

Oklahoma Injury Prevention Advisory Committee  
**Meeting Minutes**

June 13, 2014

**Members Present:**

Dr. Mark Brandenburg, Chair  
Roxie Albrecht, MD, OU Medical Center, Trauma Services, Department of Surgery  
Mark Brown, Product Safety Investigator, US Consumer Product Safety Commission  
Laura Gamino, Injury Prevention Coordinator, OU Medical Center, Trauma Services  
Sunshine Gross, Oklahoma Coalition Against Domestic Violence and Sexual Assault  
Lindsey Henson, RN, OU Medical Center, Trauma Pediatric Coordinator  
Annette Jacobi, Director, Family Support and Prevention Service, OK State Department of Health  
Gayle Jones, Independent Contractor  
Dave Koeneke, Executive Director, Oklahoma Safety Council  
Jeff McKibbin, University of Central Oklahoma, Graduate Athletic Training Education Program  
Katie Mueller, SAFE Kids Oklahoma  
Kevin Pipes  
Mendy Spohn, Administrator, Carter County Health Department  
Ken Stewart, Protective Health Services, Emergency Systems, OK State Department of Health  
Garry Thomas, Director, Oklahoma Highway Safety Office  
Don Vogt, Program Manager, OK Bureau of Narcotics and Dangerous Drugs Control  
Dr. Inas Yacoub, Office of the Chief Medical Examiner

**Guest Speaker:**

Pam Archer, Office of Scientific and Research Integrity, OK State Department of Health

**Guests:**

Pam Boatright, Oklahoma State Regents for Higher Education, System Safety, Health and Environment Resource Center  
Rachel Jantz, Council of State and Territorial Epidemiologists (CSTE) Fellow

**Staff:**

Sheryll Brown, Tracy Wendling, Regina McCurdy, and Gordy Suchy, Oklahoma State Department of Health, Injury Prevention Service

**Welcome/Introduction**

Dr. Mark Brandenburg called the meeting to order and members introduced themselves. Dr. Brandenburg introduced Rachel Jantz, CSTE Fellow from Michigan. She will begin a two year internship with the Injury Prevention Service in July. He also welcomed Mark Brown, Product Safety Investigator, U.S. Consumer Product Safety Commission, as a new member of the committee.

Minutes from the previous meeting on January 10, 2014, were approved.

**Dr. Brandenburg's Comments**

Dr. Brandenburg commented on the news last week about the number of unaccompanied minor immigrants coming across the borders. Since October 1<sup>st</sup>, there have been over 47,000 children cross the borders from El Salvador, Guatemala and Honduras. Authorities expect over 250,000 by 2015. Approximately 1,200 to 1,500 children a day are coming to Texas and approximately 450 are expected to be moved to Ft. Sill in the coming days. Everyone

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here should be affected. Mindy Spohn said that there are already 285 unaccompanied minors in Ardmore now. Annette Jacobi said that Catholic Charities will be working with these children and other non-profits are also expected to help. Dr. Brandenburg mentioned that this will be a very difficult task. Don Vogt also said that they are concerned about exploitation. Dr. Brandenburg said that many of these children have already experienced sexual assault.

### Legislation Update

This Legislative session ended and some bills were passed. HB2526, a domestic violence bill directing police officers to conduct lethality assessments, was signed by the Governor. HB2589 concerning trafficking of prescription drugs also passed. HB2665, interstate sharing of PMP data, is effective November 1<sup>st</sup>. Don Vogt mentioned that Kansas and Missouri will now be able to share data with Oklahoma, and Texas will also possibly share. HB3472, which prohibits giving custody of minors to sex offenders, was also signed by the Governor. SB1183, the ME prescription drug bill also passed (this bill relates to the Board of Medicolegal Investigations and includes language regarding drug-related deaths). SB1789 allows optometrists to prescribe hydrocodone. Overall, only 20% of bills passed and were sent to the Governor. Garry Thomas thanked Gordy for compiling and sending the weekly Legislative Report this session.

### Naloxone Pilot Project

Pam Archer spoke about the naloxone pilot project for Jessica Hawkins with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), who was unable to attend. The North Carolina Project Lazarus is a highly recognized study on naloxone. Naloxone, also known as Narcan, is a medicine that reverses the effects of opioids (prescription drugs and heroin) within one to three minutes. It can be sprayed in the nose or injected. It can now be used by a lay person, family or friend. Naloxone cannot be abused and more than 200 cities are currently using naloxone in the U.S., with more than 10,000 lives saved. In 2013, HB1782 passed in Oklahoma to allow use by first responders and family members to reverse an overdose. Anyone using naloxone must be trained and they are covered by the Good Samaritan law. ODMHSAS is funding training for first responders in the Tulsa area and providing them with naloxone kits. The Tulsa Police Department, Tulsa County Sheriff's Office, Oklahoma Highway Patrol, several smaller police departments as well as the Cherokee Nation have been included in the trainings. Gail Box, mother of Austin Box, an OU football player who died of an overdose, also speaks at these trainings. Kits cost \$40.00 but are currently supplied at no cost. Training participants complete an evaluation of the training and also complete a report form after administering a dose of naloxone. Report forms must be submitted to get a replacement kit. Within ten days of the first training, they had the first administration and the patient survived. The ODMHSAS is looking at other areas for trainings as well as rural areas. Jessica is also working with pharmacies in the Tulsa area. Naloxone has a 30 month shelf life. The naloxone being used in the kits is dispensed with an atomizer and includes two doses. If the patient doesn't respond quickly, the second dose can be given. Naloxone doesn't work on alcohol or non-opioid drugs (e.g., Xanax overdoses). Everyone should call 911 when naloxone is administered. Dr. Brandenburg mentioned that naloxone reverses every receptor in the body and causes instant withdrawal. The ODMHSAS is looking into distribution of naloxone kits by mail order.

Don Vogt with the OK Bureau of Narcotics and Dangerous Drugs Control mentioned there are some concerns about Naloxone causing cardiac problems in the elderly. Heroin is becoming more prevalent now because it is getting more difficult to obtain prescription drugs. Heroin is not as prevalent in Oklahoma as it is in other places. A script pad with tear-off informational sheets for medical providers to give to patients was passed around titled "Prescription Opioid Painkillers for Emergency or Urgent Care."

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**Sports Concussions**

Jeff McKibbin, Program Director of the Graduate Athletic Training Education Program at the University of Central Oklahoma, gave an update on sports-related concussion legislation. Legislation was passed in 2010 that placed certain requirements on schools related to sports-related concussion management and return to play. The NFL is promoting the issue of concussion prevention and all 50 states have some type of concussion legislation. In Oklahoma, there are no ramifications if the requirements were not followed. Injured players cannot return to play unless they're released by a licensed health care provider trained in the management of concussions. Jeff is working with a former student-athlete who suffered multiple concussions and has since become highly involved in prevention and education. Her name is Lauren Long and she co-founded the website [concussionconnection.com](http://concussionconnection.com) to provide education and peer-to-peer support. Oklahoma is one of the lowest in the nation for number of athletic trainers on the sidelines. Legislation was drafted and introduced that would have strengthened the existing law, plus extended similar requirements to youth sports organizations that were required of schools. SB1790 would have required concussion training for coaches, officials, and referees; expanded who could remove an athlete from play; established minimum penalties for violations; required implementation of a return to learn protocol; and directed OSDH to develop an information sheet on concussion and head injury. The bill failed in committee and did not face opposition until the very end. The YMCA, for example, was afraid of repercussions with their volunteers. They may not have been aware of protection offered by the Good Samaritan law. The Tulsa School District has a strict policy on concussions with quick ramifications. Jeff said one of the problems is that coaches, players and parents don't want student-athletes to sit out games even though they're hurt (scholarship implications, etc.). Another attempt will be made next year to get legislation passed.

Katie Mueller said that Safe Kids Worldwide has a program on sports safety, Safe Kids Youth Sports Safety Program, which focuses on topics such as concussions, dehydration, and overuse injuries. Training is available out of Georgia on concussion and dehydration. Small grants are available for handouts to parents at sports venues. Laura Gamino said that Oklahoma Secondary Schools Activities Association has mandatory training in place.

**Injury Prevention Service Update**

Sheryll Brown announced that the Injury Prevention Service has applied for a prescription drug overdose grant through the CDC called Prescription Drug Overdose: Boost for State Prevention. There are 26 states applying and 4-5 grants will be awarded. The Injury Prevention Service is also applying for the National Violent Death Reporting System grant. The Oklahoma Violent Death Reporting System has operated for 10 years; however, this is a new round of competitive funding. The CDC will fund up to 30 states with 41 submitting applications.

Don Vogt announced that 2013 medical examiner data show drug overdoses in Oklahoma have declined.

Pam Boatright with the Oklahoma State Regents for Higher Education announced that the suicide grant ends on June 30<sup>th</sup>. So far they've trained 2200 individuals statewide on QPR (question, persuade, and refer) Gatekeeper Training for Suicide Prevention. State colleges now know how to recognize early signs of suicidal ideation in their students.

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**Next Meeting** - October 10, 2014

**Adjourn** - The meeting was adjourned at 1:10 pm.