

Conclusion: MCs in a disaster zone impact both the staff and their performance. Their presence when possible can have a positive impact on both staff and patients and should be made possible when available.

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Developing a Multi-layered Bleeding Control Program in Your Community

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Study/Objective: The goal of this session is to provide participants with an overview of a bleeding control program design and implementation. The session will cover the core elements of a bleeding control program, including equipment selection, bleeding control kit placement, bleeding control training programs, and public access.

Background: Severe bleeding remains a major cause of death amongst trauma patients worldwide. Beyond the disturbing trend of complex and highly coordinated terrorist attacks, an opportunity exists to enhance society's readiness and resiliency from all types of traumatic mechanisms of injury, both intentional and unintentional. Attaining early control of severe bleeding as close to the point of injury has been established as a known strategy to improve survival on the battlefield. The expansion of these concepts to the law enforcement and pre-hospital Emergency Medical Services community is already occurring. Expert consensus groups from both government and academia advocate that bleeding control equipment and training should also be made available in the civilian population.

Methods: Howard County (Maryland, USA) has created one of the first county-wide, multi-layered bleeding control initiatives in the North America. This program includes enhanced capabilities for first responders (police, fire, and EMS) as well as elements directed toward the civilians through a public access bleeding control program. The design, implementation, and lessons learned associated with this multi-tiered program will be presented.

Results: First responders have received training and equipment to provide bleeding control and other life-saving interventions. Public access bleeding control kits have placed in every public school. Additional kits are being placed with AEDs and in other high risk locations. School health personnel have been trained in bleeding control. Free bleeding control classes are available through a community outreach program.

Conclusion: Bleeding control programs represent an easily implementable, all-hazards medical countermeasure to help increase resiliency and minimize mortality from severe bleeding.

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Active Shooter Incidents - What are we Doing to Prepare?

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Study/Objective: New York University (NYU) Langone's Active Shooter Program has been designed so that staff know what to do if such an incident occurs. This presentation walks participants through their Active Shooter Plan. Next, the presenter explains how to develop an effective Active Shooter tabletop exercise for hospital leadership across three modules. Lastly, this presentation focuses on the Training Program for all staff.

Background: Knowing what to do during an active shooter incident increases the odds of saving your life, our patients, visitors and others. The recent terrorist attacks in San Bernardino, Paris, and Belgium reminds us to be vigilant, and to be ready anywhere, anytime. Hospitals are soft targets. We all know how important it is to have a plan, being able to warn those at imminent risk, and to train our staff, faculty and students on what they can do to ensure the least loss of life possible, while making every reasonable attempt to continue caring for patients.

Methods: Attendees will learn how to develop a Plan that provides guidance regarding the expected response actions. This presentation will describe how to utilize emergency communications tools for communicating with staff during and following an incident, the support to law enforcement that may be required to provide, and the provisions for establishing a Crisis Support Center to aid recovery services for staff, faculty, students, patients, visitors and their families. This presentation will then illustrate how to conduct an executive-level Active Shooter tabletop exercise.

Results: This Tabletop Exercise (TTX) will be based upon NYU Langone's December 2015 exercise with around 50 executives and senior managers from across the enterprise, using a hypothetical active shooter scenario. The series of questions for each module put forth to the leadership to deliberate and resolve will be discussed.

Conclusion: NYU Langone developed a "Run, Hide, Fight" video to train all staff. The video will be shown.

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MDA Experience Dealing with Penetrating Injuries in Terrorist Incidents

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Study/Objective: This study is aimed at reviewing the cases caused by stabbing and shooting (penetrating trauma). The patients were triaged by the Magen David Adom (MDA) team on the scene as suffering from substantial injuries or more serious injuries (patients declared Dead on Scene were excluded).

Background: Since September 2015, Magen David Adom in Israel - MDA (the National public EMS provider in Israel) have treated 526 victims from deliberate attacks. Among them, 56 suffered substantial injuries.

Methods: The study analysis is the response to 21 patients suffering from penetrating trauma injuries (stabbing and shooting) in those incidents (triaged on scene as suffering from substantial injuries), analyzing the response, on scene and evacuation time.

Results: In 43% of the cases, the on scene time was longer than 10 minutes, and transportation time in 71% of the cases was longer than 10 min (in 28%, 21-30 minutes).