2018 Areas of Focus, Traffic Incident Management Self-Assessment Results

At the recent Traffic Incident Management (TIM) team meeting the following 2018 areas of focus were selected from the 2017 Traffic Incident Management Self-Assessment (TIM SA) results:

1. Incident Clearance Time (ICT) Performance Data
   - Establish performance measures in regards to reviewing the ICT during traffic incidents.

2. Performance targets to reduce secondary crashes
   - Review historical crash data of secondary crashes and establish internal targets to reduce secondary crashes.

3. Outreach to public officials and local first responders about supporting and attending their local TIM team.

The TIM team programs continue to play a vital role in the safe and quick clearance of traffic incidents while providing a framework for reducing congestion and maximizing use of existing transportation infrastructure. A critical component of capitalizing on the success of existing programs and aiding the development of new TIM programs is periodic evaluation of the components of successful multi-agency TIM programs. The TIM SA was designed to provide an easy-to-use tool for measuring TIM program performance. The purpose of the yearly Traffic Incident Management Self-Assessments are to provide a formal process for State and local transportation, public safety and private sector partners to collectively assess their traffic incident management programs and identify opportunities for improvement.

To learn more about the TIM SA, please visit the following website: https://ops.fhwa.dot.gov/eto_tim_pse/preparedness/tim/self.htm

The 2018 areas of focus will be a continual discussion/action item during the upcoming TIM team meetings.

2017 Super Bowl Drunk Driving Campaign: Fans Don’t Let Fans Drive Drunk

Game Plan for Super Bowl 52: Are You Drinking or Are You Driving? This is NOT the Time for an Option Play. The Super Bowl is America’s most watched national sporting event. On February 4th, Super Bowl 52 Sunday, there will game day social activities all over the country that will likely include drinking. That’s why the U.S. Department of Transportation’s National Highway Traffic Safety Administration (NHTSA) and law enforcement officials are urging football fans to call the play now: drinking OR driving. If you plan on drinking on Super Bowl Sunday, designate a sober driver to get you home safely.

According to data from NHTSA, in 2015, 9,967 people were killed in alcohol-impaired-driving crashes in the United States—31 percent of all vehicle crash fatalities in the nation. There were 5,447 alcohol-impaired driving fatalities, making up 40 percent of all fatalities that occurred just during weekends. This February 4th, don’t become a tragic Super Bowl stat.

For those who plan to drink, leave your keys at home. Designate a sober driver, whether it’s a friend, relative, taxi, ride share or public transportation. Use NHTSA’s SaferRide mobile app. The app is available for Android devices on Google Play, and Apple devices on the iTunes store.

The app helps people who have been drinking get a safe ride home; it helps users call a taxi or a friend and identifies their location so they can be picked up.

For more Super Bowl weekend safety information, visit https://www.trafficsafetymarketing.gov/get-materials/drunk-driving/super-bowl
Gray Death, A Warning to First Responders

A hot topic right now within the first responder community is “Gray Death”, which is a combination of Heroin, Fentanyl, Carfentanil and Synthetic Opioid. A very small amount of the drug can be deadly as it is 10,000x more potent than Morphine and 100x more potent than Fentanyl. Additionally, Heroin users are unaware that dealers are cutting the heroin with the cheaper use of carfentanil.1

All first responders are strongly encouraged to wear protective gear at emergencies or crime scenes where fentanyl may be present. The Drug Enforcement Administration (DEA) recommends the following responder precautions:

- **Law Enforcement**
  - Do not Field Test
  - Use Personal Protection Equipment such as gloves and HEPA mask
  - Double bag evidence
  - Protect K-9’s
  - Closely observe all suspects

- **Fire/EMS**
  - Suspect OD in unconscious patients of unknown etiology
  - Be prepared to re-administer multiple doses of Narcan (consult local protocol)
  - Use PPE; Gloves, HEPA Mask, etc.
  - Notify receiving Emergency Responder of suspected Gray Death use1

A video released from the Drug Enforcement Administration (DEA) interviewed a police officer in Ohio that responded to a traffic stop that turned out to also be drug-related with fentanyl powder all through the vehicle. Officers donned protective gloves and masks, which is a recommended practice now with fentanyl on the rise. However, when he got back to the station, he brushed something off his shirt. Within minutes he was on the floor, his body shutting down. Paramedics who were at the station treating one of the arrested men from the original call treated the officer with Narcan to stop the overdose. If the officer had brushed the powder off his uniform in his car on his way home, he likely would have died or if he had gotten home before noticing it, his family could have come into contact with it. This is an example of how deadly this drug can be to first responders. To view the video, please click on the following link: [https://youtu.be/8MLsrfeGLSw](https://youtu.be/8MLsrfeGLSw)

Only properly trained and outfitted law enforcement professionals should handle any substance suspected to contain fentanyl or a fentanyl-related compound. If encountered, contact the appropriate officials within your agency. Be aware of any sign of exposure. Symptoms include: respiratory depression or arrest, drowsiness, disorientation, sedation, pinpoint pupils, and clammy skin. The onset of these symptoms usually occurs within minutes of exposure. Be ready to administer naloxone in the event of exposure. Naloxone is an antidote for opioid overdose. Immediately administering naloxone can reverse an overdose of carfentanil, fentanyl, or other opioids, although multiple doses of naloxone may be required. Continue to administer a dose of naloxone every 2-3 minutes until the individual is breathing on his/her own for at least 15 minutes or until EMS arrives.2

To learn more, please visit the following website: [https://www.cdc.gov/niosh/ershdb/emergencyresponsecard_29750022.html](https://www.cdc.gov/niosh/ershdb/emergencyresponsecard_29750022.html)

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