

**CONNECTICUT TRAUMA COMMITTEE
MINUTES**

**Connecticut Hospital Association
Wallingford, CT**

June 19, 2014

PRESENT: Lenworth Jacobs, Chairman; Nabil Atweh, Brendan Campbell, Brian Cournoyer, Laurie O'Brien, Shea Gregg, Jean Jacobson, Florence Leishman, Kathleen LaVorgna, Kevin Schuster, Subramani Seetharama, Jennifer Tabak

Dr. Jacobs called the meeting to order at 2:00 p.m. The minutes from the previous meeting were accepted and approved.

There was a discussion on the use of NARCAN by non-physician providers and the public for patients who had taken an overdose of narcotic medication. There was recognition that preventable death from heroin or narcotic overdose is a terrible situation and that addressing it would be appropriate and proper. There was some concern as to the education of non-medical providers especially the public which could include those who distribute illicit medication. There was also significant concern as to who and how the medication would be distributed. How would one know the dosage which should be given and would there be any monitoring of how much NARCAN was given and what the results were? Also would this medication be available to everyone and anyone on an over the counter basis or not. Finally, there was a real concern that there should be a comprehensive evaluation component to this regulation or law so that in a period of time the administration of this medication by non-physicians could be monitored and important lessons learned. It would also be important to know if the incidents of preventable deaths from drug overdose had, in fact, diminished.

The report on the Committee to Increase Survival from Active Shooter and Intentional Mass Casualty events which was given to the American College of Surgeons was distributed and discussed. It was noted that Connecticut's response has been extremely positively noted. It is also clear that Connecticut has taken a leadership position with the training of public safety officials and also in encouraging hospitals to be proactive in preparing for explosive and untoward shooting events. It was also noted that the incidents of active shooter events has increased during this past year. The unstable events in the Middle East are also cause for concern that intentional mass casualty events which occur on a regular basis in the other parts of the World could occur in the United States and that we need to be fully prepared.

The Connecticut Trauma Committee reported that in the annual conference, over 400 persons were in attendance and there was very positive feedback from those who attended as to the high quality of the information which was presented at the meeting. It was also noted that this was an excellent way for trauma centers to have their personnel receive costs effective CME in order to be designated by the State of Connecticut.

There was a discussion on utilizing national data bases to benchmark outcomes from the management of trauma patients in trauma centers.

The meeting was then adjourned.

Respectfully submitted,

Florence Leishman

Report of The Committee to Improve Survival from Active Shooter and Intentional Mass Casualty Events.

This committee was co-chaired by Lenworth Jacobs and Mike Rotondo.

The committee has been successful in bringing forth recommendations which have been accepted by the Federal Government. These recommendations have been promulgated by the United States Department of Homeland Security and the Federal Emergency Management Agency. The outcomes of these policies have been that the Major City Police Chiefs' organization which represents cities of greater than 500,000 populations has endorsed these policies for their members. Over 45,000 officers nationwide have been or are being equipped and trained with hemorrhagic control equipment and devices according to Hartford Consensus principles. These cities include Boston, Dallas, Houston, San Antonio, New York City, Tampa, Washington, DC, Virginia Beach, and Los Angeles.

The entire state police force of the State of Connecticut are being trained and equipped with personal hemorrhage control kits which will be carried on their person or in their cars. The FBI is in the process of training all of their 12,000 special agents. Major public events such as the Boston Marathon has positioned bleeding control bags every half mile along the course and embedded specially trained and equipped security runners within the race. This practice appears to be getting national traction.

Hartford Hospital has positioned hemorrhage control bags with tourniquets and hemostatic dressing beside all automatic defibrillators in public areas. The clinical and administrative leadership along with hospital security and air medical services have all been equipped with personal hemorrhage control kits. There is considerable interest by other healthcare facilities in this practice.

The National Security Council is developing a process to educate the public in how to be an effective **Citizen First Responder**. The goal of this practice will be to create a

culture that will enable the public to respond immediately to victims with massive hemorrhage which can be controlled with primary pressure or tourniquets.

All participants in the Hartford Consensus group as well as representation of the National Security Council have expressed significant appreciation for the leadership that the American College of Surgeons has given to addressing this important public health and public safety issue. The Committee will continue to be a catalyst for implementing this national policy. Thank you for the opportunity to be a participant in this committee.

Lenworth M. Jacobs, MD, MPH, FACS

June 4, 2014