

EVOLUTION OF RESPONSE FOR ACTIVE SHOOTER INCIDENTS

David N. Gerstner
Dayton Fire Department
Regional MMRS Coordinator

With special thanks to
Arlington, VA

11:19 AM,
April 20,
1999

L 11:57:20-63 AM

September 6th 2018

Wisconsin active shooting reported mere two weeks after Fifth Third shooting in Cincinnati
September 19th, 2018

Rite Aid shooting: "There's just no way to make sense of something that's so senseless."
September 21st, 2018

Six dead, including gunman, in shooting spree in Bakersfield, California, authorities say
September 13th, 2018

Response to Active Shooter Incidents (ASIs)

- Police agencies significantly changed response since Columbine
 - Aggressive LE response since Columbine has saved countless lives
- More progressive EMS response is an evolving standard
- Hospital preparedness makes a *huge* difference

Objectives:

- Be able to name the most common location category for active shooter incidents
- Have a greater understanding of the frequency and complexity of ASHEs
- Have an awareness of the evolution of law enforcement response to ASHEs
- Be able to define the acronym "RTF" and describe evolving EMS response to ASHEs
- Be able to list at least three issues for hospitals when an ASHE occurs in the region
- Be able to describe the hospital-centric ASHE/MCI exercise series being conducted in the GDAHA region



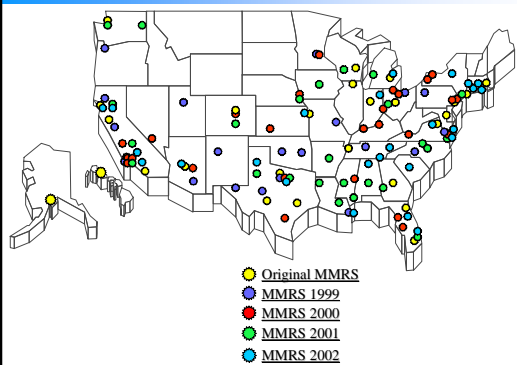
WELCOME



**Warning: Rated PG-13
for graphic violence
It will be fast-paced!**



Metropolitan Medical Response Systems




Dayton MMRS Region/WCO RMRS Region




Name: _____ M / F	
Age: _____	
Allergies: _____	
Injury Key:	
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RHNS



- Regional
- Hospital
- Notification
- System



Dayton MMRS




- GDAHA Contract: planning, preparation, training/exercises, and response

A Study of Active Shooter Incidents in the United States Between 2000 and 2013

U.S. Department of Justice
Federal Bureau of Investigation



MASS ATTACKS IN PUBLIC SPACES - 2017

March 2018

INTRODUCTION


Between January and December 2017, 28 incidents of mass attacks, during which three or more people were harmed, were carried out in public places within the United States (see map for locations). These acts violated the safety of the places we work, learn, shop, relax, and otherwise conduct our lives in our daily lives. The resulting loss of 147 lives and injury to nearly 700 others had a devastating impact on our nation as a whole. As the uncertainty, the chaos continues to ripple through our communities, local, state and national public safety and security agencies are working to prevent these types of attacks. To aid in these efforts, the U.S. Secret Service National Threat Assessment Center (NTAC) examined these 28 incidents. It sought to identify key factors in understanding their assessment and investigative practices. Regardless of whether these attacks were acts of workplace violence, domestic violence, school-based violence, or terrorism, similar threats were observed in the backgrounds of the perpetrators, including:

- Nearly half were motivated by a personal grievance related to a workplace, domestic, or other issue.
- Clear intent to harm or kill was observed, including the use of firearms, knives, and other weapons.
- At least one significant aggressor within the last five years, and one that had indicators of financial instability in that time frame.
- Over three quarters made concerning communications and/or skilled contacts from others prior to carrying out their attacks. On average, those who did not receive contact were more than three months old.

These findings, and others in this report, support existing best practices that the U.S. Secret Service has established in the field of threat assessment. They highlight the importance of gathering information on a person's background, behavior, and available factors, corroborating the information from multiple sources, assessing the risk the individual poses for violence, and identifying intervention points to mitigate that risk.


A STUDY OF THE PRE-ATTACK BEHAVIORS OF ACTIVE SHOOTERS IN THE UNITED STATES BETWEEN 2000 AND 2013

September 2013



Active Shooter Incidents: Common Terms

- Active Shooter/Hostile Events (ASHE)
- Active Shooter
 - "...individual actively engaged in killing or attempting to kill people in a confined and populated area"
- Active Threat or Active Aggressor
- Complex Coordinated Terrorist Attacks (CCTA)
- Hybrid Targeted Violence (HTV)




250 incidents occurred between 2000 and 2017

2,217 Casualties, including killed and wounded (shooters were not included in this total)

799 were killed in 250 incidents

1,418 were wounded in 250 incidents.

Source: Federal Bureau of Investigation, 2017



Quick Look: 250 Active Shooter Incidents in the United States From 2000 - 2017


Incidents Per Year

Year	Incidents
2000	1
2001	6
2002	4
2003	11
2004	4
2005	9
2006	10
2007	14
2008	8
2009	19
2010	26
2011	10
2012	21
2013	17
2014	20
2015	20
2016	20
2017	30

Quick Look: 250 Active Shooter Incidents in the United States From 2000 - 2017

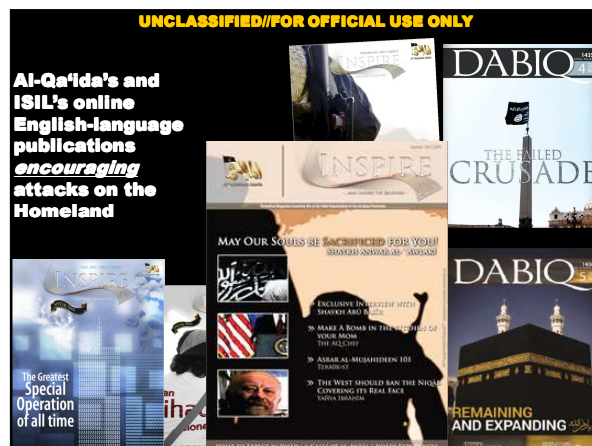
Casualties Per Year

Year	Casualties
2000	7
2001	43
2002	29
2003	51
2004	29
2005	51
2006	46
2007	63
2008	126
2009	86
2010	143
2011	84
2012	208
2013	86
2014	97
2015	124
2016	124
2017	212



Motivations

- Mental health issues
 - Not mentally ill, but not mentally healthy
- Grievance/Revenge
- Ideological
 - Foreign Terrorism – *inspired* or directed
 - Domestic Terrorism – *inspired* or directed
- Other

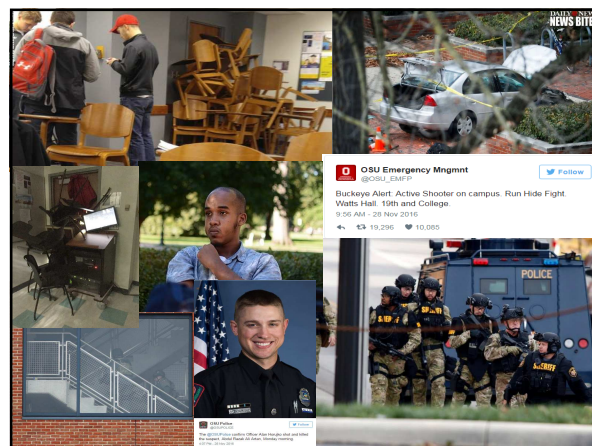


11/5/09: Mass shooting at Fort Hood, TX, by Army Major Nidal Hasan ^{USPER}
13 dead, 29 wounded



Orlando, FL – June 12, 2016

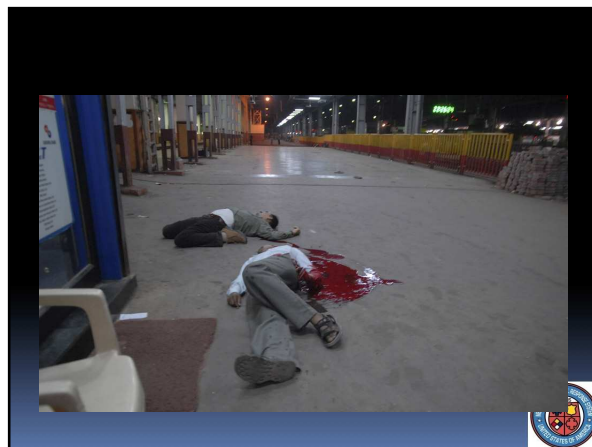
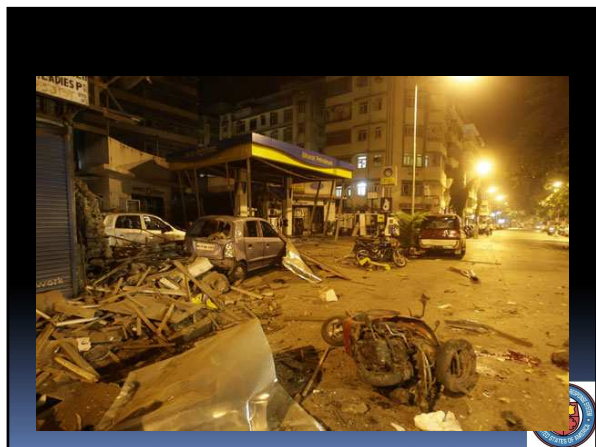
- 49 dead, 53 wounded
- Worst mass shooting in US history (at the time)





Mumbai, India: November 26-29, 2008

- Members of Lashkar-e-Taiba perpetrated coordinated shooting and bombing attacks across India's largest city



Complex Coordinated Terrorist Attacks

- Mumbai
- Westgate
- Beslan
- Moscow Theatre
- London
- Paris
- Brussels
- Others



Fiscal Year (FY) 2016 Program to Prepare Communities for Complex Coordinated Terrorist Attacks (CCTA Program) Frequently Asked Questions (FAQs)

1. What is the purpose of FY 2016 CCTA Program?

The FY 2016 CCTA Program, authorized by Section 543 of the Department of Homeland Security Appropriations Act, 2016 (Pub. L. No. 114-113), is intended to enhance preparedness and build capacity for jurisdictions to address complex coordinated terrorist attacks across the Nation. The FY



MMRS Committee Review

- Primary Lessons Learned:
 - Command issues/Unified Command
 - Communications issues
 - Training issues
 - Interdisciplinary/interagency issues
 - Lack of Exercises (FSE, FE, TTX)



HEALTHCARE IMPLICATIONS OF TERRORIST TACTICS IN COMPLEX ATTACKS



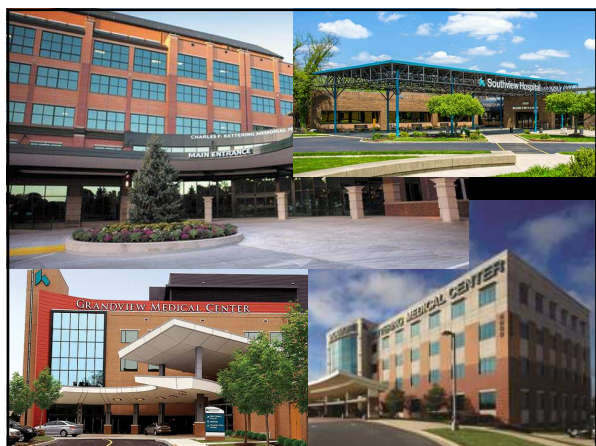
David N. Gerstner
MMRS Program Manager
Dayton Fire Department, Dayton, Ohio



Soft Targets



Cama Hospital, Mumbai, India



San Bernardino



Hospital & Healthcare Security during Mass Casualty Incidents (aka, "The Mumbai Committee")

DMRS/ WCO RMRS

Hospitals (GDAHA)

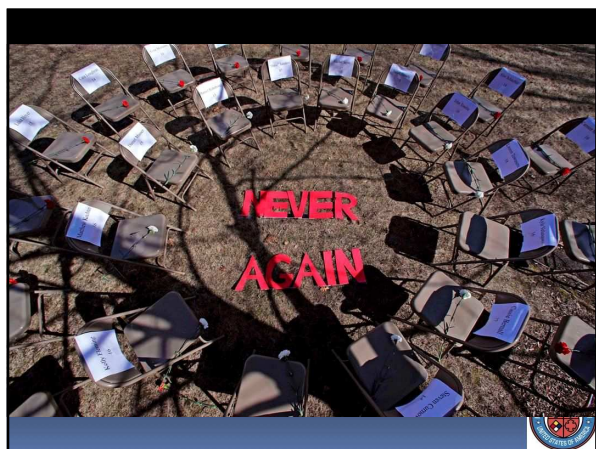
Public Health

Fire, EMS, Law Enforcement, EMA



Response to Active Shooter Incidents

- Columbine: No significant law enforcement entry for 1 hour
 - EMS delayed even more




Response to Active Shooter Incidents (ASIs)

- Police agencies significantly changed response since Columbine
 - Extremely aggressive response to active shooter, often by a lone officer

Initial Law Enforcement Operations

- Police agencies significantly changed response
- Stop the killing
- Stop the dying




www.alert.org

TEXAS STATE UNIVERSITY
The rising STAR of Texas

**United States Active Shooter Events from 2000 to 2010:
Training and Equipment Implications**

Prepared by
J. Pete Blair, Ph.D.
Director of Research
Advanced Law Enforcement Rapid Response Training (ALERT)
Texas State University
and
M. Hunter Martindale
Ph.D. Student
School of Criminal Justice
Texas State University
March, 2013



“Go to the Sound of Gunfire”

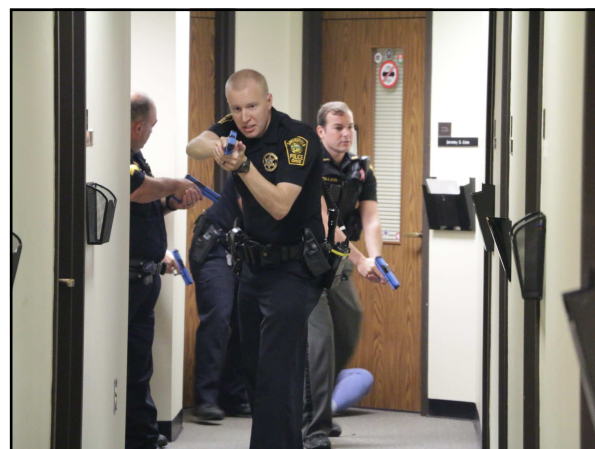
- Aggressive LE response since Columbine has saved countless lives



'A bad man came into class wearing army clothes': Heartbreaking accounts from child survivors of Sandy Hook massacre and images from inside the school released in final police report



© Polaris




Dayton VA

- 14 agencies and >150 LEOs
 - Dayton PD, Montgomery County Sherriff
 - FBI, ATF, US Marshal's Service MetroParks Rangers
 - University of Dayton Police, Ohio State Highway Patrol, Kettering Police
 - Ohio Department of Natural Resources, State Watercraft Officers



“Active Shooter incidents are over in minutes...”

...but they're not




Mass shooting at grade school

A gunman opened fire at an elementary school in Newtown, Conn., killing 26 people, 20 of them young children. What is known so far:

The shooting

- 1 Before 9:30 a.m. Gunman, wearing all black, enters Sandy Hook Elementary school with two automatic handguns; his mother taught kindergarten at the school



The scene

- Sandy Hook Elementary School Kindergarten-4th grades, about 700 students
- Newtown Small city of 27,600 in rural southwestern Conn.




LIVE


NEWS DIGITAL SPECIAL REPORT
LAPD: "MAJOR INCIDENT" AT LAX
POLICE NOW ON "TACTICAL ALERT"

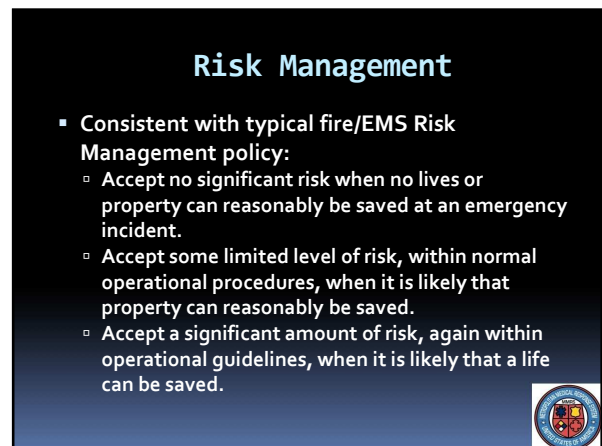
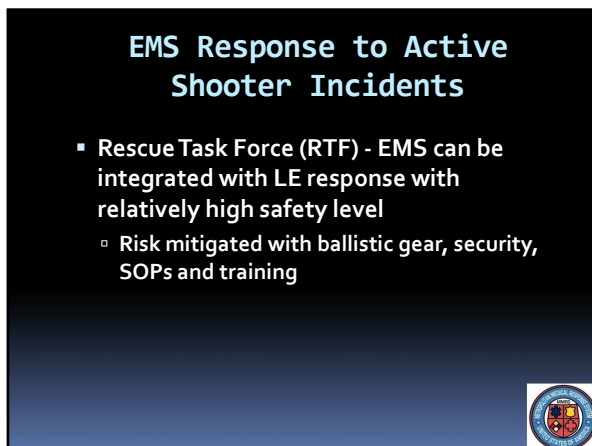
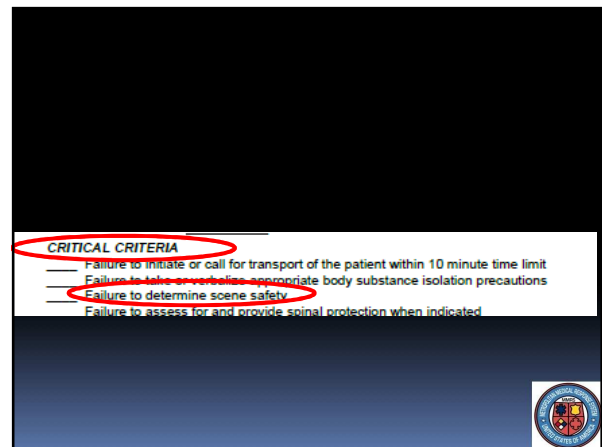
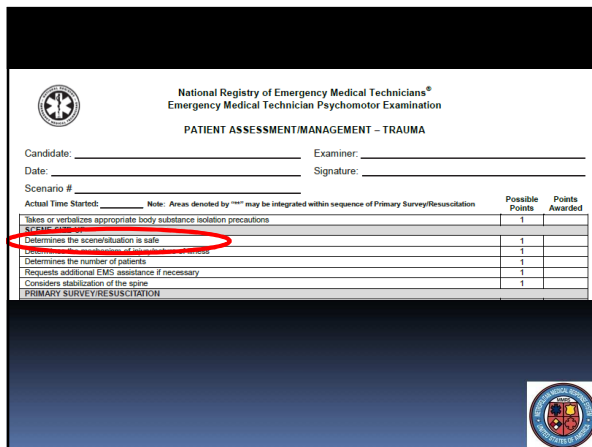
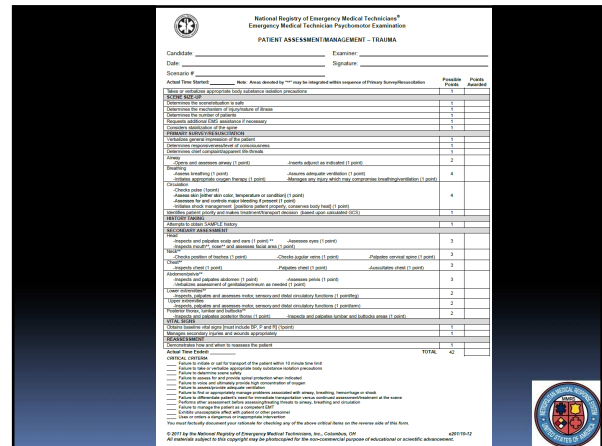
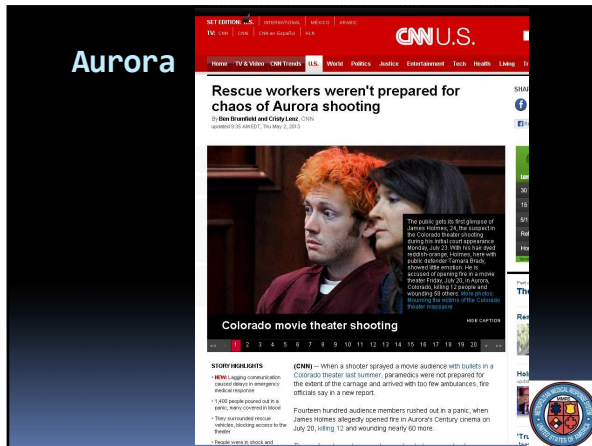





EMS Response to Active Shooter Incidents

- Waiting for secure scene works with most violent incidents, where the scene can be rapidly secured
- Complexity in securing scene at ASIs can take much longer









Changing the EMS Paradigm

- Rescue Task Force (RTF) concept began in Arlington, VA
 - Developed jointly by Police & Fire/EMS
 - Now used in multiple locations



- EMS working with LE assets to deploy into areas that have been cleared but not secured to initiate treatment and effect rescue of injured victims



Agencies Endorsing or Participating in RTF Plans




First Responder Guide for Improving Survivability in Improvised Explosive Device and/or Active Shooter Incidents

Homeland Security Office of Field Affairs June 2015


Rescue Task Force (RTF) Response to Active Shooter Incidents



With special thanks to the Arlington County Fire Department, Arlington, Virginia

NFPA


- May, 2018
- LE, Fire, EMS, EMA, Hospitals, Federal/State/Local agencies, manufacturing groups



NFPA 3000™ (PS)
Standard for an Active Shooter/Hostile Event Response (ASHER) Program
2018

Process: Initial LE Operations

- LE Contact Team moves through building searching for threat
 - Most critical response to ASI
 - May need multiple Contact Teams prior to assigning personnel to RTF(s)
- Contact Teams radio locations of wounded and "Warm Zones"



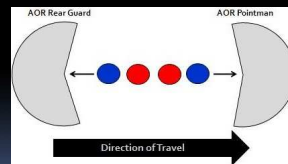
Zones of Care

- **Cold Zone:** area with no anticipated threat
- **Warm Zone:** area where potential for hostile threat exists, but threat is not direct/immediate
 - Zone of operations for RTF personnel
- **Hot Zone:** area with direct and immediate threat
 - RTF not intended for Hot Zone response



RTF Concept

- 2 police officers –
 - 1 front security & 1 rear security
 - Officers control movement of RTF

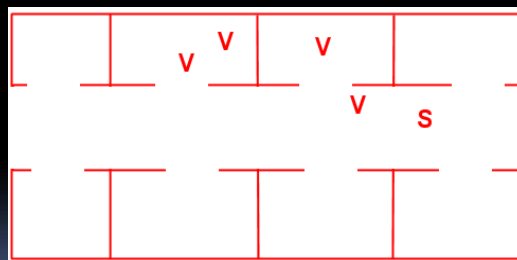


RTF Concept of Operations

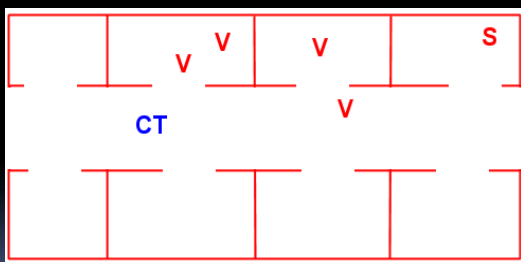
- Each RTF *nominaly* consists of 2 police officers and 2 EMS
 - Will likely use multiple RTFs as well as multiple Contact Teams
- Medics provide treatment & evac of wounded



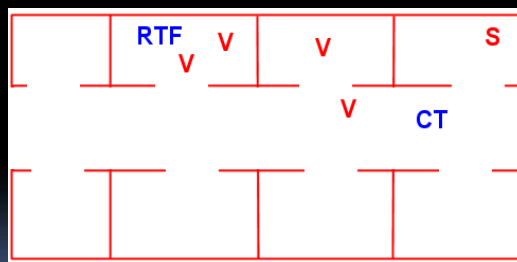
RTF Operations

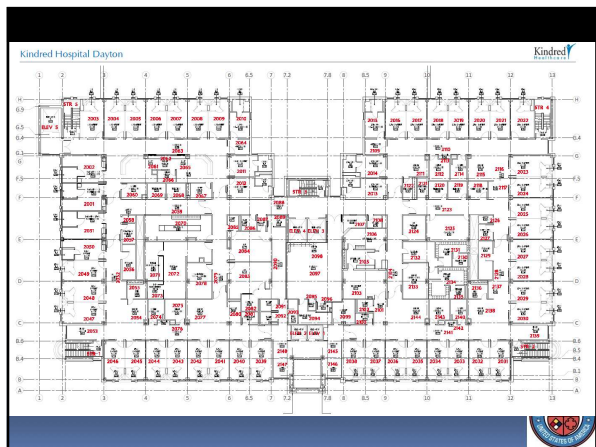
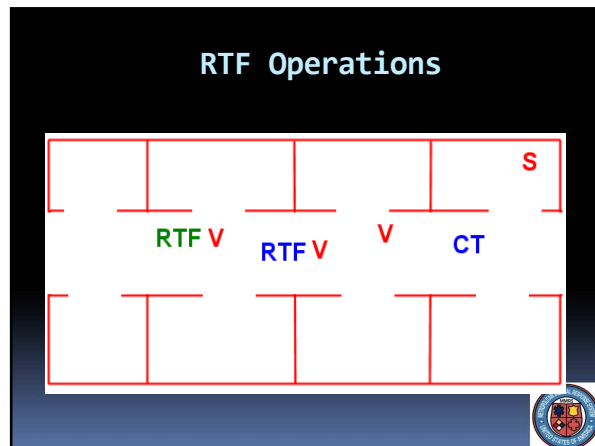
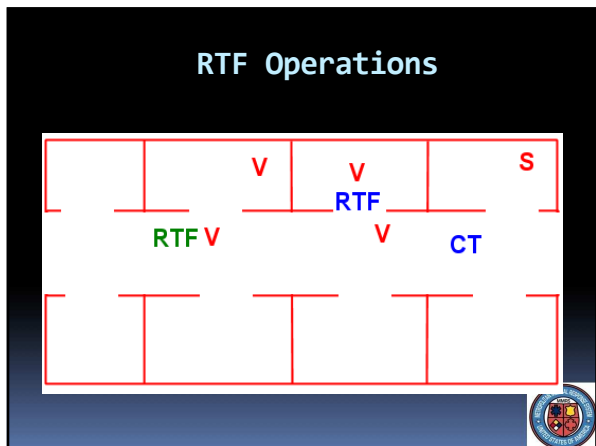


RTF Operations



RTF Operations





RTF Operations: Warm Zone Location

This block contains a floor plan showing 'LEVEL 1' and 'LEVEL G'. A red arrow points from a text box to a specific area on Level G. The text box reads: 'After initial clearance by Contact Team Level G, becomes Warm Zone'. To the right is a photograph of a person in tactical gear (a warm zone officer) standing over another person lying on the floor.

Contact Team continues pursuit of perpetrator up to Level 1

After initial clearance by Contact Team Level G, becomes Warm Zone

Allocation of LEOs

- Tough decision: when to allocate officers from Contact Teams to RTF

Marjory Stoneman Douglas High School Parkland, FL - February 14, 2018

Las Vegas Response

Use of RTF

- Clark County dispatched 19 RTF teams
 - First actual deployment for Southern Nevada RTF

Jacksonville, FL August 26, 2018

NATIONAL At Pulse Nightclub, A Death Toll That Might Not Have Been So High

September 20, 2018 - 6:50 AM ET
Based on Morning Edition
BY ABE ABRAYVA FROM WMFE

- "...an investigation by public radio station WMFE and ProPublica finds that, if paramedics and firefighters had been allowed inside Pulse earlier that night, the death toll may not have been so high."

Aurora, Colorado

Dayton MMRS REGIONAL Collaborative RTF Plan

EMS Response to Active Shooter Incidents

- \$250,000 of equipment
- 150 instructors
- Hundreds of EMS personnel trained
- Dozens of fire and EMS agencies participating



RTF Equipment/Risk Mitigation

Ballistic Helmets & Vests
purchased with DMMRS grant funds



RTF Equipment: Medical Gear Bag

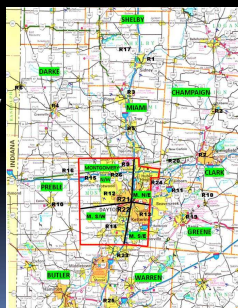


- Tourniquets
- Pressure dressings
- 14 ga. 3" needles
- Compress gauze
- Chest seals
- NPAs



RTF Equipment Caches

- Over three dozen located around region
- Each cache: equipment for four EMS personnel (helmets, vests, plates, med-kits)
 - Enough for two RTFs
- Caches located in Fire/EMS agencies with quick response/mutual aid response capabilities



RTF Exercises!

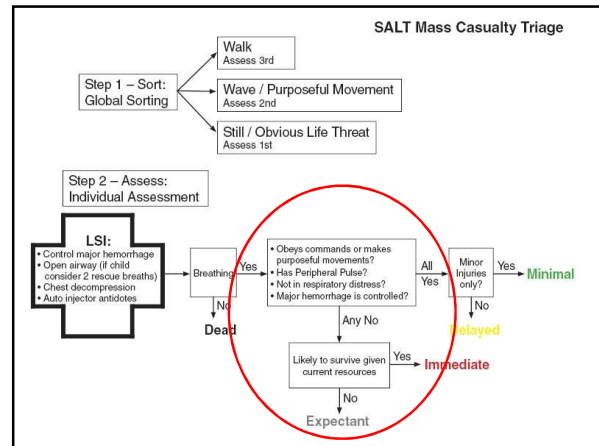


ASIS AND COMPLEX ATTACKS ARE MCIS!



Still Trauma Patients

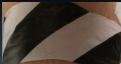

- Need definitive care as soon as feasible

SALT TRIAGE CATEGORIES: ID-MED


- Immediate
- Delayed
- Minimal
- Expectant
- Dead

(Ribbon/Tag zebra-striped)

Keys of MCI Response

- Hospital destination coordinated
- “Reverse triage” – well/ambulatory patients will overwhelm nearby medical facility
- Rural facilities
 - Long transports often better than overwhelming one local hospital

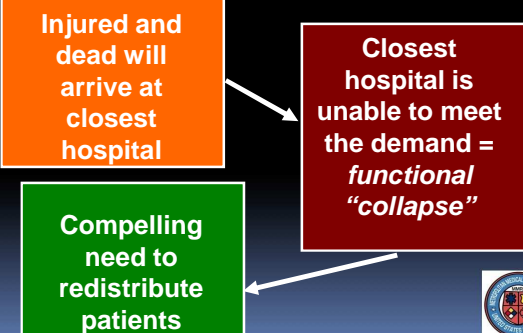



Real World Lessons Observed, Every Time

Injured and dead will arrive at closest hospital



Closest hospital is unable to meet the demand = functional “collapse”

Compelling need to redistribute patients



Oklahoma City, 1995

- 169 dead, >800 injured
- >65% not transported by EMS
- >60% went to hospitals within 1.5 miles of event
- Significant bystander rescue efforts

Madrid, 2004

- 10 detonations on 4 trains
- 177 dead at scene
- >2000 injured
 - >50% of patients treated at hospitals went to 2 hospitals
 - 15 hospitals available
 - 312 casualties at GMUGH
 - 272 in 2.5 hours





How do you take care of 272 patients in 2.5 hours?




Transport Officer/Group/Unit

- Crucial to overall success in MCI
- Ensure rapid removal of "Red" patients
- Must ensure appropriate hospital allocations
 - Do **NOT** relocate the disaster to the hospital!!
 - EMS vs. Civilian Transports
 - Especially if self- transports already have
 - Use non-Trauma Centers and more distant hospitals as needed



Hospital Response

- Zero notice events






DAWN OF A NEW DAY

Full Scale Exercise
Sunday Morning,
May 21, 2017



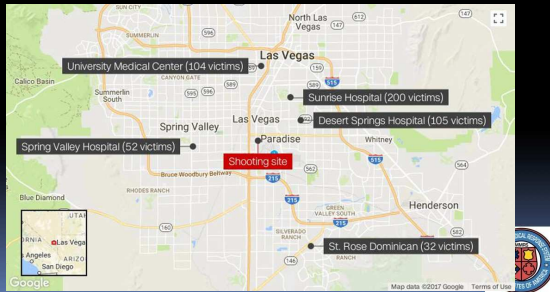
Presented by:
David Gerstner
Dayton MMRS Coordinator



EMS vs. Civilian Transports

- Vegas "allocation by accident"



MCI are Regional Incidents!

- Concept for TTX and FSE/FE originated at GDAHA SORTS
- Since before 9/11, GDAHA hospitals have come together on domestic preparedness and disaster preparedness planning
- GDAHA hospitals have pledged to assist each other
- Whether exercise or real world, use all the help you can get: EVERY hospital in the region

Resources: Mutual Aid



Hospital Preparedness

- Do you know where your hospital's personnel staging area for responding staff until they can be assigned to tasks?
- Do top level management personnel (including C-suite) know and practice their roles during an MCI or other disaster, including where to be, what to do, and what not to do?

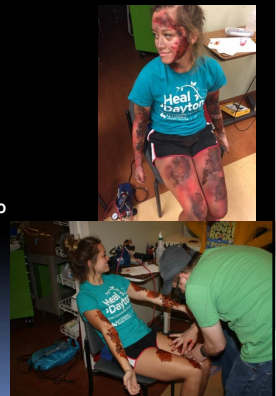
Hospital Preparedness



- Are all personnel trained on proper use of tourniquets including when needed, when not needed, how to apply and do so rapidly, when to double-TK, how tight, how to improvise, and how to recognize an improperly applied tourniquet?
- ...including how to recognize an ineffective tourniquet?


Hospital Preparedness

- What are the capabilities for management of significant numbers of fatalities?
- How do you manage victims who are clearly dying, but not yet dead? Where do you put them? Does your system include a method for tagging such patients?



Hospital Preparedness

- How can you help people prepare?
 - How do you respond to personnel who say, "Oh, no. Not another disaster drill. I'm trying to see patients and you're interfering with what I'm doing"?




Dawn Exercises (TTXs & FSEs)




“Dawn of a New Day”

- TTX followed by FSE/FE
- Provide hospitals and responders with opportunity to evaluate response concepts, plans, and capabilities used to manage an MCI




Dawn of a New Day Full Scale Exercises (FSEs)

- Involve many agencies
 - LE, EMS, hospital
 - Often involve EMA, multiple hospitals, stand-alone EDs, Community Blood Center, others
- Begin with law enforcement response
- RTF evacuates patients from warm zones



Dawn of a New Day Full Scale Exercises (FSEs)

- “Patients” arrive at EDs
 - By EMS or simulated bystander transports
- “Patients” triaged, treated, moved to other hospital areas
 - As realistically as possible (no invasive procedures!)
 - To OR, ICU, floors, elsewhere
 - USE YOUR RESOURCES! USE YOUR “STUFF”!
 - Whole Community/WHOLE HOSPITAL
- Simulated lab results/imaging for Dawn victims



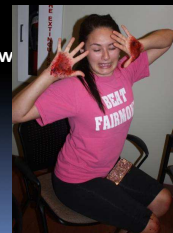
“Dawn” Active Shooter Exercises

- Multi-disciplinary and *regional*
- Developed from real events
 - Not modeled on just one
- Make things real!
 - Noise (from GSWs to screams)
 - Boom from IED (flashbang, flashbang sims, shotgun blank, bomb squad)



“Dawn” Active Shooter Exercises

- Realistic victims (moulage!)
- Have VS *change!*
- Make people DO assessments, and, to degree feasible, treatments
- Use equipment
 - Blue guns should be comparable to w
 - Real TQs
 - Chest seals or trainers
 - Decompression needles, but...



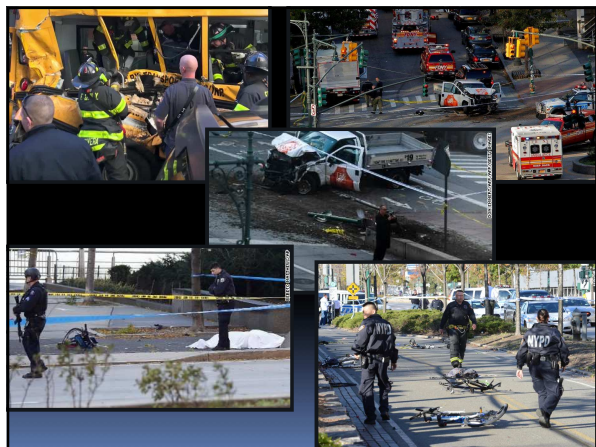
Steps to Prevent Confusion with Real World Event

- Hospital does press release
- Videos and “Player Guide” for all hospital employees
- Signage posted on grounds and inside hospital
- Overhead announcements
- Victim-actors & other role players wear ID lanyards
- “Perpetrator” wears vest saying Exercise ACTOR (Perpetrator)



Shooters learn, too

- Omar Mateen, Orlando Pulse
- Nikolas Cruz, Parkland, FL



What Can You Do

- Be prepared: Run – Hide – Fight



What Can You Do

- Be prepared: recognize and report concerning behaviors



What Can You Do

- Be prepared: know your hospital's MCI/Disaster Plan and your roles



What Can You Do

- Be prepared: PARTICPATE in exercises!



