



Office of Medical Services (OMS)

Active Shooter Incidents The Challenge for EMS

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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 Statistics

- 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
- Improvised explosives seldom involved (2%)
- 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

Some Common Elements

- Can occur in any community
- Very high rates of fire
- High risk of serious wounding of multiple targeted persons
- High likelihood of injuries to both civilians and police

- Short duration
- 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

IMPORTANCE OF TIME

- Duration of Incident
 - VA Tech 8-9 min 174 rounds
 - Fort Hood 10 min 214 rounds
 - Newtown 5 min 154 rounds
- Time to First Victim Contact (EMS)
 - Columbine 40 min

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.

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The Hartford Consensus: THREAT, A Medical Disaster Preparedness Concept

Lenworth M Jacobs, MD, MPH, FACS, David S Wade, MD, FACS, Norman E McSwain, MD, FACS,
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Michael Rotondo, MD, FACS, John Sinclair, Karyl J Burns, PhD

Mass murder through active shooter and explosive events has been at the forefront of our news. Despite improvements in both law enforcement tactics and emergency trauma care, additional integration of the core functions of the public safety response to these events has the potential to maximize survivability. From the mass casualty shooting at Columbine High School in Littleton, CO, through the shootings at Sandy Hook Elementary School in Newtown, CT, an examination of events will demonstrate some improvement. However, we must continue to hone our response.

Perhaps no incident has changed both law enforcement and fire/rescue/emergency medical services (EMS) response like the Columbine High School shooting. At that time, traditional law enforcement response doctrine dictated waiting for tactical personnel to arrive to secure the school. During this waiting time, some of the fatalities and some of the morbidity among survivors were due to unchecked hemorrhage and shock.¹ Nearly 8 years later, a clear transition in active shooter response was evident on the campus of Virginia Tech University, where the initial response included 2 tactical medics who provided care, predominantly hemorrhage control and airway management, long before the scene was secured.² The mass casualty shooting incident at Fort Hood military base resulted in 13 dead and 31 wounded. An officer was able to stop the shooter, but sustained bilateral thigh wounds with significant hemorrhage from the left lower extremity. An Army medic

controlled her hemorrhage with a Combat Application Tourniquet (C-A-T, Composite Resources) applied to the left thigh after direct pressure and improvised tourniquets failed to control the hemorrhage. Further advances in law enforcement and fire and rescue response were evident in the response to the Aurora, CO movie premier shooting. Continuing the trend of moving effective care earlier in the active shooter response, several of the wounded were rapidly extracted from the scene and transported to hospitals and trauma centers by police vehicles.³ The incident at the Sandy Hook Elementary School in Newtown, CT was a different scenario. The shooter used a semiautomatic weapon with high velocity ammunition; more than 150 rounds were fired in less than 5 minutes. Twenty-six individuals were shot and died almost immediately.⁴ Unfortunately, a rapid response for medical care would not have saved these victims. However, this mass murder of first grade students and their teachers has heightened awareness of these horrific events and has initiated calls for measures to improve response and reduce the tremendous burden of these events.

THE HARTFORD CONSENSUS CONFERENCE

On April 2, 2013, representatives from a select group of public safety organizations including law enforcement, fire, prehospital care, trauma care, and the military convened in Hartford, CT to develop consensus regarding strategies to increase survivability in mass casualty shootings. Representatives at the Hartford Consensus Conference recognized the necessity of the groups' combined constituency to realize that goal. The organizations represented in Hartford are listed in Table 1. A concept document resulted and became known as the

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U.S. Fire Administration

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

September 2013



FEMA



IAFF.org

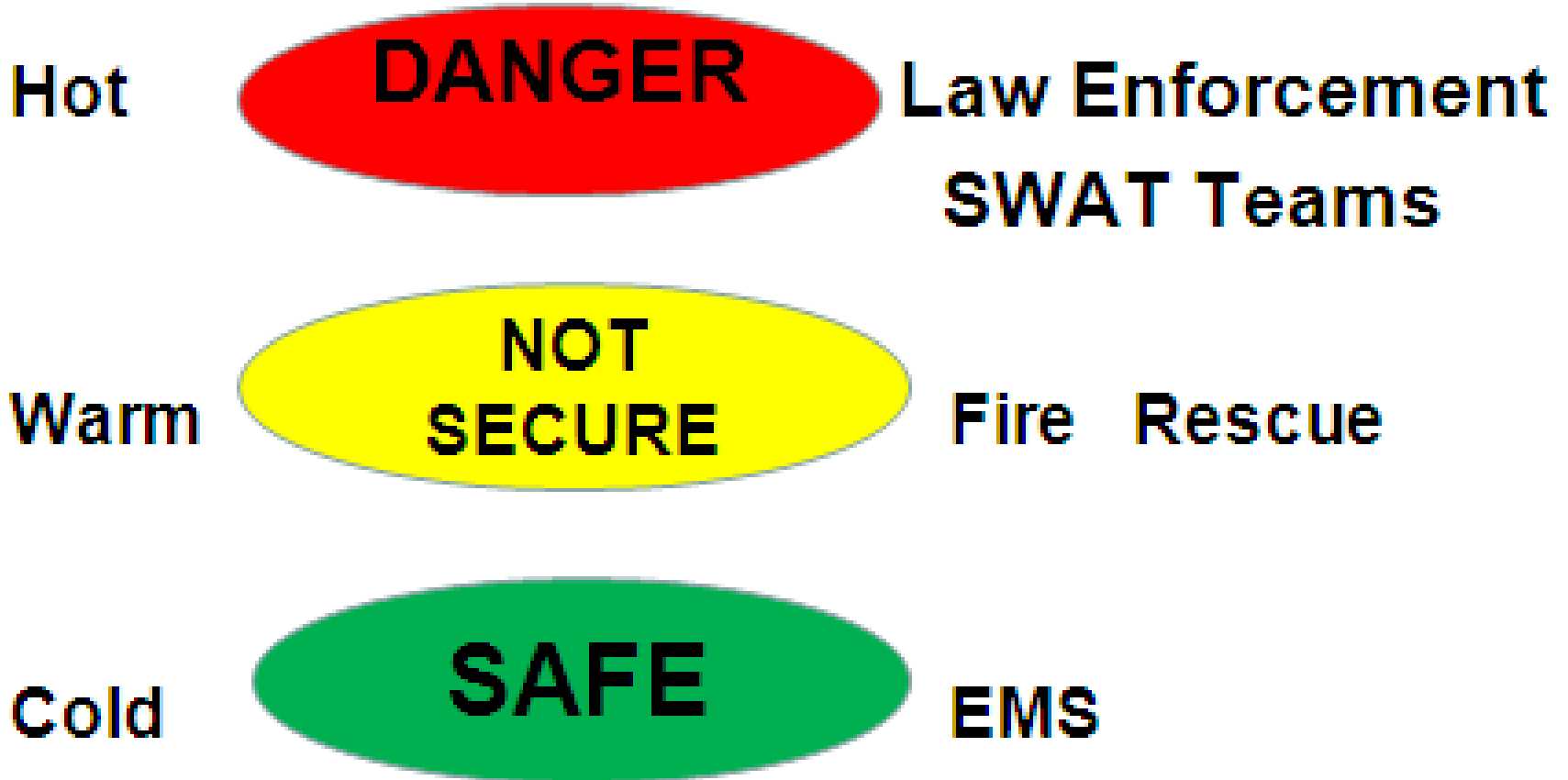
Effective Local Response

- The elements of a more effective response already exist.
- Must be employed in a form compatible with resources in a given community
- No single approach is applicable across U.S.



AP photo

TRADITIONAL RESPONSE
CIVILIAN



CURRENT RESPONSE

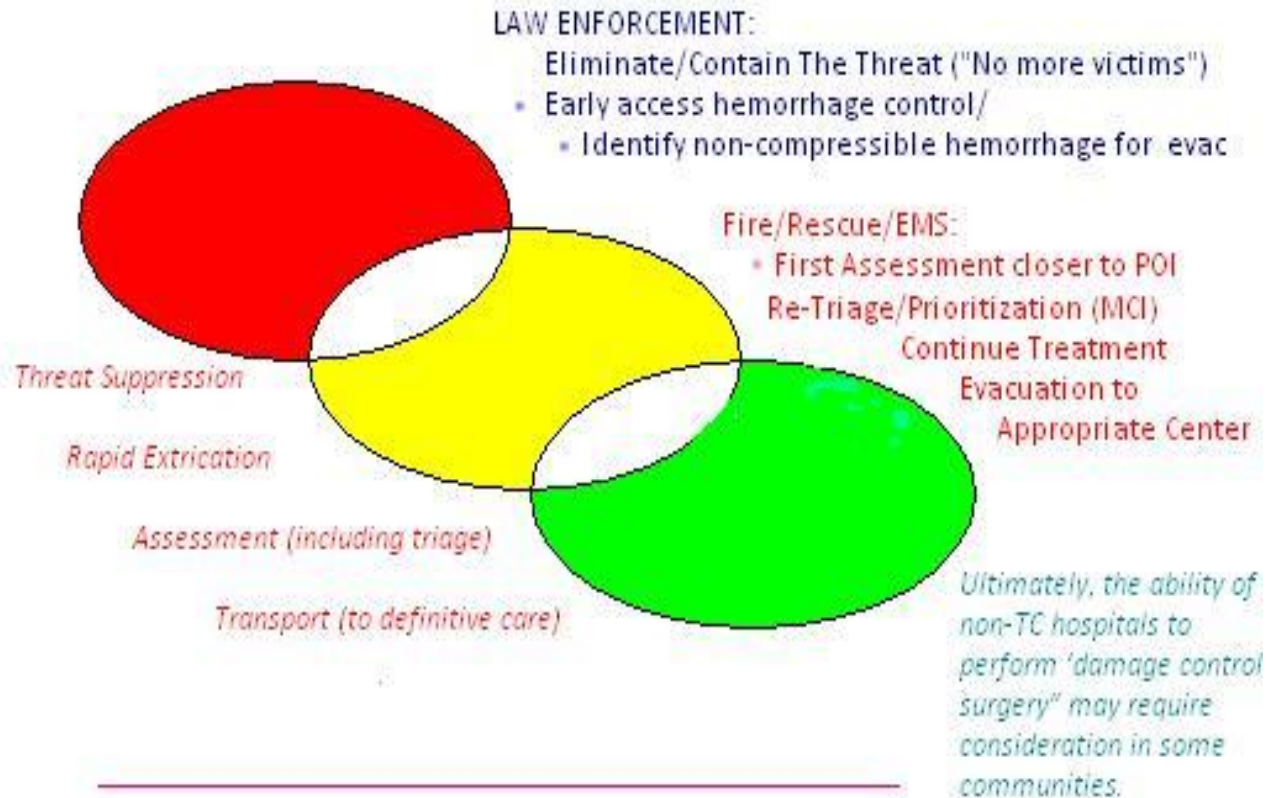
MILITARY

HOT DANGER

**WARM
NOT SECURE**

COLD SAFE

“ThREAT” Roles Defined





Office of Medical Services (OMS)

Local Incidents

- 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

Local Response

- Assistance to local leaders
 - State and Regional Partnerships
 - DOJ and DHS
 - National Organizations
 - Medical
 - Fire/Rescue/EMS
 - Law Enforcement



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**For More Information
On the Active Shooter Initiative
And the Role of the FBI:**

Visit www.FBI.gov
- And search "Active Shooter"