

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.

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



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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: