



Centers for Disease Control and Prevention

Division of Injury Response

Federal Update

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National Center for Injury Prevention and Control
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Overview

DIR Focus Areas

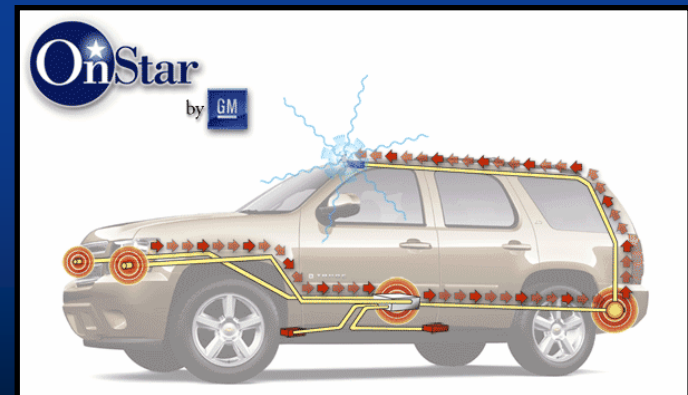
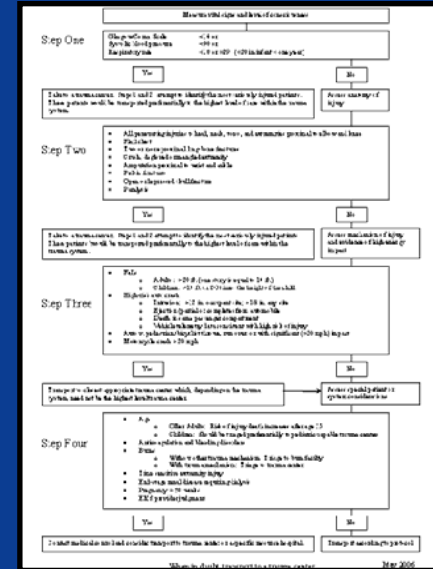
- Improve Injury Care
- Build Capacity for Injury Prevention and Control
- Monitor and communicate injury information



Improving Injury Care

- Field Triage: A Multidisciplinary Revision

- Revision published in:
 - Optimal Resources for the Injured Patient
 - Pre-hospital Trauma Life Support
- Tool Kit
- OnStar Technology Integration



Improving Injury Care

- Disaster Preparedness and Response
 - Natural
 - Manmade (includes terrorism)

CDC Tsunamis | Emergency Wound Management - Microsoft Internet Explorer

Department of Health and Human Services
Centers for Disease Control and Prevention

Emergency Preparedness & Response

Home

- Agents, Diseases, & Other Threats
- Bioterrorism
- Chemical Emergencies
- Mass Casualties
- Natural Disasters & Severe Weather
- Radiation Emergencies
- Recent Outbreaks & Incidents
- Mental Health
- Wash Information
- Training & Education
- Preparation & Planning
- Surveillance
- News
- Related Links
- What's New

Natural Disasters • Tsunamis • Info for Clinicians •

Tsunamis: Emergency Wound Management

The risk for injury during and after a natural disaster is high. **Tetanus** is a potential health threat for persons who sustain wound injuries. Any wound or rash has the potential for becoming infected and should be assessed by a health-care provider as soon as possible.

These principles can assist with wound management and aid in the prevention of amputations. In the wake of a disaster such as tsunami, resources are limited and time to care is critical. Following these basic wound management steps can help prevent further medical problems.

Evaluation

- Ensure that the scene is safe for you to approach the patient, and that if necessary, it is secured by the proper authorities (police, fire, civil defense) prior to patient evaluation.
- Observe universal precautions, when possible, while participating in all aspects of wound care.
- Obtain a focused history from the patient, and perform an appropriate examination to exclude additional injuries.

Treatment

- Apply direct pressure to any bleeding wound, to control hemorrhage. Tourniquets are rarely indicated since they may reduce tissue viability.
- Examine wounds for gross contamination, devitalized tissue, and foreign bodies.
- Remove constricting rings or other jewelry from injured body part.
- Cleanse the wound periphery with soap and sterile water or available solutions, and provide analgesics and anesthesia whenever possible.
- Irrigate wounds with saline solution using a large bore needle and syringe. If unavailable, bottled water is acceptable.
- Leave contaminated wounds, bites, and punctures open. Wounds that are sutured in an unstable

Pergamon

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Special Report from the CDC

Fatal Injuries following Hurricane Katrina—New Orleans, Louisiana, 2005

St E. Sullivan III^a, Christine A. West, Rebecca S. Noc, Karen E. Thomas, L.J. David Wallace, Rebecca T. Leeb

^a Disease Control and Prevention, Division of Injury Prevention, 4770 Buford Highway, NE, Atlanta, GA 30342, USA

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of Safety Research has partnered with the National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia, USA, to briefly report on some of the latest findings in the research community. This is in a series of CDC articles.

injury and illness surveillance system was established by the Centers for Disease Control and Prevention (CDC) and the Louisiana Department of Health and Hospitals (LDHH) in the aftermath of Hurricane Katrina to functioning hospitals and health care facilities. The surveillance system recorded 7,543 nonfatal injuries among patients and staff workers between September 8 and October 14, 2005. The leading mechanism of injury identified in both groups were fall and/or strike injuries, with a greater proportion of workers injured during the preparation period. Cleaning was the most common activity at the time of injury for both groups. The information generated through this system underscores the need for surveillance of exposed populations to determine the injury and illness prevention activities and health communication campaigns.

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1. Background

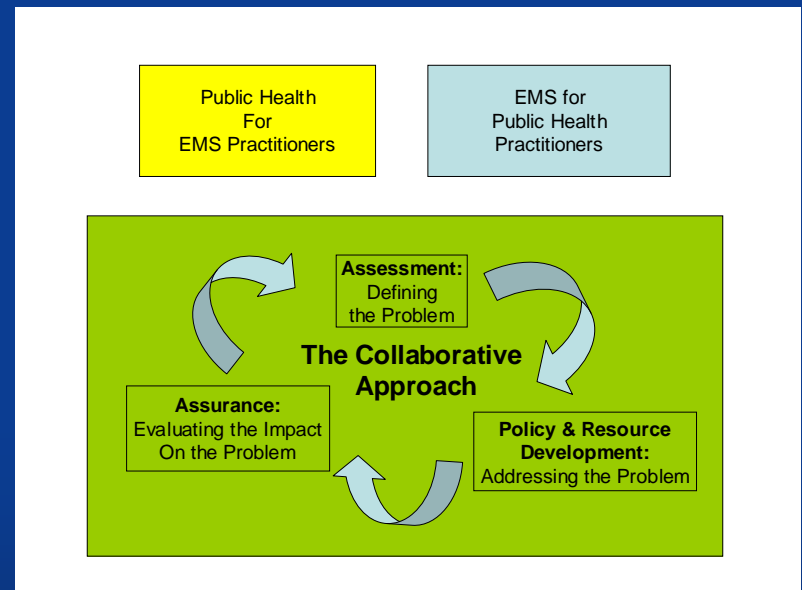
Hurricane Katrina, a category 3 storm, struck the U.S. Gulf Coast on August 29, 2005. In addition to strong winds and flooding from the storm surge, New Orleans experienced an unusually difficult post-hurricane recovery period due to the breaching of the levee system and the impact of a subsequent storm, Hurricane Rita. These factors resulted in delays in assistance reaching the city and the extended presence of a large number of relief workers. Due to the severe disruption of public health infrastructure, the Centers for Disease Control and Prevention (CDC) helped the Louisiana Department of Health and Hospitals (LDHH) establish an active injury and illness surveillance system among functioning hospitals and medical clinics (CDC, 2005a). In the storm's aftermath, September 8–October 14, 2005, the surveillance system recorded 7,543 nonfatal injuries. This report describes these injuries and injury prevention efforts carried out in the Greater New Orleans area. To reduce post-disaster injuries, the public health response to disasters should include injury prevention efforts.

2. Methods

<http://www.cdc.gov/ncipc/dir/dir.htm>

Building Capacity for Injury Prevention and Control

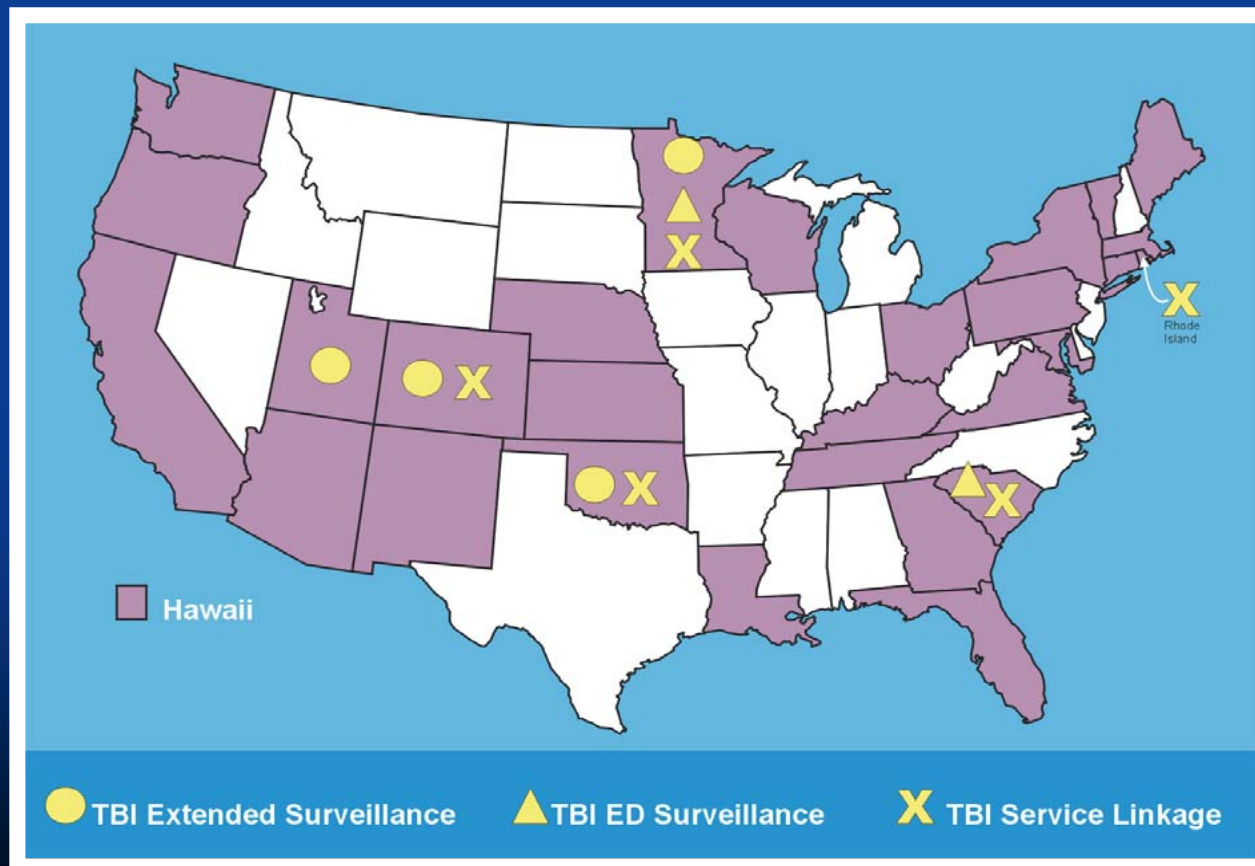
- EMS/Public Health:
Forging a More Powerful Relationship
 - Interest in collaboration
 - Curriculum developed
 - Pilot complete
 - Next steps
 - Identifying partners
 - Implementation
 - Evaluation




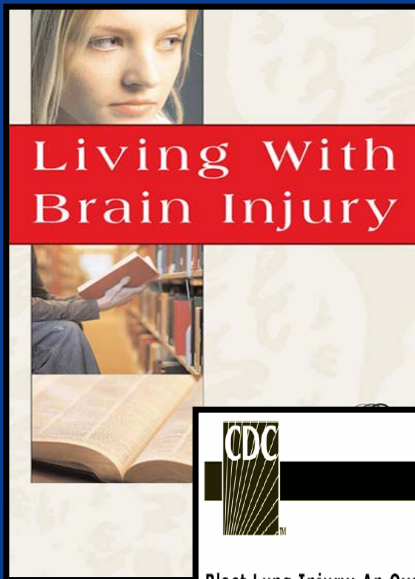
Building Capacity for Injury Prevention and Control

Core State Injury Program

Core State Injury Program



Monitoring and Communicating Injury Information



MASS CASUALTIES

Blast Lung Injury: An Overview for Prehospital Care Providers

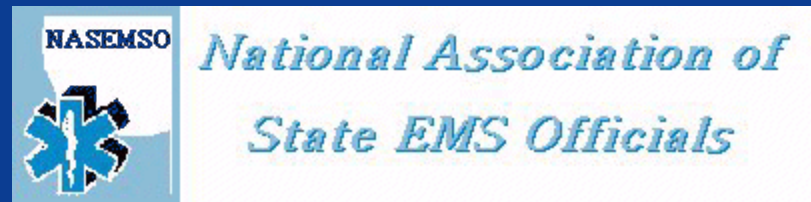
Current patterns in worldwide terrorist activity have increased the potential for casualties related to explosions, yet few civilian emergency medical service providers in the United States have experience treating patients with these injuries. One direct consequence of high-explosive detonations upon the body is blast lung injury—or, BLI. It is characterized by respiratory difficulty and hypoxia. BLI can occur, although rarely, without obvious external chest injury. Persons in enclosed-space explosions or in close proximity to the explosion are at highest risk. BLI presents unique triage, diagnostic, and management challenges.

Clinical Presentation

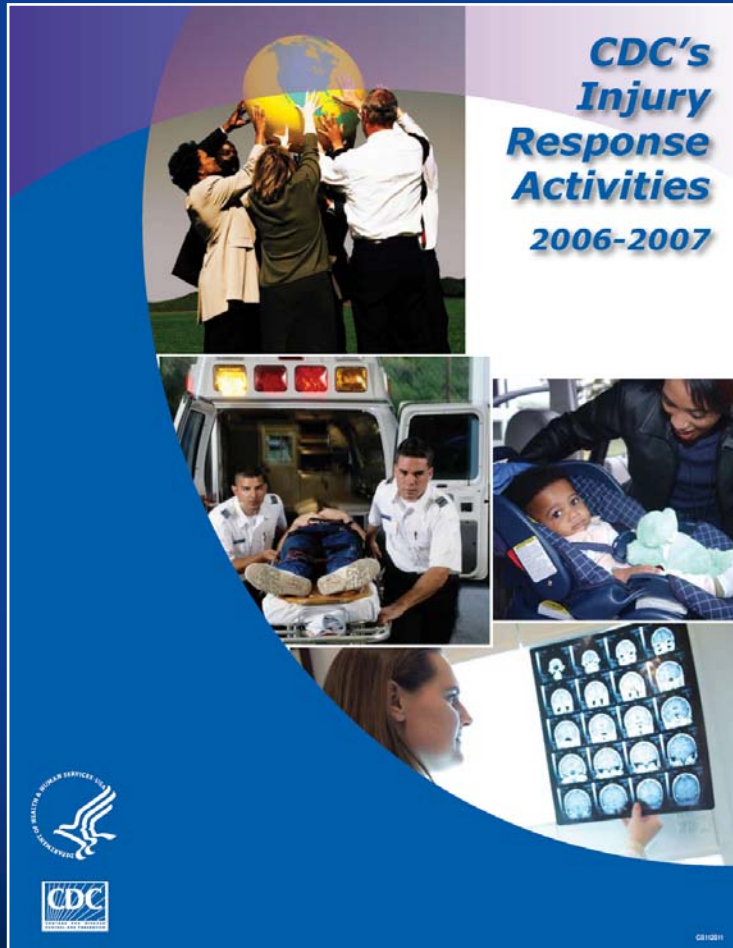
- Symptoms may include dyspnea, hemoptysis, cough, and chest pain.
- Signs may include tachypnea, hypoxia, cyanosis, apnea, wheezing, decreased breath sounds, and hemodynamic instability.
- Victims with skull fractures, injuries penetrating torso or head, or burns covering more than 10% body surface area (BSA) are more likely to have BLI.
- Hemothoraces or pneumothoraces may occur.
- Due to pulmonary or vascular tearing, air may enter the arterial circulation (air emboli) and result in embolic events involving the central nervous system, retinal arteries, or coronary arteries.

- Increase Awareness
 - General public
 - State-based surveillance
 - EMS providers
 - Blast Lung
 - Health care providers
 - Revised mild TBI tool kit

Working with Partners



Division Injury Response Activities 2006-2007



Major DIR Accomplishments— 2006-2007

- Supporting Development of TBI Screening Instruments
- Translating Alcohol and Drug Treatment Research into Practice
- Supporting Independent Research in Emergency Care
- Revising Field Triage Guidelines
- Partnering to Improve Crash Response
- Improving Booster Seat Usage in Utah
- Promoting Safety through Public-Private Partnerships in Florida
- Developing Emergency Medical Services (EMS) and Public Health Relationships
- Evaluating the Concussion Tool Kit for Coaches
- Identifying Best Practice Model Communities
- Developing and Disseminating Blast Injury Care Information
- Assessing Real-time Dissemination of Blast Injury Care Information
- Responding to and Learning from Terrorist Events Globally
- Addressing the Challenges of Surge Capacity
- Supporting Development of Prehospital Trauma Care Systems in Low and Middle Income Countries



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