

An Update From The Casualty Actuarial Society Minncas

In Investigating Civilian Casualties Alon Margalit discusses the appropriate response to State-caused fatalities.

Highlighting various legal and practical challenges, the State's duty to investigate is considered amid increasing public scrutiny and influence of human rights law during military operations

America's number one bestselling and most trusted tax guide offers the best balance of thoroughness, organization, and usability For over half a century, more than 39 million Americans have turned to J.K. Lasser for easy-to-follow, expert advice and guidance on planning and filing their taxes. Written by a team of tax specialists, J.K. Lasser's Your Income Tax 2011 includes all the outstanding features that have made this book the nation's all-time top-selling tax guide. As an added value, you can gain direct access to dozens of bonuses through jklasser.com, including links to the latest tax forms from the IRS, up-to-the-minute tax law changes, small business help, and much more. The book of choice for today's serious taxpayer Your Income Tax 2011 contains Over 2,500 easy-to-use tax planning tips and strategies Easy-to-understand coverage of the year's tax law changes Filing tips and instructions to help you prepare your 2010 return Quick reference section that highlights what's new for 2010 Quick topic index to help pinpoint the biggest money-saving deductions Advice for customers whose use software or CPAs to file their taxes Filled with expert advice and guidance, J.K. Lasser's Your Income Tax 2011 will help you plan and file your 2010 tax return in the most efficient way possible. This manual is aimed to provide health care professionals, at the scene and at hospitals, as well as allied organizations, a practical and operational approach for planning the response to mass casualty incidents (MCI's), with emphasis to the types of events that are sudden in nature, resulting in a number of injured or contaminated patients that overwhelm the local health care system. From activation of the MCI plan to the specific medical care of multiple simultaneous patients, the manual offers checklists and algorithms of "what to do" during the first minutes after a MCI occurred. The manual is designed to be adapted and modified for specific institutions according to their size and capabilities. Written by a world expert in the field of MCI management, Mass Casualty Incidents: The Nuts and Bolts of Preparedness and Response for Acute Disasters is a valuable resource for all health care professionals and institutions that deal with mass casualty incidents.

Mass Casualty events may occur as a result of natural or human-caused disasters or after an act of terrorism. The planning and response to disasters and catastrophes needs to take into consideration the distinction between progressive and sudden events. Insidious or slowly progressive disasters produce a large number of victims but over a prolonged time period, with different peaks in the severity of patients presenting to the hospital. For example, radiation events will produce a large number of victims who will present days, weeks, months, or years after exposure, depending on the dose of radiation received. The spread of a biological agent or a pandemic will produce an extremely high number of victims who will present to hospitals during days to weeks after the initial event, depending on the agent and progression of symptoms. On the other hand, in a sudden disaster, there is an abrupt surge of victims resulting from an event such as an explosion or a chemical release. After the sarin gas attack in a Tokyo subway in 1995, a total of 5500 victims were injured and required medical attention at local hospitals immediately after the attack. The car bomb that exploded near the American Embassy in Nairobi, Kenya, killed 213 people and simultaneously produced 4044 injured patients, many requiring medical care at local hospitals. The Madrid train bombing in March 2004 produced more than 2000 injured victims in minutes, overwhelming the city's healthcare facilities. More than 500 injured patients were treated at local hospital after the mass shooting in Las Vegas. Finally, earthquakes may produce a large number of victims in areas in which the medical facilities are partially or completely destroyed. Sudden events bring an immediate operational challenge to community healthcare systems, many of which are already operating at or above capacity. The pre-hospital as well as hospital planning and response to sudden mass casualty incidents (SMCI's) is extremely challenging and requires a standard and protocol driven approach. Many textbooks have been published on Disaster Medicine; although they may serve as an excellent reference, they do not provide a rapid, practical approach for management of SMCI's. The first edition of "Mass Casualty Incidents: The Nuts and Bolts of Preparedness and Response for Acute Disasters" dealt exclusively with sudden mass casualty incidents. The second edition will expand its focus and include planning and response for insidious and protracted disasters as well. This new book is designed to provide a practical and operational approach to planning, response and medical management of sudden as well as slow progressive events. The target audience of the second edition will be health care professionals and institutions, as well as allied organizations, which respond to disasters and mass casualty incidents. Parts I and II are essentially the first edition of the book and consist of planning of personnel, logistic support, transport of patients and equipment and response algorithms. These 2 parts will be revised and updated and include lessons learned from major mass shootings that occurred recently in the United States and other parts of the world Part III will describe the planning process for progressive disasters and include response algorithms and checklists. Part IV will handle humanitarian and mental health problems commonly encountered in disaster areas. Part V will deal with team work and communication both critical topics when handling catastrophes and mass casualty incidents. This new book will be a comprehensive tool for healthcare professionals and managers and should perform demonstrably better in sales and downloads. It will be of value at the pre-hospital as well as the hospital level, to plan and respond to the majority of catastrophes and mass casualty incidents.

"A Pulitzer Prize-winning reporter provides a brilliant account of the harrowing drive into Baghdad by an American armor brigade" (Seattle Post-Intelligencer). Based on reporting that was a finalist for the Pulitzer Prize, Thunder Run chronicles one of the boldest gambles in modern military history: the surprise assault on Baghdad by the Spartan Brigade, the Second Brigade of the Third Infantry Division (Mechanized). Three battalions and fewer than a thousand men launched a violent thrust of tanks and Bradley Fighting Vehicles into the heart of a city of five million people—and in three days of

bloody combat ended the Iraqi war. More than just a rendering of a single battle, Thunder Run candidly recounts how soldiers respond under fire and stress and how human frailties are magnified in a war zone. The product of over a hundred interviews with commanders and men from the Second Brigade, it is a riveting firsthand account of how a single armored brigade was able to capture an Arab capital defended by one of the world's largest armies. "The best account of combat since Black Hawk Down." —Men's Journal

CONTENTS: Tactical Combat Casualty Care Guidelines for Medical Personnel 03 June 2016 COMBAT LIFESAVER / TACTICAL COMBAT CASUALTY CARE STUDENT HANDOUT (2014) COMBAT LIFESAVER / TACTICAL COMBAT CASUALTY CARE STUDENT HANDOUT (2017) COMBAT LIFESAVER / TACTICAL COMBAT CASUALTY CARE TRAINER COURSE STUDENT HANDBOOK - Combat Lifesaver / Tactical Combat Casualty Care Instructor Course (2014) COMBAT LIFESAVER / TACTICAL COMBAT CASUALTY CARE TRAINER COURSE STUDENT HANDBOOK - Combat Lifesaver / Tactical Combat Casualty Care Instructor Course (2017) CASUALTY EVALUATION AND EVACUATION STUDENT HANDOUT PREVENTION AND TREATMENT OF FIELD RELATED INJURIES B151236 STUDENT HANDOUT COMBAT LIFE SAVING STUDENT HANDOUT

In recent years, there have been many advances in the safe management of the patient's airway, a cornerstone of anesthetic practice. An Update on Airway Management brings forth information about new approaches in airway management in many clinical settings. This volume analyzes and explains new preoperative diagnostic methods, algorithms, intubation devices, extubation procedures, novelties in postoperative management in resuscitation and intensive care units, while providing a simple, accessible and applicable reading experience that helps medical practitioners in daily practice. The comprehensive updates presented in this volume make this a useful reference for anesthesiologists, surgeons and EMTs at all levels. Key topics reviewed in this reference include: · New airway devices, clinical management techniques, pharmacology updates (ASA guidelines, DAS algorithms, Vortex approach, etc.), · Induced and awake approaches in different settings · Updates on diagnostic accuracy of perioperative radiology and ultrasonography · Airway management in different settings (nonoperating room locations and emergency rooms) · Airway management in specific patient groups (for example, patients suffering from morbid obesity, obstetric patients and critical patients) · Algorithms and traditional surgical techniques that include emergency cricothyrotomy and tracheostomy in 'Cannot Intubate, Cannot Ventilate' scenarios. · Learning techniques to manage airways correctly, focusing on the combination of knowledge, technical abilities, decision making, communication skills and leadership · Special topics such as difficult airway management registry, organization, documentation, dissemination of critical information, big data and databases

As information systems become ever more pervasive in an increasing number of fields and professions, workers in healthcare and medicine must take into consideration new advances in technologies and infrastructure that will better enable them to treat their patients and serve their communities. Healthcare Administration: Concepts, Methodologies, Tools, and Applications brings together recent research and case studies in the medical field to explore topics such as hospital management, delivery of patient care, and telemedicine, among others. With a focus on some of the most groundbreaking new developments as well as future trends and critical concerns, this three-volume reference source will be a significant tool for medical practitioners, hospital managers, IT administrators, and others actively engaged in the healthcare field.

Counting Civilian Casualties aims to promote open scientific dialogue by highlighting the strengths and weaknesses of the most commonly used casualty recording and estimation techniques in an understandable format.

Tactical Combat Casualty Care (TCCC) has saved hundreds of lives during our nation's conflicts in Iraq and Afghanistan. Nearly 90 percent of combat fatalities occur before a casualty reaches a medical treatment facility. Therefore, the prehospital phase of care is needed to focus on reducing the number of combat deaths. However, few military physicians have had training in this area and, at the onset of hostilities, most combat medics, corpsmen, and pararescue personnel in the U.S. military have been trained to perform battlefield trauma care through civilian-based trauma courses. These courses are not designed for the prehospital combat environment and do not reflect current practices in the area of prehospital care. TCCC was created to train Soldiers and medical personnel on current best practices for medical treatment from the point of injury to evacuation to Role 3 facilities

The inspiration for the Netflix original movie War Machine, starring Brad Pitt, Tilda Swinton, and Ben Kingsley From the author of The Last Magazine, a shocking behind-the-scenes portrait of our military commanders, their high-stake maneuvers, and the political firestorm that shook the United States. In the shadow of the hunt for Bin Laden and the United States' involvement in the Middle East, General Stanley McChrystal, the commanding general of international and U.S. forces in Afghanistan, was living large. His loyal staff liked to call him a "rock star." During a spring 2010 trip, journalist Michael Hastings looked on as McChrystal and his staff let off steam, partying and openly bashing the Obama administration. When Hastings's article appeared in Rolling Stone, it set off a political firestorm: McChrystal was unceremoniously fired. In The Operators, Hastings picks up where his Rolling Stone coup ended. From patrol missions in the Afghan hinterlands to senior military advisors' late-night bull sessions to hotel bars where spies and expensive hookers participate in nation-building, Hastings presents a shocking behind-the-scenes portrait of what he fears is an unwinnable war. Written in prose that is at once eye-opening and other times uncannily conversational, readers of No Easy Day will take to Hastings' unyielding first-hand account of the Afghan War and its cast of players.

An Update on the Liability Crisis Working Dogs: An Update for Veterinarians, An Issue of Veterinary Clinics of North America: Small Animal Practice, E-Book Elsevier Health Sciences

Tactical Combat Casualty Care Guidelines 28 October 2013 * All changes to the guidelines made since those published in the 2010 Seventh Edition of the PHTLS Manual are shown in bold text. The most recent changes are shown in red text. * These recommendations are intended to be guidelines only and are not a substitute for clinical judgment. Basic Management Plan for Care Under Fire 1. Return fire and take cover. 2. Direct or expect casualty to remain engaged as a combatant if appropriate. 3.

Direct casualty to move to cover and apply self-aid if able. 4. Try to keep the casualty from sustaining additional wounds. 5. Casualties should be extricated from burning vehicles or buildings and moved to places of relative safety. Do what is necessary to stop the burning process. 6. Airway management is generally best deferred until the Tactical Field Care phase. 7. Stop life-threatening external hemorrhage if tactically feasible: - Direct casualty to control hemorrhage by self-aid if able. - Use a CoTCCC-recommended tourniquet for hemorrhage that is anatomically amenable to tourniquet application. - Apply the tourniquet proximal to the bleeding site, over the uniform, tighten, and move the casualty to cover.

Divorce Casualties helps parents recognize the often subtle causes of alienation and teaches them how to prevent or minimize its damaging effects. Dr. Darnall gives readers practical, specific techniques for recognizing and reversing the effects of alienation including a self-report inventory to help parents assess their own alienating behavior and exercises to help them understand and modify it.

Gartner and Segura consider the costs of war – both human and political – by examining the consequences of foreign combat, on domestic politics. The personal costs of war – the military war dead and injured – are the most salient measure of war costs generally and the primary instrument through which war affects domestic politics. The authors posit a general framework for understanding war initiation, war policy and war termination in democratic polities, and the role that citizens and their deaths through conflict play in those policy choices. Employing a variety of empirical methods, they examine multiple wars from the last 100 years, conducting analyses of tens of thousands of individuals across a wide variety of historical and hypothetical conditions, whilst also addressing policy implications. This study will be of interest to students and scholars in American foreign policy, international politics, public opinion, national security, American politics, communication studies, and military history.

Draws on updated research to explain how to protect the well-being of children of divorced parents by minimizing their exposure to parental conflicts, in a new edition that also stresses the importance of both parents taking an active part in the caregiving process. Original.

This volume presents detailed statistics about the circumstances of personal injury road accidents. Some 50 data items are collected by the police STATS19 system for each accident, including the time and location of the accident, the types of vehicles involved and what they were doing at the time of the accident, as well as some information on the drivers and casualties involved. In 2009 there was a reported total of 222,146 casualties of all severities (4 per cent lower than 2009). Of those, 2,222 people were killed in road accidents, 316 fewer (12 per cent lower) than in 2008. It has long been known that a considerable proportion of non-fatal injury accidents are not reported to the police and the current best estimate is that the total number of road casualties in Great Britain each year is around 700,000. In addition to the detailed tables there are seven articles containing further analysis on specific road safety topics: an overview and trends in the police data; valuation of road accidents and casualties; drinking and driving; contributory factors in road accidents; survey data on road traffic accidents, including an overall estimate of total casualties; hospital admissions data on road casualties; road safety research. The statistics in STATS19 were reviewed recently and some changes recommended. Also, a new electronic police accident reporting system, CRASH, for secure collection, validation, transmission and storage of road traffic collision reports, is to be introduced in 2011 and 2012.

BACKGROUND IN 1996, THE NAVAL SPECIAL WARFARE COMMAND DEVELOPED A NEW SET OF TACTICALLY APPROPRIATE BATTLEFIELD TRAUMA CARE GUIDELINES NAMED TCCC. THE TCCC GUIDELINES WERE ADOPTED BY THE U.S. SPECIAL OPERATIONS COMMAND (USSOCOM) AND APPROVED BY THE AMERICAN COLLEGE OF SURGEONS (ACS) AND THE NATIONAL ASSOCIATION OF EMERGENCY MEDICAL TECHNICIANS. THE COMMITTEE ON TCCC WAS ESTABLISHED IN 2001 AND WAS DIRECTED TO FURTHER DEVELOP THE TCCC STANDARDS AND GUIDELINES. THE COMMITTEE ON TCCC FUNCTIONS AS A WORKING GROUP OF THE TRAUMA AND INJURY SUBCOMMITTEE OF THE DEFENSE HEALTH BOARD (DHB), WHICH HAS A CHARTER TO PROVIDE MEDICAL RECOMMENDATIONS TO ASD (HA) AND THE SERVICE SURGEONS GENERAL. TCCC CONCEPTS WERE INCORPORATED INTO THE 8404 CORPSMAN TRAINING CURRICULUM IN 2005. THE TCCC/CLS TRAINER COURSE WAS DEVELOPED IN 2006 TO PROVIDE CORPSMEN AS TRAINERS TO TEACH AND SUSTAIN TCCC STANDARDS TO CORPSMEN AND CLS SKILLS TO SELECTED MARINES WITHIN THE OPERATING FORCES. THE IMPLEMENTATION OF TCCC ACROSS ALL SERVICES HAS BEEN IDENTIFIED AS ONE OF THE CONTRIBUTING FACTORS TO THE HIGHEST COMBAT CASUALTY SURVIVAL RATES IN HISTORY AND IS RECOMMENDED BY ASD (HA) FOR USE WHEN TRAINING COMBAT MEDICAL PERSONNEL, REF B. TCCC INFORMATION IS PUBLISHED IN THE PREHOSPITAL TRAUMA LIFE SUPPORT MANUAL (PHTLS), MILITARY EDITION, WHICH IS UPDATED EVERY FOUR YEARS. DEPARTMENT OF DEFENSE (DOD) APPROVED TCCC TRAINING CURRICULA ARE UPDATED ON THE DOD WEBSITE MHS.OSD.MIL/EDUCATION AND TRAINING/TCCC.ASPX AS THE TCCC GUIDELINES CHANGE. GOAL. ELIMINATE PREVENTABLE LOSS OF LIFE ON THE BATTLEFIELD. IN ACCOMPLISHING THIS GOAL, THE MOST RECENT TCCC GUIDELINES APPROVED BY DOD ARE TO BE UTILIZED AS A MEANS OF PROVIDING STANDARDIZED TRAINING TO THE MARINE CORPS AND IMPROVING FIRST RESPONDER CARE AT THE POINT OF INJURY. HISTORY OF TCCC: a. It is important to realize that civilian trauma care in a non-tactical setting is dissimilar to trauma care in a combat environment. TCCC and CLS are an attempt to better prepare medical and non-medical personnel for the unique factors associated with combat trauma casualties. b. Historical data shows that 90% of combat wound fatalities die on the battlefield before reaching a military treatment facility. This fact illustrates the importance of first responder care at the point of injury. c. TCCC was originally a US Special Operations research project which was composed of trauma management guidelines focusing on casualty care at the point of injury. d. TCCC guidelines are currently used throughout the US Military and various allied countries. e. TCCC guidelines were first introduced in 1996 for use by Special Operations corpsmen, medics, and pararescue (PJs). f. The TCCC guidelines are currently endorsed by the American College of Surgeons, Committee on Trauma and the National Association of Emergency Medical Technicians. The guidelines have been incorporated into the Prehospital Trauma Life Support (PHTLS) text since the 4th edition. STUDENT CURRICULUM: Tactical Combat Casualty Care/CLS Overview Identify Medical Fundamentals Manage Hemorrhage Maintain Casualty Airway Manage Penetrating Chest Injuries Manage Hemorrhagic Shock Manage Burn Casualties Perform Splinting Techniques Administer Battlefield Medications Perform Casualty Movement Perform Combat Lifesaver Triage Perform Combat Lifesaver Care

AR 638-8 06/23/2015 ARMY CASUALTY PROGRAM , Survival Ebooks

With the growing maturity of information and communication technologies, systems have been interconnected within growing networks, yielding new services through a combination of the system functionalities. This leads to an increasing complexity

that has to be managed in order to take advantage of these system integrations. This book provides key answers as to how such systems of systems can be engineered and how their complexity can be mastered. After reviewing some definitions on systems of systems engineering, the book focuses on concrete applications and offers a survey of the activities and techniques that allow engineering of complex systems and systems of systems. Case studies, ranging from emergency situations such as Hurricane Katrina and its crisis management or a generic scenario of a major traffic accident and its emergency response, to the establishment of a scientific basis in the Antarctic region illustrate key factors of success and traps to avoid in order to cope with such situations.

This issue of *Veterinary Clinics: Small Animal Practice*, guest edited by Drs. Maureen McMichael and Melissa Singletary, focuses on *Working Dogs: An Update for Veterinarians*. This issue is one of six issues published each year. Articles in this issue include, but are not limited to: Introduction to Working Dogs; Preventative Health Care and essential equipment needs; Anesthetic Considerations in Working Dogs; Dentistry for Working Dogs; Nutrition in Working Dogs; Current Rules and Regulations for Working Dogs; Canine Olfaction; Sports Medicine and Rehabilitation in Working Dogs; Herding and Sporting Dogs; Breeding Management and Production in Working Dogs; Development and Training for Working Dogs; Military Working Dogs; Operational Canines; and Assistance, Service, and Therapy Dogs.

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