

TRAUMA COMMITTEE MEETING

******HUNTER'S AMBULANCE****
450-478 West Main Street
Meriden, CT**

Thursday, October 17, 2013

2:00 p.m.

AGENDA

- 1. Call to order – Lenworth Jacobs, M.D., Chairman**
- 2. OEMS Report**
- 3. Old Business**
- 4. Sub Committee Reports**
- 5. New Business**
- 6. Adjourn**

**CONNECTICUTY TRAUMA COMMITTEE
MINUTES
Hunter's Ambulance
Meriden, CT**

October 17, 2013

PRESENT: Lenworth Jacobs, MD, Chairman; Brendan Campbell, MD, Florence Leishman, Kimberly Davis, MD, Thomas Flaherty, Shea Gregg, MD, Orlando Kirton, MD, Rebecca Lofthouse, RN, Jeffrey Morrisette, Gillian Mosier, RN, Joseph Portereiko, MD, Jean Speck, Patrick O'Hara, Kevin Schuster, MD, Mary Silvestri, RN, Jennifer Tabak, RN, Pina Violano, RN, Paul Possenti, PA, Subramani Seetharama, MD, Ray Barishansky, Marge Letitia, RN, Elizabeth Denby-Callahan, RN, Eric Munsell

The meeting began at 2:00 p.m. with the Data Subcommittee giving their report. A lengthy discussion was held on the use of seatbelts and helmets. The Committee supports pushing forward the report to the Commissioner of Public Safety. Jean Speck and Ray Barishansky will take charge of this.

The full meeting of the Connecticut Trauma Committee was called to order at 2:30 p.m. The minutes of the previous meeting were read and approved with revisions.

Dr. Jacobs led the discussion on the Hartford Consensus documents re active shooters and intentional mass casualty events. The Hartford Consensus has been endorsed by the American College of Surgeons, Eastern Association for the Surgery of Trauma, the American Trauma Society, the National Association of Emergency Medical Physicians Society, and the Society of Trauma Nurses.

Dr. Jacobs discussed with the Committee the Hartford Consensus II document and the Homeland Security FEMA Guidelines for active shooter and intentional mass casualty events document which was generated by the National Fire Administrator. There was a full discussion of the Call to Action which was outlined in the Hartford Consensus document and the endorsement of the document by FEMA. The FEMA document is now national policy and it gives guidelines for the nation as to how to maximize survival from active shooter events and intentional mass casualty events.

A document with grant specific language from the Deputy Director of FEMA was also circularized. This document outlined the specific language which needed to be used to obtain grant funding from FEMA. A letter of support from Commissioner Bradford was also shared with the Committee. There was a robust discussion on the importance of the 'call to action' spelled out by the Hartford Consensus document. It was clear that the State of Connecticut would benefit by having a drill which would test all the prehospital and hospital components of the 'call to action' document. It was also thought that the evaluation check list contained in the Homeland Security FEMA document would be an excellent tool to measure the effectiveness of the drill.

A full discussion on the use of tourniquets and their effectiveness in stopping bleeding in intentional mass casualty events was conducted. It was also mentioned that all soldiers who are deployed in the United States military now carry a body pack with a tourniquet and hemostatic gauze. Ray Barishansky from the Department of Public Health informed the Committee that tourniquets are now on a mandated list for ambulance responders. The cost for these tourniquets is relatively modest at between \$15 and \$20. The director of the training institute for the State Police and the Fire Academy informed the group that there are educational processes in place which train existing public safety personnel but the funds for procuring tourniquets and combat gauze are not readily available. At the end of the discussion the Committee voted unanimously to send a letter to the Commissioners of Public Health and Public Safety to express the strong desire of the Committee to encourage the State of Connecticut to conduct a training exercise that would test all facets of the 'action plan' of the Hartford Consensus document and utilize the appropriate elements of the Homeland Security FEMA document.

A discussion was held on the preparations of the Hartford Marathon. These were extensive and included significant law enforcement presence as well as bomb sniffing dogs. The marathon proceeded along without major negative activities.

The meeting was then closed and adjourned.

Respectfully submitted,

Florence Leishman

TRAUMA COMMITTEE MEETING

**Hunter's Ambulance
450-478 West Main Street
Meriden, CT**

Thursday, July 18, 2013

2:00 p.m.

AGENDA

- 1. Call to order – Lenworth Jacobs, M.D., Chairman**
- 2. OEMS Report**
- 3. Old Business**
- 4. Sub Committee Reports**
- 5. New Business**
- 6. Adjourn**

**CONNECTICUTY TRAUMA COMMITTEE
MINUTES**

**Hunter's Ambulance
Meriden, CT**

July 18, 2013

PRESENT: Lenworth Jacobs, MD, Chairman; Kevin Schuster, Kimberly Davis, Paul Possenti, Jean Speck, Thomas Flaherty, Kevin Manzolillo, Patrick O'Hara, Laurie O'Brien, Colleen Desai, Jean Jacobson, Niki Harman, Brendan Campbell, Joe Portereiko, Orlando Kirton, Carl Schiessl

EXCUSED: Brian Cournoyer, Gary Kaml, Rebecca Lofthouse, Subramani Seetharama

GUESTS: Thomas Flaherty, Wendy Furniss, Jeff Morrisette, Patrick O'Hara, Erik Munsell, Kevin Manzolillo, Melissa McCann

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

The report on the Trauma System Review which will occur after the end of July 2013 by the National Highway Administration was given. There will be an extensive review of all the EMS activities within the State of Connecticut. This will include trauma, disaster preparedness, emergency medical services, and multiple other components.

There was a review of the previous NHTSA report which was performed over a decade ago. There was a further discussion and review of the American College of Surgeons Trauma System Report which was performed approximately five years ago. There will be a report given by Dr. Davis and Dr. Wolfe to the entire NHTSA group. Among other items will be the call for standardization and support for emergency medical services systems and a recommendation to keep the governance and operation of this under the Department of Public Health. There will also be a call to enhance the communication system to increase intra-operability and intra-agency communication. There will be a strong request to be sure that the communication systems are robust enough to immediately communicate significant events which could meet the threshold for mass casualty events and involvement of multiple hospitals within the state. It was noted that on a number of occasions the communication system between the field and hospitals and between hospitals and trauma centers could be enhanced.

The Office of Emergency Medical Services reported that the 2012 data from the EMS system has now been submitted to national EMS information systems. It was also noted that traffic records are recorded through the Department of Transportation and there was an inquiry as to whether the medical examiner's information could also be linked. It was stated that the State of Connecticut is bringing all these different data bases into a unified reporting structure which will significantly enhance the ability to have an objective understanding of all trauma activities within the state. It was reported that migrating this data would allow for the State of Connecticut to benchmark against other states nationally.

A report was then given on the Hartford Consensus II document. This document was the result of a number of individuals and agencies giving national wisdom and perspectives on methods to increase survival from active shooter and intentional mass casualty events. The meeting was held in Hartford

on July 11, 2013 and the results of this meeting were embodied in a document. The document will be forwarded with the minutes to the members of the committee. The document builds on the recommendations of the first Hartford Consensus document. This Hartford Consensus II document is a migration from concept to action. The actions will include directions for a coordinated scene response which embodies the public, law enforcement, EMS, fire, and rescue and definitive care in trauma related hospitals. There is a call for comprehensive education to educate all components in the principles outlined in the document. There is also a robust evaluation section to be sure that the elements of the consensus are carefully identified and measured. Activities which result in improved survival will be carefully measured and reported to the public and all responders to such events. There was also a call for pilot projects which could test these elements. It was agreed that the State of Connecticut could be an excellent pilot project area since it is small and has excellent representation from all the aforementioned groups. There are also excellent roadways for a fully robust trauma system and multiple providers who have been involved in drilling in mass casualty events such as TOP OFF 3. There was an excellent discussion from all attendees.

The meeting was then adjourned.

The next Connecticut Trauma Committee will be on Thursday, October 17, 2013 at 2:00 pm at the Hunter's Ambulance Company in Meriden, CT.

Respectfully submitted

A handwritten signature in black ink, appearing to read "Lenworth Jacobs", with a stylized flourish extending to the right.

Lenworth Jacobs, MD

Addendum:

There was a discussion of reporting by C-Med to hospitals whenever there is a mass casualty or disaster event. The committee felt strongly that C-Med should undertake early notification of the hospitals as to the start of an event and also notify hospitals when the event is terminated. This way hospitals can adequately come on line in preparation to receive patients. Once the event is terminated, they can return to their normal state of activity. There was also further discussion that it might be helpful to reduce the number of C-Meds throughout the state as this might make for more effective communication. A counter discussion was entertained that because of the dead zones within the state, this would have to be carefully evaluated so that there was not inadvertent diminution in communication services. This discussion would be forwarded by Mr. Barinshansky to the appropriate people in the Department of Public Health.

TRAUMA COMMITTEE MEETING

**Connecticut Hospital Association (CHA)
Wallingford, CT**

Thursday, May 16, 2013

2:00 p.m.

AGENDA

- 1. Call to order – Lenworth Jacobs, M.D., Chairman**
- 2. OEMS Report**
- 3. Old Business**
- 4. Sub Committee Reports**
- 5. New Business**
 - “Hartford Consensus – active shootings”**
- 6. Adjourn**

**CONNECTICUTY TRAUMA COMMITTEE
MINUTES**

**Connecticut Hospital Association
Wallingford, CT**

May 16, 2013

PRESENT: Lenworth Jacobs, MD, Chairman; Sandra Brown, Brian Cournoyer, Kimberly Davis, Kevin Dwyer, Diana Giasullo, Jean Jacobson, Richard Kamin, Gary Kaml, Kathleen LaVorgna, Florence Leishman, Gillian Mosier, Paul Possenti, Kevin Schuster, David Shapiro, Jean Speck, Jennifer Tabek, Pina Violano

GUESTS: Thomas Flaherty, Jeff Morrissette, Patrick O'Hara, Erik Munsell, Kevin Manzolillo

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

Dr. Jacobs introduced Thomas Flaherty, Jeff Morrissette, Patrick O'Hara, Erik Munsell, and Kevin Manzolillo from the State of Connecticut Department of Public Safety to the Committee.

Jean Speck from the Department of Public Health addressed the Committee re the national Pediatric Readiness Project that is underway in Connecticut. This is a national initiative to ensure that emergency departments across the nation are ready to care for children. An assessment was sent to each ED in the state. As of May 13th, only ten hospitals have completed the assessment. The end date for assessment is June 1st. All hospitals are asked to complete this assessment.

Dr. Jacobs gave an update on the recent active shooter events. He reported on the events leading up to the Hartford Consensus which is a document that was created by a Joint Committee to enhance survivability from mass casualty shooter events. The group consisted of individuals from the medical profession, the FBI, law enforcement, fire, military and EMS personnel. The group met on April 2, 2013 here at Hartford Hospital. The Hartford Consensus recommends that an integrated active shooter response should include the critical actions contained in the acronym **THREAT**.

- **Threat suppression**
- **Hemorrhage control**
- **Rapid Extrication to safety**
- **Assessment by medical providers**
- **Transport to Definitive care**

Two weeks later the Boston Marathon bombing occurred. Because of the type of bombs that exploded most injuries were lower torso and limb amputation. There was rapid response to this

mass casualty as it happened on a busy street and there were EMTs, and other medical personnel in the vicinity. Tourniquets helped to save lives.

Richard Kamin discussed mass casualty scenes. When it is an active scene with active shooters EMS teams are not allowed in. For EMS safety the scene must be secured first. In the Sandy Hook shooting event there were only two survivors and 26 deaths. Those victims would not have been saved even if first responders were allowed on the scene immediately. The injuries were massive to central nervous systems and cardiovascular systems.

Dr. Jacobs asked the guests from the Department of Public Safety if they had anything to add to the discussions.

Mr O'Hara educated the group relative to the training for public service practitioners. The training since 2008 has involved the utilization of tourniquets and hemostatic dressings. There is a significant issue relative to funding for individual first responding resource kits to be provided for first responding personnel. The cost of each kit is approximately \$40.00.

There was extensive discussion on the role of the various organizations at the scene of a shooting event. There are three separate roles. One is law enforcement and scene safety, second is fire suppression: if this is an issue, and the third is medical management. There is a need for a unified command structure with common protocols. These common protocols which are jointly developed should be practiced by all agencies who respond to the scene and the hospital-based community should be integrally involved in these plans and drills.

There was a consensus from the group that hospital-based physicians and nurses especially from trauma centers would be interested in providing educational and other assistance in developing a coordinated response to these events.

There was a consensus that there the State of Connecticut should work towards developing and implementing a pilot program which would involve all these agencies and personnel in preparing and implementing a coordinated organized response. It was identified that the recent TOPOFF 3 drill was an excellent example of multiple agencies working and drilling together.

The Data Committee will present their report at the July Meeting.

The meeting was adjourned at 3:00 pm.

Respectfully submitted,

Florence Leishman

TRAUMA COMMITTEE MEETING

**Connecticut Hospital Association (CHA)
Wallingford, CT**

Thursday, March 21, 2013

2:00 p.m.

AGENDA

- 1. Call to order – Lenworth Jacobs, M.D., Chairman**
- 2. OEMS Report**
- 3. Old Business**
- 4. Sub Committee Reports**
- 5. New Business**
- 6. Adjourn**

**CONNECTICUTY TRAUMA COMMITTEE
MINUTES**

**Connecticut Hospital Association
Wallingford, CT**

March 21, 2013

PRESENT: Lenworth Jacobs, MD, Chairman; Ray Barishansky, Brian Cournoyer, Coleen Desai, Kevin Dwyer, Jean Jacobson, Richard Kamin, Gary Kaml, Kathleen LaVorgna, Rebecca Lofthouse, Florence Leishman, William Marshall, Jacqueline McQuay, Gillian Mosier, Joseph Portereiko, John Schulz, Kevin Schuster, David Shapiro, Jean Speck, Pina Violano

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

Gil Mosier gave the Data Committee report. There was a lengthy discussion. Nine hospitals provided data from 2007-2012. There were 2,700 patients who were injured on motorcycles. There was a breakdown of women/men, helmeted and unhelmeted. No data on who was driver or passenger. There was twice the likelihood of death with no helmet. This is powerful data to bring to the state legislators.

Dr. Jewel Mullen, Commissioner of Public Health, requested this information from the Data Committee. It was suggested that Commissioner Mullen be invited to a future Trauma Committee meeting with Elizabeth Keyes for further discussion.

Ray Barishansky, Department of OEMS, introduced himself to members of the Committee who were not in attendance at the last meeting. There was discussion re NHTSA moving ahead with their review. This should occur by June or July of this year. Ray also told Ms. Mosier that she gave a great presentation with her slides from the Data Committee.

Jean Speck, OEMS, led a discussion on bringing compliance to get smaller hospitals to send in their data. It was felt by most members that there might be a resource problem for smaller hospitals to obtain this data. It was agreed that 85% of data was sufficient without these smaller hospitals. Ray interjected that even the Tough Books and other educational material did not attract these hospitals. Another discussion was held regarding which patients were not being reported. Patients from this database cannot be tracked.

New business: Kathy LaVorgna led a lengthy discussion on EMS having a difficult time bringing patients into the ED. When calling the ED re patient information they are not sure if the patient should be brought to a Level I or Level II center. They just have to give the triage in the ED the patient information and the triage decides what level the patient is.

Rich Kamin reintroduced himself to committee members. He is an Emergency Physician at Dempsey Hospital and Medical Director of OEMS. He stated that every EMS system in Connecticut has a relationship with receiving hospitals and if anyone needed more information on this he or Ray Barishansky would be happy to help them. Unified activation procedures bringing patients to hospitals are needed. It was noted that a notice should be placed in the back of ambulance compartments with reminders of protocols. Ms. Mosier said she would send an example out to the committee.

Rebecca Lofthouse announced that the 2013 Southern CT Conference on the prevention of alcohol impaired driving on March 28th from 8:00 am to 3:30 pm at Yale New Haven Hospital in the 1st floor auditorium, Room 157.

This year the Connecticut Trauma Conference will be held on Thursday, April 18 and Friday, April 19. It was suggested that people register early.

The next Trauma Committee meeting is scheduled for Thursday, May 16th at the CHA in Wallingford,

Respectfully submitted,

Flo Leishman

TRAUMA COMMITTEE MEETING

*****Location and Time Change*****

**Hunter's Ambulance Service
450-478 West Main Street, Meriden**

Thursday, January 17, 2013

1:00 p.m.

AGENDA

- 1. Call to order – Lenworth Jacobs, M.D., Chairman**
- 2. OEMS Report**
- 3. Old Business**
- 4. Sub Committee Reports**
- 5. New Business**
- 6. Adjourn**

**CONNECTICUTY TRAUMA COMMITTEE
MINUTES
Hunter's Ambulance
Meriden, CT**

January 17, 2013

PRESENT: Lenworth Jacobs, MD, Chairman; Colleen Desai, RN, Florence Leishman, Jacqueline McQuay, RN, Joseph Portereiko, MD, Jean Speck, Jennifer Tabak, RN, Garry Lapidus, PhD, Paul Possenti, PA, Linda Roney, Subramani Seetharama, MD, Ray Barishansky

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

Ray Barishansky, the new OEMS Director, was introduced Ray introduced to the group. He outlined his responsibilities and his vision for emergency medical services at the Department of Public Health. He also outlined that he is reviewing the National Highway Safety Administration site review. It was mentioned by the Chair that this was a comprehensive review and would provide significant guidance as it related to disaster preparedness and emergency medical services for the state

The Data Committee reported that they had identified data fields which would be useful to guide prevention activities within the state and they requested that Trauma Centers throughout the state send their suggestions to the Data Committee.

The recent mass casualty shooting event at Newtown, Connecticut was discussed. The kill to injured ratio was greater than that which would be expected in an event such as this. There was significant discussion as to the type of ammunition, the degree of lethality caused by high caliber military type ammunition and assault rifles. There was also significant discussion relative to the role of emergency medical service personnel in the immediate assessment, resuscitation, management, and transportation of injured patients. The military doctrine relative to military shooting incidents in military conflicts was reviewed and it was noted that the kill to injured ratio in those circumstances was significantly more favorable than in this situation. There was a significant discussion relative to the role that the Trauma Committee should play in developing policies for enhancing survivability at mass casualty shootings.

The meeting was then adjourned.

Respectfully submitted,

Flo Leishman