



## Office of Medical Services (OMS)

# Criminal Mass Casualty Incidents Who Are 'the Cavalry' ?

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# Definition

- Active Shooter (Defn)  
*An individual actively engaged in killing or attempting to kill people in a confined and populated area.*

-FBI



ABC News

# Some A/S MCI Statistics<sup>1</sup>

- Active Shooter events often occur in small/medium sized communities with limited public safety resources and budgets
- Mean Total Time: 12 minutes. ( Less than 5 min in 37% of cases)
- 98% involve a single shooter
- Businesses (40%)/Schools (29%)/Multiple Locations(19%)
- In just over 50%, shooting still in progress when first police arrive.
  
- Shooter often shifts target to police on their arrival, or kills self
- Initial police response is often a single officer, sometime w/ partner
- When responding alone, the officer:
  - Must engage the shooter 75% of the time
  - If the shooter is engaged, the officer is shot 1/3 of the time

<sup>1</sup> FBI/USDOJ, A Study of Active Shooter Incidents in the United States Between 2000 and 2013

# Some IED MCI Statistics <sup>1, 2</sup>

- In 2013, the year of the Boston Marathon bombings, there were:
  - 5,909 explosives incidents
  - Causing 390 injuries and 31 deaths
- In the period 1983-2002 there were over 36,000 incidents
  - Causing 5,931 injuries and 699 deaths
- Relatively unsophisticated IEDs can produce serious effects<sup>3</sup>
  - Boston<sup>3</sup>: 264 victims, 3 deaths, 70 hospitalizations, 16 amputations
    - Estimated economic damages in excess of \$400 M
- Sophisticated bomb making is widely practiced by U.S. adversaries
  - Inexpensive, Dramatic, Deployable for Simultaneous Attack
  - Multiple target populations, including responding public safety personnel.

1,2 ATFE Fact Sheet, U.S. Bomb Data Center [www.atf.gov/publications/factsheets/factsheets-us-bomb-data-center.html](http://www.atf.gov/publications/factsheets/factsheets-us-bomb-data-center.html)  
Kapur GB et. al. J. Trauma 2005 59 (6):1436-1444

3 McGuire C, Our Marathon: the Boston Marathon Bombing Digital Archive, Northeastern University  
<http://marathon.neu.edu/exhibits/show/terrorism--the-costs-to-an-eco/terrorism--the-costs-to-an-eco>

# Some Common Elements

- Can occur in any community
- High risk of serious wounding of multiple targeted persons
- High likelihood of injuries to both civilians and police
  - A/S : High risk to responding police officers
  - IED : Secondary devices
- Wound patterns require rapid initial treatment of two subsets:
  - Survivable wounds that can be stabilized by TQ/external pressure
  - Survivable wounds that require surgery in an Operating Room.
- Enhanced but manageable risks to rescuers
  - Resources and Risk Tolerance vary in each community
- Bystanders likely to respond.

U.S. Fire Administration

# Fire/Emergency Medical Services Department Operational Considerations and Guide for Active Shooter and Mass Casualty Incidents

September 2013



[www.usfa.fema.gov/downloads/pdf/publications/active\\_shooter\\_guide.pdf](http://www.usfa.fema.gov/downloads/pdf/publications/active_shooter_guide.pdf)

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## CONSENSUS STATEMENT

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### Improving survival from active shooter events: The Hartford Consensus

**Lenworth M. Jacobs, MD, MPH, Norman E. McSwain, Jr., MD,  
Michael F. Rotondo, MD, David Wade, MD, William Fabbri, MD,  
Alexander L. Eastman, MD, Frank K. Butler, Jr, MD,  
and John Sinclair on behalf of the Joint Committee to Create a National Policy to  
Enhance Survivability from Mass Casualty Shooting Events**

The recent mass casualty shooting events in the United States have had a profound effect on all segments of society. The medical, law enforcement, fire/rescue, and EMS communities have each felt the need to respond. It is important that these efforts occur in a coordinated manner to generate policies that will enhance survival of the victims of these events. Such policies must provide a synchronized multi-agency approach that is immediately available within the communities affected by such tragedies.

Journal of Trauma and Acute Care Surgery  
2013; 74; 1399-1400

Journal of the American College of Surgeons 2014: 218;  
467-475

TRADITIONAL RESPONSE  
**CIVILIAN**

Hot

**DANGER**

Law Enforcement  
**SWAT Teams**

Warm

**NOT  
SECURE**

Fire Rescue

Cold

**SAFE**

EMS

CURRENT RESPONSE

**MILITARY**

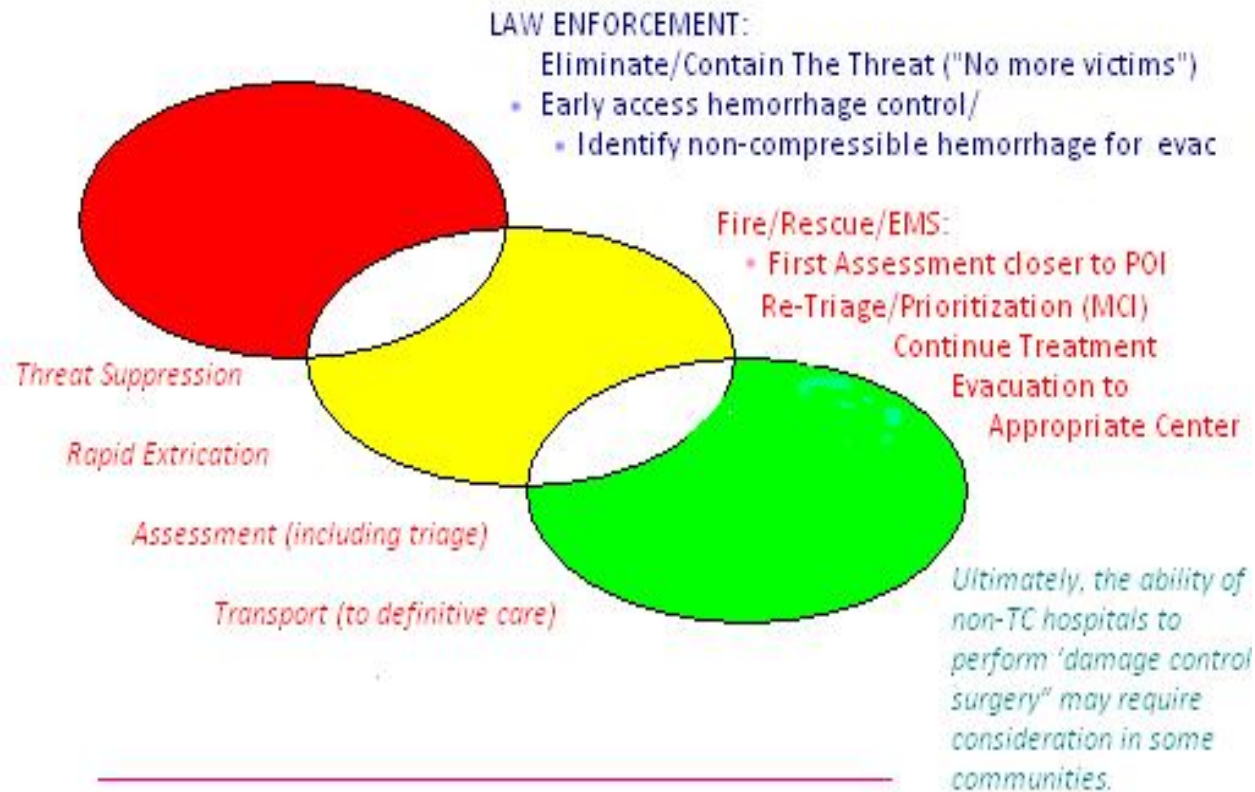
**HOT DANGER**

**WARM  
NOT SECURE**

**COLD SAFE**



# “ThREAT” Roles Defined



# Citizen Response

- Bystanders are *motivated* to assist by:
  - Exposure to event
  - Empathy and identity
  - Other bystanders
- And are *inhibited by fear* of:
  - Self-injury
  - Legal consequences
  - Harming the victim



Reuters photo



# Office of Medical Services (OMS)

## *Local Incidents*

## *Local Response*

- Joint planning by local public safety leaders-
  - Law Enforcement *and* Fire/Rescue/EMS
  - Common plans with common language
  - Agreed levels of benefit vs. risk
  - Joint training
  - *Determination of the role of citizen first responders*
- Assistance to local leaders
  - State and Regional Partnerships
  - DOJ and DHS
  - National Organizations
    - Medical
    - Fire/Rescue/EMS
    - Law Enforcement
    - *NGOs, Sponsoring Institutions*



[abcnews.go.com](http://abcnews.go.com)

Perhaps the time has come to view **'victims'** as **'fellow survivors'**. -Chief Rich Serino  
And to give every survivor the knowledge, the means,  
and the permission to help.