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TIIDE

PROJECT 2008

ANNUAL REPORT

Terrorism Injuries: Information, Dissemination and Exchange





Dear Reader:

This report represents the work of CDC's Division of Injury Response (DIR) at the National Center for Injury Prevention and Control (Injury Center) and its partners to prepare for and respond to injuries from terrorism. Shortly after September 11th, CDC's Injury Center reached out to the injury care community to explore how the public health and injury care communities could better prepare and respond to terrorist attacks.

From those beginnings, the Terrorism Injuries: Information, Dissemination and Exchange (TIIDE) Project has evolved to an important collaboration among CDC and six partner organizations representing approximately 278,000 injury care and public health professionals. The injury care organizations span the continuum of injury care including EMS, emergency medicine, and trauma surgery.

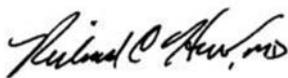
Highlights from the report include progress in:

- Recognition Awards to Model Communities Linking EMS and Public Health
- Training For Injury Care Professionals, "Bombings: Injury Patterns and Care"
- National Disaster Preparedness Summits
- Lessons Identified from International Terrorist Bombings
- Clinical Reviews and Fact Sheets on Injuries from Explosions
- Mass Casualty Field Triage

According to the 2007 Institute of Medicine Report, *The Future of Emergency Care in the United States Health System: Emergency Medical Services at the Crossroads*, explosions are the most common cause of injuries associated with terrorism.

The critical nature of the work of the TIIDE Partners thus plays a crucial role in providing guidance and ensuring emergency care systems have the information they need to effectively assess and respond to casualties from a terrorist attack. TIIDE has served as a foundation for building stronger relationships within the injury care and public health communities. Through those relationships, the TIIDE partnership has made important contributions toward our country's preparedness and response capabilities.

Sincerely,



Richard C. Hunt, MD, FACEP
Director
Division of Injury Response
National Center for Injury Prevention and Control



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Terrorism Injuries: Information, Dissemination and Exchange

TIIDE Project

Blast injuries present unique triage, diagnostic, and management challenges as a consequence of the blast wave from high explosive detonations upon the body, and few civilian health care providers in the United States have experience treating patients with injuries from blasts. Currently, there exists an urgent and ongoing need to develop, disseminate and exchange information about injuries from terrorism. The Terrorism Injuries Information, Dissemination and Exchange (TIIDE) Project was established through a cooperative agreement in response to this need.

Traditionally, in many states and communities, the emergency care and public health systems are poorly integrated, with separate infrastructures functioning independently of one another. Recognizing that relationships must be forged and strengthened between organizations to work together on issues to improve public safety, public health, clinical management and healthcare system preparedness, TIIDE supports collaboration between national organizations of professionals in emergency care with state and local public health programs and CDC in efficiently and effectively responding to mass casualty events resulting from terrorism.

Recent terrorist events, as well as natural disasters worldwide, indicate the real and urgent need to move toward an emergency health system that is truly interoperable and integrated.

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About the Project

The TIIDE Project is constructed around three, interrelated areas that work to minimize the health consequences of terrorism and other public health emergencies:

Lessons learned from terrorist events — Certain problematic themes are recurrent in mass casualty responses such as controlled dispatch, bystander and mutual aid response and communications. To explore these themes, CDC and TIIDE partners convened meetings in 2007 and 2008 to provide a forum for individuals and organizations with experience in the management of terrorist explosions to share their insight with key acute care and public health organizations in the U.S.

Recent terrorist bombings such as those in Israel, London, and Mumbai may identify new information and provide insight into local, state, regional, and national responses to the event and the mitigation of these foundational, recurrent problems. These experiences will be analyzed in an effort to improve response to events in the U.S.

Partnerships — Partners enhance CDC's ability to coordinate with the emergency care community and ensure that critical information is accessible to a broad spectrum of providers and organizations. Partnerships also provide an avenue and a platform to disseminate the information gained through the Lessons Learned project.

Dissemination — CDC will investigate and identify appropriate technologies for the dissemination and exchange of information delineated through Lessons Learned. TIIDE will promote the use of the appropriate media on issues related to injuries from terrorism for the emergency care community and public health partners.

TIIDE Partners

Partners are national non-profit or for profit professional organizations, with at least 25 members, that address acute care, trauma, or EMS. The partnership establishes a foundation for effective collaboration and the exchange of information with the larger community of stakeholders. Current TIIDE partners are listed below.



American College of Emergency Physicians (ACEP)



American Medical Association (AMA)



American Trauma Society (ATS)



National Association of County & City Health Officials (NACCHO)



National Association of Emergency Medical Service Physicians (NAEMSP)



Southern Nevada Health District (SNHD)

Activities

TIIDE-funded partners are engaged in a number of CDC initiatives that address acute care and the health consequences of terrorism related events. A few of the activities are highlighted below. Other activities include developing a field triage protocol for mass casualty events; developing clinical primers and blast injury trainings for health care professionals, and translating injury care from the military to the civilian sector.

Blast Injury Information Dissemination — CDC has developed sixteen blast injury fact sheets, ranging in topics from crush injuries and burns to the treatment of children and older adults. Each fact sheet contains sections on clinical presentation, diagnostic evaluation, management, and disposition:

- Blast Injuries: Essential Facts
- Injury Care: Prehospital
- Lung Injury: Prehospital Care
- Lung Injury
- Radiological Diagnosis
- Crush Injury and Crush Syndrome
- Post Exposure Prophylaxis for Bloodborne Pathogens
- Abdominal Injuries
- Extremity Injuries
- Ear Injuries
- Eye Injuries
- Thermal Injuries
- Pediatrics
- Older Adults
- Bombings and Mental Health
- Radiological Dispersal Devices and Radiation Injury

These fact sheets have been used to help reduce morbidity and mortality resulting from blast and explosion events occurring worldwide. Specifically, the fact sheets have been integral to CDC's blast injury response efforts related to terrorist bombings in India, Mexico, the United Kingdom, Pakistan, Yemen, as well as industrial explosions in Savannah, Georgia and McCook, Texas.

The fact sheets have been posted online on CDC's Emergency Preparedness and Response website (www.emergency.cdc.gov/BlastInjuries) and have been a key part of CDC's terrorism-related preparedness efforts and activities. This includes a request from the U.S. State Department to send the fact sheets to the U.S. embassy in China prior to this summer's Olympic Games, as well as requests from state and local agencies to CDC for the materials in preparation for the 2008 political conventions in Minnesota and Colorado.

Model Communities — Representatives from the TIIDE Project selected six communities from across the nation as best practice models for emergency medical services (EMS) and public health interoperation. Selected communities exhibit the following characteristics:

- Strong medical oversight in both public health and emergency care;
- A desire and an effort to educate both emergency care and public health providers about each others' role;
- Recognition of the role of and a commitment to developing and maintaining relationships between leadership through regular meetings, teambuilding exercises, and planning;
- Bringing community stakeholders (businesses, clinics, universities, etc.), into planning process;
- Creating disaster plans that were developed locally, involve public health and emergency care, and that are repeatedly drilled; and
- Aggressively pursuing and securing funding.

2008 Model Communities

- Orlando, Florida
- Minneapolis/St Paul, Minnesota
- Indiana County, Pennsylvania
- Aurora, Colorado,
- Danbury, Connecticut
- Southern New Jersey
- Kalamazoo, Michigan

TIIDE Meeting at the International Conference on Emergency Medicine, April 2008, San Francisco



TIIDE partners with international guests during the 2008 ICEM meeting.



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National Center for Injury Prevention and Control
Centers for Disease Control and Prevention*

with
(left)

Aparna Deshpande, MD
*Associate Professor, Department of General Surgery
Seth GS Medical College and KEM Hospital
Mumbai, India*

(above right)

Rashid Jooma, MD,
Director of General Health Services, Pakistan



Dissemination of Bombings: Injury Patterns and Care

The four educational products: CD-ROM of the PowerPoint Courses with curriculum guides, CD-ROM of the Interactive Scenario-based training, the blast injury poster and the blast injury pocket guide were distributed through many venues. Requests for copies of the materials are received through the website, www.acep.org/blastinjury. There have been 8,378 hits on this website between January 1, 2008 and Oct. 21, 2008.

First responders including fire services, EMS services, emergency physicians, and police departments have ordered the materials. A sample of other groups/individuals requesting materials include: State of Tennessee Committee on Pediatric Emergency Care; Boston EMS – Special Operations; US Marshalls Service; ATF National Training Academy; Duke University Physicians Assistant Program; Trauma Coordinators – Illinois; Regional ASPR Committee-Kentucky; Regional Resource Center – Buffalo, NY; and the Maine Army National Guard.

Materials were distributed at the following meetings: American College of Emergency Physicians Scientific Assembly 2007 (Seattle); EMS Expo (Orlando, FL); American Association of Medical Colleges (Washington, DC); NAEMSP (Phoenix); International Disaster Management Conference (Orlando, FL); International Conference on Emergency Medicine (San Francisco); NDMS (Nashville); NDLS Educational Consortium (Bethesda, MD); EMS Today (Baltimore); and the Practical Applications in Disaster Planning (Grapevine, TX).

ACEP staff has also distributed these materials at disaster preparedness training events in Denver, Minneapolis/ St. Paul, Las Vegas and Louisville, KY.

The one-hour course was presented at the AMA House of Delegates in Chicago by John Armstrong, MD, FACS with over 100 physicians attending.

A two page article on the TIIDE Project appeared in the 2008 EMS Week Planning Guide. Over 30,000 Planning Guides were distributed with 49,000 visits to the EMS Week website and over 10,000 downloads of the complete Planning Guide. An ad for the materials also appeared in the Journal of EMS.

Revision of Bombings: Injury Patterns and Care

Two curriculum revision meetings were held to begin the revision of the one-hour PowerPoint course. A meeting was held at the International Disaster Management Conference and the International Conference on Emergency Medicine. Release of Version 2.0 is scheduled for early 2009.

International Conference on Emergency Medicine

Three international guests attended the TIIDE grantee meeting: Aparna Deshpande, MD from India; Rashid Jooma, MD from Pakistan; and V. Ananthraman, MD from Singapore. Each of the international guests spoke on a bombing incident in their country and how their hospital responded as well as lessons learned during the response. A review and critique of the first revision of the "Bombing: Injury Patterns and Care" was held. Input was gathered from all participants at the meeting.

Model Communities Workgroup

ACEP participated as a member of the Model Communities workgroup.

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Surge Template Project

Research was conducted on several potential pilot site communities for the testing of the surge templates in “In A Moment’s Notice: Surge Capacity of Terrorist Bombings”. WakeMed-Raleigh Campus (NC), University Medical Center of Southern Nevada (Las Vegas) and Baylor Regional Medical Center –Grapevine (Dallas/Ft. Worth metroplex) have agreed to participate as pilot test sites. Valuable insights on the effectiveness of the templates can be obtained from the perspectives of communities in different parts of the country. Pilot testing will begin in January 2009.

Other activities

ACEP continues to coordinate conference calls, conference call minutes, meeting arrangements.

American Medical Association



Founded in 1847, the American Medical Association (AMA) is the largest professional organization for physicians. The AMA helps doctors help patients by uniting physicians nationwide to work on the most important professional and public health issues. The core purpose of the organization is to promote the science and art of medicine and the betterment of public health. The AMA's House of Delegates is composed of physician delegates representing 110 specialty medical societies, and 54 state and territorial medical societies that work together to advance the agenda of physicians and their patients. The AMA "house of medicine" also includes 3 additional national medical associations, 5 uniformed services, more than 400 county medical societies and about 250,000 individual physician members.

End of Year Activity Report

1. **Emergency Care Leadership Summit (ECLS):** The ECLS was postponed to 2009. The Summit will be based on a 2-day conference that will address disaster health system preparedness efforts (particularly as these are impacted by Homeland Presidential Security Directive-21) and ensure sustained national attention to a shared education, training, policy, and research agenda in disaster medicine and public health preparedness. The ECLS may be held in conjunction with the 3rd Congress on Health System Readiness in September 2009.
2. **Assess the status and effectiveness of health emergency communications and information dissemination systems:** In April 2008, Dr. James and colleagues from the National Disaster Life Support Foundation, Inc., were invited to Tokyo, Japan to present the National Disaster Life Support™ (NDLS™) courses to high level Japanese health officials. Dr. James extended that trip by 2 days to participate in a roundtable discussion to assess global perspectives on the compatibility of disaster communications systems. Discussion included a prebrief of the 2008 Golden Phoenix training exercise and the participation of the AMA and other health organizations in the planning process. Dr. James

informed the group of the various activities of the TIIDE program and how such efforts will enhance health system preparedness for terrorism and other mass casualty events.

3. **Identify Evidence-Based Response Training Needs for Emergency Care and Public Health Personnel:** At the April National Disaster Life Support Education Consortium™ (NDLSEC™) meeting, the AMA worked with CDC and other TIIDE grantees to deliver the "Bombings: Injury Patterns and Care" course, and provide relevant course materials and handouts. At the June AMA Annual meeting, John Armstrong, MD presented the updated version of the "Bombings: Injury Patterns and Care" course to 64 attendees. Evaluation data from the course revealed that there was an average of 38.67% positive change in knowledge of the course objectives after the activity. Overall, the activity had a positive rating (4.62) as did the presenter (4.77) using a 5 point Likert scale. TIIDE partners are invited to participate in the 2009 NDLSEC meeting to continue to identify evidence-based response training needs for emergency care and public health personnel.
4. **Identify Minimum Data Elements for Monitoring and Detecting Injuries from Terrorism.** AMA staff drafted a preliminary 24 hour mass traumatic event reporting and collection instrument for expert panel review. Kobi Peleg, PhD, MPH (Director, Israel National Center for Trauma and Emergency Medicine, Gertner Institute for Epidemiology and Health Policy Research, Sheba Medical Center, Tel Hashomer, Israel) is project consultant and lead subject matter expert for this effort.
 - a. To support this activity, in November 2007, Dr. James attended an international conference in Madrid, Spain, and in March 2008, Dr. Subbarao attended a conference in Israel.
 - b. On April 3rd, the AMA convened an expert panel meeting in San Francisco in conjunction with the

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International Conference on Emergency Medicine.

The 24 hour mass traumatic event hospital based instrument was presented to the expert panel.

- c.** The TIIDE instruments received interim revisions based on feedback received via teleconferences with CDC staff in early-May.
- d.** TIIDE instruments are currently undergoing pilot-testing as they are used to gather information from recent emergency response efforts for the Hurricane Dolly and Iowa flooding events as well as Hurricane Gustav and Hurricane Ike. Preliminary data from the Iowa flooding event has been received.
- 5.** Support Model Communities. AMA staff worked with TIIDE partners from Southern Nevada Health District, National Association of County and City Health Officials (NACCHO), and the American Trauma Society (ATS) under the leadership of the National Association of EMS Physicians to support the continuation of the Model Communities project and select the seven new Model Communities that will be featured at the TIIDE grantee meeting in January 2009.
- 6.** Work with TIIDE partners to develop evidence-based, user-focused products to address identified needs or topics related to a terrorist bombing or mass casualty event: The AMA journal, *Disaster Medicine and Public Health Preparedness*, has been used as one of the scientific communication and information dissemination vehicles for TIIDE-related projects. The following five articles (relevant to TIIDE activities) have been published:

 - a.** Lyznicki JM, Subbarao I, Benjamin GC, James JJ. Developing a framework for an effective and efficient disaster response health system: a national call to action. *Disaster Med Public Health Preparedness*. 2007;1(Suppl 1):S51-S54.
 - b.** Subbarao I, Steinbrecher R, Tan L, Peleg K, Zeiger J, James JJ. Postexposure immunization and prophylaxis of bloodborne pathogens following a traumatic explosive event: preliminary recommendations. *Disaster Med Public Health Preparedness*. 2007;1:106-109.
 - c.** Lerner EB, Cronin M, Schwartz RB, Sandaal TL, Sasser SM, Czapranski T, Piazza GM, Sheahan WD. Linking public health and the emergency care community: 7 model communities. *Disaster Med Public Health Preparedness*. 2007;1:142-145.
 - d.** Lerner EB, Schwartz RB, Coule PL, et al. Mass casualty triage: and evaluation of the data and development of a proposed national guideline. *Disaster Med Public Health Preparedness*. 2008;2(Suppl 1):S25-S34.
 - e.** Chapman LE, Sullivent EE, Grohskopf LA, et al. Postexposure interventions to prevent infection with HBV, HCB, OR HIV and Tetanus in people wounded during bombings and other mass casualty events—United States, 2008: recommendations of the Centers for Disease Control and Prevention and Disaster Medicine and Public Health Preparedness. *Disaster Med Public Health Preparedness*. 2008;2:150-165.
- 7.** AMA staff attended the TIIDE grantee meeting held in conjunction with the International Conference on Emergency Medicine in April 2008.

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Throughout this grant year, the American Trauma Society (ATS) has participated actively in all TIIDE activities.

The Clinical Primer Project

ATS was selected by CDC to serve as the lead organization for the TIIDE Clinical Primer Project. The CDC identified the need for approximately one dozen new papers and fact sheets on the effects of blast on different organ systems. Michael Cronin, the ATS TIIDE PI, coordinated the identification of authors for these papers and fact sheets, and then contacted these physicians to request their participation. After identifying authors, which, in some cases, took a great deal of time, Cronin was in frequent contact with authors, encouraging them to meet deadlines and then extracting fact sheets from the completed papers.

Since that time, ATS and CDC has developed sixteen fact sheets that are now available in print form as well as online at www.emergency.cdc.gov/blastinjuries. The blast injury fact sheets include the following:

- Blast Injuries: Essential Facts
- Injury Care: Prehospital
- Lung Injury: Prehospital Care
- Lung Injury
- Radiological Diagnosis
- Crush Injury and Crush Syndrome
- Post Exposure Prophylaxis for Bloodborne Pathogens
- Abdominal Injuries
- Extremity Injuries
- Ear Injuries
- Eye Injuries
- Thermal Injuries
- Pediatrics

- Older Adults
- Bombings and Mental Health
- Radiological Dispersal Devices and Radiation Injury

These fact sheets address background, clinical presentation, diagnostic evaluation, management and disposition of blast injury topics. The fact sheets may be viewed and downloaded for use in the treatment of blast injury patients, in the training of clinical staff or to disseminate to others. These fact sheets are now available in Spanish, Chinese, and French.

To date, these fact sheets have been used in CDC's response efforts to terrorist bombings in India, the United Kingdom, Pakistan, and Yemen, as well as to industrial explosions in the United States. They were also disseminated to the American Embassy in China prior to the Olympics.

Further, thanks to the CDC and our TIIDE partner, the American College of Emergency Physicians, these fact sheets have been mailed to every emergency department in the U.S. to be included in their disaster response policies.

Finally, ATS is now completing the Clinical Primer Monograph, made up of edited versions of the final papers, which will be available online and in print form when it is completed in January.

The Blast Injury Treatment Alert Project (BITAN)

The ATS TIIDE project members are currently working with staff from ATS's TIEP (Trauma Information and Exchange Program) to automate the distribution of blast injury fact sheets to trauma centers and emergency departments in areas that are impacted by blast injuries. To date, we have been able to map, in great detail, the location, capacities, and contact information of trauma centers across the country on a state-by-state level.

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Model Communities

Michael Cronin, the ATS TIIDE Principal Investigator, served as the ATS representative in the Model Communities Project. Originally dubbed the “best practices” working group, the Model Communities Working Group, for the third year, developed application guidelines, solicited applications from nearly twenty communities, reviewed applications, vetted the communities, and eventually named seven model communities. ATS will assist in the bringing community representatives to Jacksonville, Florida, to present their communities to the CDC at the TIIDE annual meeting in January, 2009.

National Association of County and City Health Officials

The National Association of County and City Health Officials (NACCHO) is the national nonprofit organization representing the approximately 2,860 local health departments (LHDs) nationwide. NACCHO provides education, information, research, and technical assistance to local health departments (LHDs), and facilitates partnerships among local, state, and federal agencies to promote and strengthen public health. NACCHO pursues excellence in public health practice, and its programs assist all LHDs in accomplishing their public health goals.

End of Year Activity Report

NACCHO's primary function as a TIIDE grantee is to identify and disseminate tools, resources, best practices and lessons learned to local health departments as it relates to terrorist bombings and other mass casualty events. Another role of NACCHO is to highlight, at the local level, health departments that are working collaboratively as models for planning and agreement between emergency care and public health to address terrorist bombings and other mass casualty events. During the first year of the project NACCHO disseminated information to its membership, selected local health departments to serve as demonstration sites, and collaborated with other TIIDE grantees to address injuries resulting from mass casualty events. NACCHO's specific activities and accomplishments for 2007-2008 are outlined below.

Scope of Work

1. Identify and select two LHDs to serve as TIIDE demonstration sites.
2. Communicate timely information related to terrorist bombing and mass casualty events to LHDs through NACCHO's publications.
3. Develop and maintain a page on NACCHO's web site devoted to the TIIDE project.

4. Assess the disaster response training needs of LHDs.
5. Collaborate with other TIIDE grantees to identify and select model communities.
6. Participate in TIIDE grantee meetings convened by the CDC.

Major Year One Accomplishments

1. Selected the Gwinnett County Health Department and the DeKalb County Board of Health, both of which are located in Georgia, to serve as TIIDE demonstration sites. Due to unforeseen staffing challenges, DeKalb County is unable to serve as a demonstration site.
2. Included resources, such as blast injury fact sheets and other reports, on a monthly basis in *Public Health Dispatch*, a newsletter that is sent to all active NACCHO members.
3. Created page on NACCHO's web site dedicated to the TIIDE project that includes relevant project information and a link to the primary TIIDE page on CDC's web site.
4. Drafted a survey to assess the preparedness exercise activities at LHDs. The survey will be distributed to LHDs in January 2009.
5. Participated in the revision of criteria for selecting TIIDE model communities. NACCHO, in connection with other TIIDE grantees, will identify and select six model communities during the second year of the project.
6. Participated in regularly scheduled TIIDE grantee conference calls and in-person meetings held in Las Vegas, NV and San Francisco, CA.

National Association of EMS Physicians



The National Association of EMS Physicians® (NAEMSP™) is an organization of physicians and other professionals partnering to provide leadership and foster excellence in out-of-hospital emergency medical services.

Its membership includes over 1,350 physicians, paramedics, nurses, administrators, educators, researchers and other key EMS personnel.

Mass Casualty Triage

NAEMSP led the TIIDE workgroup whose responsibility was to develop a position paper on a national standard for mass casualty triage. The result of the project was a proposed national guideline for mass casualty triage called SALT triage. During this past year we worked to obtain national organization endorsements for the concept of a proposed national guideline for mass casualty triage. A position paper will be published in the next issue of *Disaster Medicine and Public Health Preparedness* that reflects that the concept was endorsed by the American College of Emergency Physicians, American College of Surgeons – Committee on Trauma, American Trauma Society, National Disaster Life Support Education Consortium, National Association of Emergency Medical Services Physicians and State and Territorial Injury Prevention Directors Association. Our workgroup also published a background paper that reports how and why this guideline was developed. This paper was also published in *Disaster Medicine and Public Health Preparedness*.¹ To continue moving the guideline concept forward we

developed and pilot tested training slides on the SALT triage procedure. These were pilot tested during an Advanced and a Basic Disaster Life Support Course, a resident education program, and during a National Disaster Life Support Education Consortium meeting. The training has been reviewed favorably with slight modifications. The slides were disseminated to the wider workgroup for comment, again with favorable reviews. They will be freely provided to any interested parties.

1. Publication: Lerner EB, Schwartz RB, Coule PL, Weinstein ES, Cone DC, Hunt RC, Sasser SM, Liu JM, Nudell N, Wedmore IS, Hammond J, Bulger EM, Salomone JP, Sanddal TL, Lord GC, Markenson D, O'Connor RE: *Mass Casualty Triage: An Evaluation of the Data and Development of a Proposed National Guideline. Disaster Medicine and Public Health Preparedness 2008, 2 Suppl 1:S25-34*

Model Communities

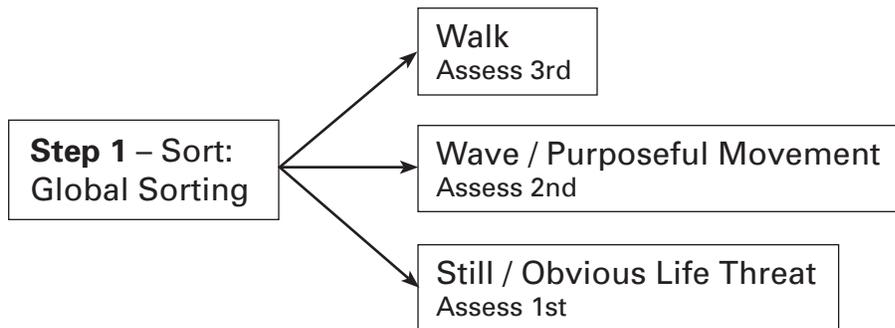
NAEMSP also led the model community work group. This group successfully issued a call for Model Communities with a special focus on fund leveraging. We received 15 model community applications. The applications were reviewed and 7 communities were selected as model communities.

Dissemination of Information

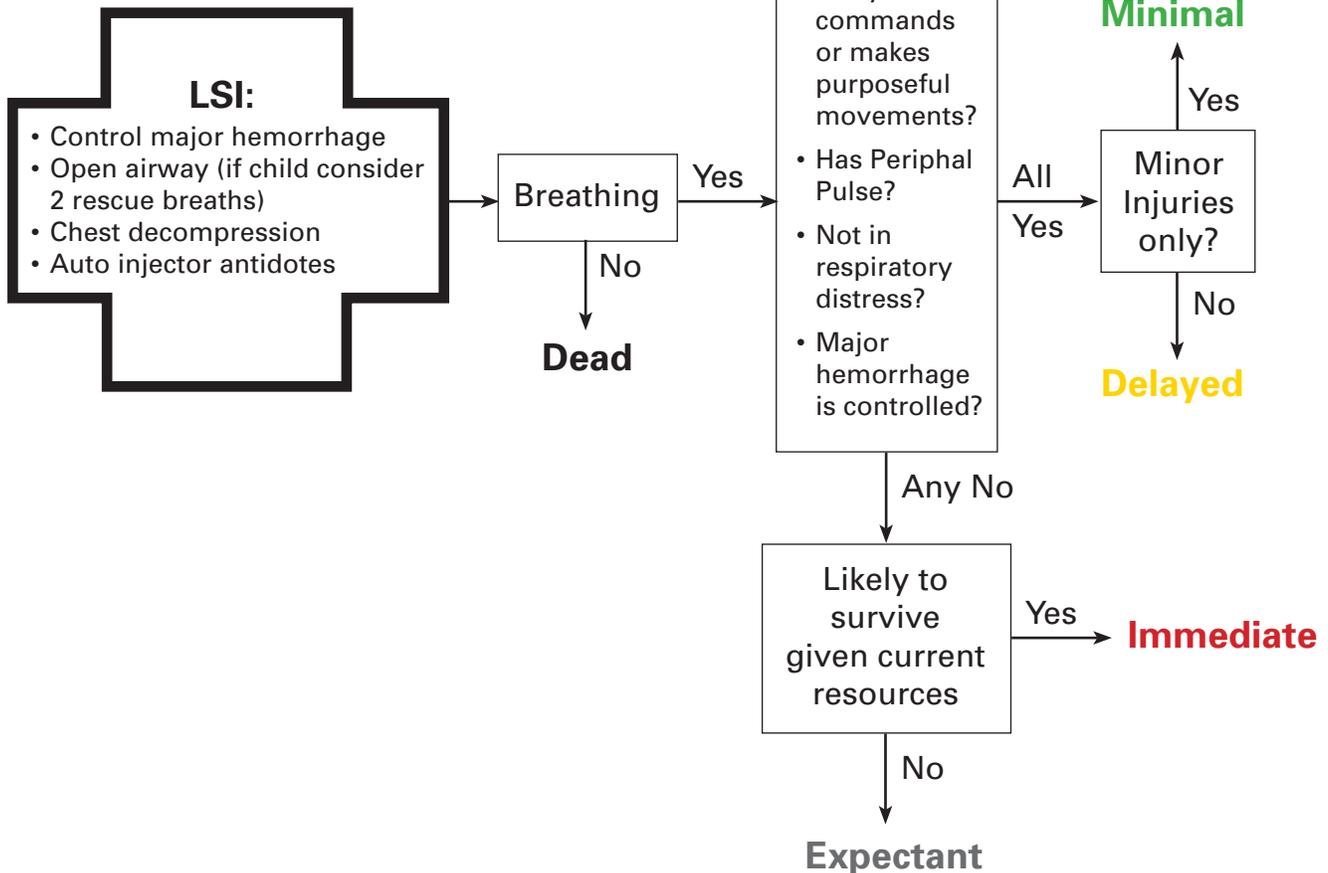
NAEMSP has shared with its membership all of the products that have been developed by the TIIDE partnership. This information has been appreciated by our membership.

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SALT Mass Casualty Triage



Step 2 – Assess: Individual Assessment



Southern Nevada Health District (SNHD) is the regulatory authority for the Emergency Medical Services and Trauma System in Clark County, Nevada and as such is responsible for the oversight of emergency medical care provided to a resident population of 2 million people in the metropolitan Las Vegas area and a visitor volume of 39 million, according to 2007 statistics. Due to our large population, the significant number of tourists from all over the world, and our relative geographic isolation from any other major urban area, the public safety, emergency medical and public health communities have longstanding concerns that Las Vegas is vulnerable to a terrorist attack or mass casualty event. In response to our recognition as a Model Community by the TIIDE Project in 2006, SNHD sought and was awarded TIIDE funding to provide the necessary resources to support further enhancement of the existing system and fortify relationships between public health, public safety, emergency medical services (EMS) and hospitals in the region.

The overarching goals of the SNHD TIIDE activities are to identify gaps in the current emergency medical services and trauma system by assessing the availability and accessibility of existing data sources and analyzing the data to improve the daily operations of the system and improve plans for adapting the system to efficiently and effectively respond to a mass casualty event. The focus of the first year has been to create automated linkages of identified data sources to provide timely access to information related to patients in need of emergency medical care in Southern Nevada. By strengthening existing partnerships and developing new collaborations SNHD has established mechanisms to access valuable prehospital, inpatient and mortality data related to trauma.

In an effort to better understand barriers to meaningful data collection and analysis, SNHD hosted a data symposium led by invited guest N. Clay Mann, PhD. Dr. Mann is a principal investigator for the National EMS Information System

(NEMSIS) Technical Assistance Center and a member of the advisory board for the National Trauma Data Standard of the National Trauma Data Bank (NTDB). Dr. Mann presented an overview of efforts being conducted at the national level to improve EMS and trauma data quality and portability. The concepts shared have provided clear direction for our local data collection activities.

One major accomplishment in the fourth quarter was the publication of the first trauma system report for Southern Nevada. The purpose of the report was to provide a snapshot of the current status, activities and achievements of the newly developed and evolving trauma system. Future advancement of the system depends on a reliable surveillance system to accurately assess the current resources and assist in the development of comprehensive, evidence-based, and integrated strategic plans. Through our TIIDE partners we have gained a greater appreciation of the importance of improving our ability to expand the capability and capacity of existing resources and adapt daily operations to manage an influx of multiple trauma patients resulting from a man-made or natural mass casualty event. SNHD's involvement in the TIIDE program was highlighted in the trauma system report, including the important role it has played in local disaster preparedness and management initiatives.

The dissemination and exchange of information related to appropriate care of injuries resulting from a mass casualty incident are vital. To facilitate communication between SNHD and healthcare leaders, emergency managers and policy-makers in the community, SNHD has participated in committee meetings related to medical surge planning, emphasizing the special considerations of victims of traumatic injuries and the necessary revisions of the current disaster plans. In addition, presentations describing the TIIDE project and the available resources developed by the TIIDE partners were conducted in

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several venues, including the annual Western States Trauma Leadership Conference in Utah; Nevada Emergency Medical Services for Children Advisory Committee meetings; SNHD Board of Health, Medical Advisory Board, Regional Trauma Advisory Board and Facilities Advisory Board meetings; and at a large statewide EMS conference in northern Nevada.

The opportunity to collaborate with our TIIDE partners at the national level has proven to be very beneficial. Staff members participated in the Model Communities workgroup activities and in discussions related to the development of a standardized data collection form for post-natural disaster and man-made disaster events. At the TIIDE mid-year meeting in San Francisco, we were involved in the review of the “Bombings: Injury Patterns and Care” curriculum and provided an end-user’s perspective of the recommended revisions. During year two, we will continue to work with our partners to promote a wider distribution of the TIIDE materials at the local, state and national level.

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