



## Highlights:

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# The InfoGram

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## DHS Upgrades National Terrorism Advisory System

In response to recent terrorist attacks both foreign and domestic, the Department of Homeland Security (DHS) has updated the National Terrorism Advisory System (NTAS). NTAS communicates threat information to the public, first responders, the private sector, transportation modes and other critical infrastructure sectors.

One change to the system is adding the “Bulletin” category in addition to the “Elevated” and “Imminent” levels. [The first bulletin was published on Wednesday](#), reminding people of the ongoing concerns about homegrown violent extremists. There is also an [NTAS poster](#) that can be posted in open areas. There currently is no credible threat that would require a notification at the two higher alert levels.

As always, first responders and, really, everyone need to be vigilant in their duties and daily life and maintain situational awareness, especially in special events and mass gatherings during the upcoming holidays. Be conscious of anything that seems out of the ordinary and report any suspicious activity to the proper authorities. Review [“Preventing Soft Target Terrorist Attacks”](#) (PDF, 156 Kb) for more information on indicators of suspicious activity.

(Source: [DHS](#))

## Medical Response to Paris Attacks

The Lancet, a highly-regarded medical journal, has already published an article detailing the medical response to the multiple November 13<sup>th</sup> attacks in Paris. [“The Medical Response to Multisite Terrorist Attacks in Paris”](#) is written by the staff of the Assistance Publique-Hopitaux de Paris (APHP), who’s crisis unit coordinates up to 40 hospitals with 100,000 health professionals, 200 operating rooms, and 22,000 beds.

Prehospital care is handled by the service d’aide medicale d’urgence (SAMU) units, their version of EMS. The SAMU regulatory crisis team deployed workers from all of its eight units to the sites of the attacks. They worked triage and dispatched mobile units consisting of a physician, nurse, and driver to the wounded.

Much to their benefit, SAMU and the Paris fire brigade have spent 2 years developing treatment plans and training drills for these types of events and just that morning had participated in an exercise focusing on the possibility of a multisite shooting in the city. Notes from reviews of the prehospital response:

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- Of the 60 available SAMU teams, 15 were held back to provide relief alternatives and to avoid being overextended in case more attacks occurred;
- Tourniquet demand exceeded supply; medical teams resorted to using their belts;
- After mobilizing their “White Plan,” there was no shortage of personnel at any time, and they were able to reassure the public and officials that they could handle this crisis.

The 4-page article also discusses the views of the medical response from a trauma surgeon and an anesthesiologist. Reviewing the first-person accounts of this crisis and applying the lessons learned, even though it is a foreign system, can benefit future response to other such incidents.

(Source: [The Lancet](#))

## Medical Mass Casualty Management Checklists

There are a number of checklists, tools, and resource pages available to hospitals and medical staff for managing a mass casualty incident. We have compiled a list here that should be of assistance.

- [Operating Room Procedures for Mass Casualties](#) (PDF, 68 Kb) – by the American Society of Anesthesiologists;
- [Mass Casualty Disaster Plan Checklist](#) (PDF, 84 Kb) – from the Association for Professionals in Infection Control and Epidemiology, Inc.;
- [Operational Templates and Guidance for EMS Mass Incident Deployment](#) (PDF, 1.61 Mb) – U.S. Fire Administration;
- [Mass Casualty Management Systems](#) (PDF, 2.89 Kb) – World Health Organization;
- [Hospital Emergency Response Training for Mass Casualty Incidents](#) – Center for Domestic Preparedness (CDP). The CDP has more training available on this topic;
- [Incident Planning Guide: Mass Casualty Incident](#) (PDF, 143 Kb) – California Emergency Medical Services Authority.

(Source: *Various*)

## High-Visibility PPE for Law Enforcement

The Responder Safety Learning Network released a new training module for law enforcement use. “[Law Enforcement and High Visibility PPE](#)” reviews federal regulations regarding high visibility safety apparel and looks at why members of law enforcement agencies have objections to wearing it.

Better visibility of emergency responders working on roadways and crash scenes means less likelihood of a responder getting hit by passing traffic. However, law enforcement officers have issues with these PPE and often don’t use them because of poor fit or problems accessing gear and weapons. Increased visibility also has a downside – officers become a more visible target and at more risk to violent crime.

The module discusses all this and addresses them with facts and statistics. It also provides potential solutions to these concerns with the intention of complying with both federal and state regulations.

(Source: [ResponderSafety.com](#))

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