

Integrated Response to Mass Shootings

**Black Canyon Conference Center
Phoenix, AZ
August 31, 2016**



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OF HEALTH SERVICES

Health and Wellness for all Arizonans

The Hartford Consensus: Triage & Evidence-Based Treatment



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Integrated Response to a Mass Shooting

The Hartford Consensus – Triage and Evidence-Based Treatment

Paul Dabrowski MD, FACS
Trauma Program Medical Director
Banner - University Medical Center Phoenix



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Credentials

- Board certified in general surgery & surgical critical care
- Trauma & critical care fellowship trained
- Faculty at University of Pennsylvania - 11 years
- Trauma surgeon for Philadelphia FBI SWAT Team - 9 years
- Level II Trauma Program Director - 3 years
- Deployed to Fallujah, Iraq with Marines Aug 07-Mar 08
- Banner-UMC Phoenix Level I Trauma Director since 2010



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Objectives

- Describe the roles of the lay public, law enforcement, and fire / EMS in the management of life-threatening injuries during a mass shooting event.
- Discuss the continuum of care from initial responders to definitive care using the T-H-RE-A-T acronym

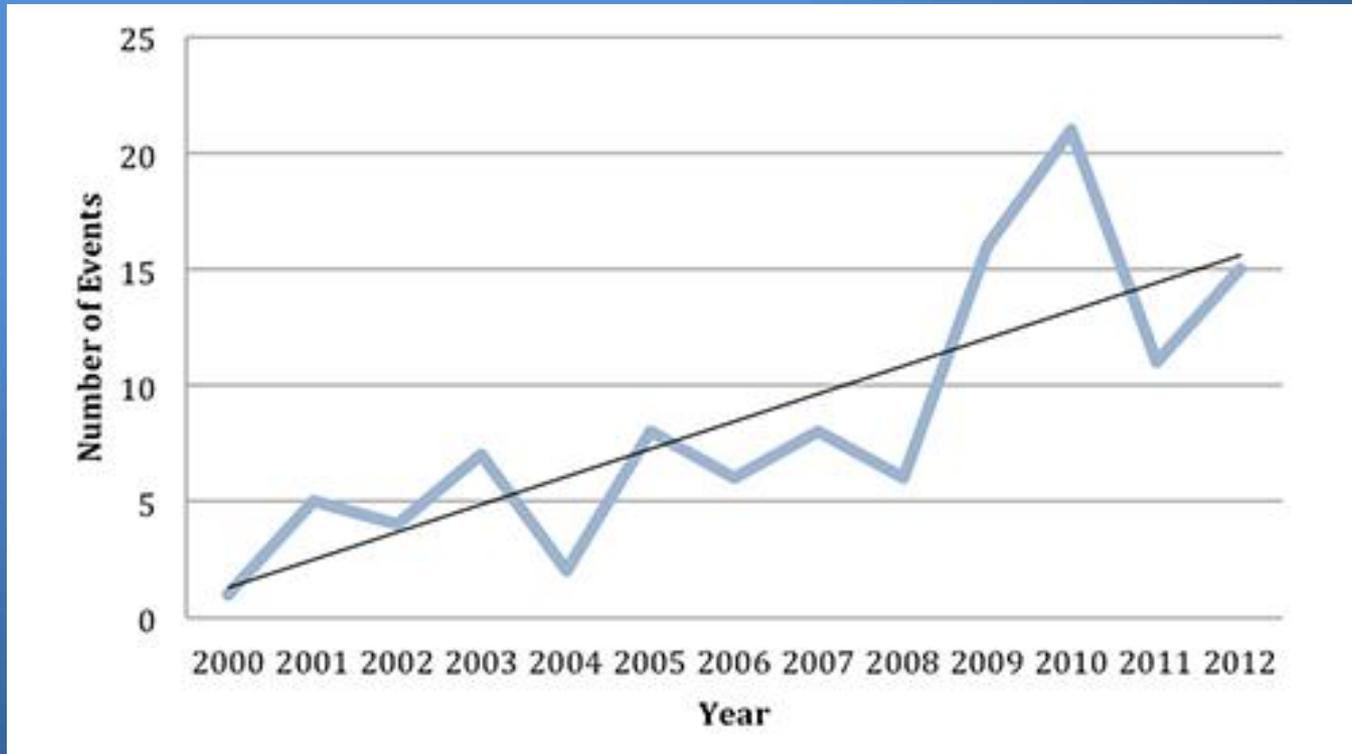


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Active Shooter Events by Year

2000-2012



FBI Law Enforcement Bulletin

Active Shooter Events from 2000 to 2012

By J. Pete Blair, Ph.D., M. Hunter Martaindale, M.S., and Terry Nichols, M.S.

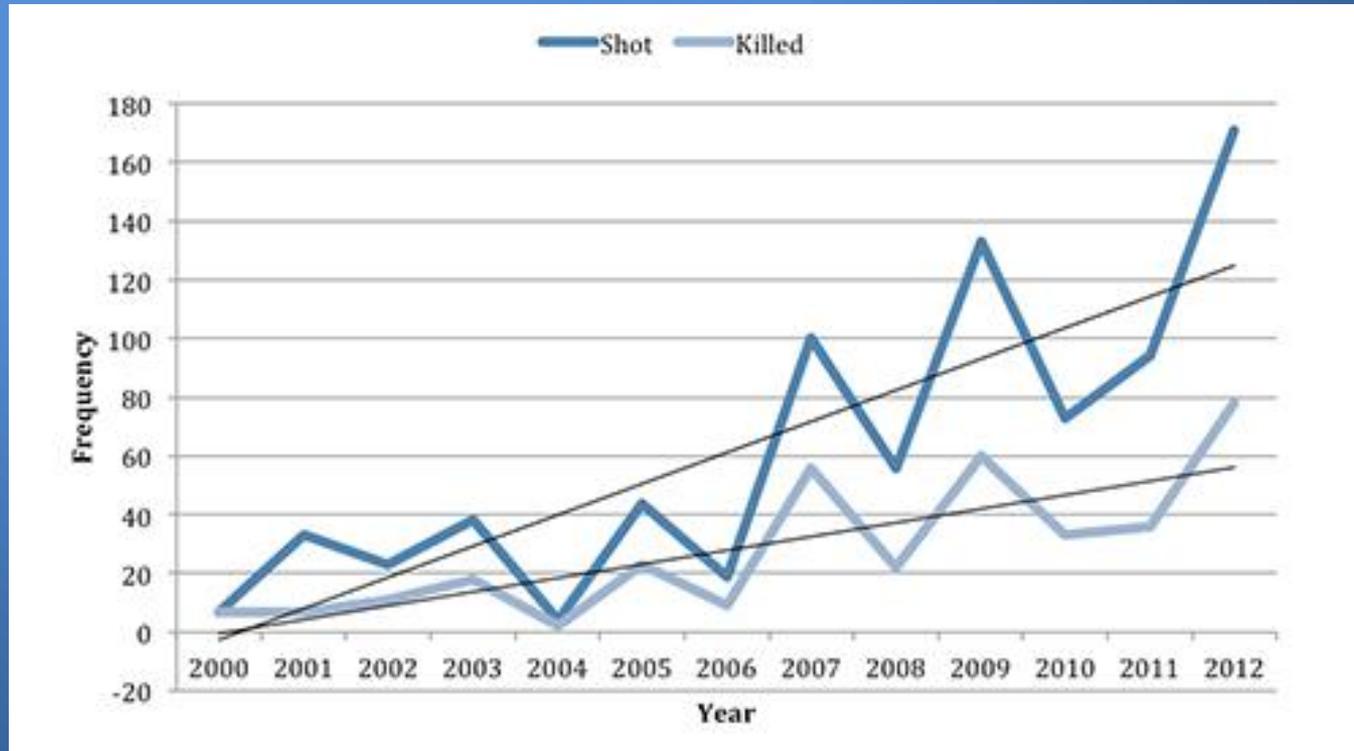


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Number of People Shot and Killed per Year

2000-2012



FBI Law Enforcement Bulletin

Active Shooter Events from 2000 to 2012

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Mass Shooting Event

How we did it

Standard Approach

- Everyone (Police Fire EMS) responds
- Critical mass of patrol officers
 - Surround & contain
- SWAT activated and responds
- Fire / EMS stage and wait



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Mass Shooting Event

- Standard Approach
 - Law enforcement goals take priority
 - Does not optimize victim survival
 - Fire / EMS follow on once safety assured
 - Emergency medical treatment
 - Patient movement



Mass Shooting Event

- Question:

So how do we

Maximize Survivability

and

Minimize Death?



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Improving Survival from Active Shooter Events: The Hartford Consensus

- **Joint Committee to Create a National Policy to Enhance Survivability From Mass Casualty Shooting Events**
- **Met first in June 2013**



Dr. Lenworth Jacobs, Jr, ACS Regent and Hartford, CT Trauma Surgeon



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Improving Survival from Active Shooter Events: The Hartford Consensus

- American College of Surgeons
- ACS Committee on Trauma
- PHTLS
- FBI
- Major Cities Police Chiefs Association
- International Association of Fire Chiefs
- Committee on Tactical Combat Casualty Care
- Department of Defense
- Department of Homeland Security
- FEMA
- Other Stakeholders



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Participants unanimously endorsed the principles



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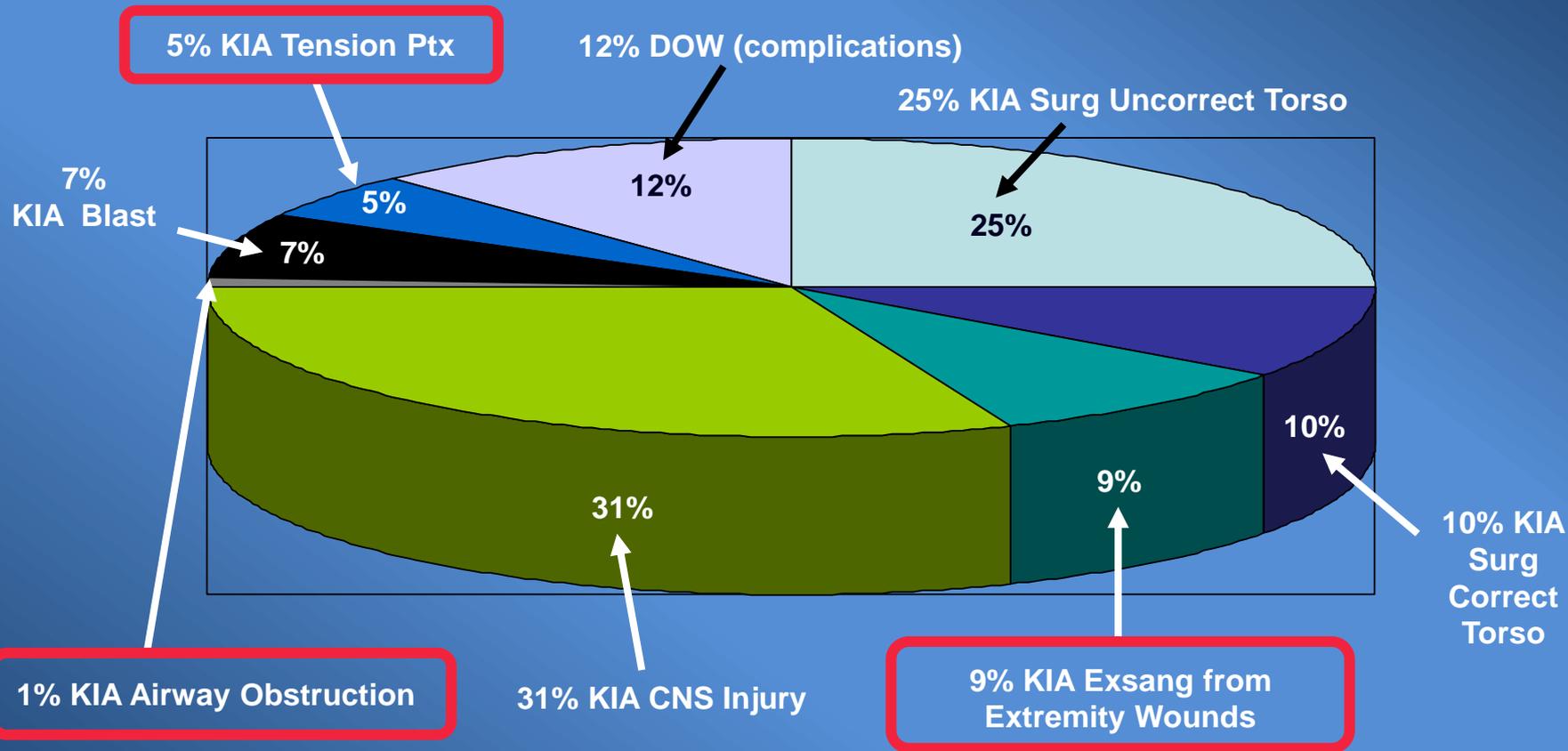
Improving Survival from Active Shooter Events: The Hartford Consensus

- A **reality** in modern American life.
- Clear that longstanding practices of law enforcement and fire / EMS **not optimally aligned** to maximize survival.
- Using existing tactics and evolving trauma concepts, the means of improving survival already exist, but have been underutilized.
- While efforts to isolate or stop the active shooter remain paramount, **early hemorrhage control is critical** to improving survival.



How People Die in Ground Combat

Military Medical Lessons Learned



COL Ron Bellamy (Vietnam Data)

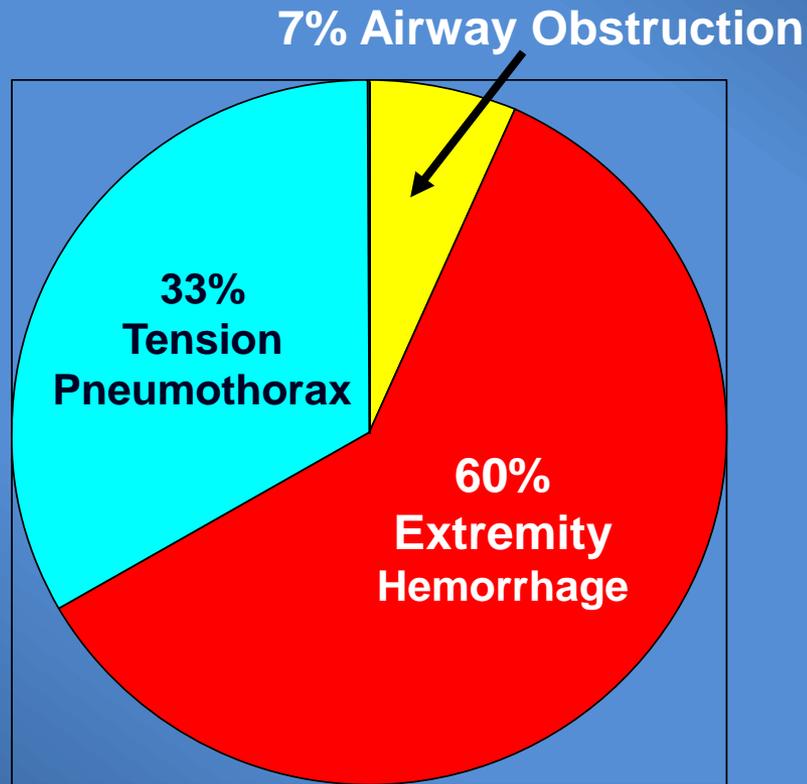


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Preventable Combat Deaths

Military Medical Lessons Learned



COL Ron Bellamy (Vietnam Data)



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Tactical Combat Casualty Care

- 90% of all battlefield casualties die before they reach definitive care
- Point of wounding care is responsibility of individual soldier, battle buddy, Combat Lifesaver, and Corpsman/Medic



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Improved First Aid Kit

Israeli Pressure Dressing (IPD)
aka: Emergency Bandage

4" Kerlix

Combat Application
Tourniquet (CAT)

114g Needle

MOLLE Type
Pouch

Nasopharyngeal
Airway (NPA)

2" Tape

Exam Gloves (4)

Weight: 1.08 lbs Cube: 128 ci



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Tourniquets



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THE TOURNIQUET

Each Stretcher bearer, each officer, each man if possible, should know how to fix a garrot. The use of the garrot has been much criticized, but if it causes the loss of a limb it may save a life. Many men die unnecessarily from hemorrhage on the battlefield and at the ambulance.

Vincent
Amer. Red. Cross. Soc. Bulletin
April 1918



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Hemostatic Dressings

Combat Gauze



HemCon



Celox



Do you carry this?



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Improving Survival from Active Shooter Events: The Hartford Consensus

- **Hartford Consensus recommends an integrated active shooter response include critical actions contained in the acronym**

THREAT:

- **THREAT suppression**
- **HEMORRHAGE control**
- **RAPID EXTRICATION to safety**
- **ASSESSMENT by medical providers**
- **TRANSPORT to definitive care**



Improving Survival from Active Shooter Events: The Hartford Consensus

- Life-threatening bleeding from **extremity wounds is best controlled initially through use of tourniquets.**
- **Internal bleeding resulting from penetrating wounds to the chest and trunk is best addressed through expeditious transport to a hospital.**



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Improving Survival from Active Shooter Events: The Hartford Consensus

- Optimal response includes identifying and teaching skill sets **appropriate to each level of responder**
 - **Law enforcement**
 - **Fire / EMS**
 - **Lay public**
- THREAT incorporates the proven concepts of self-care and buddy-care.



Improving Survival from Active Shooter Events: The Hartford Consensus

- Law Enforcement

- Play a **key role as the bridge** between the law enforcement phase and the and the integrated rescue response
- Medical **training for external hemorrhage control techniques** essential for all LE officers
- **Interval between wounding and hemorrhage control can be minimized** by trained LE officers

External Hemorrhage Control is a core law enforcement skill



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Improving Survival from Active Shooter Events: The Hartford Consensus

- Law Enforcement
 - Identify appropriate external hemorrhage control training
 - Ensure appropriate equipment available to every officer
 - Ensure early triage of victims with possible internal bleeding for immediate evacuation
 - Train all officers to assist fire / EMS with evacuation of injured



Improving Survival from Active Shooter Events: The Hartford Consensus

- Fire/EMS
 - No longer acceptable to stage and wait for injured to be brought out
 - Training must include hemorrhage control techniques
 - Training must include assessment, triage and transport of victims with possible internal bleeding
 - Incorporate Tactical Emergency Casualty Care (TECC) concepts



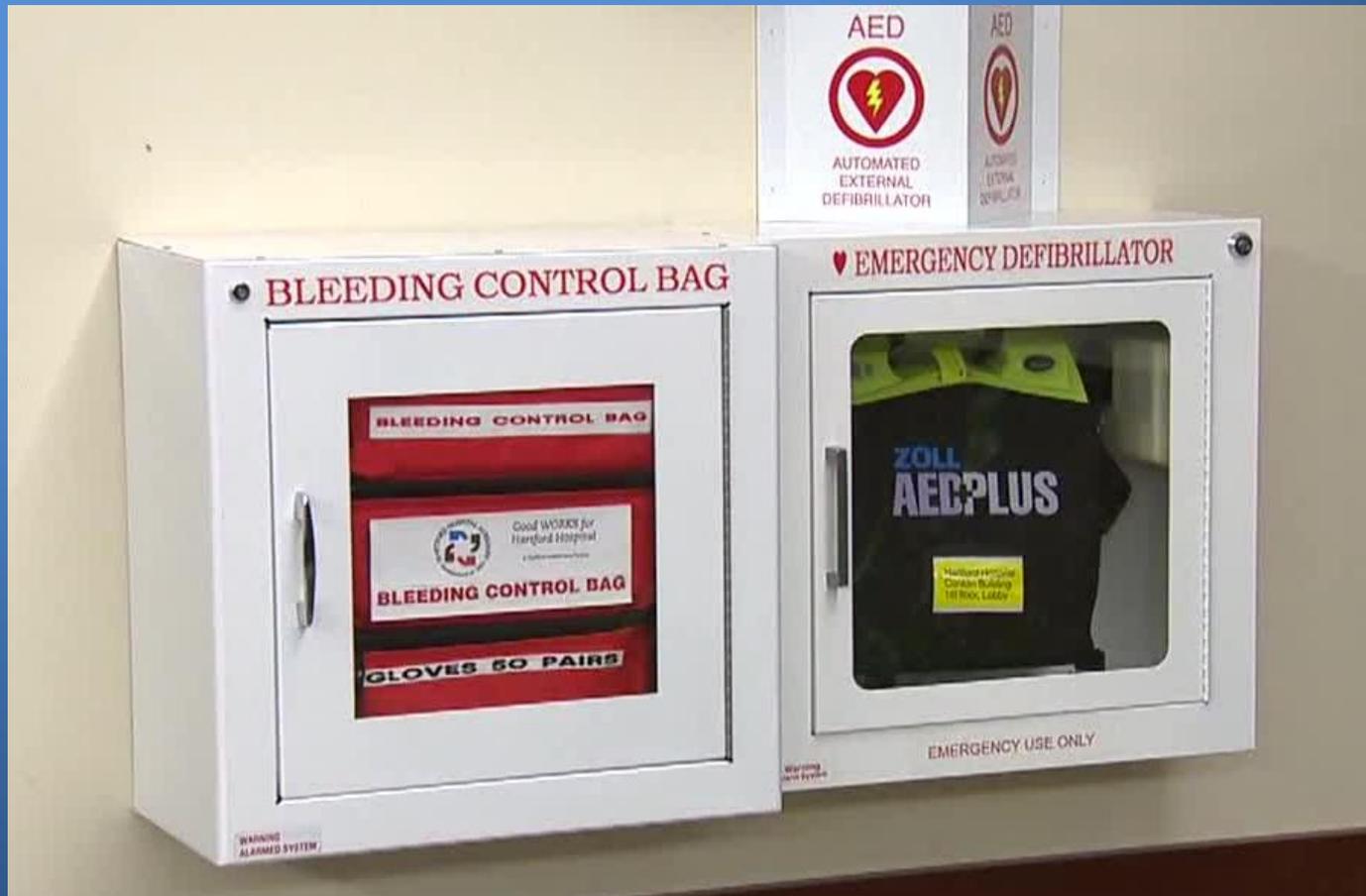
More integrated and traditional role limitations revised



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Is There a Role for the Lay Public?



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Not Just Mass Shooting Events



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Not Just Mass Shooting Events

Bystanders?



JOHN TUOHACK/THE BOSTON GLOBE VIA GETTY IMAGES



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Not Just Mass Shooting Events

Bystanders?
No!
Immediate
Responders!



JOHN THUMACK/PTHE BOSTON GLOBE VIA GETTY IMAGES



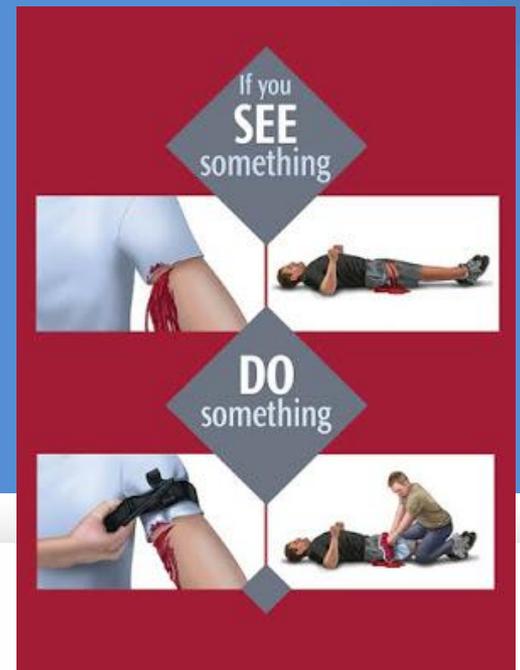
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Improving Survival from Active Shooter Events: The Hartford Consensus

- **Public**

- **Everyone can save a life!**
- **Uninjured or minimally injured can act as rescuers**
- **Education programs for lay public**
- **Preposition necessary equipment**



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Improving Survival from Active Shooter Events: The Hartford Consensus

- **Definitive Trauma Care**
 - Design, implement and practice plans to handle surge in patient care demands
 - Existing trauma systems should be used to optimize seamless care



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Improving Survival from Active Shooter Events: The Hartford Consensus

- Integrated response
- Care of the victims is a **shared responsibility** between law enforcement and fire / EMS. Response is a continuum that requires coordination between law enforcement and the medical/evacuation providers. Such coordination includes:
 - Shared definitions of terms
 - Jointly developed local protocols for response
 - Inclusion of active shooter events in exercises



Improving Survival from Active Shooter Events: The Hartford Consensus

- **Education**
 - Education of **ALL GROUPS** is required, tailored to the level of the responder
 - **Everyone** should be taught hemorrhage control
 - Professional first responders also taught airway management
 - Education for the patient care process should focus on **THREAT**
- **Courses**
 - Bleeding Control for the Injured
 - TECC, TCCC



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The Hartford Consensus: Summary



- Maximize survival and minimize death
- Response priorities: T-H-RE-A-T
- No one should die from uncontrolled bleeding
- Everyone can save a life!
- Empower the public – Vital role
- Seamless integration of hemorrhage control interventions
- Mutual collaboration and reinforcing responses amongst law enforcement and fire / EMS
- Develop local protocols
- Plan and train together



QUESTIONS?



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Thank You



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