

TRACIE

HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

ASPR's Technical Resources, Assistance
Center, and Information Exchange



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ASPR TRACIE: Three Domains



- Self-service collection of audience-tailored materials
- Subject-specific, SME-reviewed “Topic Collections”
- Unpublished and SME peer-reviewed materials highlighting real-life tools and experiences



- Personalized support and responses to requests for information and technical assistance
- Accessible by toll-free number (1844-5-TRACIE), email (askasprtracie@hhs.gov), or web form (ASPRtracie.hhs.gov)



- Area for password-protected discussion among vetted users in near real-time
- Ability to support chats and the peer-to-peer exchange of user-developed templates, plans, and other materials



[ASPRtracie.hhs.gov](https://www.asprtracie.hhs.gov)



1-844-5-TRACIE



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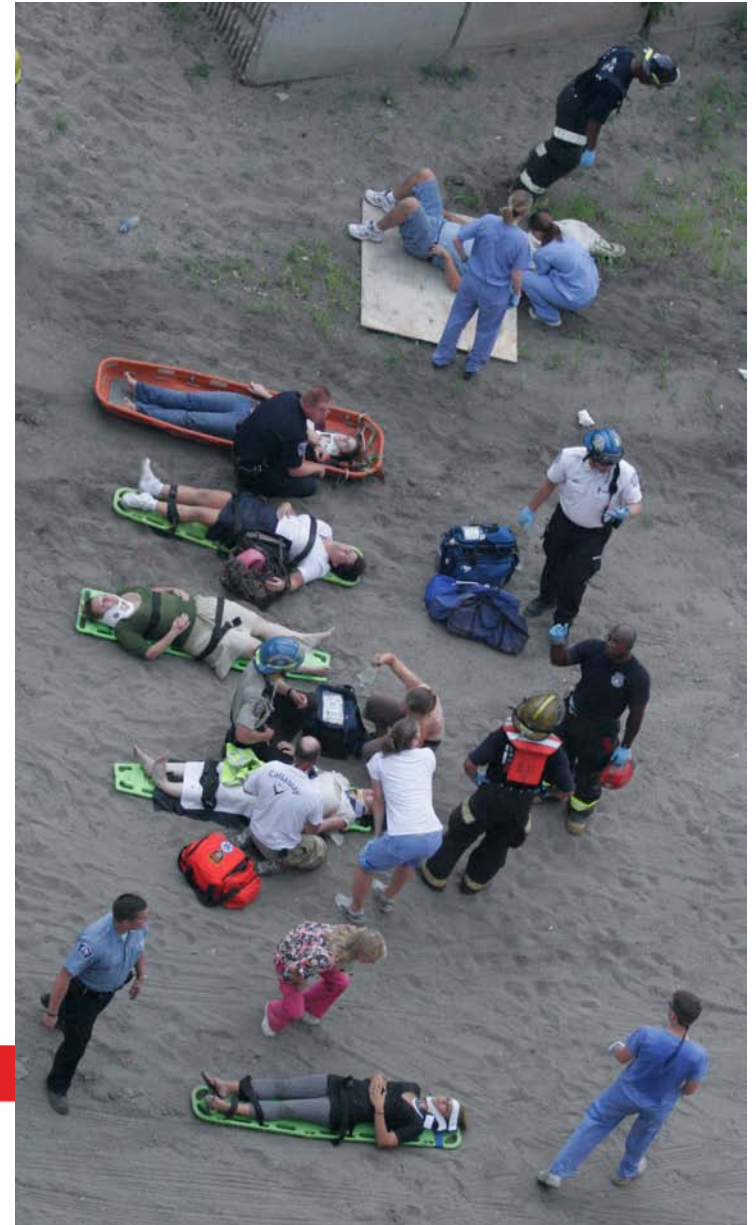
January 24, 2019

MCI Triage Roundtable Hosted at HHS by ASPR TRACIE



Mass Casualty Triage Roundtable

- 36 attendees representing government, specialty societies, subject matter experts in EMS and trauma care
- Focus on triage issues and process in mass violence (particularly mass shooting) events



Cellular use data – Las Vegas



Key Takeaways - Command

- Early, unified command with law enforcement is critical
 - What is happening?
 - Where are the victims?
 - How and when can we access them safely?
- Hartford consensus conclusions reinforced
- **Emphasize strategies, not tactics!**

Key Takeaways - Logistics

- Stop the bleed
 - Implications for EMS supplies
 - Training – may need additional focus on public service providers
- Responder equipment appropriate for role
- Resource commitment
 - Standardized resource assignments for mass violence events
 - Dispatch questioning / notifications / actions

Key Takeaways – Triage process

- Triage is dynamic
 - Living or dead
 - Correctable life threat
 - Penetrating wounds
 - Appropriate transport and destination
- Emphasize TRANSPORT (when available) rather than structured triage processes at dynamic scenes



Key Takeaways

- Tagging and Taping
 - **Tags have little utility for tracking, for receiving hospital, or on scene**
 - Unless delayed transport
 - Taping – to identify living if not immediately evacuating, and dead (to prevent multiple re-assessments)
 - Zebra or reflective tape, other methods for deceased

Key takeaways - Transport

- Law enforcement transport of victims is increasing in many recent events – must educate / integrate into plans
- Private transport related to access and perceptions of scene safety and EMS services
- Batch transport, improvised transport when needed

Key Takeaways - Hospital

- EMS support for secondary transports can be a critical part of response
- Hospitals are under-prepared to triage 100s of casualties – process, tags, etc.
- Hospital secondary triage for transport / OR priority is under-emphasized
- Hospitals may lack critical supplies for penetrating trauma



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