

## PRESIDENT'S LETTER

# In Divisive Times, Come Together, Take Action



**Henry Pitzele,  
MD, FACEP**

able begins to make me feel like I'm a character in the "Truman Show."

So, in our current environment, going to work is a comfort and a way to be brought back down to earth. When I get there, I see the same colleagues I've been working with, doing the same job, taking care of the same patients, who have the same complaints. These things continue 24/7/365, and that gives me hope and grounding; I consider myself extremely fortunate that I have a job, and to boot, doing something that I actually love.

That does not, however, mean that I do not highly value the service I provide. Case in point: the Centers for Medicare and Medicaid Services (CMS) and impending compensation doom. You may remember a recent email blast I sent about this important topic—CMS recently proposed a new fee schedule which, if allowed to pass in its current form, would put an overall 6 percent decrease on compensation for

It seems like every day, a tiny piece of the structure of our lives and our society is worn away. Every news story, snippet of social media, or overheard conversation makes me feel less connected to my fellow humans, and the degradation of structures I always thought of as unassail-

the five levels of Emergency Physician Evaluation/Management services. Congratulations to you at this point, because around the second sentence of any paragraph regarding the billing cycle, I usually consider 1) skipping to the end, or 2) taking a short nap, but since you're still here, I'll ask you to hold out for just three more sentences!

First, I want to stress the importance of preventing this cut right now — a 6 percent decrease in compensation will not be absorbed by hospital systems, payors, or CMGs; it will come straight home to you, and 6 percent is a palpable number. If you're one of the many EPs whose compensation has been reduced during COVID (either by hour reductions or direct decreases in RVUs from lower volumes), think of how that cut felt already.

But looking to the future, this is the first step down a waterslide of a slippery slope toward overall decreases in compensation for our services. We did great with our responses to legislators in August — I now ask again for you to reach your lawmakers. This is a separate request, and again ACEP has made it easy to do, with a prefilled form that is, again a second ask (even if you reached out in

August) in joining Congressmen Marshall and Rush in their efforts to help us stay afloat.

Speaking of Congressman Rush, this is the perfect opportunity to laud the recent webinars presented by ICEP's Social EM Committee focusing on structural racism and social justice

in EM. The first two of four planned webinars have already taken place, and they are terrific. And while I'm certain that they would have been even more engaging in a live format, the COVID fairy has made them virtual, and that allows you to access them at any time, even right now! I can personally attest that (even without the visual information), they are excellent to listen to while in the car or running.

The two final webinars will cast in October, including not only excellent speakers from within ICEP, but outside talent as well, including

Congressman Rush himself on the final talk on October 22. See more details about the webinar series on Page 2.

The social justice webinars bring me back to my first point, which is the ED family we're all part of. Especially now, especially this month, I think it's important to remember that

*"As strong as we are all feeling about our national politics, there are many, many ER docs who feel the opposite. It is important to remember that the other emergency physicians, who you know and trust with the lives of your patients, who you know are fighting just as hard as you are for their well-being, may feel exactly the opposite from you politically."*

— Dr. Henry Pitzele

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# ICEP Social EM Committee Presents Webinar Series on Structural Racism

Register Now for Next in the Series on October 7, Focused on Allyship

This fall, ICEP's Social Emergency Medicine Committee has launched a webinar series focused on structural racism and social justice.

Two webinars were presented in September, and two webinars will be presented in October.

Registration is open online for the two upcoming presentations at [ICEP.org/socialjusticewebinar](https://www.icep.org/socialjusticewebinar). All programs are free and open to all, but registration is required.

The webinar format is approximately an hour of presentation by the featured speakers and then 30 minutes of questions and answers from the audience. The program is moderated by members of ICEP's Social EM Committee, including Committee Co-Chair Sukhi Bains, MD, Ameera Haamid, MD, Vinoo Dissanayake, MD, Keya Patel, MD, and Regina Royan, MD, MPH.

## Upcoming Webinars

The next in the series will be presented on Wednesday, October 7 and will focus on "Allyship in Structural Racism: How to Become a Part of the Solution."

The featured presenters are:

- Dr. Karriem Watson, on community-based research in allyship
- Dr. Marina Del Rios, on physician allies and social capital in allyship
- Dr. Abdullah Pratt, on community allyship at the interpersonal level

The webinar to conclude the series is scheduled for October 22 and will feature special guest Congressman Bobby Rush. Congressman Rush will share his perspective on civil rights activ-



ism as an elected leader. He will be joined by:

- Dr. Meeta Shah, on structuring an effective advocacy-focused OpEd
- Dr. Garth Walker, on tips for physician-led advocacy
- Dr. Derek Robinson, on legislative and structural-based advocacy

## Past Webinars

The debut webinar focused on "Structural Racism as a Public Health Crisis." The program featured:

- Dr. Ameera Haamid, examining covert and overt racism
- Dr. Linda Rae Murray, sharing examples of racism in medicine

- Dr. Rashid Kysia, exploring the impact of race on structural determinants of health

The second webinar discussed the hot topics of privilege and implicit bias, with a focus on recognizing our role to break these habits. Speakers were:

- Dr. David Ansell, examining privilege and its impact on structural racism and social justice
- Dr. Sean Schnarr, discussing implicit bias, the research behind it and how it works

The recordings from both programs are posted at [ICEP.org/socialjusticewebinar](https://www.icep.org/socialjusticewebinar) and also posted to watch directly on ICEP's Facebook page.



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# Updates On Care of Sexual Assault Patients: What Illinois EM Physicians Need to Know

By **Monika Pitzele, MD, FACEP**  
*ICEP Representative*  
*SASETA Implementation Task Force*

## Recap of the changes

After January 1, 2022 (yes, only a little more than a year from now), every sexual assault survivor will need to be cared for by a Qualified Medical Provider (QMP) available within 90 minutes from the survivor's arrival to the Emergency Department (ED).

QMP for adults/adolescent patients can be an Adult/Adolescent Sexual Assault Nurse Examiner (SANE) or physician/physician assistant who has obtained training to qualify them as a Sexual Assault Forensic Examiner (SAFE).

QMP for pediatric patients (12 years old and under) can be a pediatric SANE/SAFE or a board certified/board eligible child abuse pediatrician.

Based on which providers are available in the hospital, hospitals need to choose their designation under SASETA as one of the following:

1. Treatment Hospital (providing care for adult, adolescent and pediatric sexual assault survivors)
2. Transfer Hospital (all sexual assault survivors are transferred to a Treatment hospital with which the Transfer hospital has a written agreement. Adult/adolescent survivors

## Sexual Assault Survivors in Illinois, January 2019 - June 2020

Timeframe	Total number of survivors	Pediatric survivors
Jan - June 2019	2,537	490
July - Dec 2019	2,840	531
Jan - June 2020	2,240	521

vors can be transferred to Treatment Hospital with Approved Pediatric Transfer if it is closer than a Treatment hospital).

3. Treatment Hospital with Approved Pediatric Transfer, which is a new category (providing care for adult and adolescent sexual assault survivors and transferring the pediatric patients). This option also requires a written agreement with a Treatment Hospital that would accept transfers of all the pediatric sexual assault survivors.

## Good news for survivors

Illinois State Police launched an online kit tracking system to allow survivors to track progress of their evidence kits. Survivors will be given a case number for the system that will allow them to track the evidence through the following 5 steps: initial collection at the healthcare facility, receipt by law enforcement, receipt by forensic lab, lab analysis, or when the report is sent from the lab to law enforcement agency. The law is not retroactive; only new cases will be assigned a tracking number.

## Education for emergency department staff

Hopefully, all ED staff have already completed 2 hours of sexual assault education by the end of June 2020 as required. The future requirement is 2 hours of education every 2 years.

## Number of sexual assault survivors in Illinois

We already have a year and a half of data collected statewide on the number of survivors. As with other patients, there was a decrease during the initial months of Covid-19. (See table above.)

Resources and educational materials are available from the Office of Attorney General at: <http://www.illinoisattorneygeneral.gov/victims/saimplementationtaskforce.html>

For questions regarding above materials or others issues regarding SANE, email [sane@atg.state.il.us](mailto:sane@atg.state.il.us).

Or contact Monika Pitzele, MD, FACEP, ICEP representative on the state Implementation Task Force at [monika.pitzele@sinai.org](mailto:monika.pitzele@sinai.org)

# Last Chance to Join ICEP Board of Directors for Acute Ischemic Stroke Education on October 5

All ICEP members are invited to join the Board of Directors and Councillors for a free 1-hour lunch-and-learn presentation on acute ischemic stroke. The program will be presented live on Zoom at 1 PM on Monday, October 5.

The goals of the seminar, "From deficits to disability in acute ischemic stroke," are to:

- Understand the role and potential limitations of the NIHSS in stroke assessment
- Discuss the benefits of supplementing the NIHSS with a disability assessment

- Learn about methods to assess disability in patients with acute ischemic stroke (AIS)

The program will be presented by William Knight, MD, an emergency physician and Associate Medical Director of the Neuroscience Intensive Care Unit in Loveland, Ohio.

Content is targeted for emergency physicians, neurologists, stroke coordinators, hospital administrators, and emergency department staff involved in the treatment of stroke. Feel free to

invite a colleague to attend as well. There is no charge for the program.

The seminar is presented with support of Genentech. No continuing education credit will be provided for this presentation. RSVP online at [ICEP.org](http://ICEP.org). You will receive the Zoom link to join Monday's presentation after registration.

Question, please contact Genentech representative Molly Heflin at [heflin.molly@gene.com](mailto:heflin.molly@gene.com) or 773-965-1986.



# EM4LIFE 2020 Articles Course Going Virtual

ICEP's EM4LIFE 2020 LLSA Article Review Course with noted author Deborah Weber, MD, FACEP, is still on the calendar and going virtual. The 8-hour program will be presented live via Zoom on November 17.

EM4LIFE review courses help you meet your MOC requirements by getting your LLSA done in just one day — including the exam! The course includes the opportunity to take the LLSA exam online in a group setting.

Each 8-hour course will define and describe the key points of each of the ABEM LLSA readings. Topics are based on the core content areas identified in the EM Model.

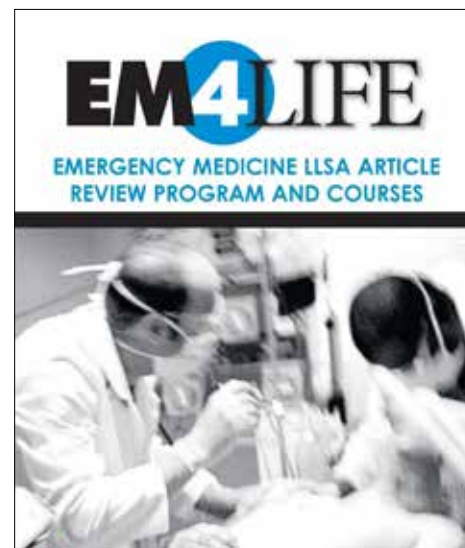
The EM4LIFE course includes the EM4LIFE PEARLS, the resource from Dr. Weber that re-

views the key points of each LLSA article in a concise, easy-to-read bullet-point format. The PEARLS resource will be mailed to you before the course.

The cost to register for EM4LIFE is \$315 for ICEP/ACEP members or \$355 for non-member physicians. Registration is open online at ICEP.org/em4life.

If your schedule won't allow you to attend the live webinar, Dr. Weber's presentation will be recorded and will be available for purchase afterward. More details coming soon to ICEP.org and your email.

Specialized CME hours for pediatric, trauma, and stroke topics can be fulfilled with EM4LIFE! Hours per topic vary.



## Final Countdown to 'Unconventional' ACEP20 Scientific Assembly is On: Don't Miss the Fun

ACEP20 has been reimagined into a unique, digital experience. These unprecedented times call for an unconventional ACEP20, and members' well-being, and that of their patients and families, is ACEP's foremost priority.

The meeting will be held through an interactive online platform that allows participants to network and mingle at job fairs and social events, ask live questions with the faculty and each other, and use private video chat to connect with friends, new and old.

**WHO:** EM physicians and emergency care providers from across the globe! It's easier than ever for our international audience to participate — with no travel expenses, no hotels, and no additional costs, this is the year to give ACEP a try. And at a time when finances are tight for everyone, the value is there: just \$1.80 per CME credit hour for ACEP members.

**WHAT:** ACEP20 promises an unconventional (BETTER!) experience, way beyond your customary Zoom calls. The lineup features special



guests like Dr. Anthony Fauci and Laurie Santos, PhD, plus EM experts including Dr. Amal Mattu, Dr. Scott Winters, Dr. Marianne Gausche-Hill and more! Learn from more than 250 live and on-demand courses in 28 different clinical and practice tracks. Take home pearls that you can use in your practice on your next shift.

Plus attend social events to stay connected, from distance dining with EM luminaries to battling your peers in Fortnite and swapping stories over s'mores. And popular, regular features will be available, too: career assistance, interactive exhibit hall and more.

**WHEN:** ACEP20 kicks off Oct. 26 through Oct. 29, with access to the courses for THREE

YEARS. The 22 hours of live content CME can be claimed immediately following the conclusion of the event, commensurate with your participation. The 250+ hours of on-demand content will also be available starting Oct. 26.

The Council Meeting will be held in conjunction with ACEP20, on October 24-25 through a separate virtual platform.

**WHERE:** If you've been wondering what the ACEP20: Unconventional experience will look like, this preview at [www.acep.org/sa/education/videos](http://www.acep.org/sa/education/videos) provides a sneak peek at the many ways you'll be able to learn, connect and have fun with your tight-knit EM community.

**WHY:** Because without you, ACEP just wouldn't be the same. Your voices and participation keep the specialty moving forward — don't be left behind. Go for the education, the community, the career advancement opportunities. Or for the chance to break from the daily grind and treat yourself to some "me time." Whatever your reason, we hope you'll join us. Register today at [www.acep.org/acep20](http://www.acep.org/acep20).



# WE WERE MADE FOR THIS

## — OUR RESPONSE TO COVID-19



US Acute Care Solutions experienced the same sudden and unprecedented declines in hospital & ED volumes related to COVID-19 that everyone else did. **How we reacted was different.**

### We prioritized **state-of-the-art patient care**

- We provided clinical updates three times a week to educate our clinicians on the latest evidence-based management techniques during a time of ultra-rapid knowledge development.
- We created our nationwide COVID Task Force to quickly disseminate best practices nationally.
- We instituted frequent, clear, and concise communication to reduce information overload and to minimize misinformation.
- We created a clinical management tool to facilitate appropriate disposition for COVID patients.
- We created a first-in-the-industry ventilator allocation guideline, leveraging our ethics expertise.
- We provided educational points for clinicians to educate non-medical community members in their personal social media networks.

### We prioritized the **safety and needs of our clinicians**

- We sourced our own national PPE backup supplies to mitigate local shortages.
- We developed a state-of-the-art N95 sterilization technique and shared this with our hospital partners.
- We created on-shift support for decontamination methods.
- We created the first-in-the-industry quarantine fund to pay clinicians for lost time.
- We maintained benefits (including our marquee 401k plan) for our clinicians and employees throughout.
- We distributed wellness resources for our clinicians and their families.
- We created a communication aid for clinicians to facilitate travel to their hospitals without delays.
- We offered first-in-the-industry free antibody testing to all clinicians and employees.

### We prioritized the needs of **our hospital partners**

- We built surge ICU and hospital medicine processes and protocols, pre-ED triage tents, pop-up acute care settings, and even new hospital relationships.
- We supported telemedicine initiatives for hospitals, resulting in new patients being brought into the hospital system for appropriate care.
- We hosted webinars for hospital partners to coordinate an informed COVID response with best practices by leveraging our national footprint of 200+ acute care sites.
- We developed a clinical management tool to assign hospital observation, transfer, and inpatient admission.
- We created guidelines for a COVIDSafe Emergency Department, easing patient concerns about viral transmission and continuing to provide our trademark high-quality care for serious acute conditions.

US Acute Care Solutions is different because we are majority physician-owned and are physician-led. We have the clinical, operational, and financial resources to weather the worst of a storm. COVID is case in point. We stepped up to face this crisis as a leader in our industry and an exceptional partner for our hospitals. **We were made for this.**

#### Interested in partnering with USACS?

Contact **James Watson**, Chief Development Officer, [watsonj@usacs.com](mailto:watsonj@usacs.com)

#### Interested in a clinical career with USACS?

Contact **Darrin Grella**, VP of Recruiting, [dgrella@usacs.com](mailto:dgrella@usacs.com)



# In Divisive Times, Come Together, Take Action

as strong as we are all feeling about our national politics, there are many, many ER docs (probably within your very department) who feel the opposite from you. And while I do think that it's more important than ever to vociferously support your personal politics in real life, it is also important to remember that the other EPs, who you know and trust with the lives of your patients, who you know are fighting just as hard as you are for their well-being, may feel exactly the opposite from you politically.

ICEP can and must represent all of the emergencyologists in Illinois, regardless of politics. And as hard as it sometimes is to do, I think the unquestioned common goal we all share — to take

care of anyone, anywhere, 24/7/365 — can allow us the rare chance of connecting with people whose views we might think are antithetical to ours, and possibly even to see things from their point of view.

Please vote next month. But also, this coming year, please come and lend your voice to ICEP! Join a committee, watch a webinar, follow our FB/Twitter, and (COVID willing) join us in Springfield and/or Washington D.C. for Advocacy Days. Your voice is not just wanted — it is desperately needed.

Please feel free to email, call (708-680-6668) or text me any time (I'm a nocturnist, and turn

off my phone when I'm sleeping, so really, any time) about anything ICEP-related, especially if you have thoughts on legislative/advocacy efforts that you'd like to see ICEP undertake. You're probably not the only one who is concerned about the issue.

Perhaps together, we can make some change.



— Henry Pitzele, MD, FACEP  
ICEP President

## DukeHealth Research Study on PTSD Symptoms in ED Physicians During COVID-19 Pandemic Seeking Input

A DukeHealth research study is looking for physicians working in emergency departments across the United States to participate in a research survey titled "Prevalence & Predictors of PTSD Symptoms among Emergency Physicians in the United States during the COVID-19 outbreak." Participation in this study is voluntary.

Eligibility criteria:

- U.S. Board-Certified/Board-Eligible Emergency Medicine Physician
- Emergency Medicine Resident in the United States
- U.S. Non-EM Physician working in an EM setting

The purpose of this study is provide information about the prevalence of Post-Traumatic Stress Disorder (PTSD) symptoms among emergency medicine physicians nationwide in the United States following the COVID-19 pandemic, and to explore other related factors including predictors of these symptoms.

If you agree to participate, you will be asked to complete a survey about your experiences as an Emergency Room physician during the COVID-19 pandemic. This survey may contain questions that are sensitive or upsetting. You may skip any questions that make you uncomfortable or that you do not wish to answer.

No information that can identify you will be collected and your name and contact information will not be linked with the survey results. This survey should take you about 10 minutes to complete.

If you are interested in participating, take the survey online at [https://duke.qualtrics.com/jfe/form/SV\\_cUtrLVk8zzefN9X](https://duke.qualtrics.com/jfe/form/SV_cUtrLVk8zzefN9X). Completing the survey implies that you consent to participate in this research study.

If you have any questions about this study, you can contact a member of the study team at [sri-ram.venkatesan@duke.edu](mailto:sri-ram.venkatesan@duke.edu) or 919-681-0907.







## FOR SOME ELITE SOLDIERS, THIS IS FIGHTING FOR FREEDOM.

Becoming an Emergency Physician and officer on the U.S. Army health care team is an opportunity like no other. It's a chance to examine, diagnose and treat the initial phase of disease or injury for U.S. Soldiers and their families. Within this multidisciplinary team, you will be a leader - not just of Soldiers, but in health care.

See the benefits of being an Army medical professional at [goarmy.com/ierp2020](https://goarmy.com/ierp2020)

# Two ICEP Members Appointed to Governor's Adult Use Cannabis Health Advisory Board

Gov. J.B. Pritzker announced appointments to the Illinois Adult Use Cannabis Health Advisory Committee, and two ICEP members have been appointed: Steven Aks, DO, FACEP, FACMT, and Lois Clarke, MD, FACEP.

Dr. Aks is currently Director of the Toxikon Consortium, Director of the Division of Toxicology at the Department of Emergency Medicine Cook County Health and Hospitals System. Dr. Aks also serves as Emergency Physician and Toxicologist and Professor of Emergency Medicine at Rush University Medical Center. Dr. Aks has received multiple honors, award and distinctions. Dr. Aks has also delivered multiple lectures locally and nationally, been featured in multiple publications,



**Steven Aks, DO,  
FACEP, FACMT**



**Lois Clarke,  
MD, FACEP**

books, journals, podcasts and interviews. Dr. Aks earned a dual Bachelor of Arts in Biology and Psychology from the University of Rochester and a Doctor of Osteopathic Medicine

from The New York College of Osteopathic Medicine.

Dr. Clarke is the Medical Director at Loretto Hospital. Previously, Dr. Clarke served as Attending Physician at Mercy Hospital. Dr. Clarke has vast academic, administrative and clinical experience. Dr. Clarke has published research and achieved a number of accomplishments. Dr. Clarke earned a Bachelor of Science in Biology from Valparaiso University, Master of Science in Biology from Chicago State University, and Doctor of Medicine from Michigan State University: College of Human Medicine.

Congratulations to Dr. Aks and Dr. Clarke.

## Resident Career Day Recording Posted

Resident Career Day, ICEP's first live virtual course on August 29, was a success with more 300 residents, medical students and attending physicians tuning in to the Zoom cast.

The program was recorded in its entirety and is available at [ICEP.org/rcd](https://www.icep.org/rcd) for members who missed the live presentation. Program handouts are available as well. (CME credit is not available for this program.)

The virtual format allowed the ICEP Membership Committee to put together a lineup of national speakers to provide the resources and advice residents, medical students and young physicians need as they embark on their emergency medicine careers.

ACEP President-Elect Mark Rosenberg, MD, FACEP, presented a powerful perspective on population health in emergency medicine.

ACEP Board of Directors member Alison J. Haddock, MD, FACEP, led an interactive discussion of how residents can improve healthcare and get engaged in advocacy and political efforts.

Thanks to the Career Forum presenters who joined ICEP to deliver mini-presentations on educational topics for residents while intro-



ducing what their companies have to offer. All contact information and marketing collateral for these vendors are available online at [ICEP.org/rcd](https://www.icep.org/rcd).

- Carle Health
- Elite Emergency Physicians Inc.
- OSF HealthCare
- Sound Physicians
- TeamHealth
- US Acute Care Solutions
- Vituity

Nine of Illinois' EM residencies were represented at the Resident Speaker Forum, an opportunity for professional development for novice speakers looking to polish their lecturing skills at a statewide competition. Thanks to all who presented:

- Dr. Allyson Peterson
- Dr. Thomas Mukai
- Dr. Andrew Cox

- Dr. Nathaniel Leu
- Dr. Walid Malki
- Dr. Keya Patel
- Dr. Bailee Jacobsen
- Dr. Cody Krueger
- Dr. John Lacheta

Dr. Leu, of John H. Stroger, Jr. Hospital of Cook County, was honored as the winner of the competition for his presentation "The 'Scrambling' Patient: Diagnosis and Treatment of Cannabinoid Hyperemesis Syndrome in the ED."

Resident Career Day concluded with a product showcased sponsored by Vapotherm. Mark Gebhart, MD, EMT-P, FAAEM, CPM, discussed the current research, mechanisms of action and applications of High Velocity Nasal Insufflation (HVNI) as a mask-free noninvasive ventilation solution for patients in respiratory distress in the emergency department.







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# Dr. Pilar Guerrero Appointed to Illinois State Board of Health

Gov. J.B. Pritzker has appointed ICEP member Pilar Guerrero, MD, to serve on the State Board of Health (pending confirmation by the Illinois Senate).

Dr. Guerrero is currently an Attending Physician at John H. Jr. Stroger Cook County Hospital and Assistant Professor at Rush Medical Center. Dr. Guerrero has contributed to research, book chapters, and publications focused on medical research and medicine. She has also provided numerous lectures, courses and interviews.

Dr. Guerrero is the medical director of ICEP's Medical Spanish for Emergency Departments course (postponed to 2021). She also serves as faculty for ICEP's Oral Board Review Course.

She currently volunteers for the NHMA UIC Medical School LMSA, Social Determinants of Health and Emergency Medicine- Cultural Awareness and Language/Disparities in Healthcare and Health Equity, Medical Orga-



Pilar Guerrero, MD

nization for Latino Advancement (MOLA) Board of Directors, Mentor for Underrepresented Medical Students, 4-Men Only Community Health Fair, and the Illinois Medical Emergency Response Team.

She is a member of ACEP as well as the National Hispanic Medical Association (NHMA) Board of Directors, NHMA, NHMA Annual Conference Planning Committee, and NHMA Midwest Regional Chair.

Dr. Guerrero earned a Bachelor of Science, Majors in Nursing and Spanish Language and Literature from Northern Illinois University and Doctor of Medicine from the University of Michigan Medical School.

# ACEP Introduces Peer Support Program to Simplify Wellness

Everyone copes differently, but there is one thing most emergency physicians agree on: It helps to talk to someone who understands life in the ED. The Peer Support Project was developed to help you grow as a peer supporter while learning how to check on yourself, too. It's about feeling confident as a confidant and helping institutions break down barriers to care.

This initiative is just getting started, and ACEP is excited about building a compassionate, helpful network of peer supporters. Joining the Peer Supporter List to receive updates and reminders from the Peer Support Project is a simple step you can take to push back against the barriers to care and culture within medicine that causes many of your colleagues to suffer in silence.

The web portal also includes a series of ar-



ticles to help you build your own support skills as well as to build a more compassionate workplace. Visit the Peer Support Project at [ACEP.org/life-as-a-physician/peer-support-project](https://www.acep.org/life-as-a-physician/peer-support-project).

Looking for more physician mental health resources? Visit the Wellness Hub for free professional crisis counseling options and a topical resource library organized by sources of stress.

# ACEP Doctors Warn Against New Benadryl Challenge on Social Media

Emergency physicians are warning parents and teenagers against participating in the "Benadryl Challenge," a viral social media trend in which individuals voluntarily overdose on allergy medicine, which has resulted in an influx of young people ending up in the emergency department and, in some cases, dying.

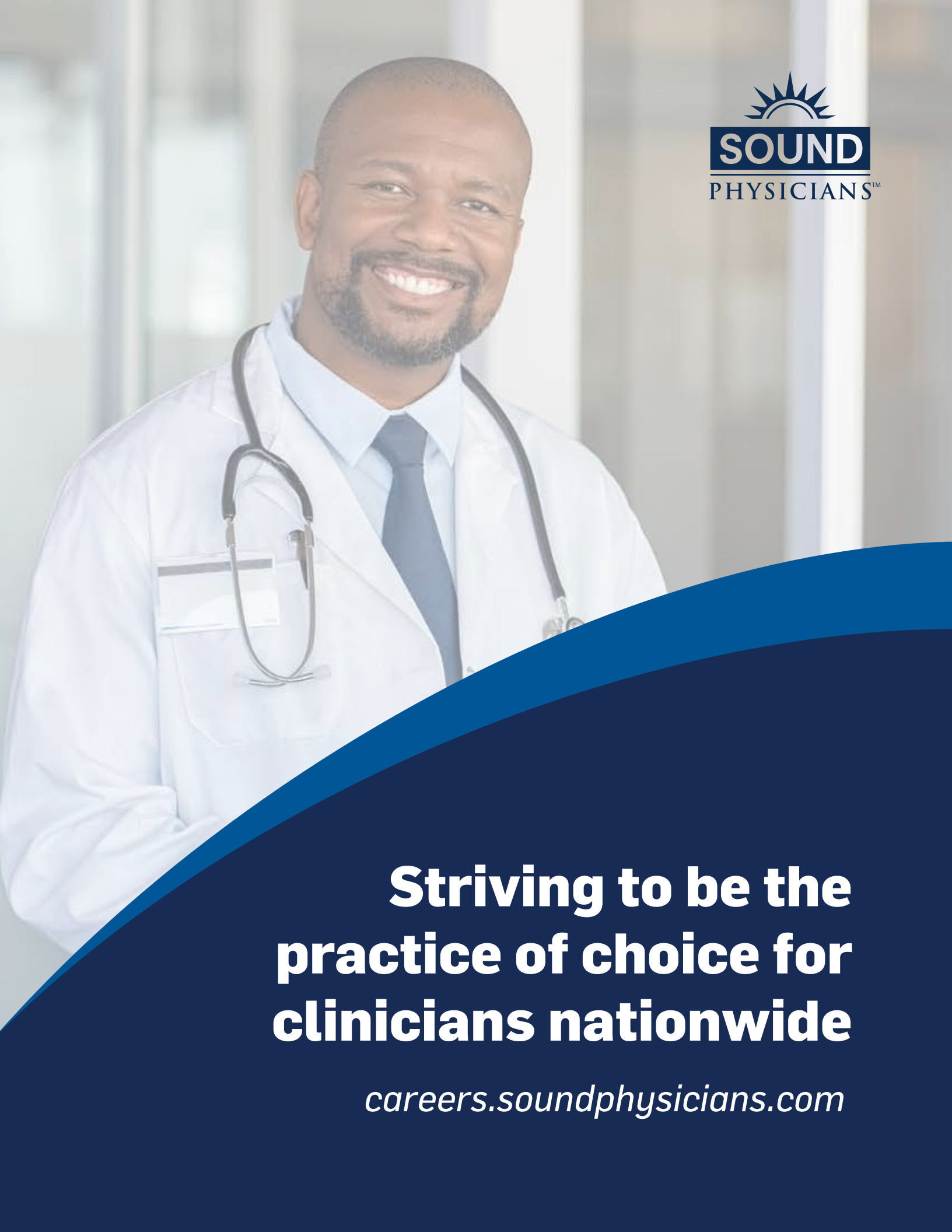
"Parents must stay vigilant about medication safety and everyone, particularly teenagers, should be aware that even over-the-counter medications have some risk, especially if they are not taken as directed," said William Jaquis, MD, FACEP, president of the American College of Emergency Physicians (ACEP). "Taking more than the recommended amount of any medication is dangerous and can result in serious medical emergencies or death."

The Food and Drug Administration (FDA) is investigating reports and conducting a review to determine if additional cases have been reported after the "Benadryl Challenge" became popular among adolescents on the social media platform, TikTok. The makers of Benadryl has also issued a warning to stop this trend immediately.

The FDA and ACEP encourage parents to store prescription and over-the-counter medication out of sight and out of reach of children. Emergency physicians urge everyone to always use medication as directed on the label.

If somebody has misused or abused medication and is unconscious, having trouble breathing, has a seizure, hallucinates, or collapses, call 911 or go to the nearest emergency department. Help is also available through the toll-free Poison Helpline at 1-800-222-1222.





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# ICEP Calendar *of* Events 2020-2021

(Subject to change)

**October 5, 2020**  
**ICEP Finance Committee Meeting**  
9:30 AM - 10:30 AM  
Via Zoom

**October 5, 2020**  
**ICEP Board of Directors Meeting**  
10:30 AM - 2:30 PM  
Via Zoom

**October 7, 2020**  
**Webinar 3: Allyship in Structural Racism**  
12:00 - 1:30 PM  
Via Zoom

**October 22, 2020**  
**Webinar 4: Advocacy in Structural Racism**  
12:00 - 1:30 PM  
Via Zoom

**November 17, 2020**  
**2020 EM4LIFE ILSA Article Review Course**  
Via Zoom

**November 26-27, 2020**  
**Thanksgiving Holiday**  
ICEP Office Closed

**November 30, 2020**  
**ICEP Education Committee Meeting**  
12:00 - 2:00 PM  
Via Zoom

**December 7, 2020**  
**ICEP Finance Committee Meeting**  
9:30 AM - 10:30 AM  
Via Zoom

**December 7, 2020**  
**ICEP Board of Directors Meeting**  
10:30 AM - 2:30 PM  
Via Zoom

**December 10, 2020**  
**ICEP EMS Committee Meeting**  
11:00 AM - 1:00 PM  
Via Zoom

**December 24-25, 2020**  
**Christmas Holiday**  
ICEP Office Closed

**January 1, 2021**  
**New Year's Holiday**  
ICEP Office Closed

**February 11, 2021**  
**Emergency Medicine Update**  
Via Zoom

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