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The New York State Trauma Registry Data Dictionary is a guidebook developed jointly by the Department, STAC Data Registry Subcommittee, and SUNY Albany School of Public Health. Trauma centers in NYS are required to collect information regarding seriously injured patients who meet certain ...

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2 to 1995, more than 74,000 people were diagnosed with AIDS and almost 50,000 people died of HIV related causes in New York State 1995 - 2014

More than 250 people have been killed in the United States during what has been classified as active shooter and mass casualty incidents (AS/MCIs) since the Columbine High School shootings in 1999. AS/MCIs involve one or more suspects who participate in an ongoing, random or systematic shooting spree, demonstrating the intent to harm others with the objective of mass murder.

Robin Powell has filed a wrongful death suit against SuperPulper, Inc. after her husband, Steven Powell, died as a result of falling into a hydrapulper manufactured by SuperPulper. The complaint alleges that the hydrapulper was defective because there were not sufficient guards and warnings on and around the hydrapulper. The case file includes two witnesses for each side as well as engineering and pain and suffering experts. It can be used as a liability case only or, with the addition of the pain and suffering experts, a liability and damages case. This detailed fact pattern and supporting illustrative exhibits will provide law students and trial lawyers with an opportunity to creatively and effectively argue their respective theories. Powell v. SuperPulper, Inc. can be applied to teach trial advocacy techniques on both liability and/or damages. In that regard, the liability and damage phase contains its own witnesses and exhibits to facilitate bifurcation or to allow trial as one matter.

Catastrophic disasters occurring in 2011 in the United States and worldwide--from the tornado in Joplin, Missouri, to the earthquake and tsunami in Japan, to the earthquake in New Zealand--have demonstrated that even prepared communities can be overwhelmed. In 2009, at the height of the influenza A (H1N1) pandemic, the Assistant Secretary for Preparedness and Response at the Department of Health and Human Services, along with the Department of Veterans Affairs and the National Highway Traffic Safety Administration, asked the Institute of Medicine (IOM) to convene a committee of experts to develop national guidance for use by state and local public health officials and health-sector agencies and institutions in establishing and implementing standards of care that should apply in disaster situations--both naturally occurring and man-made--under conditions of scarce resources. Building on the work of phase one (which is described in IOM's 2009 letter report, Guidance for Establishing Crisis Standards of Care for Use in Disaster Situations), the committee developed detailed templates enumerating the functions and tasks of the key stakeholder groups involved in crisis standards of care (CSC) planning, implementation, and public engagement--state and local governments, emergency medical services (EMS), hospitals and acute care facilities, and out-of-hospital and alternate care systems. Crisis Standards of Care provides a framework for a systems approach to the development and implementation of CSC plans, and addresses the legal issues and the ethical, palliative care, and mental health issues that agencies and organizations at each level of a disaster response should address. Please note: this report is not intended to be a detailed guide to emergency preparedness or disaster response. What is described in this report is an extrapolation of existing incident management practices and principles. Crisis Standards of Care is a seven-volume set: Volume 1 provides an overview; Volume 2 pertains to state and local governments; Volume 3 pertains to emergency medical services; Volume 4 pertains to hospitals and acute care facilities; Volume 5 pertains to out-of-hospital care and alternate care systems; Volume 6 contains a public engagement toolkit; and Volume 7 contains appendixes with additional resources.

This collection presents a political sociology of crisis in Europe. Focusing on state and society transformations in the context of the 2008 financial crisis and its aftermath in Europe, it observes a return of redistributive conflicts that correlates with a 'new politics of identity', nationalism, regionalism and expressions of Euroscepticism.

Cardiac arrest can strike a seemingly healthy individual of any age, race, ethnicity, or gender at any time in any location, often without warning. Cardiac arrest is the third leading cause of death in the United States, following cancer and heart disease. Four out of five cardiac arrests occur in the home, and more than 90 percent of individuals with cardiac arrest die before reaching the hospital. First and foremost, cardiac arrest treatment is a community issue - local resources and personnel must provide appropriate, high-quality care to save the life of a community member. Time between onset of arrest and provision of care is fundamental, and shortening this time is one of the best ways to reduce the risk of death and disability from cardiac arrest. Specific actions can be implemented now to decrease this time, and recent advances in science could lead to new discoveries in the causes of, and treatments for, cardiac arrest. However, specific barriers must first be addressed. Strategies to Improve Cardiac Arrest Survival examines the complete system of response to cardiac arrest in the United States and identifies opportunities within existing and new treatments, strategies, and research that promise to improve the survival and recovery of patients. The recommendations of Strategies to Improve Cardiac Arrest Survival provide high-priority actions to advance the field as a whole. This report will help citizens, government agencies, and private industry to improve health outcomes from sudden cardiac arrest across the United States.

This report concludes that the Government should seek to rejoin the 35 measures that have already been identified, but that it should also seek to rejoin an additional set of measures: implementing measures related to Europol's continued operation; the Framework Decision on combating certain forms and expressions of racism and xenophobia by means of criminal law; the European Judicial Network; the European Probation Order; and the Convention of Driving Disqualifications. The Government has still not dealt with earlier reports' conclusions about the Court of Justice of the European Union (CJEU) and its jurisdiction. What is more, the Government's general approach to the CJEU is not consistent with its decision to opt back into many other post-Lisbon police and criminal justice measures. The Government also needs to work flexibly with the European Commission in order to avoid any gaps in the application of the measures the UK will seek to rejoin. For example, we must ensure that rejoining the European Arrest Warrant is water-tight well in advance of the opt-out taking effect, to prevent problems for our criminal justice system. The report also recommends that the Government conduct a review of the impact of the opt-out decision three years after it has taken effect, and report its conclusions to Parliament

This paper provides case studies of 13 of the largest non-UMP countries. The case studies begin with an overview of recent macro-economic developments as well as capital flow patterns during the crisis up to the first U.S. tapering announcement in May 2013. Country experiences with capital inflows are judged along five dimensions: (i) the size of capital inflows, (ii) policies used to manage inflows, (iii) external stability, measured by exchange rate overvaluation and current account deficits relative to fundamentals,2 (iv) asset price and credit market reactions, and (v) financial sector stability. Case studies mostly draw on published IMF Staff Reports for each country, as well as the 2013 Pilot External Stability Report (IMF 2013d).

Articles in the June 2014 issue of the IMF Research Bulletin look at “The Rise and Fall of Current Account Deficits in the Euro Area Periphery and the Baltics” (Joong Shik Kang and Jay C. Shambaugh) and “The Two Sides of the Same Coin?: Rebalancing and Inclusive Growth in China” (Il Hounng Lee, Murtaza Syed, and Xin Wang). The Q&A looks at “Seven Questions on the Monetary Transmission Mechanism in Low-Income Countries” (Andrew Berg, Luisa Charry, Rafael A. Portillo, and Jan Vleck). This issue of the Research Bulletin includes updated listings of IMF Working Papers, Staff Discussion Notes, and Recommended Readings from the IMF Bookstore. Readers can also

find information on free access to a featured article from "IMF Economic Review."

Fully revised to meet current guidelines, Pharmacology for the Prehospital Professional, Second Edition offers a complete and practical understanding of pharmacology in the prehospital setting. The Second Edition provides a unique problem-based approach to ensure that you, as a prehospital provider, are prepared to effectively administer the drugs your patients need. Clinical scenarios present case information just as you will learn it in the classroom and encounter it in the field. By placing each drug in its relevant context, this text teaches you to identify the proper drug for a specific patient in a specific situation. This Second Edition includes: Contextualized profiles of over 90 drugs used in prehospital care for quick identification at critical moments. Problem-oriented approaches to real scenarios encountered in the field. Step-by-step procedural descriptions of pharmacologic processes commonly performed in the prehospital setting. A Medication Math chapter that strengthens your dosage-calculation skills. Legal Aspects and Risk Management coverage to help you avoid common mistakes made in prehospital care. Review questions that reinforce important chapter concepts and test your understanding.

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