

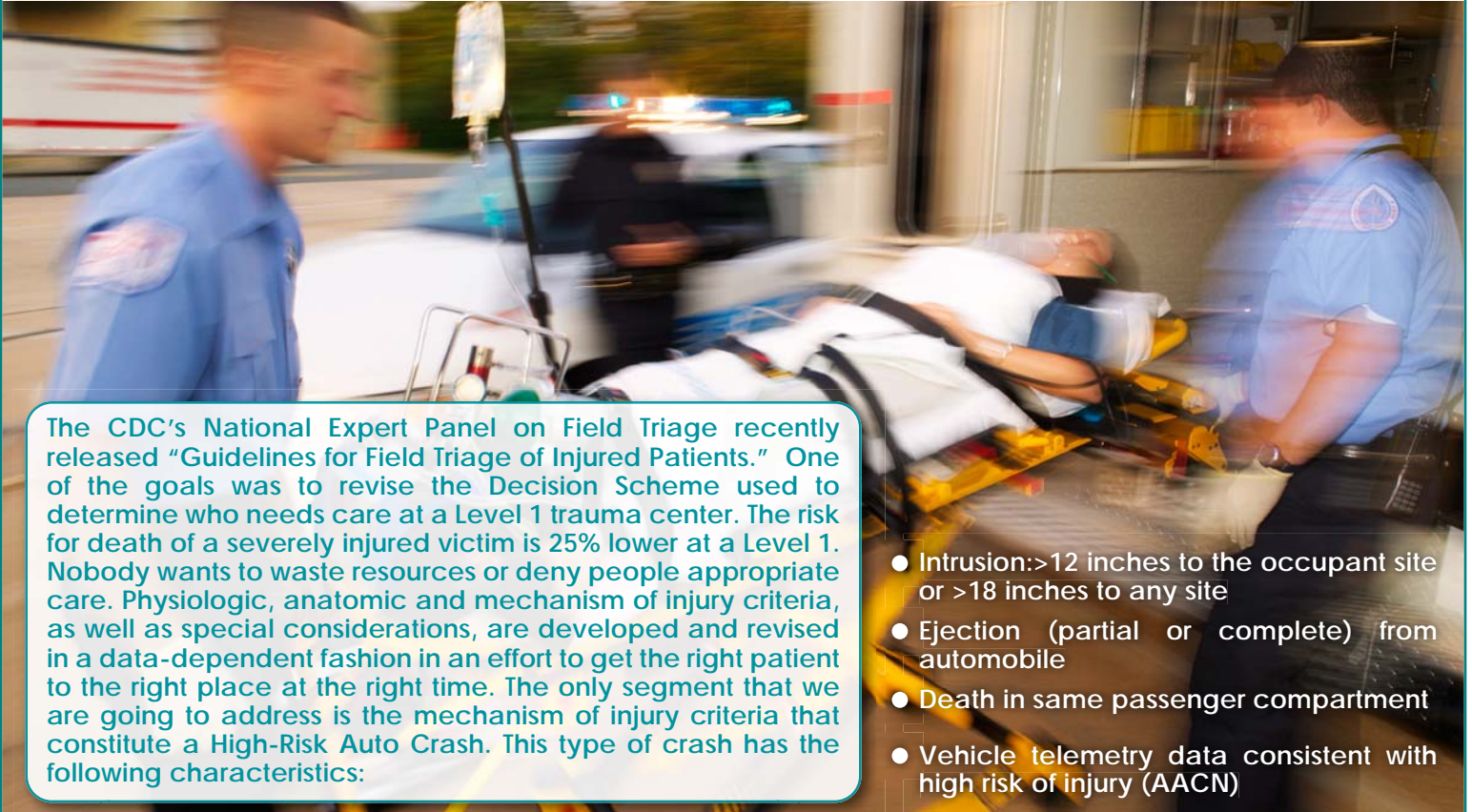


VITALS

A Weekly Safety Newsletter For Medical Transport Professionals

Mike Szczygiel (Segal)
888-969-8033
meszczygiel@thomcoins.com

Advanced Automatic Collision Notification (AACN)



The CDC's National Expert Panel on Field Triage recently released "Guidelines for Field Triage of Injured Patients." One of the goals was to revise the Decision Scheme used to determine who needs care at a Level 1 trauma center. The risk for death of a severely injured victim is 25% lower at a Level 1. Nobody wants to waste resources or deny people appropriate care. Physiologic, anatomic and mechanism of injury criteria, as well as special considerations, are developed and revised in a data-dependent fashion in an effort to get the right patient to the right place at the right time. The only segment that we are going to address is the mechanism of injury criteria that constitute a High-Risk Auto Crash. This type of crash has the following characteristics:

- Intrusion: >12 inches to the occupant site or >18 inches to any site
- Ejection (partial or complete) from automobile
- Death in same passenger compartment
- Vehicle telemetry data consistent with high risk of injury (AACN)

Because of the increasing availability of telemetry, the Panel added vehicle telemetry data consistent with a high risk injury as a triage criterion. There are currently about 5 million cars in the US and Canada that have onboard telemetry systems that can identify vehicle location, measure change in velocity (delta V) during a crash, detect principal direction of force, airbag deployment, rollover and the occurrence of multiple collisions. It is intended that this information will be transmitted from the vehicle to the telematics provider who will use it to determine if the occupants have a 20% or greater risk of severe injury. Using a specific notification protocol, information can be given rapidly to the appropriate PSAP advising of the level of risk for severe injury. Part of this process will involve a national system to collect and analyze AACN data, some of which will be derived from pilot studies.

This use of technology is intended to improve outcomes by:

- Predicting the likelihood of serious injury
- Decreasing response times
- Assisting with field triage decisions
- Decreasing time to definitive trauma care
- Decreasing death and disability



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