THE
COMMITTEE
ON **TRAUMA**

ACS AMERICAN COLLEGE OF SURGEONS

May 21, 2022

Gamunu Wijetunge, Director
National Highway Traffic Safety Administration Office of Emergency Medical Services
1200 New Jersey Avenue S.E.
Washington, DC 20590
Department of Transportation

RE: Public Comments for 2022 National Roadway Safety Strategy

Dear Gam,

The American College of Surgeons Committee on Trauma (ACS COT) has an overreaching mission to improve the treatment of the injured patient across the continuum of care. Founded in 1922, the ACS COT has dedicated itself to ensuring optimal patient outcomes with a vision to eliminate preventable deaths and improve the outcome of injured patients. The ACS COT offers the following comments into the public record on the request for funding and rule making in the National Roadway Safety Strategy (NRSS). These comments offer recommendations that would complement and support the Implementation of the NRSS corresponding to the *Safe System Approach* element, "Post-Crash Care."

1. Funding of Stop the Bleed (STB) initiatives and the placement of STB kits in public vehicles for easier access. Hemorrhage is the leading cause of preventable, prehospital death in the injured patient. STB teaches the immediate responder to control hemorrhage prior to the arrival of emergency services. Providing funding to STB initiatives including classes and the placement of STB kits in public vehicles will provide a faster time to hemorrhage control following a crash.

2. Funding of Regional Medical Operations Coordinating Centers (RMOCCs). A RMOCC is a single point of shared situational awareness to implement effective command and control for the medical response to any large-scale mass casualty incident or scenario. The region is defined based on the scale of the incident, which may involve a single county or scale up to an entire state or multi-state region. The RMOCC allows coordination across all EMS agencies, hospitals, public health representatives, and emergency management leadership needed to respond. The most important piece of a RMOCC is communication and coordination among and between the public health authority, acute and chronic care health systems, and EMS. (https://files.asprtracie.hhs.gov/documents/fema-mocc-toolkit.pdf)

   RMOCCs can effectively load-balance a trauma system ensuring each patient receives the optimal care at the appropriate facility. RMOCCs can also support daily operations for regionalized care for time sensitive emergencies requiring specialty care and serve as the backbone of a regional trauma system.

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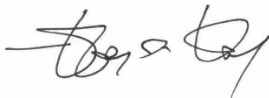
3. Funding of Field Triage Guideline (FTG) education and quality metrics. The 2021 Field Triage Guidelines were recently released. This guideline provides a practical tool for EMS to ensure the proper triage of injured patients to the optimal level of trauma care. The guideline development was led by the ACS COT with funding by NHTSA. To ensure optimal adaptation of the FTG across EMS systems, we urge the funding of educational programs regarding the FTG. We also urge for funding for EMS agencies to measure quality metrics regarding the FTG.
4. Funding of integration of Advanced Automatic Collison Notification (AACN) into local emergency response systems. AACN data has shown increasing utility in identifying severely injured patients. The technology is encouraging and could offer a more appropriate response of EMS and assist in the triage of the patient. For these reasons, AACN was kept in the new FTGs. However, AACN is integrated into very few EMS systems, and it is extremely rare for the EMS provider on scene to have the data. Funding of this initiative could lead to better identification of the severely injured patient and a quicker response of advanced resources.
5. Funding of pediatric readiness in EMS. Injury is the leading cause of death in children >1 year of age, and pediatric readiness of both the nation's emergency departments and state EMS systems is conceptually important and vital to mitigate mortality and morbidity in this population. The extension of pediatric readiness to the trauma community has become a focused area for training, staffing, education, and equipment at all levels of trauma center designation, and there is evidence that a higher level of emergency department pediatric readiness is independently associated with long-term survival among injured children. Although less well studied, there is an associated need for emergency medical services (EMS) pediatric readiness, which is also relevant to the injured child who needs transportation to a trauma center.

Thank you for your consideration of these recommendations submitted as part of the public comment period. These requests align with the goals and objectives of the National Roadway Safety Strategy and can have profound impact on injured patients.

Respectfully submitted,



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