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Presentation Title: *“Wounding Patterns at Hostile Mass Casualty Events and Medical Best Practices”*

Presentation Description:

Active shooter / hostile events (ASHEs) are significantly increasing in the United States. These events typically target civilians and result in large numbers of dead and injured. ASHEs include active shooter events, vehicle-as-a-weapon events, mass stabbing events, explosives, and fire-as-a-weapon. The research shows that the wounding patterns in these events are different in non-mass casualty events, even when similar weapons are used. Much of the wounding pattern data published on hostile mass-casualty events focuses on combat research. However, recently published data indicates a significant difference in the wounding patterns when civilians are the target.

In this presentation, the presenter will look at the difference in wounding patterns for hostile mass casualty events when compared to the same weapon used in a non-mass casualty event. This data examines research conducted nationally and internationally, with data captured from significant hostile mass-casualty events. Much of the information in this presentation has not been previously released.

In the second part of this presentation, the presenter will look at medical best practices for hostile mass-casualty events. Pre-hospital trauma care in the United States has changed significantly in the last 25 years. A significant body of research indicates that many current prehospital trauma treatments are detrimental to the patient, and in some cases, the treatment is a predictor of patient mortality. Additional research studies have also found that mortality increases based on provider skill level.

A quickly growing body of evidence indicates that major trauma patients have a high life expectancy if they can arrive alive to the hospital. Additional studies show in trauma patients, the longer the interval of EMS-to-patient contact, the greater the odds of mortality. These studies directly show that EMS providers continue to provide treatment on scene and enroute with trauma patients that is have proven detriments to the patient. One large scholastic report found, “Increased patient-paramedic scene time is directly associated with increased patient mortality.” Another study found, “Every prehospital procedure performed is an independent predictor of the patient’s death.”

This presentation will take an aggressive look at many of the current treatment modalities that EMS personnel render to trauma patients. In each case, the attendees will see the published clinical evidence that either supports or disproves the treatment. Some of the treatments discussed include triage, patient assessment, IV therapy, advanced airway management, BLS vs. ALS treatment, and more.

Learning Objectives:

1. Describe wounding patterns seen in active shooter events.
2. Describe wounding patterns seen in vehicle-as-a-weapon attacks, and how these differ from standard vehicle vs. pedestrian accidents.
3. Describe wounding patterns seen in fire-as-a-weapon events, and how the fear of smoke or fire is often used to draw victims in a ballistic threat area.
4. Discuss the ASHE treatment recommendations made in the Hartford Consensus I, II, III, and the Federal Bureau of Investigation.
5. Discuss the “20-60-90” goal for treatment and transportation of patients at hostile mass casualty events.
6. Discuss the advantages and disadvantages of casualty collection points.
7. Discuss the debate regarding triage best practices.
8. Discuss treatment best practices for trauma patients in urban settings.

“This lecture was key and a rough message for all prehospital responders. We need more talks like this. You challenged current beliefs and showed through empirical evidence that much of what we thought we knew was actually wrong. As someone who has experienced a mass casualty terrorist event firsthand, I can tell you that this lecture is pure truth.”

- Matthieu Langlois, MD; Tactical Operator and Chief Tactical Physician with the French National Police RAID Unit, and tactical physician who operated inside the Bataclan Theater

“I have watched repeatedly as prehospital organizations ‘waste’ time with trauma patients, providing treatment that is unnecessary. I’ve voiced my concerns that these treatments impeded the transportation of the critically wounded to the hospital. The EMS organizations listened to my concerns but did not change a thing. Your lecture succinctly defined the problems, provided irrefutable data, and literally captured everything I have been trying to say in the last 10 years.”

- LTC Jörgen Jansson, RN, PhD
Faculty of Health, Science, and Technology at Karlstad University
Medical Reserve Officer, Swedish Armed Forces

“This is a fantastic presentation and one that every EMS provider and EMS administrator needs to hear. Your presentation and the data now have me questioning everything that we have trained our personnel to do at trauma calls. Evidence-based, eloquent, and absolutely spot-on!”

- Juan Hernandez, RN, EMT-P
District Chief of EMS Operations, Chicago Fire Department

“You could literally hear the microphone drop at the end of the presentation. Everything presented made exceptional sense, was backed by clinical evidence, and vetted through experience. It is amazing to watch a room of almost one thousand military medics and physicians walk out with their eyes wide open and jaws dropped low. This was a literal game-changing presentation. Your talk was the ‘buzz’ of the whole three-day SOMSA conference.”

- Faroukh Mehkri, MD
SWAT Operator and Deputy Medical Director, Dallas Police SWAT
Co-Director, Special Operations Medical Association Scientific Assembly