
Yale New Haven Health

Kristen L. Mueller, MD
Associate Professor in Emergency Medicine
Washington University School of Medicine
Kristen.Mueller@wustl.edu

Marlene Melzer-Lange, MD
Professor of Pediatrics
Medical College of Wisconsin
Attending Physician, ED/Trauma Center
Children's Hospital of Wisconsin
mmelzer@mcw.edu

Randi Smith, MD
Associate Professor, Trauma/Surgical Critical Care
Grady Memorial Hospital Department of Surgery
Emory University School of Medicine
randi.smith@emory.edu

Kateri Chapman-Kramer, LCSW
Center Manager
Center for Advancing Health Services, Policy and Economics Research (CAHSPER)
Washington University in St. Louis | Institute for Public Health
kgchapman-kramer@wustl.edu

Laura A. Kemerling, MSN, RN, C-NPT
Program Manager, The Center for Childhood Safety
Children's Mercy Hospital, Kansas City
lakemerling@cmh.edu

Description: Trauma and injury is the number one cause of morbidity and mortality for children in the United States. Every year thousands of injured children are treated in hospitals throughout our country and some of these injuries are considered violent in nature. Data show that victims of interpersonal violence are at elevated risk of re-injury and violence perpetration. Many of the children who have been the victim of interpersonal violence will go on to initiate violence toward others leading to unsafe communities and further injury and death.

Intervening with this patient population while in the hospital is key to a successful hospital-based intervention. Data show that patients are receptive to interventions that promote positive behavior changes during these moments in healthcare settings, making intervening during these teachable moments crucial for long-term success. Hospital-based violence intervention programs (HVIPs) are multi-disciplinary programs that identify patients at risk of repeat violent injury and then link them with hospital and community based resources aimed at addressing underlying risk factors for violence. Instead of waiting for a patient to seek out support, HVIPs bring trauma-informed care to the patient while in a hospital-based setting. The fundamental basis of HVIPs are to intervene at the bedside and set up intensive, long-term community based case management services following the injury and ultimately altering risk trajectories. They include offering follow up services including crisis intervention, mentoring, home visits, etc. and addressing the Social Determinants of Health and building partnerships with communities and survivors of violence. The support network continues once patients are discharged from the hospital with a pathway for outpatient care and other services.

As medical providers and advocates, we know that patients who are injured often need a multi-disciplinary approach to healing which is why a growing number of hospitals across the nation are embracing HVIPs. HVIP programs are even becoming the standard of care for larger hospitals. But how is such a program created? What type of funding is needed? In this session we will hear from members of some unique and successful HVIPs around our country. We will discuss the pearls and pitfalls to starting a program at your institution and how to set yourself up for long-term success. Attendees will have the opportunity to network and participate in a question and answer session with our speakers.

Objectives: 1. Define what a Hospital Violence Intervention Program (HVIP) is and why they are essential in caring for our patients. 2. Present different examples of unique HVIP initiatives within our IFCK network. 3. Discuss the pearls and pitfalls to starting a program and how to overcome barriers and ensure your program is set up for success.

WORKSHOP SESSION 2B

Child Death Review: Partners in Prevention

Saturday, December 2, 2023, 2:50 PM to 4:05 PM

Abby Collier, MS
Director
National Center for Fatality Review and Prevention
acollier@mphi.org

Description: The death of a child is a community tragedy and blame does not rest in any singular place. CDR teams are multidisciplinary, community-based, data-driven, and action-oriented processes that seek to understand the risk and protective factors surrounding a death to identify systems gaps and strengths. The goal of CDR is to help communities celebrate more birthdays. This session will focus on how CDR teams can help inform IFCK activities. CDR offer a unique and timely view into how families live, work, study, and play. The multidisciplinary review of the child, family, and systems examines interactions before the child's death, during the death-causing event, and after. Common team members include, healthcare providers, child welfare professionals, coroners or medical examiners, death scene investigators, home visiting programs, healthy start agencies, district attorneys or other legal system leaders, and community-based organizations. CDR teams review and collect data from a wide variety of records, including medical, social service and support services, school, death scene, autopsy, public health, child welfare, and legal. These records help paint a complete picture of what systems and resources were available to the family and barriers to access. CDR teams discuss the social context in which the family lives. This includes discussing inequities and life stressors such as racism, housing instability, poverty, relationship challenges, transitions, and trauma history. Life

stressors are often contributing drivers to child death. As a result, CDR teams create a unique data set that can be used to identify individual, family, community, agency, and policy strengths and gaps. The National Center provides extensive resources on a wide range of topics. This includes resources for specific causes and manners of death such as drowning, suicide, or motor vehicle crashes. Resources for discussing, uncovering, and addressing inequities present at the individual, family, community, agency, and systems levels are also available. Lastly, the National Center provides resources for CDR teams on how to improve data collection, entry, analysis, and dissemination. The National Center produces a variety of data products and maintains an interactive web-based Tableau environment populated by deaths entered into the National Fatality Review- Case Reporting System (NFR-CRS) by CDR teams. This data is available at the national, state, and local levels. It is intended to inform and enhance prevention activities. The National Center also produces data infographics and in-depth data reports. One of the most impactful components of CDR is improved systems responses and interpersonal relationships between agencies. Leveraging relationships to conduct public health work is a core public health function. CDR teams offer a unique web of partners that can help inform injury prevention activities. This session will focus on the CDR process, the data collected and provide examples of how CDR and IFCK collaborate.

Objectives: 1. Gain an understanding of the CDR process. 2. Understand how data collected by CDR teams can inform injury prevention activities. 3. Identify opportunities to build or enhance collaboration between CDR teams and IFCK coalitions. 4. Hear success stories from IFCK coalitions that are collaborating with their CDR program.

WORKSHOP SESSION 2C

How to Transport a Superhero: Considerations for safe transportation of children with unique medical circumstances

Saturday, December 2, 2023, 2:50 PM to 4:05 PM

Dex Tuttle, M.Ed., CPST-I
Injury Prevention Program Manager
Children's Minnesota
Dex.Tuttle@childrensmn.org

Michelle Nichols, CPST-I
Injury Prevention Health Educator
Oregon Child Passenger Safety Coordinator
OHSU Doernbecher Childrens Hospital
nichmich@ohsu.edu

Description: Car safety seats are designed for the typical child with minimal positioning or behavioral needs, but how do the nearly 20% of children with disabilities travel safely if a conventional car seat does not meet their needs? Child Passenger Safety Technicians are left with limited opportunities to build their skillset after tech class or the Safe Travel for All Children enrichment course, often with limited resources or mentoring opportunities. This session will serve as a technical update including tips, tricks, and resources to best meet the family's needs.

Objectives: 1. Awareness of common medical diagnoses and their car seat challenges. 2. Describe when/how various adaptive car seats can be used. 3. Participate in real-life case studies to determine which car seat(s) can be used.

WORKSHOP SESSION 2D

Navigating Mentor-Mentee Relationships in Injury Prevention: From Successes to Challenges

Saturday, December 2, 2023, 2:50 PM to 4:05 PM

Sofia Chaudhary, MD
Assistant Professor of Pediatrics and Emergency Medicine
Emory University School of Medicine
Pediatric Emergency Medicine Physician,
Children's Healthcare of Atlanta
schaud3@emory.edu

Brent M. Troy, MD, MPH, FAAP
Assistant Professor
Department of Pediatrics
University of Texas at Austin Dell Medical School

Kathy W. Monroe, MD, MSQI
Professor of Pediatrics
University of Alabama
krmonroe@uabmc.edu

Wendy J. Pomerantz, MD, MS
Professor of Pediatrics
University of Cincinnati
Cincinnati Children's Hospital
Division of Emergency Medicine
wendy.pomerantz@cchmc.org
Twitter @WJPomerantzMD

Maneesha Agarwal, MD, FAAP
Associate Professor of Pediatrics and Emergency Medicine
Emory University School of Medicine
Pediatric Emergency Medicine Physician
Children's Healthcare of Atlanta
maneesha.agarwal@emory.edu

Altamish Daredia, MD
Resident, PGY-1
Emergency Medicine - UT Houston
altamish.f.daredia@UTH.tmc.edu

Charles Jennissen, MD
Professor of Emergency Medicine and Pediatrics
Department of Emergency Medicine
University of Iowa Healthcare
charles-jennissen@uiowa.edu

Steven C. Rogers, MD, MS-CTR
Attending Physician - Division of Emergency Medicine
Medical Director - Emergency Behavioral Health Services
Connecticut Children's
Research Scientist, Connecticut Children's Injury Prevention Center
Associate Professor, University of Connecticut School of Medicine
scrogers@connecticutchildrens.org

Description: The mentor-mentee relationship is a vital connection for professional and personal growth and success. This relationship can be transformative for both the mentee and mentor and result in pivotal career defining moments. Yet there is no standardized curriculum for being a mentor during medical training and many of us find ourselves in this role early on in our careers. Additionally, finding a mentor that would support growth and discovery for your injury prevention interests may require making connections outside of your department or institution to find a good fit.

This workshop will include panelists that are in various stages of being a mentor (seasoned, mid career, early career) along with mentees to provide attendees with the breadth of experiences for mentor mentee relationships. How can we find that transformative mentor mentee relationship? This session will define key components needed for these relationships to thrive and panelists will share their best practices. Attendees will also learn pitfalls that can unravel mentor mentee relationships. We will discuss how to find a mentor that would support your injury prevention interests and share our mentorship discovery paths.

Attendees will then participate in break-out sessions with small groups to discuss the best approach to challenging topics including: • What to do when the mentor mentee relationship isn't working? • How to approach authorship discussions with your mentor or mentorship team? • How to navigate having a mentor from an outside institution?

At the conclusion of workshop groups will share what they have learned from the breakout session. We will conclude the session by discussing how to transition from being a mentee to mentor.

Objectives:
1. Define key components needed for a successful mentor-mentee relationship
2. Identify pitfalls that can lead to a breakdown in the relationship
3. Explore how to find a good fit for a mentor for your injury prevention interests
4. Discuss how to overcome roadblocks and navigate challenging topics within the mentor-mentee relationship
5. Understand how to transition from being the mentee to the mentor

CHILD PASSENGER SAFETY GROUP MEETING

Child Passenger Safety Group Meeting / LATCH Manual Training

Saturday, December 2, 2023, 5:00 PM to 6:00 PM

Denise Donaldson, MBA, CPST-I
Editor/Publisher
Safe Ride News Publications, LLC
denise@saferidenews.com

Description: There are many tools which support the important work of Child Passenger Safety Technicians. This workshop will be provided during the annual CPS Subcommittee Meeting to increase the use and knowledge of the LATCH manual and answer questions for effective increased use across the country. Each program which does not currently use the LATCH manual will receive a manual after the training/meeting. A $750 grant was secured through SafeKids to support the purchase of LATCH manuals.

LATCH Manual 101 includes an overview of the basic components of SRN's LATCH Manual, an essential resource for child passenger safety advocates. This CEU presentation focuses on the types of information in the LATCH Manual, where it comes from and, most importantly, how to find it. 1-CPS CEU for recertification

Objectives: 1. CPS Technicians will become familiar with the organization of the detailed information provided in the LATCH manual 2. CPS Technicians will be able to quickly identify necessary information to ensure proper specific vehicle & car seat installation specifications. 3. Understand the benefits of the LATCH manual and how to use this tool to support technicians' continued growth and development.

PLATFORM PRESENTATIONS

Other Injury Prevention Topics

Sunday, December 3, 2023, 9:00 AM to 10:15 AM

Session Description:
This session will focus on a variety of injury prevention topics drawing attention to the breadth of the field of childhood injury prevention. Speakers will delve into topics ranging from rural perspectives on equestrian helmet use, cognitive interventions to improve visual attention and impacts on teen driver safety, and clinical pedagogies for approaching conversations on substance use in injured teens in an inpatient setting. Additionally, there will be a timely assessment of previous conference topics, their evolution, and progress made and a compelling initiative that both tugs at heartstrings and makes strides in injury prevention - The Teddy Bear Clinic. This session will provide a wide range of views, advancements, and overcoming challenges in injury prevention.

Learning Objectives:
1. Describe rural adolescent perspectives on equestrian helmet use
2. Identify factors associated with publication after presentation at IFCK conference
3. Learn about contemporary applications of visual field technologies for improving teen road safety
4. Understand successes and limitations in tools for initiating and maintaining effective dialogues with adolescents regarding substance use
5. Describe a unique collaboration between the community and clinicians for injury prevention and health promotion via The Teddy Bear Clinic

Moderators:

Maneesha Agarwal, MD, FAAP
Associate Professor of Pediatrics and Emergency Medicine
Emory University School of Medicine
Pediatric Emergency Medicine Physician
Children's Healthcare of Atlanta
Co-PI/Atlanta IFCK Chapter
maneesha.agarwal@emory.edu
Twitter: @tarhealer

Shelby Crespi, MPH, CPST
Community Relations Specialist
Childhood Injury Prevention Program
Lucile Packard Children's Hospital | Stanford Medicine Children's Health
PhD Student | Stanford University
screspi@stanfordchildrens.org

Rural Adolescent Attitudes and Use of Equestrian Helmets

Brianna Iverson, BS
Second Year Medical Student
University of Iowa Carver College of Medicine
brianna-iverson@uiowa.edu

Authors: *Brianna Iverson, BS; Devin Spolsdoff, MS; Pam Hoogerwerf, BA; Kristel Wetjen, RN, MSN; Shannon Landers, BS; Charles Jennissen, MD*

Background: Horses are still common in rural areas including farms and ranches and are used for work-related activities as well as for recreation. Equestrian helmets can help prevent and decrease the severity of head injuries when on or around a horse. Yet, helmets may be underutilized by horseback riders. Our study objective was to evaluate the frequency of equestrian helmet use in rural adolescents, their attitudes with regards to helmets and to identify associated demographic factors.

Methods: A convenience sample of 2022 Iowa FFA (formerly Future Farmers of America) Leadership Conference attendees completed an anonymous survey at the University of Iowa Stead Family Children's Hospital injury prevention booth. Data was compiled and imported into Stata 15.1 (StataCorp, College Station, TX). Descriptive and statistical analyses were performed including bivariate (Chi-square, Fisher's exact test) and multivariable logistic regression analyses.

Results: 1,331 adolescents who were 13-18 years of age participated. One-fourth (26%) of participant's households owned a horse with those from farms having the highest ownership proportion (37%), $p<0.01$. Youth from farms were 4.3 times more likely to own a horse than those living in towns. Overall, 45% had ridden a horse in the past year. Females (51%) and those whose families owned a horse (86%) had higher proportions having ridden a horse in the past year. Females were 2.1 times and horse owners 15.6 times more likely to have ridden a horse in the past year than males and non-owners, respectively. Females, those from farms and horse owners also had higher proportions riding horses frequently (daily/monthly). Equestrian helmet use was: 13% always, 10% mostly, 11% sometimes, 17% rarely, 50% never. Females had higher helmet use as compared to males. Helmet importance (rated 1-10) was a median of 6 and mean of 5.8, lower ratings than for dirt bikes or motorcycles. Those who had not ridden or rode infrequently viewed equestrian helmet use as being more important than more frequent riders ($p<0.001$). Only 22% supported equestrian helmet use laws. Males, non-Hispanic Whites, farm residents and horse owners had lower proportions supporting helmet laws. Respondents who had participated in an activity that required equestrian helmet use had higher percentages that reported wearing helmets, viewed wearing helmets as important, and supported laws mandating helmet use (all $p < 0.001$); they were also 4 times more likely to wear a helmet than those who had not participated in an activity mandating equestrian helmet use.

Conclusions: One-half of study adolescents never used equestrian helmets when riding horses. However, those who had participated in an activity mandating that they wear helmets had higher helmet use and ratings of helmet importance. Requiring helmet use at training centers, competitions, club events and group rides may help increase general equestrian helmet use. Education and other interventions to help change the safety culture surrounding equestrian helmet use is needed in rural areas.

Objectives: 1. List at least two youth demographic factors associated with higher proportions having ridden a horse in the past year. 2. Describe rural youth equestrian helmet use and the importance youth ascribe to wearing helmets while riding horses. 3. State what effect required helmet use at training centers, competitions, club events and group rides may have on adolescent's use of and attitudes regarding equestrian helmets.

Abstract to Publication: A 7-year analysis of abstract presentations at Injury Free Coalition for Kids Annual Conference

Kristyn Jeffries, MD, MPH
Assistant Professor of Pediatric Hospital Medicine
University of Arkansas for Medical Sciences
Arkansas Children's Hospital
kmelchiors@uams.edu

Authors: *Kristyn Jeffries, MD, MPH; Kathy Monroe, MD, MSQI*

Background: The annual Injury Free Coalition for Kids (IFCK) conference is an important way for injury prevention researchers to disseminate their research. This study sought to identify the publication rate of abstracts accepted to the IFCK conference and assess factors that influence the likelihood of publication.

Methods: We identified abstracts accepted to the 2014-2021 annual IFCK conferences. Presentation formats included lightning round poster and oral presentations. Abstracts published in journals were identified by searching the author and abstract title or keyword in PubMed and Google Scholar. The doctorate status of the presenting author, impact factor at time of publication, and the publication in a journal supplement were catalogued. We used descriptive statistics and logistic regression to determine associations with publication.

Results: Of 258 accepted abstracts from 2014-2021 IFCK conferences, 72% were selected for platform presentations and 49% were subsequently published. Over 50% of published abstracts were published in a journal supplement supported by IFCK. The most common journals for the remainder of published abstracts were Pediatrics (n=6, 4.7%), Clinical Pediatrics (n=5, 3.9%) and Pediatric Emergency Care (n=5, 3.9%). Median journal impact factor for all published abstracts was 2.4 (interquartile range [IQR] 1.9-3.4). Platform presentations had almost twofold higher odds of publication compared to poster presentations (odds ratio [OR] 1.9, 95% CI: 1.1, 3.4). Lead authors with doctorate degrees had threefold greater odds of publication than lead authors without doctorate degrees (OR 3.2, 95% CI: 1.9, 5.2). The median time to publication was 10 months (IQR 5-18), excluding those abstracts presented at the 2021 conference.

Conclusions: A high percentage of abstracts accepted for presentation at the IFCK conference are subsequently published, with a large proportion being published in supported journal supplements. This study emphasizes the need for continued support of the journal supplement by IFCK. Increased mentorship, especially for injury prevention researchers without doctorate degrees, should be encouraged to help overcome barriers to publication after presentation at the IFCK conference.

Objectives: 1. To describe the accepted IFCK conference abstracts that are subsequently published. 2. To identify factors associated with publication after presentation at IFCK conference. 3. To recognize the continued need for mentorship for presenting authors to reach publication

The Impact of UFOV4 and Visual Acuity on Adolescent Visual Response to Safety Critical Events in a Driving Simulator

Kaiden D. Kennedy, BS
Post-Baccalaureate Research Assistant
University of Alabama at Birmingham, TRIP Lab

Authors: *Kaiden D. Kennedy, BS; Benjamin McManus, PhD; Despina Stavrinos, PhD*

Background: Motor Vehicle Collisions (MVCs) are the leading cause of death and injury among adolescents in the US. To recognize safety critical events (SCEs), drivers must not only use their central vision, but also their peripheral vision. When using both central and peripheral vision, cognitive tasks can be successfully performed in a Useful Field of View (UFOV) paradigm. The UFOV task measures processing speed, divided attention, and selective attention. UFOV performance has been linked to crash involvement in older adults and those with various medical conditions, as well as simulated MVCs in young adults. This study examined whether UFOV was a predictive measure of visual recognition of SCEs when combined with Visual Acuity (VA), the current visual screening tool used for obtaining driving licensure in a sample of adolescents.

Methods: As part of a larger study examining driving attention, 190 adolescents (Mage=17.12 years, SD=1.98; 53% female) provided UFOV assessment (subtests 1-4), VA measurement, Trails tests A and B, and drove in a high-fidelity driving simulator. Licensed adolescents (n=81) were enrolled within 2 weeks of receiving their driver's license. Unlicensed adolescents (n=109) had no prior driving experience. During the simulated 7-mile drive, participants encountered five SCEs (e.g., vehicle/pedestrian suddenly nearing driver's pathway). Visual reaction time and glance length to the SCEs were assessed with eye tracking within the simulator vehicle.

Results: Regressing visual reaction time on licensure status (licensed, unlicensed), gender (male, female), SCE type (vehicle, pedestrian), VA (20/25 or better, 20/30 or poorer), Trails (B – A time difference), UFOV 4 (Selective Attention 2), UFOV 4 by licensure interaction, and UFOV 4 by VA interaction indicated poorer UFOV 4 scores were associated with slower visual reaction time ($F = 2.04$, $p < .01$).This effect was moderated by VA, such that only those with VA 20/30 or poorer displayed slower reaction time as a function of poorer UFOV 4 scores ($t = 3.30$, $p < .01$). Although licensed participants displayed significantly faster visual reaction times ($F = 6.2$, $p = .01$), UFOV 4's effect on visual reaction time was not dependent upon licensure status.

Conclusions: UFOV selective attention may be predictive of some visual behavior in adolescent drivers, and this appears to depend in part on the adolescent's VA. Since VA alone has not been directly associated with MVCs or hazard detection in adolescents, further investigation is needed to determine UFOV's role in adolescent visual behavior while driving. Future research should include adolescents of wider ranging VA scores to examine the relationship between UFOV 4 and VA on visual glance reaction time and to better examine the predictive ability of UFOV in adolescent drivers.

Objectives: 1. The effects of UFOV4 and Visual Acuity on visual reaction time in adolescents. 2. The difference in effectiveness of UFOV testing between adolescents and older adults.
3. Further recommendations in determining fitness to drive for adolescents.

Continuing Conversations about Alcohol and Drugs with Injured Adolescents

Michael J. Mello, MD, MPH
Professor of Emergency Medicine
Warren Alpert Medical School of Brown University
Director, Injury Prevention Center at Rhode Island Hospital-Hasbro Children's Hospital
mjmello@lifespan.org

Authors: *Michael J. Mello, MD, MPH; on behalf of the IAMSBIRT Study Investigators ; Jermy Aidlen, MD; Janette Baird, PhD; Sara Becker, PhD; Julie Bromberg, MPH; Emily Christison-Lagay, MD; Andrew Kiragu, MD; Karla Lawson, PhD; Lois K. Lee, MD, MPH; Robert Todd Maxson, MD; Isam Nasr, MD; Charles W. Pruitt, MD; Stephanie Ruest, MD, MPH ; Kelli Scott, PhD; Anthony Spirito, PhD; Mark Zonfrillo, MD, MSCE*

Background: Screening, Brief Intervention and Referral to Treatment (SBIRT) for alcohol or drug (AOD) misuse has been effective in a variety of healthcare settings. The American College of Surgeons Committee on Trauma (ACS-CoT) adopted a requirement for certification as a level one trauma center that mandated universal screening for alcohol misuse and delivery of a brief intervention for those screening positive. Our study objective was to determine if adolescent trauma patients who screened positive for AOD use were directed to and engaged in follow-up AOD conversations after hospital discharge, and if this changed after implementation of a structured SBIRT program.

Methods: This study was part of a larger implementation study of SBIRT (IAMSBIRT: NIAAA R01AA025914) with adolescent trauma patients admitted from 2018-2022 to ten level one pediatric trauma centers. The study utilized a stepped-wedge design in which sites implemented the SBIRT program at different time points. A convenience sample of adolescent trauma patients (12-17 years), which oversampled AOD positive adolescents, was enrolled to receive a survey within 30 days of discharge. Adolescents were surveyed about advice they received from trauma staff to have follow-up conversations with their primary care provider (PCP) on AOD following discharge, and whether or not they had acted on that advice. Additionally, electronic health record (EHR) data on all admitted trauma patients were collected to identify those documented as screening positive for AOD, and whether they received indicated brief intervention and referral for continued AOD discussion following discharge.

Results: Adolescent assent and parent consent for study enrollment was obtained on 430 patients (62.6% of approached patients), 6 withdrew and 329 (77.6%) completed the 30-day post discharge patient survey. Of those enrolled before implementation, 16.7% of AOD positive adolescents reported being advised to have follow-up AOD discussions with their PCP. This increased to 21.7%, but not significantly (p=0.22), following implementation of the IAMSBIRT study protocol. AOD positive adolescents referred for other non-PCP AOD counseling was low both before (15.6%) and after (14.6%) IAMSBIRT implementation. Of those referred, 33% at baseline and 30% after IAMSBIRT had accessed AOD counseling at 30 days. EHR data demonstrated increased screening using a validated screening tool (25.5% to 47.7%, p <0.001), increased identification of AOD positive adolescent trauma patients (20.2% to 23.9%, p = 0.02) after IAMSBIRT implementation, but no change (3.1% to 2.0%) in referral to PCP or non-PCP for AOD discussions or counseling services.

Conclusions: Our study found encouraging increases in AOD screening, but no change in referrals for post-discharge AOD discussions or counseling services. ACS-CoT has mandated AOD screening and brief intervention for trauma patients but requiring linkage to continued AOD discussion for those adolescents screening positive may be necessary to improve referral and subsequent AOD discussion practices. Further research to best accomplish the RT part of the SBIRT model is needed.

Objectives: 1. Screening and brief interventions for AOD use is required for admitted patients at ACS level one trauma centers. 2. An implementation strategy can improve AOD screening and BI delivery, but challenges persist for referrals. 3. Additional efforts are needed to continue adolescent AOD discussions after trauma center discharge.

Doctor for a Day: Community Teddy Bear Clinic

Makenzie Ferguson, RN, BSN, CPEN
Injury Prevention Educator
Trauma Services
Children's Hospital of Orange County
mferguson@choc.org

Authors: *Makenzie Ferguson, RN, BSN, CPEN; Carly Hume, MS, CCLS*

Background: The purpose of the Teddy Bear Clinic is to use children's play to educate school aged children on health and safety topics. The clinic takes place at a school where each child receives a teddy bear when they check in. Next, they have one hour to visit various stations with their bear to practice common hospital activities such as vital signs and first aid. The goal is to increase familiarity of the environment and medical tools during hospital or clinic visits. This gives children a sense of mastery and control in an environment they may be unfamiliar with. Other stations are dedicated to safety. Here they learn about disaster preparedness, water and other summer safety topics. Educational resources are given to the students to take home and share with parents.

Methods: This program was a partnership between trauma services and the child life department. Child life specialists can develop and deliver developmentally appropriate education on sensitive topics related to trauma injury prevention. Each station was run by nurses, EMT's or child life specialists. Funding for the bears was secured through a private donor with the help of the hospital foundation. If funding isn't available, the students can alternatively bring their own stuffed animal from home. Some play medical supplies were purchased by the

departments and various expired medical equipment was borrowed from the hospital.

Results: 240 students ages 4-11 years old went through the clinic. School leadership described the program as "a joyful, informative, and memorable learning experience." Developmentally appropriate pre and post surveys are currently being developed to further measure outcomes for future programming.

Conclusions: The utilization of a Teddy Bear Clinic is an effective and engaging method to deliver injury prevention and various health topics to children. The stations can be easily adapted to various populations as well as many different safety education topics. Community partners such as fire departments or police departments can also be included to enrich the learning experience. Limitations included time management to accommodate various ages and engagement at each station as well as difficulty measuring outcomes in very young children.

Objectives: 1. Participants will understand the benefits of using a Teddy Bear Clinic to engage young children in safety education. 2. Participants will be able to verbalize the resources needed to replicate this program to meet the needs of their community and/or injury prevention program 3. Participants will be able to describe stakeholders involved in the development of a Teddy Bear Clinic.

LIGHTNING ROUND PRESENTATIONS

Sunday Lightning Round

Sunday, December 3, 2023, 10:25 AM to 11:20 AM

Session Description: This session will look at a variety of pediatric injury prevention programs and topics, sharing the successes and challenges for each of them. This session will offer an opportunity for exploration of innovative partnerships and programming that could be applied to programs in other communities. These lightning round presentations will cover various topics including pediatric dog bites during COVID, helmet use, detection of child abuse, addressing disparities, distribution of firearm safety kits in urban cities and safe sleep kits for expectant parents.

Learning Objectives: 1. Describe rural adolescent's use of helmets and the importance they ascribe to helmet use while riding snowmobiles.
2. Assess impact of comprehensive, accessible injury prevention education and safety supplies in underserved communities using health equity approach.
3. Plan and implement a sustainable home safety assessment project.
4. Illustrate differences in outcomes when utilizing various educators in the emergency department.
5. Learn the key principles of a safe system approach to be able to proactively identify risks in the transportation system and develop multiple countermeasures to help provide a safe and equitable transportation system for all road users.

Moderators:

Holly R. Hanson, MD, MS
Associate Professor of Pediatrics
University of Cincinnati
Cincinnati Children's Hospital
Division of Pediatric Emergency Medicine
holly.hanson@cchmc.org

Pam Hoogerwerf, BA
Program Manager for Pediatric Injury Prevention and Community Outreach
University of Iowa Stead Family Children's Hospital
pamela-hoogerwerf@uiowa.edu

Impact of Helmet Use on Local Pediatric Trauma Outcomes to Guide Injury Prevention Initiatives

Tommy Kim, BA
MD Candidate, Class of 2024
University of Massachusetts Medical School
tommy.kim@umassmed.edu

Authors: *Peter J. Keefe, BS; Tommy Kim, BA; Jeremy Aidlen, MD; Kaitlyn Wong, MD, PhD, MPH; Jonathan Green, MD, MSCI; Michael Hirsh, MD; Muriel Cleary, MD, MHS*

Background: In this study, we evaluated the incidence of helmet use in pediatric patients that presented to a Level I trauma center following a bicycle, motorcycle (MC), all terrain vehicle (ATV), or skating accident. We analyzed the rates of intracranial injury in patients with helmets compared to patients without helmets. The objective of this study was to better understand the local community's injury prevention needs.

Methods: IRB approval was obtained to query a Level I Trauma Registry Database. All trauma activations between January 1st, 2017, and December 31st, 2021, for patients aged 0 to 18 years were analyzed. We specifically looked at the cumulative incidence of trauma activations caused by bicycle, motorcycle, or skating accidents and calculated helmet rates within each type of accident. In addition, patients were categorized into age groups of 1-4, 5-9, 10-14, 15-18. The primary outcome was to examine intracranial injury, defined by ICD10 Diagnosis codes. Chi-squared analysis was used to determine statistically significant differences between patient cohorts.

Results: The 5-year number of bicycle related trauma activations was 108, motorcycle was 66, ATV was 26, and skating was 13. The rates of patients who were not wearing helmets were 68% for bicycle-related traumas, 20% for motorcycle traumas, 54% for ATV traumas, and 85% for skating traumas. The rate of patients not wearing helmets in bicycle related traumas decreased as age increased (age group 1-4:

n=3, 0%; group 5-9: n=22, 59.1%; group 10-14: n=63, 71.4%; group 15-18: n=20, 75%).

For bicycle-related traumas, there were fewer intracranial injuries in children who wore helmets (helmet: 12 (34.3%), no helmet: 44 (60.3%); p=0.011). The rates of intracranial injuries were lower in children who wore helmets for MC traumas (helmet: 22 (41.5%), no helmet: 8 (61.5%)), ATV traumas (helmet: 3 (25%), no helmet: 8 (57.1%)), and skate traumas (helmet: 1 (50%), no helmet: 8 (72.7%)); however, these were not statistically significant differences.

Conclusions: The rates of helmet use are uniformly low amongst pediatric non-MC trauma patients, with an inverse relationship between helmet use and age among bicycle specific trauma. These results underscore the importance of bicycle helmet use in the pediatric population. Furthermore, the data highlights a need for improved helmet use in the local community. Future efforts are needed to evaluate why helmet use within this patient population is unsatisfactory and identify potential interventions, which may include increased education or access to safety gear.

Objectives:
1. Although national data is important, evaluation of local community data could help better guide injury prevention efforts.
2. Despite knowing the importance of using helmets, use among children in our community is suboptimal.
3. Proper helmet usage in children is critically important to decrease rates of intracranial injury.

The Effects of the COVID-19 Pandemic on Pediatric Dog Bite Injuries

Thomas Menk, MD
Fellow, Department of Pediatric Emergency Medicine
Emory University
Children's Hospital of Atlanta
paulthomasmenk@gmail.com

Authors: *Thomas Menk, MD; E. Melinda Mahabee-Gittens, MD, PhD; Wendy J. Pomerantz, MD, MS*

Background: Shortly after the onset of the COVID Pandemic, when many schools and outside activities were suspended, dog adoption rates increased. It is unknown if increased dog adoption rates along with stay-at-home orders resulted in increases in the prevalence of dog bites in children. The objective of this study was to examine the incidence and characteristics of dog bites in 0-18-year-old children seen in a pediatric emergency department (PED) during the COVID-19 pandemic compared to before the pandemic.

Methods: A retrospective review of electronic medical records of children evaluated in the PED of a level 1 pediatric trauma center and its satellite PED from March 1, 2018, through February 28, 2022, who had a discharge diagnosis of dog bite (ICD-10 W54.0XXA) was conducted. Subsequent patient visits for the same diagnosis were excluded. Pre-pandemic cases, March 1, 2018, through February 29, 2020, were compared to those that occurred during the pandemic, March 1, 2020, through February 28, 2022. Incidence rates, demographics, patient dispositions, and injury characteristics were analyzed using chi-square analysis and student's t-tests.

Results: Of the 65,204 total injury-related patients seen in the PED during the study months, 2,222 (3.4%) were for dog bites. Compared to pre-pandemic cases, there were 114 more cases during the pandemic, and the incidence for the first year of the pandemic was 1.5 times higher than the 2 pre-pandemic years (Figure 1); the incidence returned closer to the pre-pandemic rate during the second year of the pandemic. There were no demographic differences between the pre-pandemic and during pandemic groups regarding age, sex, race, or ethnicity. However, more patients had private insurance during the pandemic compared to pre-pandemic (60.2% vs. 49.8%, p<0.001; see Table 1). More patients were admitted during the pandemic compared to pre-pandemic (6.1% vs 3.7%, p < 0.05). More patients required operative management during the pandemic compared to before (4.9% vs 3%, p<0.05). Facial injuries and injuries to multiple body parts occurred more frequently during the pandemic than pre-pandemic (face 35.9% vs 33.5%, respectively and multiple 18.5% vs. 15.6%, respectively, p<0.05). Total cases per age group did not vary between the pre-pandemic and during pandemic groups. For both groups, children ages 5 to 9 years were most commonly affected (33.6% pre-pandemic; 35.2% during).

Conclusions: There was a higher incidence of PED visits, higher admission rates, and an increase in multiple body part and facial injuries in children with dog bite injuries during the COVID pandemic compared to pre-pandemic. Pediatric providers should emphasize safe dog interactions with anticipatory guidance.

Objectives:
1. Dog bites in pediatric patients increased during the initial period of COVID-19 pandemic
2. As social restrictions relaxed, dog bite incidence rates returned back to pre-pandemic rates.
3. Higher admission rates, higher OR rates, and increases in facial and multi-part injuries suggest that dog bite injuries were more severe during the pandemic.

Snowmobile Helmets: Attitudes and Use by Rural Adolescents

Brianna Iverson, BS
Second Year Medical Student
University of Iowa Carver College of Medicine
brianna-iverson@uiowa.edu

Authors: *Brianna Iverson, BS; Devin Spolsdoff, MS; Pam Hoogerwerf, BA; Kristel Wetjen, RN, MSN; Shannon Landers, BS; Charles Jennissen, MD*

Background: Snowmobiles are a common recreational activity in rural areas in northern climes. Head injuries are a common cause of deaths and injuries while snowmobiling, and helmet use can significantly decrease the risk. Our objective was to determine rural adolescents' attitudes regarding helmets, the frequency of their use while riding snowmobiles and associated demographic factors.

Methods: An anonymous survey was given to a convenience sample of attendees of the 2022 Iowa FFA (formerly Future Farmers of America) Leadership Conference at the University of Iowa Stead Family Children's Hospital injury prevention booth. Descriptive, bivariate (Chi-square, Fisher's exact test), and multivariable logistic regression analyses were performed after data compilation and importation into Stata 15.1 (StataCorp, College Station, TX).

Results: 1,331 adolescents between 13-18 years completed the survey with 50% living on farms, 21% in the country but not on a farm and 28% from towns. One-fourth (26%) lived in a

household that owned a snowmobile with those from farms having the highest ownership proportion (31%), p<0.001. Overall, 35% had ridden a snowmobile in the past year. Snowmobile owners, males, non-Hispanic Whites, and farm residents all had higher proportions having ridden a snowmobile in the past year (all p<0.01). Snowmobile owners and older adolescents also had higher percentages of riding more frequently (weekly/daily), p<0.001 and p=0.025, respectively. Helmet use was: 53% always, 14% mostly, 11% sometimes, 6% rarely, 15% never. Helmet use importance (from 1-10) while riding snowmobiles was rated relatively high (median 9, mean 8.2), significantly higher than that for all-terrain vehicles (6, 6.1). Owners, females, and at least weekly riders had greater proportions that wore a helmet all or most of the time as compared to peers (p=0.018, p<0.001 and p<0.01, respectively), and they also rated the importance of wearing a helmet higher. Those whose families owned snowmobiles were 3.1 times more likely to always or almost always wear a helmet than those who did not own one. Overall, 59% stated there should be a law requiring snowmobile helmets.

Conclusions: Study adolescents rated wearing a helmet while snowmobiling very important and the majority supported laws mandating their use. Almost half who rode snowmobiles reported not always wearing a helmet. Our study identified demographics for which interventions regarding helmet use could be targeted. More rural adolescents always wearing a helmet while riding snowmobiles would likely decrease the number of deaths and serious injuries associated with these vehicles.

Objectives:
1. List at least three youth demographic factors associated with higher proportions having ridden a snowmobile in the past year.
2. Describe rural adolescent's use of helmets and the importance they ascribe to helmet use while riding snowmobiles.
3. State which youth might be at greater risk for not wearing a helmet while riding snowmobiles.

Meeting the Community Where they Are: Reaching Underserved Populations through Partnership with A Home Visiting Nurse Program

Shelby Crespi, MPH, CPST
Community Relations Specialist
Childhood Injury Prevention Program
Lucile Packard Children's Hospital | Stanford Medicine Children's Health
PhD Student | Stanford University
screspi@stanfordchildrens.org

Salvador Vargas, CPST-I
Program Manager
Lucile Packard Children's Hospital | Stanford Medicine Children's Health
svargas@stanfordchildrens.org

Authors: *Shelby Crespi, MPH, CPST; Salvador Vargas, CPST-I; Melissa Burke, MPH*

Background: Unintentional injuries are the leading cause of death for children ages 1-19. Falls and motor vehicle crashes are among the top mechanisms of injury observed in the Lucile Packard Children's Hospital Stanford Pediatric Emergency Department. To prevent these injuries, the Childhood Injury Prevention Program uses a partnership approach to reach underserved families throughout the Bay Area.

Methods: The Childhood Injury Prevention Program at Lucile Packard Children's Hospital Stanford has partnered with the San Mateo County Nurse Family Partnership (NFP) Program for seven years to reach underserved families with important safety information and supplies. The NFP Program is an evidence-based, national, nurse home-visiting program. First-time expecting parents are paired with a Public Health Nurse who provides case management from pregnancy through the child's second birthday. Families enrolled in the program are from historically underserved populations: low income, English Language Learners, racial/ethnic minorities, single parents, young or teen parents, or are experiencing substantial hardship. Safety workshops are taught by LPCHS Childhood Injury Prevention Program Staff (certified Child Passenger Safety Technicians) and cover: child passenger safety, falls prevention (furniture tip overs, stair falls, falls from furniture, trips/slips, and window falls), home safety (water safety, burns and scalds prevention, poison prevention, choking prevention). Each family takes a 2-hour safety workshop three times while enrolled in the NFP Program – while expecting, when their child is 12 months, and at 24 months before families graduate from the program. At each stage, parents are provided with safety information specific to their child's current age and development as well as what to expect later. Families are also provided with safety supplies at no cost including an appropriate car seat, pack n plays, sleep sacks, 46-piece home safety kits, and window locks. Classes are hosted in English and Spanish by Child Passenger Safety Technicians. The class is facilitated in other languages, such as Thai, Ukrainian, and Portuguese, using translators. Knowledge change is assessed through pre and post surveys. Public Health Nurses reinforce injury prevention education while conducting in-home visits and make suggestions to modifications to child's environment to promote safety.

Results: In 2022, 80 families were provided with education and safety supplies. Families demonstrated increases in knowledge around confidence in installing car seats, understanding the safest place for a child to ride in a car, attitudes around bedsharing with infants, and other safety topics. Families taking safety classes three times, as well as in-home reinforcement of injury prevention knowledge by Public Health Nurses, results in program participants selecting the appropriate safety measure or behavior 90%-100% of the time by the end of the program.

Conclusions: Injury prevention messaging is best retained and results in positive behavior change using multiple touchpoints and education modalities. Consistent, age-appropriate injury prevention education coupled with in-home reinforcement and free safety supplies leads to families reporting prioritizing safety. Moreover, reaching families during pregnancy and in their child's/children's early years helps to establish a culture of safety in which parents and caregivers prioritize injury prevention and can proactively adapt to their children's safety needs as they grow.

Objectives:
1. Understanding how to establish a partnership with community-based organizations and home-visit nursing programs
2. Assess impact of comprehensive, accessible injury prevention education and safety supplies in underserved communities using health equity approach
3. How to establish trust and conduct follow up to maintain attendance over several sessions

Injury Prevention in the Emergency Department

Anna Paige Wilson, BS
Medical Student
UAB Heersink School of Medicine
apwilson@uab.edu

Authors: *Alicia Webb, M.D; Michele Nichols, M.D; Jennifer McCain, M.D.; Elizabeth Rocker, MSW, LICSW, PIP; Kathy Monroe, MD, MSQI; Anna Paige Wilson, B.S.*

Background: Safe storage practices have been shown to decrease incidence of medication ingestion and firearm related injuries in pediatric patients. This abstract describes successful approaches using different personnel in a busy pediatric emergency department setting to improve safe storage among parents.

Methods: Various educators (public health student, medical student, full time social service providers) were used in the emergency department to assess feasibility of ED as site for intervention and education, sustainability of various educators and impact of education and equipment on parental behaviors.

Results: The initial stage of this project used a public health student as educator and resulted in 98% enrollment with 363 families receiving education and 843 total children impacted and increased reported correct storage for meds (9% to 85%) and firearms (45% to 67%). The second stage used a medical student as educator and resulted in 93% enrollment with 106 families receiving education and 199 children impacted. Both students were time limited when they returned to classwork. The study was refined to utilize medical social workers who are employed within the hospital with follow-up calls by a medical student. This has resulted in 78 families educated (271 children impacted) to date and began in July 2022. Follow up phone calls for those educated by social services (68% follow up rate) resulted in 24% of families utilizing the firearm lock and 72% using the medication box.

Conclusions: The emergency department is an effective location to provide families with education about safe storage of medication and firearms regardless of educator utilized. The project was effective when using students as educators but found this to be unsustainable due to scheduling conflicts and time restraints. The implementation of full-time hospital employees as educators provided a more sustainable model.

Objectives:
1. Understand the importance of safe storage practices in prevention of ingestion and firearm-related injuries.
2. Describe the materials and education provided to families in this study.
3. Illustrate differences in outcomes when utilizing various educators in the emergency department.

Characteristics of Pediatric Emergency Department Encounters for Fractures Concerning for Abuse

Stephanie Ruest, MD, MPH
Assistant Professor of Pediatrics and Emergency Medicine
Warren Alpert Medical School, Brown University
Hasbro Children's Hospital
Stephanie_Ruest@brown.edu

Authors: *Stephanie Ruest, MD, MPH; William Rudman MSc; Carsten Eickhoff, PhD; Susan Duffy, MD, MPH*

Background: Childhood fractures affect an estimated 20% of children, with approximately 12-20% of fractures caused by abuse. While the literature has described fracture patterns that should prompt a child abuse evaluation, little is known about the characteristics of the emergency department (ED) encounters themselves (e.g., time of day, day of week) and associated patient demographics among children for whom a child abuse pediatrician (CAP) consult is obtained. The objective of this study was to describe ED encounter arrival and disposition characteristics and demographics of children ages 0-5 years presenting to a tertiary pediatric ED with fractures who did and did not have a CAP consult.

Methods: This study was part of a larger retrospective observational study of 2,991 patients aged 0-5 with an ED discharge diagnosis including fracture who were seen in a regional tertiary pediatric ED in New England between January 2014 and December 2021.This institutional dataset includes all ED-encounter full-text clinician notes, radiology reports, and discrete variables (e.g., demographics, ICD-9/10 codes, triage acuity). Descriptive analyses of ED encounter arrival and disposition characteristics, patient demographics, and presence of a CAP consultation were completed.

Results: There were 2,991 unique patient encounters for fractures during the study period, of which 193 (6.5%) had a completed CAP consult. Compared to children without a CAP consult, children who had a CAP consult had proportionately fewer weekend presentations (21.7% versus 31.9%) and more Monday presentations (21.8% versus 14.3%), a higher proportion of visits between 11p-7a (17.1% versus 8.7%), and a higher proportion of more acute triage ESI designations (68.9% ESI 2 versus 35.0% ESI 2). 86% of ED encounters with a CAP consult resulted in an admission, versus 9.9% of visits without a consult. Children with a CAP consult had a lower median age (0.5 years, IQR 1.2 versus 3.3 years, IQR 2.8), with a higher proportion of children identified as Black race (11.4% vs 8.5%) and with government insurance (45.0% vs 35.9%).

Conclusions: We found distinct ED encounter arrival temporal patterns for children with fractures who had a CAP consult, namely an increased proportion of visits on Mondays and decreased proportion of weekend visits, as well as an increased proportion of visits overnight. There was a higher proportion of more acute triage ESI designations and a higher proportion of admissions compared to children without a consult. Patient demographic trends were similar to prior publications about abusive injuries. These ED temporal patterns should be further studied to understand why they occur and may inform the development of child abuse prediction models.

Objectives:
1. Fractures are a common childhood injury and up to 20% may be due to abuse.
2. Children who had a child abuse pediatrics consultation had a

lower mean age and a higher proportion of more acute emergency severity index triage designations.
3. A higher proportion of children with fractures who had a child abuse pediatrics consultation were seen on Mondays and on the overnight shift compared to those without a consultation.

First Responder Outreach Project: Prevention through education and resources

Lorrie Lynn, MA, CPSTI
Manager, Injury Prevention Programs
Coordinator, Safe Kids San Diego
Rady Children's Hospital - San Diego
llynn@rchsd.org

Authors: *Lorrie Lynn, MA, CPSTI*

Background: Young children are particularly vulnerable to unintentional injury and death. The unintentional death of infants from suffocation or sudden infant death syndrome continues to be the leading cause of injury and death for infants under one-year of age. According to the County of San Diego - Health and Human Services Agency, nine infant deaths due to suffocation were recorded between 2017 to 2019. From 2017-2020 Emergency Room data from Rady Children's Hospital -San Diego recorded suffocation as a mechanism of injury for eight infants. For children ages 1 to 4 years old, drowning is the leading cause of injury and death. The majority occur in swimming pools. During the pandemic, when families were in lockdown, most children who experienced a drowning incident were in backyard swimming pools. Falls are the leading cause of hospitalizations for children in this age group. During the pandemic lockdown, window falls increased dramatically to 55 in 11 months. Typically, Rady Children's Hospital trauma department sees three fall victims a month. Thirty-eight percent of all trauma cases were falls with 42% of the total victims being children 1-3 years old. In 2022, the trauma department received seventy-nine victims of second story falls.

Methods: To address home safety for children we created the First Responder Outreach Program. Based on the Cribs for Kids National Public Safety Initiative, we created the First Responder Outreach Project. To develop and evaluate the feasibility we partnered with Chula Vista Fire Department (CHFD). Chula Vista is a rapidly changing city in the San Diego region. This city is our first responder participants will be culturally competent to address these culturally diverse, economically disadvantaged communities. Our First Responder Outreach project trains Emergency Personnel to target areas of concern, using simple messages and providing access to needed safety resources. These resources (Safe Sleep Survival Kits, water safety Books, window locks, home safety strategy flyers, information about car seat inspections, etc.) are made available at local sites or delivered to the family to ensure quick solutions to identified safe sleep environmental education and needs. Our project targeted four of the leading causes of unintentional injury for children 5 years and younger. Working with the CVFD and EMS we developed and implemented a train-the-trainer model, with resources provided by a grant, and a tracking system.

Results: Held the first train-the-trainer meeting in January 2023. Developed a tracking system for materials to be shared with families. Trained 160 first responders using the method designed in collaboration with the Chula Vista Fires Department Educators. Families have received a selection of the available materials, with one family receiving all safety resources. The First responder Outreach program also led to a Child Passenger Technician training. This has increased the number of car seats inspections, twice each month.

Conclusions: Injuries and deaths occurring in the home are preventable. Through the first responder partnership with Chula Vista, we will be able to assess the effectiveness of this approach and reduce the number of families at risk for child injury.

Objectives:
1. Plan and implement a sustainable home safety assessment project
2. Build a collaboration with first responders
3. Institute a train-the-trainer model and tracking system to evaluate program effectiveness

Safety Baby Showers: An Approach to Improve Parental and Pediatric Resident Practice of Infant Injury Prevention

Heather Hirsch, MD, MPH
Heather Hirsch MD, MPH
Resident Physician, Department of Pediatrics, Emory University
AAP Representative, Emory Pediatrics Residency Program
Children's Healthcare of Atlanta
HMHirsc@emory.edu

Authors: *Heather Hirsch, MD, MPH; Melissa Adams, MD; Vidya Menon, MD; Brooke Evans, MD; Kaitlin Hannan, MD; Christine Kaba, MD*

Background: Unintentional injuries are the leading cause of deaths for all people from ages 1-44 years old. For infants (children under 1 year of age), unintentional injuries are the 5th leading cause of death. Unintentional injuries have been shown to be decreased via injury prevention counseling. One way to provide such counseling is via safety baby showers which are educational events that are feasible and helpful in improving expectant parent knowledge and comfortability with infant-related injury prevention topics. We also know that pediatric resident physicians can be great sources of information and influence for families of infants but do not always incorporate injury prevention discussions into their visits with families. In one study, less than half of pediatric residents mentioned injury prevention in their well-child visits, and when an injury prevention topic was introduced, only approximately 1 minute was devoted to the topic.

Methods: The goal of our program is to implement a sustainable safety baby shower curriculum into an existing group prenatal care setting for low-income mothers. Our curriculum includes multiple injury prevention topics ranging from infant safe sleep to poison prevention. We will provide a safety baby shower guide for families to reference, we will have individual stations on different injury prevention topics, and we plan to provide safety devices like hot water monitors, safe sleep sacks, baby proofing devices, etc. to incentivize parents to continue practicing infant injury prevention after their baby is born. We plan to evaluate the attendants' knowledge, attitude, and beliefs related to infant injury prevention topics via surveys at the showers along with a one-month follow-up phone call (after their baby is born) to gauge retention of safety topics and family's current practice. Additionally, we would like to gather baseline data of Emory pediatric residents' knowledge of, barriers to discussing, and comfortability with discussing injury prevention topics. We also plan to have some pediatric

residents participate in the showers so we can assess the efficacy of the showers' ability to increase pediatric resident's knowledge of and comfortability with discussing injury prevention with families.

Results: We expect our intervention to improve expectant parents' knowledge of and comfortability with infant injury prevention topics. We hope by providing some infant safety devices parents will endorse adherence to infant safety practices. Additionally, we expect pediatric residents' knowledge and comfortability with discussing injury prevention topics to be on the lower side at baseline since they do not receive much training on these topics at present. We hope the residents that attend the showers will have improved knowledge and comfortability with infant safety topics as opposed to their colleagues who did not attend.

Conclusions: Infant safety is a wide array of topics that can be overwhelming for both parents and healthcare providers. We believe that safety baby showers will improve both parents' knowledge and comfortability in practicing infant injury prevention along with improving pediatric resident knowledge and comfortability discussing these topics with parents.

Objectives: 1. Key components of safety baby showers. 2. Safety baby showers can be implemented into existing programs. 3. Areas pediatric residents may improve in their knowledge of infant safety.

Injury prevention program development driven by top-down commitment to distribute firearm safety kits in a large metropolitan area

Sarah Beth Abbott, BS, EMT-LP
Injury Prevention and Outreach Education Coordinator
Children's Memorial Hermann Hospital
sarah.abbott@memorialhermann.org

Authors: *Sarah Beth Abbott, BS, EMT-LP*

Background: Firearm injury is a leading and preventable cause of death for adolescence in the United States. Our region, which encompasses several large metropolitan areas, is particularly concerning for injuries and fatalities caused by firearms. In response to the crossing of the lines of the Center for Disease Controls and Prevention mortality data, validation of local TraumaBase© Registry System data, and increased prevalence of school shootings, our President and Chief Executive Officer, of one of the largest not-for-profit health systems, publicly pledged to provide thousands of firearm safety kits to individuals and families in our community. The Level I Pediatric Trauma Center Injury Prevention and Outreach Education Coordinator was then delegated by leadership to develop a program that is committed to reducing injuries and death from firearms by increasing awareness and education of protective measures and risk factors.

Methods: The Injury Prevention Coordinator utilized a systematic approach in developing a firearm safety kit distribution program that would be ideal for the 11-hospital system in the large metropolitan area. The coordinator used the five core components of Model Level I and Level II Trauma Center injury and violence prevention programs: Leadership, Resources, Data, Effective Interventions and Partnerships. Literature review and Logic Model development were significant early in the process. Recruitment of key champions, content experts, system communications/public relations, material management and marketing for the project occurred during 7/2022-12/2022 with kit distribution during 1/2023-4/2023. Evaluation design included mixed-methods approach with data collected from champions after the 22 specific interventions for quantitative and qualitative data.

Results: In a mere 94 calendar days, the injury prevention champions vested into this firearm safety kit project, disseminated 10,000 kits into the metropolitan community at 22 unique locations during outreach events. Outreach events included internal (hospital locations) and external (community partners, art/health fairs, major sporting events, standing hemorrhage control courses and health clinics). Firearm safety kit contents included: Master Lock Cable Lock, Babysitter Information Tear Pad (asking if there is an unlocked gun in the home?), 988 Suicide and Crisis Lifeline Flyer and Fact Sheet: Firearm Injury Prevention Education for Parents (English/Spanish).

Conclusions: With using injury prevention core components, thorough program planning, having transparent conversations and keen diligence of all stakeholders led to a plan that can be replicated in large metropolitan areas when top-down decisions arise. The project also resulted in establishing the foundation and support of a more robust firearm safety program within the large not-for-profit health system in the future.

Objectives: 1. Discuss the five core components of Model Level I and Level II Trauma center injury and violence prevention program. 2. Understand the importance of logic model development in a firearm safety kit distribution program. 3. Recognize the significance of collaboration and community resources in relation to firearm safety.

Review of Pediatric Pedestrian Fatalities Through a Safe System Lens to Prevent Future Deaths: Differences in Child and Adolescent Risk Factors

Tanya Charyk Stewart, MSc
Injury Epidemiologist & Data Specialist, London Health Sciences Centre
Adjunct Research Professor, Depts of Paediatrics and Pathology & Laboratory Medicine, Schulich School of Medicine & Dentistry at Western University
Associate Scientist, Lawson Health Research Institute
Motor Vehicle Safety (MOVES) Research Team, Western University

Authors: *Tanya Charyk Stewart, MSc; Kevin McClafferty, BESc; Moheem Halari, MBBS; Allison Pellar, MEng; Pascal Verville, PEng; Michael Pickup, MD; Douglas Fraser, MD; Jason Gilliland, PhD; Mike Shkrum, MD*

Background: Pediatric pedestrians are a particularly vulnerable road user group, comprising an increasing proportion of road traffic injuries and deaths. The objective of this study was to review the epidemiology of child and adolescent pedestrian fatalities to identify risk factors to target via a safe system approach.

Methods: Fatal pedestrian collision and injury data were collected from the Office of the Chief Coroner (2013-19), with selected crash investigations. Descriptive analyses were undertaken. Child (< 14 years) and adolescent (15-19 years) pedestrian crashes were compared with Pearson chi square

and Mann Whitney U tests. Multivariate logistic regression modeling was performed with risky behavior as the outcome, followed by an assessment of model fit and predictive accuracy.

Results: There were 59 pediatric fatalities, 25 (42%) children and 34 (58%) adolescents, with median (IQR) age=17.0 (7.0-19.0) and ISS=75 (33-75). The head was the most frequent (90%), and severely injured body region, followed by the thorax (88%). Thirty-six pedestrians (61%) engaged in risky behavior. Logistic regression modeling found being male (OR=5.883), in an urban environment (OR=7.209), at nighttime (OR=13.562) significantly associated with pedestrian risky behavior. Significantly more children were involved in collisions during the daytime (6:00-1800) (83% vs. 30%; p<0.001), in crosswalks (42% vs. 10%; p=0.007) and intersections (45% vs. 20%; p=0.042), while crossing with the right of way (42% vs. 7%; p=0.003). Adolescents had higher impairment (36% vs. 0%; p=0.001), dark conditions (80% vs. 12%; p<0.001) and high-speed collisions (77% vs. 46%; p=0.017). There were 6 intentional adolescent pedestrian deaths (20% vs. 0%; p=0.027). Two-thirds (4/6) of these intentional injuries were death by suicide.

Conclusions: Pediatric pedestrians engage in risky behaviors. Being male, in an urban environment, at night increased the odds of risky behaviors. A safe system approach recognizes that people are vulnerable and inevitably make mistakes. Incorporating multiple countermeasures can help provide a safe and equitable transportation system that mitigates crash risk and protects all road users. Increased mental health and substance use services, higher rated vehicle headlight performance and reducing speeds were identified as prevention strategies to target adolescents. For children, implementing crossovers, safe routes to school programs and increased use of collision avoidance vehicle safety features, which are effective at low speeds, in lighted areas, could be effective strategies to mitigate pedestrian crash risk.

Objectives:
1. By the end of this presentation, participants will be able to identify risk factors for child (age < 14 years) pedestrian crash fatalities, including low speed, daytime collisions in crosswalks and intersections, that can be used to target prevention strategies to mitigate child pedestrian crash risk.
2. Participants will be able to identify adolescent (age 15-19 years) pedestrian unintentional and intentional fatality risk factors, including high speed collisions at night, often involving impairment, that can be used to target prevention strategies to mitigate adolescent pedestrian crash risk.
3. Participants will learn the key principles of a safe system approach to be able to proactively identify risks in the transportation system and develop multiple countermeasures to help provide a safe and equitable transportation system for all road users.

Partnering Prenatally for SUID Prevention: Safe Sleep Kits for Expectant Parents

Mandy Che, BS
Medical Student
RUSH Medical College
mandy_l_che@rush.edu

Authors: *Mandy Che, BS; Gina Lowell, MD, MPH; Kyran Quinlan, MD, MPH*

Background: Sudden Unexpected Infant Death (SUID) kills ~3600 infants each year in the US. While SUID is associated with many upstream structural root causes of poor health, there is strong evidence that consistently providing a safe sleep environment for infants may prevent SUID. Safe sleep education provided during the prenatal period is less often implemented or tested for feasibility, acceptability, or efficacy.

Methods: Funded by a Pacesetter grant from the Injury Free Coalition for Kids, we created 120 gift bags with safe sleep educational materials and products for distribution to expectant parents in the prenatal OBGYN clinic during their third trimester “Baby Friendly” visit. Clinic nurses distributed these bags and encouraged participation in REDCap surveys assessing safe sleep planning and intent. Data analysis included both quantitative analyses of the parent surveys as well as qualitative feedback from nurses.

Results: Gift bags were distributed between October 2021 and February 2022. Parent surveys were completed by 22/120 (18.3%) parents. All survey respondents stated they planned to put their baby to sleep in a crib or bassinet, and 13 (59.1%) participants had already purchased items for their infant’s sleep environment. Ten (45.6%) parents demonstrated either worry or were unsure about keeping their infant safe while sleeping. All respondents had a better understanding of how to keep their babies safe and planned to do so based on AAP guidelines. Nurse's feedback indicated that this initiative was feasible and well-received by parents and staff members.

Conclusions: Prenatal education is a feasible and acceptable approach to promoting infant safe sleep. Our study showed that though all parents intended for their infant to use a safe sleep space, many parents were worried or uncertain about keeping their baby safe during sleep. A substantial number of parents had not yet purchased items for safe sleep, indicating that the 3rd trimester may be an important time to influence parents to plan for safe sleep and avoid unsafe products. Further evaluation of the delivery of safe sleep education and/or maternal perceptions, anxiety, and receptivity around safe sleep, can serve to develop a longitudinal approach to preventing SUID.

Objectives:
1. Safe sleep education in the prenatal setting has not been widely implemented or tested for feasibility, acceptability or efficacy, though it might be a better time to intervene.
2. We promoted infant safe sleep education in the prenatal OBGYN clinic and found that it was well received by clinic staff and parents. Our results suggest that the prenatal period may be a more appropriate time to address parental anxieties regarding infant sleep safety and help parents plan early and avoid purchasing unsafe products.
3. Further evaluation of the delivery of safe sleep education and/or maternal perceptions, anxiety, and receptivity around safe sleep can serve to develop a longitudinal approach to preventing sudden unexpected infant death.

Moderator and Presenter Biographies

Sarah Beth Abbott, BS, EMT-LP — Sarah Beth Abbott, BS, EMT-LP is the Pediatric Injury Prevention and Outreach Education Coordinator at Children's Memorial Hermann Hospital in Houston, TX. She has experience delivering health education to stakeholders within the local community and has extensive background in program planning, team building and regulatory experience. She received her Bachelor of Science with a focus on Health Education from the University of Houston. She is the program coordinator for the Injury Free Coalition for Kids – The University of Texas Health Science Center at Houston – McGovern Medical School (UTH) and Children's Memorial Hermann Hospital (CMHH).

Maneesha Agarwal, MD, FAAP — Dr. Maneesha Agarwal is an associate professor in pediatrics and emergency medicine at Emory University School of Medicine and an attending physician in pediatric emergency medicine at Children's Healthcare of Atlanta. She received her undergraduate and medical school degrees at the University of North Carolina in Chapel Hill followed by pediatrics residency in the Boston Combined Residency Program in Pediatrics and pediatric emergency medicine fellowship at Carolinas Medical Center in Charlotte. She is passionate about injury prevention, and her previous work encompasses multiple fields including poisoning prevention, child passenger safety, teen driving, firearm safety, consumer product safety, and adverse childhood experiences. Dr. Agarwal enjoys research, advocacy, education, and mentoring the next generation of injury prevention leaders. She co-founded the Children's Healthcare of Atlanta Injury Prevention Program (CHIPP) and serves as the pediatrics expert for the Injury Prevention Research Center at Emory. She is also faculty for the national Trainees for Child Injury Prevention program.

Pablo Aguayo, MD, FACS, FAAP — Pablo Aguayo, M.D. is an Associate Professor of Surgery at the University of Missouri Kansas City, Director of the Burn and Wound program, Director of the Critical Care Fellowship and Associate Director of Trauma/Critical Care at Children's Mercy Kanas City. He is also on the surgery faculty of the University of Kansas Medical Center, Kansas City, Kansas. He has been in practice as a general and thoracic pediatric surgeon for 10 years. Dr. Aguayo has over 80 manuscripts in peer-reviewed journals as well as 8 book chapters. He is also one of the founding members of the Pediatric Injury Quality Improvement Collaborative; a research consortium of five pediatric burn and trauma centers from the Midwest and East Coast.

Brit Anderson, MD — Brit Anderson is a pediatric emergency medicine physician in Louisville, KY. She attended college at the University of Kansas, followed by medical school at Northwestern University and pediatrics residency at Lurie Children's Hospital. After completing a fellowship in pediatric emergency medicine (PEM) at Cincinnati Children's Hospital Medical Center she moved to Louisville in 2014. She serves as Vice Chair for Advocacy for the Department of Pediatrics, Associate PEM fellowship director and is the Vice President of the Kentucky Chapter of the American Association of Pediatrics. She lives with her husband, a general pediatrician, their two daughters and a golden retriever puppy!

Ashley Blanchard, MD, MS — Dr. Ashley Blanchard is a pediatric emergency room physician and Assistant Professor at Columbia University Irving Medical Center. She completed her residency in pediatrics and fellowship in pediatric emergency medicine at Morgan Stanley Children's Hospital at Columbia University Irving Medical Center. During her clinical training she obtained a Masters in Biostatistics and Patient Oriented Research at Columbia Mailman school of Public Health. Her research focuses on prevention of pediatric injuries and deaths within the high-risk populations she treats in the emergency room. She has a specific interest in injury prevention interventions targeted to unique populations with differential risk of injury (such as children and adults with autism). Her current work aims to describe epidemiologic trends in injuries among children with autism and the use of mobile health technology to reduce adolescent access to lethal means and prevent adolescent suicide.

Dina Burstein, MD, MPH — Dina Burstein, MD, MPH, FAAP is the Healthy Outcomes for Positive Experiences (HOPE) Project Director at the Center for Community-Engaged Medicine. Dr. Burstein is an experienced physician, healthcare project designer, and leader with over twenty years of success in scientific research, grant writing, analysis, training, and clinical practice. Previously, Dr. Burstein was an Assistant Professor of Emergency Medicine at the Warren Alpert Medical School of Brown University, directing injury prevention focused community outreach programming and community-based research projects, as well as teaching and mentoring undergraduate, graduate, and medical students. Her aim is to enhance the well-being of individuals and the community by presenting and promoting programs while leveraging proficiency in research, care management, injury prevention and clinical effectiveness. She is a graduate of Tufts University and holds an MD and MPH from the University of Massachusetts Medical School.

Kateri Chapman-Kramer, MSW, LCSW — Kateri is a Licensed Clinical Social Worker with 20 years of experience working with underrepresented children and families. She received her Bachelor's Degree of Arts from Loyola University Chicago, studying Sociology, with specialties in Black World Studies, Peace Studies and Women's Studies. She then received her Master's Degree in Social Work with a concentration in Nonprofit Leadership and Management from the University of Missouri-St. Louis, followed by completion of a Missouri License in Clinical Social Work. Kateri helped launch the Life Outside of Violence (LOV) program as Project Manager, facilitating all logistics among clinical case managers, community outreach personnel and key high-level stakeholders for this regional Hospital-based Violence Intervention Program and its' four participating St. Louis hospitals and three research universities. As manager for the Institute's Center for Advancing Health Services, Policy & Economics, Kateri manages day-to-day operations, projects and activities for the center while coordinating with University partners such as the Brown School of Social Work, the School of Medicine and external governmental and community partners to advance the center and its mission.

Tanya Charyk Stewart, MSc — Tanya Charyk Stewart is the Injury Epidemiologist & Data Specialist at London Health Sciences Centre and has appointments with both the Departments of Paediatrics and Pathology & Laboratory Medicine at Schulich School of Medicine & Dentistry at Western University. With over 50 peer-reviewed publications and several national and international research awards, Tanya's research interests include injury prevention evaluations, road safety and injury research. Tanya is the Chair of the Research Committee for the Pediatric Trauma Society and serves on the Executive of the Interdisciplinary Trauma Network of Canada. She was instrumental in making London the first international site of Injury Free in 2013.

Sofia Chaudhary, MD — Dr. Sofia Chaudhary is an Assistant Professor of Pediatrics and Emergency Medicine at Emory University School of Medicine and an attending physician in the pediatric emergency department at Children's Healthcare of Atlanta. She received her undergraduate degree from Agnes Scott College in Atlanta, GA and her medical degree from the Medical College of Georgia in Augusta, GA. She completed Pediatrics Residency at Emory University School of Medicine in Atlanta, GA and Pediatric Emergency Medicine fellowship at Children's Hospital of Philadelphia. She completed a Health Policy Scholars Fellowship Program through the Academic Pediatric Association. Her research and academic interests are focused on improving the health and well-being of children through injury prevention and bringing evidence-based preventive interventions to both the bedside and within the community. Her most recent work is focused on pediatric firearm injury prevention. She enjoys teaching and mentoring trainees in injury prevention. She is one of the co-founders of the Children's Healthcare of Atlanta injury Prevention Program (CHIPP) and is on steering committee for the Injury Prevention Research Center at Emory (IPRCE) and is currently the co-PI for the Atlanta Injury Free Chapter.

Mandy Che, BS — Mandy Che, BS, is currently a fourth year medical student at RUSH Medical College. She grew up in San Francisco, California and obtained her BS degree at the University of California San Diego in Human Biology with a minor in Psychology. She is applying into pediatrics residency and is planning to pursue a career in primary care medicine.

Lindsay D. Clukies, MD, FAAP — Lindsay Clukies is an Associate Professor of Pediatrics in the Division of Pediatric Emergency Medicine at St Louis Children's Hospital, Washington University in St. Louis. She is also the Associate Trauma Medical Director of Trauma Services at St. Louis Children's Hospital. Her passion is pediatric injury prevention, particularly firearm injuries. She is the site PI for the St. Louis Injury Free Site and is honored to be part of this wonderful injury prevention community. In her free time she keeps busy with her 3 young boys and 3 rescue dogs.

Joe Colella — Joe Colella is the Director of Child Passenger Safety for the Juvenile Products Manufacturers Association. He has been a child safety advocate for three decades, and has assisted with related education in 48 states and 5 additional countries. His many roles include being a member of the Society of Automotive Engineers child restraint committee, the editorial board for Safe Ride News, and co-leading the Safe Kids in Automated Vehicles Alliance.

Abby Collier, MS — Abby Collier, MS, is Director at the National Center for Fatality Review and Prevention (National Center), a program of MPHI. In this role, Ms. Collier leads the National Center in providing technical assistance and supporting to local and state child death review (CDR) and fetal infant mortality review (FIMR) programs throughout the United States. Ms. Collier provides training and technical assistance on a wide variety of topics including best practices in fatality review, reducing secondary trauma, improving data quality, improving equity in fatality review, and building partnerships. Ms. Collier has a master's degree in counseling and is pursuing a doctorate in public health.

Emma Cornell, MPH — Emma Cornell is the Clinical Research Program Manager for the Center for Gun Violence Prevention at Northwell Health. She holds an MPH degree from Columbia's Mailman School of Public Health, where she pursued a specialized course of study in injury and violence prevention focusing on firearm injury prevention. Her work at the Center aims to help further the evidence base for firearm injury prevention strategies at all levels of the health system. Prior to joining the Northwell team, she was involved in several community-level interventions addressing both physical and social determinants of health, serving as a volunteer EMT, and working to improve educational access through a prison education program. Her previous research focused on addressing the psychosocial impact of trauma among survivors of campus sexual assault, and caregiver perspectives on firearm safety counseling for youth experiencing acute mental health crises. She has worked with numerous academic and advocacy organizations to study a variety of topics ranging from medication assisted treatment for opioid use disorder, to the utilization of firearm surrender laws in situations of domestic violence.

Shelby Crespi, MPH, CPST — Shelby Crespi, MPH is a Community Relations Specialist in the Childhood Injury Prevention Program at Stanford Medicine Children's Health/Lucile Packard Children's Hospital and a certified Child Passenger Safety Technician. She is a first year PhD student at Stanford University studying Epidemiology and Clinical Research. Her work at Stanford Medicine Children's focuses on preventing accidental childhood injuries in vulnerable populations throughout the Bay Area using a community-engaged framework. As the Santa Clara/San Mateo Safe Kids Coordinator, Shelby manages a coalition of over 50 child and family serving organizations with the goal of delivering injury prevention workshops, education, and supplies into the community with a unified approach. Her overall goal is using research and community-engaged approaches to address disparities in accidental and non-accidental childhood injuries and overall prevention of injury. She is the co-chair for the Injury Free Coalition for Kids Safe Sleep Subcommittee

Robert Curran, D.C., EMT — Robert Curran, D.C., EMT, is an Injury Prevention Coordinator for NewYork-Presbyterian/Weill Cornell Medical Center. He offers over twenty years of experience in patient care and education as a college instructor of pathophysiology, anatomy & physiology.

Altamish Daredia, MD — Altamish is a current first year emergency medicine resident at UT Houston. He graduated with a bachelor's degree in neuroscience from the University of Alabama at Birmingham. He received his MD degree from the UAB Heersink School of Medicine in 2023. During his time in medical school he worked on research relating to pediatric firearm injuries in the state of Alabama. His current research focuses on medical education as well as injury prevention.

Barbara DiGirolamo, M.Ed., CPSTI — Barbara DiGirolamo is the Injury Prevention Coordinator at Boston Children's Hospital. She serves as the MA State Chapter Director and Chair of the State Chapter Directors for the ThinkFirst program along with sitting on their Board of Directors. She is also a CPSTI and teaches CPST certification classes in MA and RI. When not working she enjoys running, traveling, and spending time with her 10, 7, and 5 year olds.

James Dodington, MD, CPST, FAAP — James Dodington, MD, is the Medical Director of the Center for Injury and Violence Prevention at Yale New Haven Health, and an Associate Professor of Pediatrics and Emergency Medicine at the Yale School of Medicine. He completed Medical School and Pediatrics Residency at the University of Pennsylvania and the Children's Hospital of Philadelphia. He came to Yale New Haven Hospital in 2013 for Pediatric Emergency Medicine Fellowship and joined the faculty at the Yale School of Medicine in 2016. Throughout his career, he has been involved in injury and violence prevention program development and research and has expertise in the development of violence intervention programs and qualitative and community-partnered research. He is the founding Medical Director of Yale's Hospital-based Violence Intervention program and serves as an Executive Leader of the CT Violence Intervention

Program Collaborative and the CT Commission on Gun Violence Prevention and Intervention. He is also a member of the National Executive Committee of the American Academy of Pediatrics Council on Injury, Violence, and Poison Prevention.

Denise Donaldson, MBA, CPST-I — Denise Donaldson is the owner of Safe Ride News Publications, publisher of educational materials for the child passenger safety field, including the LATCH Manual, the School Bus Safety Handbook, and the Safe Ride News newsletter. Since 1996, she has also run a CPS program through hospitals in the Seattle area. She actively participated in the recent update of NHTSA's CPS Restraints on School Buses National Training and is the incoming chair of the Infants, Toddlers, and Pre-School Students Writing Committee for the National Congress on Student Transportation. She has been a CPST-Instructor since 1998 and is a recent member of the National CPS Board.

Colin Eaton, BS — Colin is a fourth-year medical student at Oregon Health and Science University in Portland, Oregon. He began swimming competitively at the age of nine and continued throughout his undergraduate education. During this time he witnessed the importance of water safety in our community's youth population, even taking part in several water rescue events set in one of many of Oregon's natural bodies of water. While in medical school, he was fortunate enough to connect with pediatrician Dr. Ben Hoffman, a statewide leader in child safety and injury prevention. With the help of Dr. Hoffman and other student peers, Colin and the team sought out ways to help prevent future drowning events in Oregon's youth.

Dana Eyerly, MD — Dana Eyerly is a PGY-3 Categorical Pediatric resident at the University of Alabama Birmingham. Her undergraduate degree is a Bachelor's in Health Science from Arizona State University. She attended medical school at the University of Florida in Gainesville. She will be pursuing a career in General Pediatrics. Her passion for drowning prevention stemmed from her time in Florida, where fatal drownings in children are especially prevalent. She hopes to next study interventions that would be successful in preventing drownings in pediatric patients.

Makenzie Ferguson, RN, BSN, CPEN — Makenzie is a pediatric emergency trauma nurse who now works as the Injury Prevention Educator for Trauma Services at CHOC. Her previous experience caring for ill and injured children led to her passion for developing programs and delivering community education to keep kids safe.

Kiesha Fraser Doh, MD — Kiesha Fraser Doh, M.D., is a Pediatric Emergency Physician at Childrens' Healthcare of Atlanta and Assistant Professor of Pediatrics and Emergency Medicine at Emory University. One of the Co-Chairs of Children's Injury Prevention Program (CHIPP) and Co-Chair of the intentional injury taskforce of CHIPP. In addition she is Co-Chair of Pediatric Emergency Care Network Injury Prevention Interest group. She leads and helped establish a multi-disciplinary group that promotes firearm injury prevention by using the Asking Saves Kids (part of the AAP/Brady Campaign initiative) platform to elevate the message of firearm safety for the state of Georgia entitled Georgia Stay SAFE.

Since arriving at Children's Dr. Fraser established and developed the ED Physician outreach program and has been a passionate injury prevention advocate specifically around firearm injuries for a number of years.

In her role with CHIPP she helps leads a program that distributes safe firearm storage devices and educational material at various safety events in the Atlanta Metro Area. Dr. Fraser Doh has published numerous articles on firearm injury related research and most recently was an one of the authors for the recently published American Academy of Pediatrics Policy Statement and Technical report entitled Firearm-Related Injuries and Deaths in Children and Youth: Injury Prevention and Harm Reduction.

Adrienne R. Gallardo, BSW, MAOM, CPST-I — Adrienne is the Program Manager for the OHSU Doernbecher Injury Prevention Program at OHSU Doernbecher Children's Hospital in Portland, Oregon. Adrienne completed undergraduate studies in social work and obtained a master's degree in organizational management. She has dedicated her professional focus on Injury Prevention and advocating for children. She has been a Child Passenger Safety Technician since 2002, and an instructor since 2012. Adrienne has led the development of the Injury Prevention Program at OHSU Doernbecher Children's Hospital which includes an Injury Control Program benefiting patients and their families along with an Injury Prevention outreach program serving Oregon, SW Washington and Portland Metro communities. Adrienne currently is a member of the Injury Free Coalition for Kids Board of Directors and received the Injury Free Program Coordinator of the Year Award in 2022.

Holly R. Hanson, MD, MS — Holly Hanson, MD is an Associate Professor of Pediatrics at the University of Cincinnati and an attending physician in the Pediatric Emergency Department at Cincinnati Children's Hospital Medical Center. She obtained her medical degree from Northeastern Ohio Medical University before completing a pediatric residency and a pediatric emergency medicine fellowship at Cincinnati Children's Hospital Medical Center. During that time, she earned a Master's Degree in Clinical and Translational Research from the University of Cincinnati.

Dr. Hanson has been an active research investigator in the Pediatric Emergency Department, focusing her work on injury epidemiology. She has most recently published in the areas of traumatic brain injury, intubation and post-intubation care, and injury prevention. She serves as the abstract co-chair for the AAP Council on Injury, Violence, and Poison Prevention and is the co-chair of the APA Injury Control Special Interest Group.

Shericka Harris, MSPH — Shericka Harris, MSPH, is a Health Scientist in the Division of Injury Prevention (DIP) at CDC's National Center for Injury Prevention and Control (NCIPC). She works to prevent drowning deaths, with a research focus on drowning prevention in children with autism. Shericka received a Bachelor of Science degree in Biology from Spelman College and a Master of Science in Public Health degree with a concentration in Epidemiology from the Arnold School of Public Health at the University of South Carolina.

Heather Hirsch, MD, MPH — Heather Hirsch is a third year pediatric resident at Emory University/Children's Healthcare of Atlanta. Her research interests are in advocacy, injury prevention, and medical education. She hopes to work as a pediatric hospitalist incorporating aspects of injury prevention and child safety into the hospitalist role. She also hopes to develop broader injury prevention curriculums for pediatric residents and medical students.

Ben Hoffman, MD, MPH — Dr. Hoffman is a leading national expert and advocate in child safety. He is a professor of pediatrics at Oregon Health and Science University (OHSU) School of Medicine, medical director for OHSU's Tom Sargent Safety Center, and director of the Oregon Center for Children and Youth with Special Health Needs. Dr. Hoffman is President-Elect of the American Academy of Pediatrics (AAP) for 2024.

Pam Hoogerwerf, BA — Pam Hoogerwerf is the Program Manager of the Injury Prevention and Community Outreach division at the University of Iowa Stead Family Children's Hospital. Her passion is injury prevention as she leads many efforts at the hospital including All-Terrain Vehicle Safety, Bike Safety, Firearm Safety, Safe Sleep, Lawn Mower Safety and Child Passenger Safety to name a few. She is a certified child passenger safety technician. She serves on many collegiate, state, regional, and national committees for the Children's Hospital. She is the program coordinator for the Injury Free for Kids site at the hospital.

Brianna Iverson, BS — Brianna Iverson is a second-year medical student at the University of Iowa Carver College of Medicine. She grew up in Council Bluffs, Iowa, and also attended the University of Iowa to obtain her biology degree (go Hawks!). She spends her free time reading as much as she can, listening to Taylor Swift, and enjoying time outside. Brianna hopes that her research in injury prevention will educate adolescents and their guardians about the importance of helmet safety and its role in the reduction of head injuries.

Kristyn Jeffries, MD, MPH — Dr. Kristyn Jeffries is an assistant professor in pediatrics at University of Arkansas for Medical Sciences and an attending physician in pediatric hospital medicine at Arkansas Children's Hospital. She completed medical school at Indiana University School of Medicine followed by pediatrics residency at University of Alabama in Birmingham and pediatric hospital medicine fellowship at Children's Mercy in Kansas City. She is co-chair of the Injury Free Social Media committee and helps manage the Injury Free Instagram. She currently serves as the medical director of Infant Child Death Review at Arkansas Children's, a member of the Trainees for Child Injury Prevention Alumni committee, and serves on the Arkansas AAP Chapter Board of Directors. She is passionate about injury prevention and advocacy, and loves when she can share these passions with trainees.

Charles Jennissen, MD — Charles Jennissen, MD, is a pediatric emergency medicine physician and a Clinical Professor in the Departments of Pediatrics and Emergency Medicine at the University of Iowa Carver College of Medicine. Dr. Jennissen grew up on a dairy farm in central Minnesota. This plays a large part in his interest in safety and injury prevention, particularly regarding children and teens, and those who work and live on farms. Most of his research projects have addressed injury-related issues, especially those involving off-road vehicles.

Sehansa Karunatilaka — Sehansa Karunatilaka is a junior in the Honors program at the University of Iowa. She is majoring in Human Physiology with a minor in Lifestyle Medicine on the Pre-Medicine Track. She grew up in Clive, Iowa, and graduated from Waukee High School. Sehansa is a Student Clinical Technician in the Department of Anesthesia and a Student Intern in the Stead Family Children's Hospital Injury Prevention and Community Outreach Program.

Kaiden D. Kennedy, BS — Kaiden D. Kennedy, BS is a post-baccalaureate research assistant at the UAB Translational Research for Injury Prevention (TRIP) Lab. She obtained her Bachelor of Science degree in Biomedical Sciences from the University of Alabama at Birmingham. Kaiden is an active clinical research assistant at the TRIP Lab with research interests in vision and driving in teens and post-concussion driving in older adolescents.

Bijan W. Ketabchi, MD, MPH — Bijan Ketabchi is an attending physician in the Division of Emergency Medicine at Children's Hospital of Philadelphia. After completing both his Pediatric residency and Pediatric Emergency Medicine fellowship at Cincinnati Children's Hospital, he went on to perform a first-of-its-kind fellowship in Emergency Psychiatry. During his fellowship training, he also received a Master of Public Health with a Health Promotion and Education focus. His primary research interests include mental & behavioral health, suicide prevention, and firearm safety.

Narmeen Khan, MD — I am from Chicago and am interested in gun violence recidivism prevention. I am currently a fellow physician at Children's Wisconsin.

Shahenda Khedr, BA — Shahenda Khedr is the Surgical Research Coordinator at NewYork-Presbyterian Queens Hospital. She graduated with a BA in Biochemistry from CUNY Hunter College and has published work across various disciplines including surgical outcomes in trauma and general surgery, as well as language and racial barriers that contribute to health disparities. She is an aspiring physician who is deeply passionate about using research as a tool to improve and advance medicine and health care.

Tommy Kim, BA — Tommy Kim is a fourth year medical student at UMass Chan Medical School applying into General Surgery. In addition to being a future surgeon, he views himself as a health services researcher.

Andrew Kiragu, MD — Dr. Andrew Kiragu is an Associate Professor of Pediatrics at the University of Minnesota and an Associate of the Children's Respiratory and Critical Care Specialist's group. He provides pediatric critical care at Children's Minnesota, Gillette Children's Hospital and Hennepin Healthcare. He is a Fellow of the American College of Critical Care Medicine and the American Academy of Pediatrics. After his undergraduate studies at Dalhousie University in Nova Scotia, Canada, he graduated from Howard University College of Medicine in Washington, DC. He completed residency in Internal Medicine and Pediatrics, and fellowship in Pediatric Critical Care at the University of Minnesota. As a pediatric intensivist, Dr. Kiragu cares for critically ill and injured children and has particular expertise in neurotrauma and neurocritical care. He is also engaged in injury prevention efforts statewide and nationally and serves on the boards of Safe Kids Minnesota, the Injury Free Coalition for Kids and is on the Executive Council of the AAP's Council of Injury, Violence and Poison Prevention. Dr. Kiragu is a Past President of the Minnesota Chapter of the American Academy of Pediatrics.

Sara Kohlbeck, PhD, MPH — Sara Kohlbeck is an Assistant Professor in the Department of Psychiatry and Behavioral Health at the Medical College of Wisconsin, and she is the Director of the Division of Suicide Prevention at the Comprehensive Injury Center at the Medical College of Wisconsin. In her role, Sara works with collaborators around the State of Wisconsin to research, develop, implement, and evaluate strategies for suicide prevention. Her work currently focuses on suicide prevention among veterans as well as farmers and marginalized populations, including Black and Latinx individuals living in urban areas.

Lois K. Lee, MD, MPH, FACEP, FAAP — Dr. Lois Lee is a pediatric emergency medicine physician at Boston Children's Hospital and Associate Professor of Pediatrics and Emergency Medicine at Harvard Medical School. She received her MD at the Perelman School of Medicine at the University of Pennsylvania. She completed her pediatric residency at the Children's Hospital of Philadelphia and her pediatric emergency medicine fellowship at Boston Children's Hospital. Currently she is the Chair of the American Academy of Pediatrics Council on Injury, Violence, and Poison Prevention Executive Committee. With her passion for improving the lives of children, she promotes child health through her clinical work, research, teaching, and advocacy.

Michael Levas, MD, MS — Dr. Michael Levas has been with the Medical College of Wisconsin's Section of Pediatric Emergency Medicine since 2011. Following graduation from the Medical College of Wisconsin, he completed his pediatric residency and emergency medicine fellowship training in Kansas City, MO. He completed his Masters in Clinical and Translational at the Medical College of Wisconsin. Since joining the faculty at the Medical College of Wisconsin, Dr Levas has been intimately involved with health care disparities, youth violence, and injury prevention policy and research. He is the Medical Director of Project Ujima, one of the premier hospital-based youth violence prevention/intervention programs in the United States. He currently serves as Vice Chair of Diversity in the Department of Pediatrics and as the Associate Director of the Comprehensive Injury Center at the Medical College of Wisconsin.

Gina Lowell, MD, MPH — Gina Lowell MD, MPH is a general academic pediatrician at Rush University Children's Hospital in Chicago with specialty interests in childhood injury, child abuse and neglect, and early relational health. Her injury prevention experience includes longitudinal clinical research and advocacy to examine and prevent microwave-related burn injuries in young children. She is currently engaged in Sudden Unexpected Infant Death prevention research and collaboratives, and serves as PI for the CDC-funded SUID Case Registry for Cook County. As Director of Community Health for Pediatrics she focuses on developing and promoting maternal-child health initiatives that support Chicago's communities through addressing the intersectional impact of generational trauma and the social and structural determinants of health on maternal-child health equity. She completed her MD at Rush Medical College, Pediatric Residency at the University of Chicago, and General Academic Pediatrics Fellowship and MPH at the University of Illinois at Chicago.

Lorrie Lynn, MA, CPSTI — Lorrie Lynn is the Manager of Injury Prevention Programs within the Center for Healthier Communities at Rady Children's Hospital San Diego. She is the site Coordinator for Injury Free Coalition for Kids and Coordinator for Safe Kids San Diego. These roles dovetail to highlight projects that address the leading causes of injury and death for children 0 to 14 years old in San Diego County. Projects addressing this population include Safe Sleep for Infants, Window falls, Water Safety and Drowning Prevention, Pedestrian and Bicycle Safety, Child Passenger Safety and Teen Safe Driving. Lorrie is also a member of the Injury Free Coalition for Kids Board.

Jennifer E. McCain, MD — Jennifer E. McCain, MD is an Assistant Professor of Pediatrics at UAB where she is a board certified Pediatric Emergency Medicine physician in the Children's of Alabama Emergency Department. She has been the representative from District 3 (the counties directly surrounding Birmingham) to the board of the Alabama Chapter of the AAP for the last seven years and is a voting member of COPEM (Committee on Pediatric Emergency Medicine) with the national AAP. After 12 years as a general pediatrician, she returned to this academic position where she actively cares for patients in the ED, participates in education of residents and students, and participates in research. Dr. McCain has a specific interest in injury prevention. She has been actively involved in developing relationships in urban Birmingham as well as in rural Alabama counties to address safe sleep for infants.

Michael J. Mello, MD, MPH — Dr. Michael Mello is a board certified emergency medicine physician with over 30 years of clinical experience, a Professor of Emergency Medicine in the Department of Emergency Medicine at Alpert Medical School of Brown University and Professor of Health Services, Practice and Policy at the Brown University School of Public Health. He is also the Director of the Injury Prevention Center at Rhode Island Hospital-Hasbro Children's Hospital and the NIH funded center, Rhode Island Hospital Injury Control Center of Biomedical Research Excellence. He has authored more than 150 peer reviewed publications and has led research funded by NIH, CDC, state grants and foundation grants. He is a past board member and president of Injury Free Coalition for Kids.

Marlene Melzer-Lange, MD — Marlene Melzer-Lange is Professor of Pediatrics at the Medical College of Wisconsin and an Attending Physician at the Emergency Department/Trauma Center of Children's Hospital of Wisconsin. As a native of Milwaukee, she is interested in promoting safe, injury free neighborhoods for children and families. She is a graduate of Marquette University and the Medical College of Wisconsin. Her academic interests include injury prevention, violence prevention, adolescent emergencies and adolescent pregnancy. She is married and has two children.

Thomas Menk, MD — Dr. Thomas Menk, MD is a recent addition to the field of injury prevention. He completed is residency at Cincinnati Children's Hospital and is currently in his fellowship at the Children's Hospital of Atlanta. Current research projects include examining dog bite injuries during the COVID-19 pandemic at a local and national level as well as examining referral patterns for mTBIs from acute care settings vs clinics.

Kathy W. Monroe, MD, MSQI — Kathy Monroe is Professor of Pediatrics and Division Director for Children's of Alabama Emergency Department. Dr. Monroe serves as principal investigator for Alabama Injury Free Coalition for Kids (IFCK) and has served on the national IFCK Board of Directors and abstract selection/publications committee. She is currently the program chair and President elect for IFCK. Her work in injury prevention has focused on safe teen driving consisting of funded teen driving events and creation of a teen driving toolkit for pediatricians. She secured grant funding for construction of two Allstate Foundation "Little Hands" playgrounds in high-risk areas, participated in multi-center studies on child passenger safety and regularly leads Baby Safety Showers. She has published multiple manuscripts on Teen Driving Behavior, ATV Injuries, Pediatric Burn Injuries and Child Passenger Safety.

Michelle Nichols, CPST-I — Michelle is the Oregon Child Passenger Safety Coordinator and a Health Educator with the Doernbecher Injury Prevention Program at OHSU Doernbecher Children's Hospital in Portland, Oregon. Michelle has dedicated her professional focus on pediatric injury prevention along with supporting the development of Child Passenger Safety technicians and instructors in Oregon. She has been a Child Passenger Safety Technician since 2012, and an Instructor since 2018. Michelle presents locally and nationally in areas of injury prevention, child passenger safety, and adaptive needs transportation.

Mackey O'Keefe, BA — Mackey is a Research Fellow at Everytown for Gun Safety. His research focuses on guns in public spaces, firearm suicide prevention, and ghost guns. Mackey has a bachelor of arts degree from Bowdoin College, where he majored in Government and Legal Studies and minored in History, and focused on American politics and the Supreme Court.

Vikki Pennington, LMSW, CCLS, CPST — Vikki has been a child life specialist for over twenty years, obtaining her Bachelor's degree in Human Environmental Science with an emphasis in child development at the University of Arkansas. She received her Masters of Social Work from the University of Houston. Her career as a child life specialist started at Arkansas Children's Hospital (ACH), where she completed her internship. With her internship completed, she obtained employment with Texas

Children's Hospital in the Emergency Center for almost four years. An opportunity arose to work for Shriner's Hospitals for Children for Orthopedics, Rehab/Subacute, and Cleft Lip & Palate, where she stayed for eleven and half years. For the last 8 years, she has worked at Children's Memorial Hermann in the Neonatal ICU IV and recently moved into the Pediatric Inpatient Rehabilitation unit at TIRR Memorial Hermann. Vikki has also been a Child Passenger Safety Technician for about 20 years. She has always had an interest in making sure children were safer leaving than they came into the hospital. Along the way, Vikki has grown a passion for helping others with grief, bereavement, and trauma and has been able to do that through the Code Lilac peer-to-peer psychological first aid program. Being a founding member of Code Lilac in 2015, Vikki continues to lead this program system wide. Vikki's dedication and commitment to supporting children, families, and peers has shown through her achievements over the years.

Michelle Pickett, MD, MS — Dr. Pickett is a clinical researcher with an research interest in adolescent healthcare, mainly sexual health. Dr. Pickett's overall career goal is to decrease the rate of sexually transmitted infections (STIs) in adolescent through improving the diagnosis and treatment of patients. She has a specific interest in increasing the use of expedited partner therapy for the management of STIs. Dr. Pickett enjoys collaborating and has been involved in multi-center research.

Michelle Pintea, MD, MPH — Michelle Pintea, MD, MPH is a third year pediatric emergency medicine fellow at Washington University in St. Louis/St. Louis Children's Hospital.

Wendy J. Pomerantz, MD, MS — Dr. Pomerantz received her undergraduate degree from the University of Texas at Austin and her medical school degree from the University of Texas Southwestern Medical School in Dallas, Texas. She completed a Pediatrics Residency at Children's Medical Center of Dallas, a Pediatric Emergency Medicine Fellowship at Children's Hospital Medical Center in Cincinnati, and a Master of Science in Epidemiology at the University of Cincinnati. Currently, she is a Pediatric Emergency Medicine Physician with a faculty appointment as a Professor of Pediatrics at the University of Cincinnati School of Medicine and Children's Hospital Medical Center in Cincinnati, Ohio. She has been a pediatric emergency medicine physician for the past 25 years. Her interests include injury and poison prevention, concussion, EMS, DEI, and geographic information system. She has published many peer-reviewed articles in the fields of injury and poison prevention and has presented her work at many national, state and local conferences. She one of the Co-directors of Injury Free Coalition for Kids in Greater Cincinnati and a Past President of the National Injury Free Coalition for Kids. In addition, she is a member of many other local, regional, state, and national committees.

Dawn M. Porter, MS, CHES — Dawn Porter worked in collaboration with communities with community partners for over ten years to prevent child injury and death including suicide prevention. She graduated from University of Central Arkansas, with a Masters of Science with emphasis in Health Promotion. She was awarded one of two CDC supported regional injury prevention fellowships in 2021. Her fellowship focused on the development of a suicide prevention resource digital platform for communities across Arkansas in collaboration with multiple organizational partnerships, including American Foundation for Suicide Prevention.

She was a contributing author of a book chapter "Building Injury Prevention Capacity Through Community Partnership" in the Hospital-based Injury and Violence Prevention Programs. She is currently in her third year of the Doctoral of Leadership in Equity and Inclusion program at University of Central Arkansas. Her dissertation focus is suicide prevention from the lens of leadership. She is the Arkansas Programs Manager for American Foundation for Suicide Prevention.

Cassandia Poteau, MS, CPST, CHES — Cassandia Poteau is the Injury Prevention Specialist at Boston Children's Hospital. She serves on the Allocation Committee and the Employee Advisory Group for the hospital. Her work in injury prevention is fueled by her passion for health education and preventive education, as well as her frequent interactions with the community. During her free time, she enjoys going to the gym, watching anime, and exploring new places.

Maura Powell, MPH, MBA – Maura Powell is the Senior Manager of The Possibilities Project (TPP), an exciting initiative to reinvent and reengineer primary care at The Children's Hospital of Philadelphia. In her role as Manager, she is charged with overseeing the development and implementation of innovative solutions across the pediatric primary care network. Prior to her role with TPP, Maura worked in the Center for Healthcare Quality and Analytics at The Children's Hospital of Philadelphia as a Senior Improvement Advisor, where she combined improvement science and clinical data analysis to facilitate clinical improvement projects across the enterprise. She has a background in global public health, research and quality improvement. Maura received her Master's in Public Health from The School of Population Health at Thomas Jefferson University, in Philadelphia, PA and her Master's in Business Administration from Rosemont College in Rosemont, PA.

Kyran Quinlan, MD, MPH — After three decades as an academic general pediatrician, injury researcher and child safety advocate, Kyran Quinlan MD, MPH now serves as the Pediatric Medical Advisor to the Director of the Illinois Department of Public Health. He was Chair of the American Academy of Pediatrics' Council on Injury Violence and Poison Prevention. Dr. Quinlan trained in Pediatrics at the University of Chicago, received his Masters in Public Health at the University of Illinois at Chicago and completed the CDC's Epidemic Intelligence Service training in child injury epidemiology and prevention at the National Center for Injury Prevention and Control. He provided clinical care for over 20 years at Federally Qualified Health Centers on the South and West sides of Chicago. His research and advocacy have focused on the epidemiology and prevention of death and severe injury of children with particular focus on low resource settings. In the last decade, Dr. Quinlan has focused his work primarily on the prevention of Sudden Unexpected Infant Death with an emphasis on addressing disparities and risk perception. He serves on the Child Death Review for Cook County, and he was the Principal Investigator for the CDC-funded Sudden Unexpected Infant Death-Case Registry for Cook County, Illinois.

Teresa Riech, MD, MPH, FAAP, FACEP — Dr. Teresa Riech trained at University of Illinois College of Medicine at Rockford, completing a combined Doctorate of Medicine and Masters of Public Health program. The focus of her Masters degree is Health Policy and Administration. She completed the combined Internal Medicine and Pediatrics program at Indiana University, followed by Emergency Medicine Residency at the University of Illinois College of Medicine at Peoria. She is an attending physician in the Emergency Department at OSF Saint Francis Medical Center, and since 2011 has served as the Director of the Pediatric Emergency Department. She is currently an Associate Clinical Professor of Emergency Medicine and Pediatrics. In addition to her civilian career, Dr. Riech also served in the Illinois Air National Guard and US Air Force for 21 years, recently retiring as a Lieutenant Colonel. During her military career, she served as a flight medic, and then an F-16 Flight Surgeon. Her military career took her on medivac and disaster response missions in locations such as Iraq,

Afghanistan, Bosnia, and Guyana South America, as well as Hurricanes Katrina and Rita. She also served as an emergency response physician for NASA's shuttle program. Her research interests include pain management in the Pediatric ED population, disaster preparedness, and Virtual Reality training programs, most recently in development of virtual reality training programs for Emergency Medicine training and mass casualty disaster response.

Steven C. Rogers, MD, MS-CTR — Steven C. Rogers, MD, MS is a Pediatric Emergency Medicine doctor and the Medical Director of Emergency Mental and Behavioral Health Services at Connecticut Children's. He is an Associate Professor at the University of Connecticut School of Medicine. He is also a Research Scientist at the Connecticut Children's Injury Prevention Center. He is the Co-PI for the Hartford site of Injury Free Coalition for Kids and a member of the national executive board. His current research, academic and advocacy efforts focus on improving care for children with mental/behavioral health emergencies and youth suicide prevention. He is developing new protocols and programs that will enhance clinicians' as well as caregivers' ability to identify behavioral-health disorders and connect them to appropriate resources. He is bringing together prevention experts from state/community programs, the university health science center, and the Injury Prevention Center to improve the identification and care of youth at-risk for suicide.

Tannuja Rozario, PhD — Tannuja Rozario is the Associate Director of Research at Everytown for Gun Safety. She received her PhD in Sociology from the University of Massachusetts, Amherst. Tannuja's passion for advocacy and research brought her to Everytown. Currently, she conducts research on the intersections of gun violence, mental health, reproductive health, intimate partner violence, suicide, and the non-physical impacts of guns everywhere. She is particularly interested in the impacts of gun violence on children and teens, survivors of gender-based violence, and historically marginalized communities. Her work has been published in International Sociology, Social Science and Medicine, and Ethnic and Racial Studies. Tannuja is also an Adjunct Professor in the Gender Studies and Political Science department at John Jay College of Criminal Justice.

Stephanie Ruest, MD, MPH — Dr. Stephanie Ruest is an Assistant Professor of Pediatrics and Emergency Medicine at Brown University and the Hasbro Children's Hospital Pediatric Emergency Medicine Trauma Liaison. She obtained her medical degree from the University of Massachusetts and completed her general pediatrics residency training at Massachusetts General Hospital. While completing her PEM fellowship at Hasbro Children's Hospital in Providence, RI, she obtained a Masters in Public Health at Brown University. She has ongoing active research focused on child abuse and neglect, accidental pediatric injuries, and social determinants of health, funded through the Rhode Island Injury Control COBRE grant and foundation grants.

Michele Schombs, BSN, RN, CEN — Michele Schombs, is a Registered Nurse and an Injury Prevention Coordinator for NewYork-Presbyterian Queens. She has over twelve years experience working at the bedside, in the community, and in research. She recently published an article using theater as an innovative technique to address healthcare bias and clinician communication. She is currently working with International Organizations to reduce injury and harm worldwide.

Karen Sheehan — Karen Sheehan, MD, MPH is a Professor of Pediatrics, Medical Education, and Preventive Medicine at Northwestern University's Feinberg School of Medicine. As a Northwestern University Medical Student, Dr. Sheehan was a founding volunteer of the Chicago Youth Programs (CYP), a community-based organization that works to improve the health and life opportunities of youth.?

Dr. Sheehan is also Associate Chair of Advocacy and the Medical Director of Lurie Children's Injury Prevention & Research Center. In addition, Dr. Sheehan recently became the Medical Director of the newly launched Patrick M. Magoon Institute for Healthy Communities which works to improve health equity for children living in Chicago. She serves as Lurie Children's Injury Free PI.

Rohit P. Shenoi, MD — Rohit P. Shenoi is a Professor of Pediatrics at Baylor College of Medicine and an Attending Physician in the Emergency Center at Texas Children's Hospital. He is a member of the Board of Scientific Counselors of the National Center for Injury Prevention and Control at the CDC.

Dr. Shenoi has a long-standing interest in injury prevention, specifically - drowning, opioid stewardship, and screening youth for suicide and drugs in the Emergency Department. He is currently funded by a CDC grant to study subpopulations that experience higher rates of unintentional drowning and investigate the causes and outcomes of these disparities. He has authored several research articles in injury prevention, coauthored the AAP Policy Statement and Technical Report on drowning and was a contributor to the US National Water Safety Action Plan.

Megan Sinik, BS — Megan Sinik is a fourth-year medical student at the University of Iowa Carver College of Medicine in Iowa City, Iowa with plans to enter the field of Internal Medicine for residency. She grew up in Wichita, Kansas and then went on to pursue an undergraduate degree in Exercise Sport Science at the University of Tulsa. In her free time, she enjoys cooking, reading, and running the Iowa Mobile Clinic, a free student-run clinic that seeks to deliver care to underserved populations in the SE Iowa area. She hopes that this research will help to give the youth their own voice regarding firearm violence and contribute to the understanding of how their lives intertwine with firearm use.

Randi Smith, MD — Dr. Smith received her MD degree from the University of California San Francisco, and her MPH from Johns Hopkins Bloomberg School of Public Health. She completed her general surgery residency at the University of California San Francisco, and her fellowship in trauma and surgical critical care surgery at the University of Pennsylvania.

Dr. Smith serves as a trauma surgeon, emergency/elective general surgeon, and surgical critical care intensivist at Grady Memorial Hospital. Her special interests include violence prevention, injury prevention, clinical outcomes, and the use of ultrasound in critical care.

In 2017, Dr. Smith joined the Violence Prevention Task Force, based out of the Injury Prevention Research Center at Emory (IPRCE), and became a core member of the Program to Interrupt Violence through Outreach and Treatment (PIVOT) at Grady.

Francesca Sullivan, BSN, RN, CEN — Francesca Sullivan is the Trauma Program Manager for NewYork Presbyterian Queens. She brings more than 20 years of clinical and bedside experience. She demonstrates leadership in trauma system education, policy, and advocacy with membership at several national organizations, TCAA, ENA, & ATS. She also serves as the current coordinator for the Trauma Survivor Network for the NewYork-Presbyterian Queens Trauma Center.

Brent M. Troy, MD, MPH, FAAP — Dr. Brent Troy is a pediatric emergency medicine physician at Dell Children's Medical Center. He is also an Assistant Professor in the Department of Pediatrics at The University of Texas Dell Children's Medical School. Dr. Troy received his medical degree from Albany Medical College after receiving an M.P.H. degree from Thomas Jefferson University School of Population Health. He completed his pediatric residency training at the University of Louisville School of Medicine, and he subsequently completed his pediatric emergency medicine fellowship at Emory University/Children's Healthcare of Atlanta. Dr. Troy is passionate about injury prevention research focused on high utilization of the emergency department.

Dex Tuttle, M.Ed., CPST-I — Dex spent 10 years in higher education as a student affairs administrator, planning events, hosting conferences, and advocating for the diverse needs of the students. Looking for a change, he became and EMT in 2011 and began work as an Emergency Room Technician at a busy Level 1 trauma center. Combining these unique experiences, he found his way to Children's Minnesota where he is currently the Injury Prevention Program Manager. He holds a Masters of Education from Penn State University and a BA in Computer Science from NDSU. He's been a Child Passenger Safety Technician for since 2013 and a CPST instructor since 2014. He also teaches the Safe Travel for All Children course on strategies for safety transporting children who can't be safely and comfortably transported in a retail-available car seat and the Safe Native American Passengers (SNAP) course, a car seat education curriculum designed with native and indigenous families in mind.

Salvador Vargas, CPST-I — Salvador Vargas is the Program Manager of the Childhood injury Prevention Program at Lucile Packard Children's Hospital Stanford (LPCHS) and Stanford Medicine Children's Health. He is a certified Child passenger Safety Technician-Instructor, League Certified Instructor with the League of American Bicyclists and is trained in the transport of children with special healthcare needs through the University of Indiana Automotive Safety Program's "Safe Travel for All Children" program. Through his stewardship, the Childhood Injury Prevention program at LPCHS/ Stanford Medicine Children's health has broadened its reach and capacity at both the institution and community level by garnering and growing strategic partnerships and effective program development. He is committed to ensuring all children, regardless of economic or social class, have access to quality childhood injury prevention education and the necessary tangible resources and tools to help ensure their safety.

Kristen Volz, MS — Kristen Volz, MS is a Research Assistant 2 at Connecticut Children's Medical Center. She supports the suicide prevention efforts of Dr. Steven Rogers, which includes research, community outreach, and programs. In March of 2021, she completed her Question, Persuade, Refer (QPR) Gatekeeper Instructor certificate and has been actively providing this life saving training to team members and members of the Hartford community. She received her Bachelor's Degree in Science in Nutrition and Dietetics from the University of Connecticut. Kristen continued her studies at the University of Connecticut and earned her Master's in Health Promotion Sciences, as well as a graduate certificate in Health Psychology.

Deirdre Walsh, BA — Deirdre Walsh has been working with the Trauma Center and Injury Prevention Center at Boston Children's Hospital since 2011. Originally involved in operations and budget, her passion for injury prevention continued to grow and she became the State Office Coordinator for Safe Kids Massachusetts in 2012 and the supervisor for the Injury Prevention Program. She works very closely with the donor relations team to secure funding to expand the program specifically car seat, helmet, and home safety supply distribution. She is currently working towards her master's in Healthcare Administration. In her free time, she enjoys traveling, walking in her neighborhood, and trying new restaurants.

D. Shanté Washington, DSW, LCSW, LICSW, CCTP — Dr. Washington is a licensed clinical social worker with over 15 years of experience liaising between families and their communities. She serves as the Field Education Coordinator for the Title IV-E Program at the University of Georgia. Dr. Washington brings an extensive background in child welfare, with experience as a frontline CPS investigator, foster care training and licensing specialist, supervisor, and DFCS State Office Treatment Care Coordinator. She also has extensive knowledge of pediatric mental health as she has served as a Behavioral Mental Health expert in a pediatric emergency department. Dr. Washington's current research involves suicide prevention and lethal means counseling with families during their unexpected visits to the emergency department. Dr. Washington holds a Bachelor of Social Work from Clark Atlanta University, a Masters in Social Work from the University of Illinois at Chicago, and a Doctor of Social Work from Barry University in Miami, FL. This is in conjunction with numerous coinciding licenses, conducting formal presentations, and an inherent altruism that stems from a passion for seeing families thrive within their dwelling environment.

Alicia Webb, MD — Alicia Webb is an assistant professor in Pediatric Emergency Medicine at UAB in Birmingham, AL. As the daughter of a journalist, she has always had a passion for communication with the public and the role that media can play in medicine.

Sheryl Williams, BSN, RN, CCM — Sheryl is a nurse case manager collaborating with the Doernbecher Injury Prevention Program as the Pediatric Integrated Community Case Manager and Health Related Services liaison with the Oregon Health and Sciences University Integrated Delivery System, a hospital health system-based Medicaid plan. Sheryl's interest in injury prevention and health promotion grew out of her experience working in the pediatric emergency department at a level one trauma center.

Anna Paige Wilson, BS — Anna Paige is a third-year medical student at UAB Heersink School of Medicine. She graduated from Auburn University with a degree in Biomedical Sciences. She has an interest in injury prevention and pediatrics.

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