Emergency Management and Response - Information Sharing and Analysis Center (EMR-ISAC)

The InfoGram

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FirstNet update

While several capabilities are indeed planned for full implementation by March 2018, the entirety of FirstNet is not scheduled for full implementation until 2022. However, the planned 2018 and 2019 benchmarks will affect Emergency Services Sector (ESS) departments and agencies nationwide.

FirstNet plans a March 2018 delivery of the band 14 network core, 20 MHz of spectrum licensed to FirstNet to create the first nationwide public-safety wireless broadband network. Testing and validation of mission-critical push-to-talk (MCPTT) begins in June 2018 by both AT&T and independent validators at the FirstNet lab in Colorado.

Onboarding and interconnection of the Public-Safety Enterprise Network, including NextGen 9-1-1, will happen by the end of 2018, followed by the March 2019 availability of MCPTT. Moving forward from here, FirstNet expects outside developers to create new communications technology and devices, which will address identified information gaps in the ESS.

Perfection is a moving target and FirstNet is expecting to encounter and address system bugs and other delivery and network issues throughout the process. The long-term goal is a modern communications system that is functional, reliable and secure, something long overdue in the public safety realm.

FirstNet has discipline-specific information for fire, law enforcement, EMS and emergency management, and additional fact sheets for those fields as well as 9-1-1, tribal governments, urban and rural areas, and more. Visit FirstNet's resources page for a complete list of the fact sheets and frequently asked questions.

(Source: FirstNet)

Hemorrhage control for law enforcement

Victims of trauma injuries can bleed out and die in minutes if not treated quickly. Significant trauma that can cause this includes motor vehicle crashes, falls, accidents and, of course, acts of violence. Prehospital hemorrhage control is key to saving lives in these cases, and clinical statistics from military combat hospitals show low morbidity and a positive risk benefit ratio of tourniquet use due to the survival benefit.

Law enforcement agencies should consider training programs to teach officers basic hemorrhage control techniques for use on both downed officers and civilians, helping to save lives before medical help arrives. For violent acts especially, it is likely they may be the initial first responders on-scene, or the victims themselves. Dallas Police Department issued over 3,000 officers with downed officer kits, which have already saved lives in the field.

Hemorrhage control training is often quick. It doesn't take long to cover the material: it is basic information with minimal equipment, but time well spent as hemorrhage control and tourniquet use is proven to save the lives of victims

Highlights

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NASEMSO releases updated EMS clinical guidelines

"Adopt an EMS Family" program aids those impacted by hurricanes

U.S. Fire Administration

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bleeding heavily.

The Community Oriented Policing Services (COPS) has made available "Hemorrhage Control Overview for Law Enforcement" (PDF, 1 MB), a short instructional developed by a Dallas Police lieutenant who is also a surgeon and serves as the deputy medical director. The instructional document demonstrates the use of pressure bandages, tourniquets and quick clot combat gauze.

For more information on bleeding control programs, either for first responders or for communities and civilians, please see BleedingControl.org.

(Source: BleedingControl.org)

NASEMSO releases updated EMS clinical guidelines

The National Association of State EMS Officials (NASEMSO) recently released the "National Model EMS Clinical Guidelines, Version 2" (PDF, 3.58 MB). This set of clinical EMS guidelines is an updated and expanded version of those originally released in 2014.

All 2014 guidelines have been reviewed and updated. Changes for this version include new content on common conditions such as hypertension and abdominal pain, but also guidelines on human trafficking, end-of-life palliative care and active shooter incidents.

The model guidelines are not mandatory or all-inclusive. Instead, they are intended to be a patient-centric set of EMS performance measures that can be adopted by state EMS systems as a whole or in parts, offering a more standardized approach by providing uniformity in patient care. They also serve as a standard on which EMS medical directors can base practice.

(Source: NASEMSO)

"Adopt an EMS Family" program aids those impacted by hurricanes

First begun in 2005 in response to the devastation of Hurricane Katrina, the Journal of Emergency Medical Services (JEMS) magazine is again activating the "Adopt an EMS Family Program" (PDF, 605 KB) to give EMS agencies around the country a way to provide direct, personal support to individuals from EMS agencies in states and territories significantly affected by the recent hurricanes.

JEMS is requesting any and all help, as they are receiving many requests for assistance. Interested agencies can contact the editor of JEMS at aheightman@pennwell.com or fill out the online form on the American Ambulance Association website to be assigned an adopted family. Information about that family will be sent along with details about how to fulfill the requests.

All requests are tracked to ensure they are getting filled. Organizations may adopt more than one family.

(Source: JEMS)

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For information specifically affecting the private sector critical infrastructure contact the **National Infrastructure Coordinating Center** by phone at **202-282-9201,** or by email at **nicc@dhs.gov.**

The U.S. Fire Administration maintains the Emergency Management and Response – Information Sharing and Analysis Center (EMR-ISAC). For information regarding the EMR-ISAC visit www.usfa.dhs.gov/emr-isac or contact the EMR-ISAC office at: (301) 447-1325 and/or emr-isac@fema.dhs.gov.

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