#OrlandoUnited: Quick take home messages from the Pulse nightclub shooting

Christopher Hunter, MD, PhD, FACEP, FAEMS Associate Medical Director, Orange County EMS System Medical Director, Orlando Health Air Care team Department of Emergency Medicine, Orlando Regional Medical Center



Everyone get out of pulse and keep running

~

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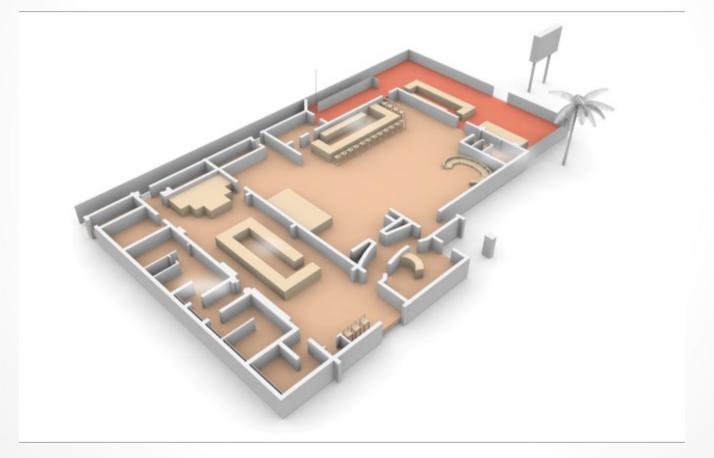
Take Home Points

- Terrorist attacks differ from our current understanding of mass public shootings
- Your job isn't over when the shooting stops
- Police and private vehicle transportation my save lives in mass casualty incidents involving penetrating trauma
- Tourniquets may not provide the same benefit in non-combat shootings

Are active shooter threats quickly eliminated?

Not in the age of terrorist attacks

The Attack



The Response





Text Message Sunday 2:22 AM

1 of 2 FRM:emsystemsnotification@intermedix.c

<u>om</u>

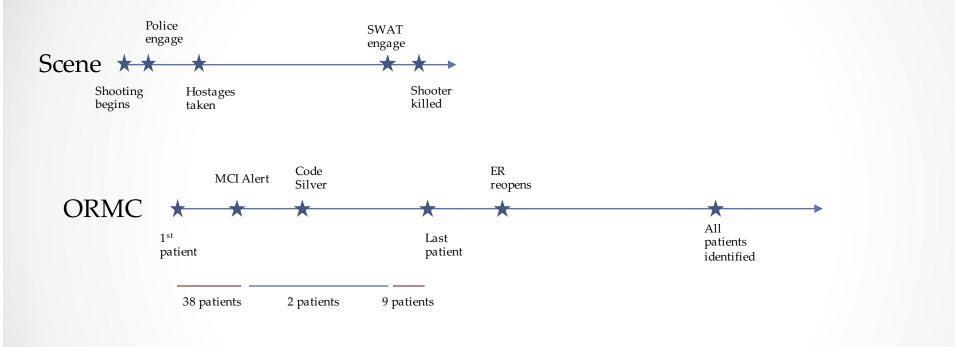
SUBJ:EMResource MCI ALERT (Orange County) MSG:Information: MCI Shooting upto 20 pts From: (Con't) 2 of 2 RDSTF 5 - Orlando Fire Dept Communications Regions: Florida RDSTF 5 (End)



Is our job over when the shooting stops?

Don't count on it

Timeline



Family Reunification Center	*	*	*
	At	At	At senior
	hospital	hotel	center

The Aftershocks

FAMILY REUNIFICATION

- Unforeseen need
- Needs to start immediately (Hotline)
- MASS FATALITY
 - Access to decedents
 - Transport, Storage, Equipment
- MEDIA
 - Know Privacy laws





What's the best way to transport patients after a mass shooting?

Whatever way is fastest

Transportation of Patients

- Civilians stayed to assist
- Police transported 30% of victims
- Police transport vs. ground EMS: A trauma systemlevel evaluation of prehospital care policies and their effect on clinical outcomes Wandling et al., 2016



Situational Awareness

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Will increasing access to tourniquets improve outcomes in mass shootings?

Probably not - but even one life saved is worth it

Could We Have Done More?

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Scope of Patient Care at ORMC

• Surgeries

- 28 trauma cases in first 24 hours
- o 76 total trauma cases

Resources

- o 550 units of blood
- o 17,370 surgical supplies

Disposition

- o 8 deceased
- 16 to OR (1 died en route)
- o 3 to ICU
- 3 to step down
- 8 to floor beds
- 11 discharged from emergency room
- Last patient discharged 9/6/16





Injury Profile of the Victims

- Injury Patterns
 - 209 total gun shot wounds
 - Number of gun shot wounds per victim ranged from 1-13
 - Mean 4.2 per victim
 - Only 6 had a single wound (4 head wounds)
 - No isolated extremity wounds







Injury Profile of the Victims

The profile of wounding in civilian public mass shooting fatalities Smith et al., 2016

- Retrospective study of autopsy reports from 12
 civilian public mass shootings
 - Average 2.7 GSWs, 58% to head and chest versus 20% with extremity
 - Probable fatal wound was head or chest in 77% of cases
- Only 7% had "potentially survivable" wounds and no deaths reported from exsanguination from an <u>extremity</u>
- Pattern is different from combat, the solution goes beyond tourniquets

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