

Physician Role in Active Shooter Response

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Mercyhealth Prehospital
&
Emergency Services Center

www.mercyems.org



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Jay MacNeal

- Mercyhealth System EMS Medical Director
- Board Certified Emergency Medicine/EMS
- Fellowship Trained EMS
- EMS Instructor II
- Federal Disaster Medical Team
- Tactical Medical Director
- Firefighter/Paramedic
- NALBOH Terrorism/Preparedness
- HazMat/Emergency Response
- Law Enforcement Communications

Background

- Columbine 1999
 - 15 dead (including shooters) 24 wounded
- Sandy Hook 2012
 - 28 dead (including shooter)
- VA Tech
 - 33 dead (including shooter) 23 wounded
- Aurora Theater
 - 12 killed 70 injured
- San Bernadino
 - 14 killed, 22 injured
- Pulse Night Club
 - 49 killed, 53 wounded

2013 FBI Report on Active shooter

- An average of 11.4 incidents occurred annually.
- An average of 6.4 incidents occurred in the first 7 years studied, and an average of 16.4 occurred in the last 7 years.
- 70.0% of the incidents occurred in either a commerce/business or educational environment.
- Shootings occurred in 40 of 50 states and the District of Columbia.
- 60.0% of the incidents ended before police arrived.
- Source <https://www.fbi.gov/news/stories/2014/september/fbi-releases-study-on-active-shooter-incidents/pdfs/a-study-of-active-shooter-incidents-in-the-u.s.-between-2000-and-2013>

Table Top Winter 2013/14

- What would happen if?
- Much attention being given to active shooter
- Most focused on Police operations
- EMS and Law Enforcement interoperability.
- What is happening on the medical end of this?

When law enforcement arrives:

- Remain calm and follow instructions.
- Drop items in your hands. (e.g., bags, jackets)
- Raise hands and spread fingers.
- Keep hands visible at all times.
- Avoid quick movements toward officers, such as holding on to them for safety.
- Avoid pointing, screaming or yelling.
- Do not ask questions when evacuating.

Information to provide to 911 operators:

- Location of the active shooter.
- Number of shooters.
- Physical description of shooters.
- Number and type of weapons shooter has.
- Number of potential victims at location.

For questions or additional assistance contact:

Your local FBI Office:

FBI Headquarters National Press Office: (202) 324-3691



Federal Bureau of Investigation
935 Pennsylvania Avenue, NW
Washington, DC 20535

U.S. Department of Justice
Federal Bureau of Investigation



ACTIVE SHOOTER EVENT

QUICK REFERENCE GUIDE

An active shooter is an individual actively engaged in killing or attempting to kill people in a populated area.

- ▶ *Victims are selected at random.*
- ▶ *Event is unpredictable and evolves quickly.*
- ▶ *Knowing what to do can save lives.*

ACTIVE SHOOTER EVENTS

When an Active Shooter is in your vicinity, you must be prepared both mentally and physically to deal with the situation.

You have three options:

1 RUN

- Have an escape route and plan in mind.
- Leave your belongings behind.
- Evacuate regardless of whether others agree to follow.
- Help others escape, if possible.
- Do not attempt to move the wounded.
- Prevent others from entering an area where the active shooter may be.
- Keep your hands visible.
- Call 911 when you are safe.

2 HIDE

- Hide in an area out of the shooter's view.
- Lock door or block entry to your hiding place.
- Silence your cell phone (including vibrate mode) and remain quiet.

FIGHT 3

- Fight as a last resort and only when your life is in imminent danger.
- Attempt to incapacitate the shooter.
- Act with as much physical aggression as possible.
- Improvise weapons or throw items at the active shooter.
- Commit to your actions. . . your life depends on it.

The first officers to arrive on scene will not stop to help the injured. Expect rescue teams to follow initial officers. These rescue teams will treat and remove the injured.

Once you have reached a safe location, you likely will be held in that area by law enforcement until the situation is under control and all witnesses have been identified and questioned. Do not leave the area until law enforcement authorities have instructed you to do so.

Where do we want to go?



Medical Response & Training



Causes of Combat Death

- 31% Penetrating head trauma
- 25% Surgically uncorrectable torso trauma
- 10% Potentially surgically correctable trauma
- 9% **Hemorrhage** from extremity wounds
- 7% Mutilating blast trauma
- 5% **Tension pneumothorax**
- 1% **Airway problems**
- That's 88% Wheres the other 12%?
- 12% Other- Mostly from **infections** and complications of **shock**
- Well noted and Defined in multiple sources
TCCC, TECC, Journal of Trauma, Special
Operations Medicine, etc

1. CCC-Casualty Care in the Classroom

- We wanted to find a quick easy implementable solution to empower teachers to stop the dying in the event of an active shooter and empower them to act.
- Remember this is a full year prior to Hartford III and almost 2 years before Stop The Bleed
- Program was developed from scratch and formatted in a Train-The-Trainer style

Ease of Training

- Who
 - Trained by local professionals who already own expertise of the material
- What
 - Based on chosen equipment and a factor in choosing what goes into the bags
- When
 - 45 minutes (ideally annually)
- Why
 - The obvious-stop the bleeding
 - The unobvious-Empowerment

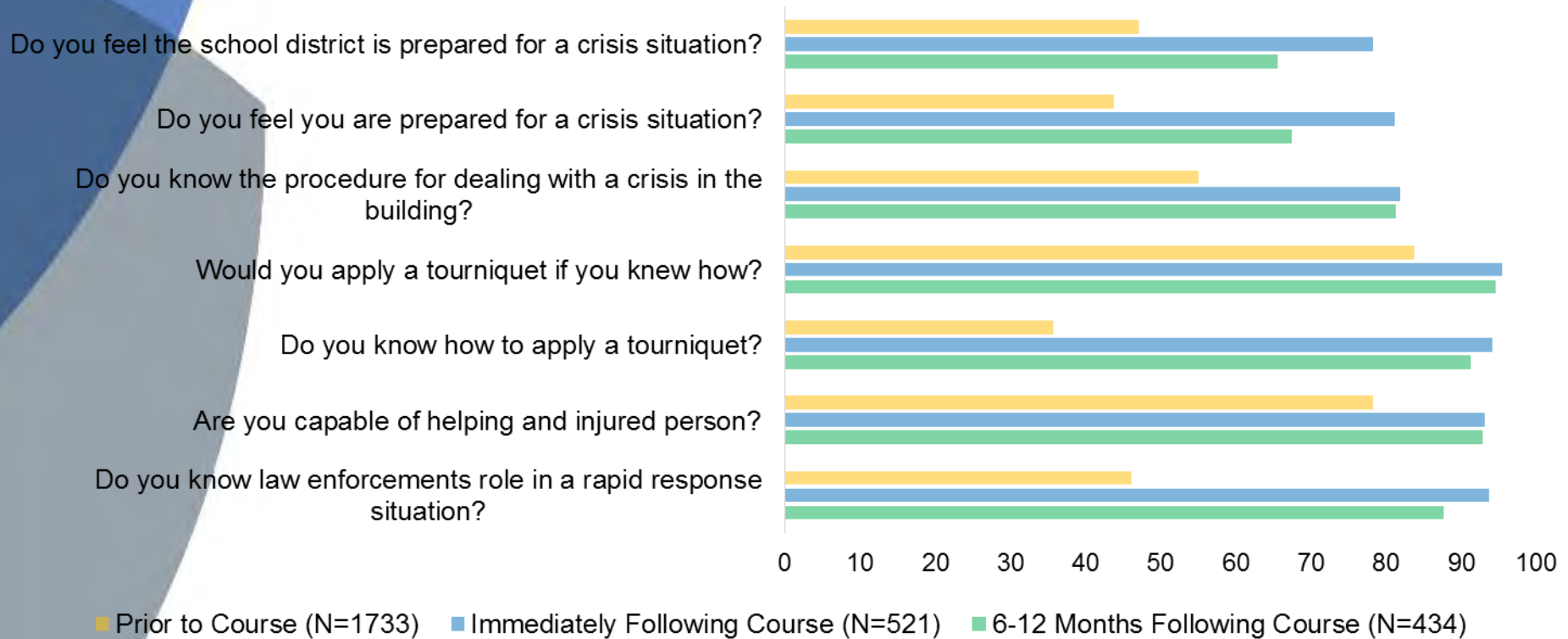
Mercy Casualty Care Kit

- www.mercycasualtycarekits.com
- All teaching materials, videos, prop building instructions
- Implementation guide
- Questions to mhsccc@MHemail.org

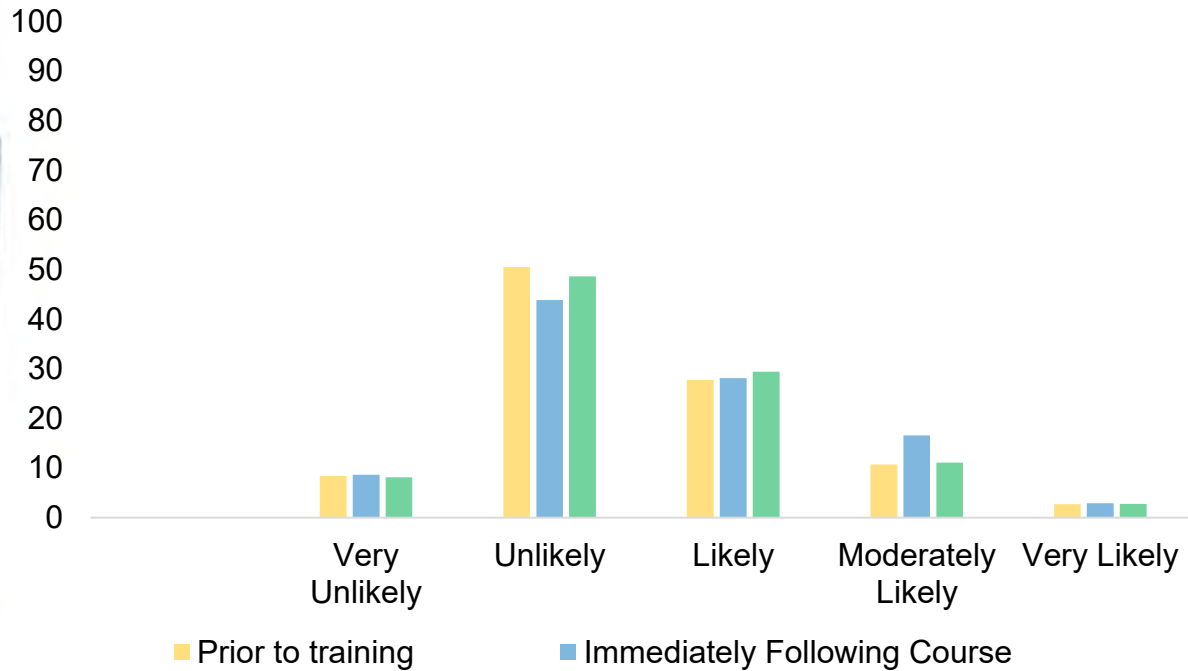
To Date

- We have trained over 10,000 school staff across 15 states
- 2,000 high school students
- Large churches
- Pre-K-12
- Public Schools
- Private Schools
- Parochial Schools
- Montessori Schools
- School in a Mosque
- 16 technical colleges have sampled the program (1 fully implemented)
- State College
- All the infrastructure is there for you to do it too.

Percent of respondents that answered 'Agree' or 'Strongly Agree'



How likely do you think it is that a shooting, stabbing or other multiple injury incident (tornado etc.) is to happen in your school district?



Proposed Answer

- Attack from both ends
- Supply those within the scene medical knowledge, tools and the empowerment to use them
 - 1. CCC
 - 2. WCC
- Get medical care into those scenes
 - 3. RTF
 - 4. TECC
 - 5. TEMS

2. WCC-Workplace Casualty Care

- Tenets of TECC simplified for lay person
- Boiled down to 1 hour
- Guidance offered for purchase of commercial kits and placement
- 1 Movie Theater, 3 large companies, DPW regionally so far with several classes scheduled
- Law firm
- Public works

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3. RTF

- Concept has been in our region since 2001
- Implementation has been scattered
- Milwaukee County has a very nice guideline SOP
- We have medical direction for 110-ish agencies in N Illinois and S Wisconsin
- Developed and trained every provider a 4 hour intro to RTF
- Phase two training nearly completed with practical application
- Phase three planned for joint operations

3. RTF for LEO

- Facilitated meetings and guidance to all county LEO agencies to agree in RTF concept
- Train-the Trainer developed in 30min awareness PPT for shift briefing
- County now working on Automatic Mutual aid response plan (in progress)
- Preparations being made for joint training and full scale exercises.

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4. TECC

- Know it, love it, live it
- Every officer in county trained in tourniquet use and equipped (no small task)
- Committed to offering the class every other month without course minimum numbers
- Trained several hundred LEOs to date
- Advanced TECC was developed to include more scenarios and skills, as requested by LEOs



M.A.R.C.H.

By means of a trauma assessment methodology, the care provider may approach the injured casualty, determine life-threatening problems, and quickly intervene.

TRAUMA

- **M**assive Hemorrhage
- **A**irway
- **R**espirations
- **C**irculation (Shock)
- **H**ypothermia/Head Injury

SOURCE: TACTICAL COMBAT CASUALTY CARE (TCCC) GUIDELINES

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M.A.R.C.H.

BLEEDING

SOFTT – W



CAT



DELFI EMT



MAT



RATS



SWAT – T



SOURCE: ADVANCED LAW ENFORCEMENT RAPID RESPONSE TRAINING (ALERT) LEVEL 2 INSTRUCTOR COURSE – JANUARY 2015



M.A.R.C.H.

MASSIVE HEMORRHAGE

TRAUMA DRESSINGS



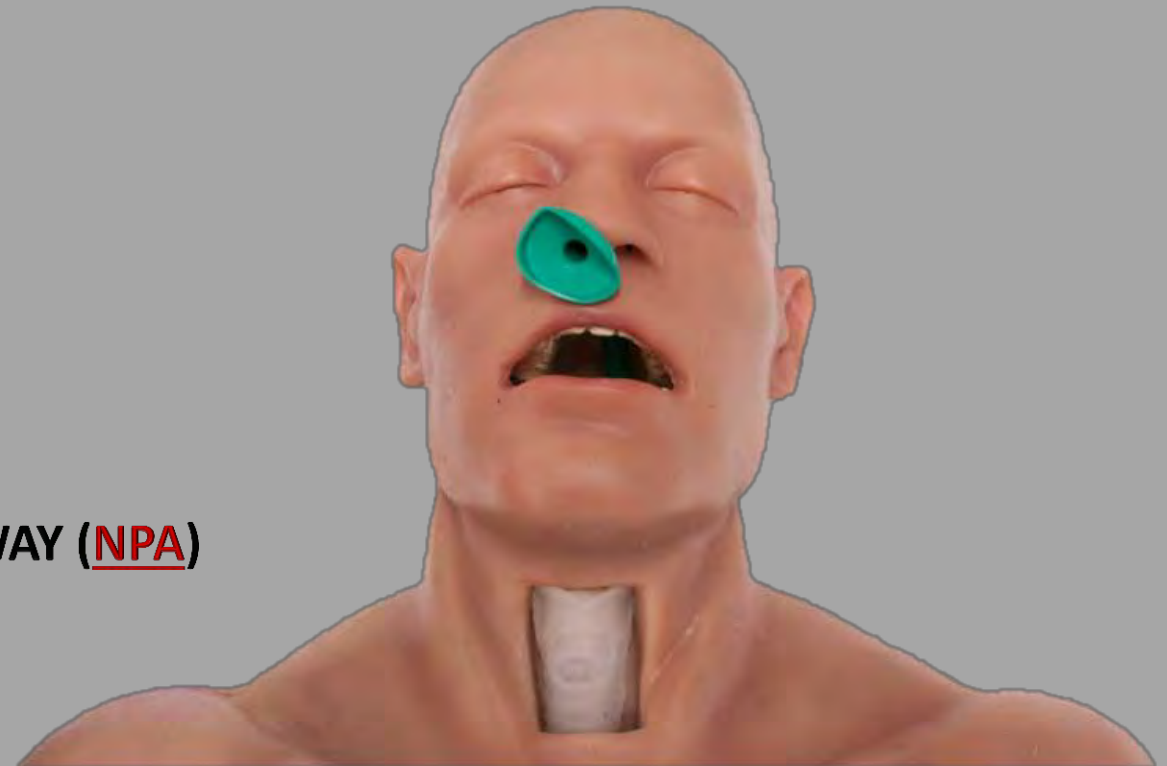
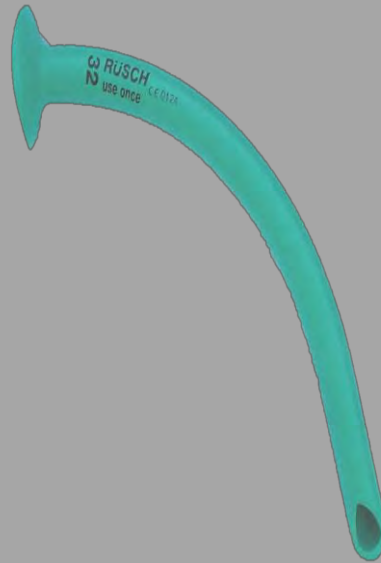
WOUND PACKING





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AIRWAY



NASOPHARYNGEAL AIRWAY (NPA)

SOURCE: ADVANCED LAW ENFORCEMENT RAPID RESPONSE TRAINING (ALERRT) LEVEL 2 INSTRUCTOR COURSE – JANUARY 2015



RECOVERY POSITION

In the event a casualty suffers such an injury that renders him/her unconscious, the care provider must perform measures to maintain the airway in an open position.



SOURCE: *SPECIALIZED TACTICS FOR OPERATIONAL RESCUE AND MEDICINE (STORM); FIRST EDITION MAY 2011*



M.A.R.C.H.

RESPIRATIONS

VENTED



OPTIONAL – PARAMEDIC ONLY*

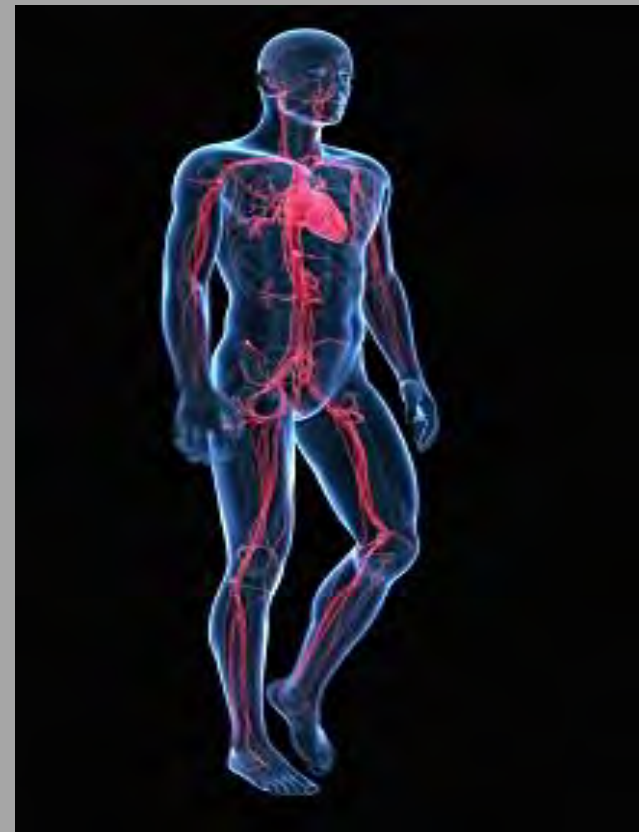


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CIRCULATION

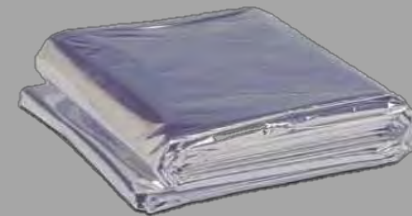


SOURCE: TACTICAL COMBAT CASULTY CARE (TCCC) GUIDELINES



M.A.R.C.H.

HYPOTHERMIA



SOURCE: TACTICAL COMBAT CASUALTY CARE (TCCC) GUIDELINES - JUNE 2014

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5. TEMS

- 4 day full TEMS course
- Conjunction with NTOA
 - Registration at ntoa.org
- Multiple classes ranging from 20 to 39 students
- Will be assisting NTOA with offsite courses in future

“Build it and they will come”
or as IT says “Why are there all those
cops in my basement with guns?”



Community Tactical Training Center

- 25, 000 sqft
- Indoors
- Climate controlled-important in Wisconsin
- Dedicated Tactical training space
 - Church
 - Office
 - ER
 - Classroom
 - Theater
 - Apartment
 - Locker rooms
 - Board room
 - Night club

Integration

- EMR/EMT/Medic
 - Mandated RTF, encouraged TECC, available TEMS
 - Instructors for WCC and CCC
- Community
 - Volunteers in TTC, trained in CCC and WCC
- Nurses
 - Volunteers in TCC, Trainers for CCC and WCC, able to take RTF, TECC, or TEMS
- Doctors
 - Trainers for CCC, WCC, TECC, TEMS, RTF and multidisciplinary conferences
- LEO
 - Soon to be mandated RTF (0.5 hr intro class), encouraged self aid/buddy aid, TECC, TEMS
- Communications
 - Additional training as plans continue to evolve

Questions?

