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NEW HAMPSHIRE PEDIATRIC SOCIETY AWARD

On Friday, June 6, 2014 I had the pleasure of once again presenting the New Hampshire Pediatric Society Award at the honors ceremony to a graduating student from the Geisel School of Medicine at Dartmouth (still considered Dartmouth Medical School by some of us). The Award is given to "the graduating medical student who best exemplifies those qualities one looks for in a pediatrician, specifically a person who is 'competent, caring, good humored and who I would want to take care of my children'." He was presented with a check for \$250 and a copy of Nelson's Textbook of Pediatrics. (I mentioned that the book was twice as thick compared to when I graduated from medical school.



This year's winner is Michael Piccioli, who was recognized because "his positive work ethic, proactive approach, and kind and compassionate personality make him an exceptional human being." What an added pleasure it was to learn that Michael is a New Hampshire native, from Auburn. (I found out the next day that I had been the pediatrician for his mother and aunt back in my Dover days.) He is a graduate of Manchester Memorial High School and the University of New Hampshire. Michael is entering a pediatric residency at Massachusetts General Hospital. I told him that I hoped that he would stay in touch...and come back to New Hampshire to practice...and join the New Hampshire Pediatric Society.

-Sol Rockenmacher, MD

Supporting the State's Public Health Emergency Response Effort – Need for Pediatricians!

Within the Department of Health and Human Services (DHHS) – Emergency Services Unit (ESU) is a federal program with an unfortunate acronym/name of ESAR-VHP (pronounced "ee-sar-vip"), which stands for: The Emergency System for the Advance Registration of Volunteer Health Professionals. Within the State it is now known as New Hampshire (NH) Responds (www.nhresponds.org). The NH Responds database currently has 1,198 volunteers of which 38 are physicians (M.D. and/or D.O.) with only five specializing in pediatrics.

Rick Cricenti, Director of the ESU, and Adnela Alic, NH Responds Coordinator, are responsible for this program. ESAR-VHP is federally mandated through the Hospital Preparedness Program (HPP) grant from the Office of the Assistant Secretary for Preparedness and Response (ASPR), U.S. Department of Health and Human Services (HHS), for which Rick is also the coordinator. Each state has the responsibility for building their system based on national guidelines. The idea is to pre-register and credential health volunteers so if they are needed here or anywhere in the country they are more easily deployed. The need for this national system arose after the attacks of September 11 when various health professionals arrived on the scenes to offer aid, but there was no way of verifying their capability or credentials in a timely manner.

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A request for volunteers was initiated for the first time with the H1N1 flu clinics in 2010. The program originally registered volunteers from 20 specific health professions, but the program now registers a variety of health and allied health professionals, and people who are not health professionals. Non-health professionals are vital in helping an over-all public health response by assisting with clerical work, logistics, etc., thereby saving health professionals to do those things they are specifically licensed to do.

For more information or to schedule a presentation on NH Responds, contact Rick Cricenti at (603) 271-9448, email rick.cricenti@dhhs.state.nh.us or Adnela Alic at (603) 271-9475, email adnela.alic@dhhs.state.nh.us. To register with NH Responds, go to www.nhresponds.org and click the "Register Now" button for NH ESAR-VHP located in the lower left corner of the web page.

- Carole Totzkay, MS, CHES
DHHS, ESH Public Health Preparedness Planner

About the DHHS Child Care Licensing Unit (CCLU)

The Child Care Licensing Unit (CCLU) ensures that children attending NH child care programs are in safe and healthy environments and are provided with care, supervision and developmentally appropriate activities that meet each child's physical and emotional needs.

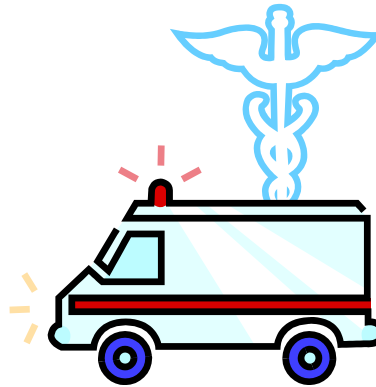
CCLU accomplishes this through on-site evaluations, monitoring, and investigations that ensure compliance with applicable NH Statutes and Administrative Rules, approval and issuance of licenses, and initiation of appropriate disciplinary action when necessary for compliance and the protection of children.

CCLU also provides consultation and technical assistance to help understand licensing regulations to existing licensed child care providers and persons who might consider applying for a child care program license.

CCLU licenses seven categories of child care programs: Family Child Care Homes, Family Group Child Care Homes, Group Child Care Centers, Child Care Nurseries,

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State Mass Care Response – Emergency Services Unit Activities



The Emergency Services Unit (ESU) continues to build capacity for the State's Emergency Operations Plan, Emergency Support Function (ESF) Annex 6 Mass Care, Housing and Human Services. An ESF Annex describes what should happen for each emergency phase and identifies

tasks assigned to members of the ESF, including nongovernmental and private sector partners.

The ESF 6 Annex describes the provision of sheltering, feeding, bulk distribution of food and supplies, first aid at mass care facilities and designated sites, and disaster welfare services. In the summer of 2012, the ESU released the first version of the New Hampshire General Sheltering – A Guide for Local Jurisdictions. It was written for local personnel involved in general population shelter operations. The guidance outlines shelter planning, management, and operation functions to ensure an integrated, non-discriminatory shelter environment, for all people. It is currently being updated to reflect lessons learned from recent national disasters, i.e., Joplin Tornado, Hurricane Irene, and Superstorm Sandy.

Representatives of the State's General Population Shelter Committee and additional subject matter experts have formed four work groups, as defined below, to address guidance modifications.

Food and Hydration: define the framework for local and regional mass care emergency facilities to ensure a coordinated, timely and efficient feeding and hydration response during shelter operations.

Chronic Condition Management: develop guidelines and procedures to aid in the care management of shelter residents with chronic health conditions such as, arthritis, cancer, cardiovascular disease, diabetes, mental health, etc.

Infant/Children/Youth: develop guidelines and procedures necessary to respond to the needs of infants, children, and youth during shelter opera-

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tions.

Bio-surveillance in Shelters: develop guidelines and procedures to monitor and report illness and injury in emergency shelters or congregate facilities during an emergency.

In June 2013, the Bio-Surveillance work group released the Guidance for Conducting Health Surveillance in Shelters at the State's Annual Emergency Preparedness Conference. This year, the work group Chair presented an abstract entitled "Developing Guidance and Training Materials for Conducting Health Surveillance in Emergency Shelters in New Hampshire" at the and the Council of State and Territorial Epidemiologists Annual Conference. Although the State has not experienced a disaster that resulted in extended mass care shelter operation, we shared the guidance with the DHHS Division of Homelessness and Housing in the event that it might be needed. With the possibility of increasing yearly precipitation in the Northeast, we anticipate an opportunity to active mass care shelters and evaluate the guidance.

The ESU has also implemented an electronic Inventory Resource Management System (IRMS) that provides the capacity to geo-code, inventory, report, store, and track information regarding clients and materials, such as, Strategic National Stockpile assets. The ESU has over 200 DHHS employees who have volunteered to serve on the following public health emergency response teams: Inventory Warehouse Management, Evacuation Management, Communication/Hot Line Operations, and Female Decon Management.

For more information on the State's mass care planning efforts, contact Rick Cricenti at (603) 271-9448, email rick.cricenti@dhhs.state.nh.us or Carole Totzkay at (603) 271-9452, email carole.totzkay@dhhs.state.nh.us.

- Carole Totzkay, MS, CHES
DHHS, ESH Public Health Preparedness Planner

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School Age Program, Night Care Programs, and Residential Child Care Programs.



The Child Development Bureau maintains contracts with a variety of agencies to provide resource and referral services for child care in the agency's community. Parents use the Resource and Referral Agencies to obtain lists of child care providers, including those licensed by the Child Care Licensing Unit

The Child Care Resource and Referral (CCR & R) service provides free referral assistance for families to child care providers, information on how to choose high quality care, referrals to other community agencies if you have concerns about your child, and information about financial assistance to help pay for child care. CCR & R also assists providers by supplying information and support for licensing, credentialing, and accreditation, director and leadership collaborative groups, conference and training opportunities, resource and information

about local, state, and national child care related issues, technical assistance and support, and professional development

Please Take Notice!

The New Hampshire Pediatric Society wants to improve immediate communication with and among our members. If your email address is not on our master list (or if you're not sure) please add your preferred address to the list by contacting Gil Fuld.

Our plan is to periodically send out the updated address list to everybody on it. If you haven't recently received a copy, we don't have your address.

***-Gil Fuld
Communications and
Public Relations Chair
fuldandfuld@ne.rr.com***

From the AAP:

Reducing Medication Dosing Errors by Ditching Teaspoons and Tablespoons



Busy, multitasking parents are at risk for making medication mistakes, as they may not remember their child's prescribed dose or may not know how to measure the dose correctly. According to a study in the August 2014 Pediatrics, "Unit of Measurement Used and Parent Medication Dosing Errors," published online July 14, medication errors are common. The study found that 39.4 percent of parents incorrectly measured the dose they intended, and ultimately 41.1 percent made an error in measuring what their doctor had prescribed. Part of the reason why parents may be confused regarding how to dose prescribed medications accurately is that a range

of units of measurement, like milliliters, teaspoons and tablespoons, may be used interchangeably to describe their child's dose as part of counseling by their doctor or pharmacist, or when the dose is shown on their prescription or medication bottle label. Due to concerns about these issues, use of the milliliter as the single standard unit of measurement for pediatric liquid medications has been suggested as a strategy to reduce medication errors by organizations like the American Academy of Pediatrics (AAP), Centers for Disease Control (CDC), and the Institute for Safe Medication Practices. In this study, compared to parents who used milliliter-only units, parents who used teaspoon or tablespoon units to describe their child's dose of liquid medicine had twice the odds of making a mistake in measuring the intended dose. Parents who described their dose using teaspoons or tablespoons were more likely to use a kitchen spoon to dose, rather than a standardized instrument like an oral syringe, dropper, or cup. Even those who used standardized instruments were still more likely to make a dosing error if they reported their child's dose using teaspoon or tablespoon units. Parent mix up of terms like milliliter, teaspoon and tablespoon contribute to more than 10,000 poison center calls each year. Study authors conclude that adopting a milliliter-only unit of measurement can reduce confusion and decrease medication errors, especially for parents with low health literacy or limited English proficiency.

From the AAP:

Bed Sharing Remains Greatest Risk Factor for Sleep Related Infant Deaths

Sudden infant death syndrome (SIDS) and other sleep-related causes of infant mortality have several known risk factors, but little is known if these factors change for different age groups. In a new study in the August 2014 Pediatrics, "Sleep Environment Risks for Younger and Older Infants," published online July 14, researchers studied sleep-related infant deaths from 24 states from 2004-2012 in the case reporting system of the National Center for the Review and Prevention of Child Deaths. Cases were divided by younger (0-3 months) and older (4 months to one year) infants. In a total of 8,207 deaths analyzed, majority of the infants (69 percent) were bed-sharing at the time of death. Fifty-eight percent were male, and most deaths occurred in non-Hispanic whites. Younger infants were more likely bed-sharing (73.8 percent vs. 58.9 percent), sleeping on an adult bed or on/near a person, while older infants were more likely found prone with objects, such as blankets or stuffed animals in the sleep area. Researchers conclude that sleep-related infant deaths risk factors are different for younger and older infants. Parents should follow the American Academy of Pediatrics (AAP) recommendations for a safe sleep environment and understand that different factors reflect risk at different developmental stages.

From the AAP:

Children with ADHD are More Likely to Develop Substance Abuse Disorders

Attention-Deficit/Hyperactivity Disorder (ADHD) is the most common neurobehavioral disorder of childhood, affecting approximately 8 percent of children and adolescents. For school-age children with ADHD, treatment with both behavioral interventions and stimulant medications is recommended. However, stimulant medications have the potential for misuse, diversion and addiction. Because few clinical guidelines support physicians in managing the intersection of these disorders, the American Academy of Pediatrics, has issued a new clinical report, "Attention-Deficit/Hyperactivity Disorder and Substance Abuse," appearing in the July 2014 Pediatrics (published online June 30). Children with ADHD are at high risk of both trying drugs and developing a substance use disorder. Stimulant medication may reduce this risk, and, despite the potential for misuse, there is no evidence that stimulants increase the likelihood of developing a substance use disorder. Prescribers are cautioned that many school-aged children - up to 23% - are approached to sell, buy or trade their medication. These findings underscore the need for careful diagnosis, anticipatory guidance for children prescribed stimulant medications, and careful monitoring to ensure appropriate use of stimulant medications. This new clinical report provides pediatricians guidance on these clinical activities.