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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 pattern 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.

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. Numerous studies have indicated that advanced life support treatment of urban, penetrating trauma patients is directly detrimental to the survivability of the patient.

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 treatment best practices for trauma patients in urban settings.