

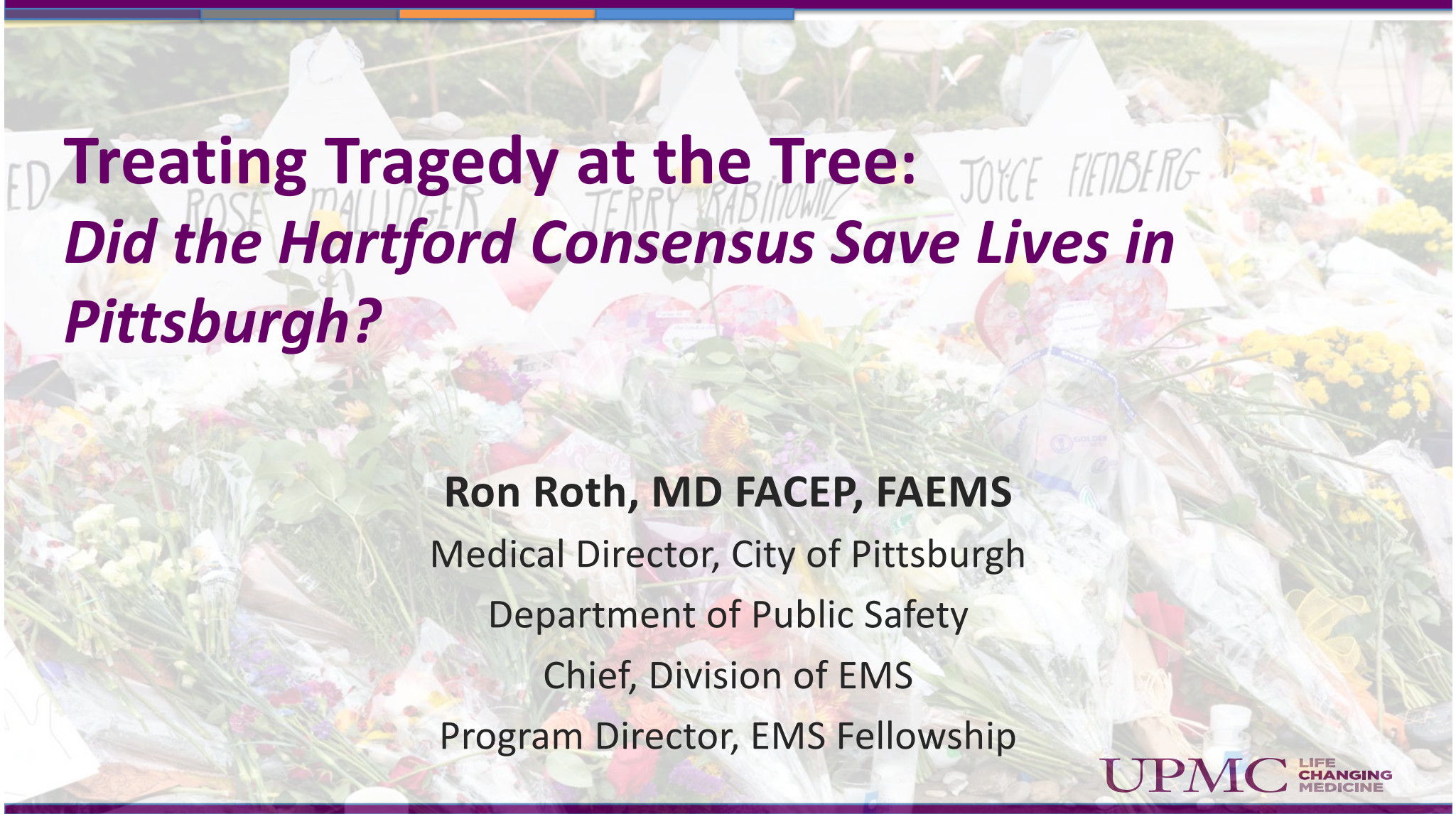
Lessons learned, Lessons applied



Pittsburgh, PA



Charleston, SC



Treating Tragedy at the Tree: ***Did the Hartford Consensus Save Lives in Pittsburgh?***

Ron Roth, MD FACEP, FAEMS

Medical Director, City of Pittsburgh

Department of Public Safety

Chief, Division of EMS

Program Director, EMS Fellowship

UPMC LIFE
CHANGING
MEDICINE

Disclaimer

- Photos are from training sessions
- Audio and other images are from the public domain

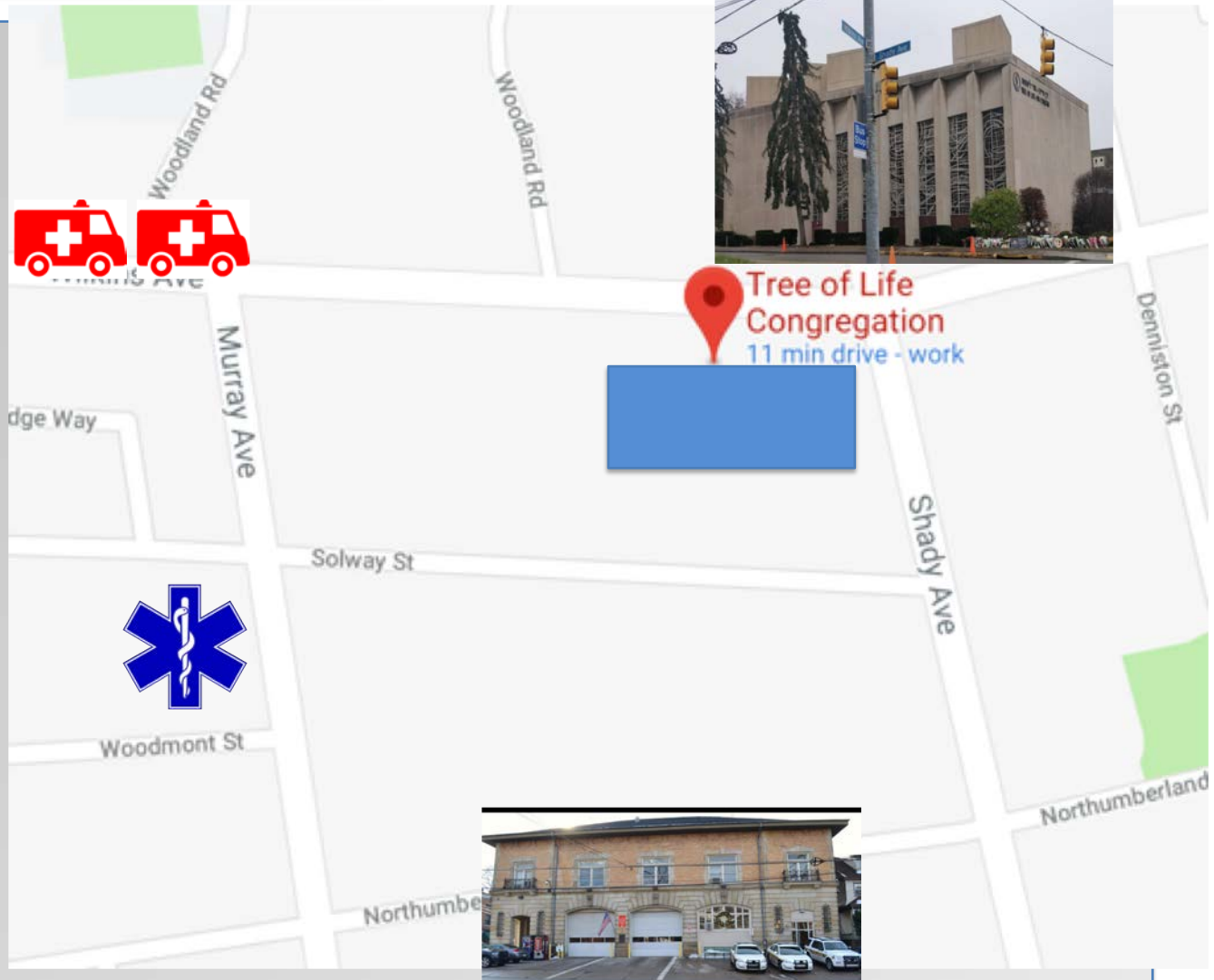


An active
shooter event
could NEVER
happen in our
town.





October 27, 2018





AMERICAN COLLEGE OF SURGEONS
Inspiring Quality: Highest Standards, Better Outcomes

Become a Member >

Member Login >

Search Options

Enter Keyword



Member Services

Quality Programs

Education

Advocacy

Publications

About ACS

American College of Surgeons > About ACS > The Hartford Consensus



The Hartford Consensus

News Coverage

Stop the Bleed

The Hartford Consensus

In April 2013, just a few months after the active shooter disaster on December 14, 2012, at Sandy Hook Elementary School in Newtown, CT, the Joint Committee to Create a National Policy to Enhance Survivability from Intentional Mass Casualty and Active Shooter Events was convened by the American College of Surgeons (ACS) in collaboration with the medical community and representatives from the federal government, the National Security Council, the U.S. military, the Federal Bureau of Investigation, and governmental and nongovernmental emergency medical response organizations, among others. The committee was formed under the guidance and leadership of trauma surgeon Lenworth M. Jacobs, Jr., MD, MPH, FACS, vice president of academic affairs and chief academic officer at Hartford Hospital, and professor of surgery, University of Connecticut School of Medicine, to create a protocol for national policy to enhance survivability from active shooter and intentional mass casualty events. The committee's recommendations are called the Hartford Consensus, and currently consist of four reports.



The Hartford Consensus

Hartford Consensus I–IV

Improving Survival from Active Shooter Events: The Hartford Consensus

June 1, 2013

Active Shooter and Intentional Mass-Casualty Events: The Hartford Consensus II

September 1, 2013

The Hartford Consensus III: Implementation of Bleeding Control

July 1, 2015

The Hartford Consensus IV: A Call for Increased National Resilience

March 1, 2016

News Release

Hartford Consensus potential partner organizations for mass-casualty events

American College of Surgeons
American College of Emergency Physicians
American Trauma Society
American Red Cross
U.S. Department of Defense Joint Trauma System
U.S. Department of Defense Committee on Tactical Combat Casualty Care
Committee for Tactical Emergency Combat Casualty Care
Federal Bureau of Investigation
U.S. Fire Administration
National Highway Traffic Safety Administration Office of Emergency Medical Services
U. S. Department of Homeland Security Office of Health Affairs
U.S. Department of Homeland Security Federal Emergency Management Agency
International Association of Fire Chiefs
International Association of Firefighters
International Association of Chiefs of Police
International Association of EMS Chiefs
National Volunteer Fire Council
National Emergency Medical Service Advisory Committee
National Association of State Emergency Medical Services Officials
National Association of Emergency Medical Services Physicians
National Association of Emergency Medical Technicians
National Association of EMS Educators
National Tactical Officers Association
National Sheriffs' Association
American Association for the Surgery of Trauma
Eastern Association for the Surgery of Trauma
PreHospital Trauma Life Support
Emergency Nurses Association
Society of Trauma Nurses
University law enforcement and health care organizations
Hospital accreditation organizations
Automobile manufacturers
Faith-based organizations

Hartford Consensus

- Threat suppression
- Hemorrhage control
- Rapid Extrication to safety
- Assessment by medical providers
- Transport to definitive care

- Engage stakeholders
 - Evidence based
 - Emphasis on seamless integration between public safety providers
 - Recognize that the initial care providers will be bystanders
 - Education basic lifesaving measures
 - **Not acceptable to wait for casualties to be brought out to the perimeter.**
-

What saves lives

- Threat suppression
- Hemorrhage control
- Rapid Extrication to safety
- Assessment by medical providers
- Transport to definitive care



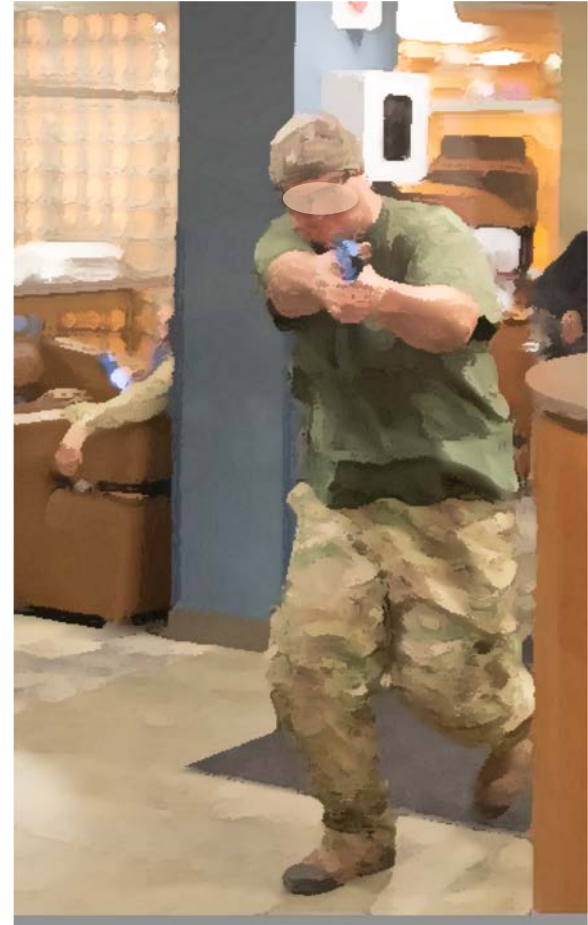
- <https://www.ydr.com/story/news/2018/10/29/pittsburgh-shooting-doctor-ran-into-synagogue-active-shooter-swat-saved-lives-squirrel-hill/1807073002/>

1. The Plan

- **Develop an Active Threat plan**

“...seamless integration between public safety providers.”

- Engaged Police, Fire, EMS
- Evidence based



2. Training

- Hemorrhage control

“Recognize that the initial care providers will be bystanders/police”

- Public/Public Safety



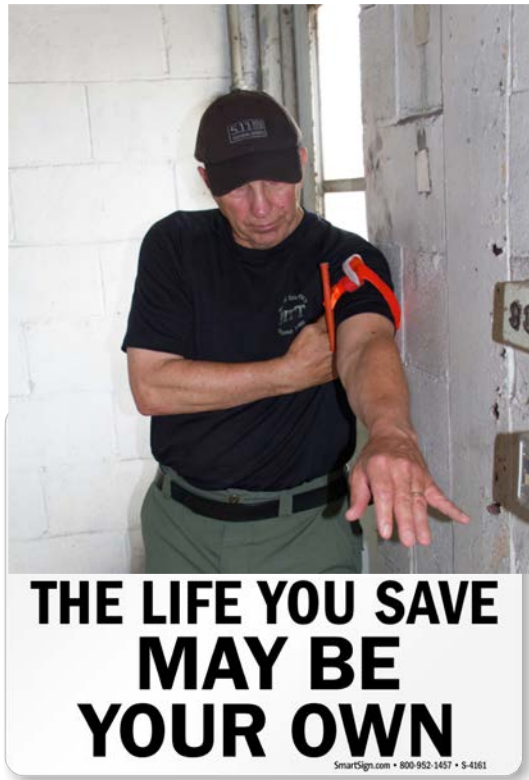
CPR + RUN-HIDE-FIGHT + Pulse Point

Training

- Can law enforcement officers be trained to do basic medical care?



Training



- Care under fire
- Self aid/Buddy aid

“...the first responders should incorporate tourniquets and hemostatic agents as part of the treatment of severe bleeding...”

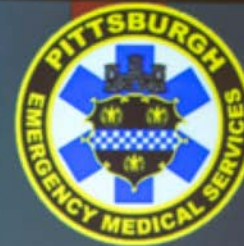
3. TEMS embedded with SWAT



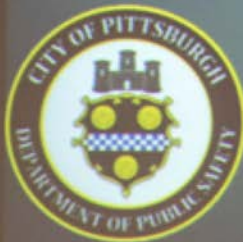
- Assessment by medical providers

“...Tactical emergency medical support (TEMS) should be called to the scene.”

- Protocols may vary
- TEMS embedded with SWAT Teams
- SWAT operators with basic medical education and IFAKs



PITTSBURGH
Rescue Task Force
Response to
Active Threat Incidents



4. Rescue task force



- Rapid Extrication to safety

“Groups represented would have to modify, relinquish, or assume new responsibilities”

- Enter area that is “cleared” and extricate patients
- Fire – basic care and “heavy lifting”
- EMS – basic care and limited ALS
- Skilled in patient movement

TEMS \neq RTF

5. Casualty Collection Points

- Assessment by medical providers

“Compressing the zones delivers care to injured victims more rapidly”

- Know where to send/take patients
- Do ALS in warm zone?
 - Hardened in place
 - Difficult extrications
 - Dynamic scene





POLITICS OF THE DAY (15 VIDEOS)

6. Appropriate receiving facilities



- Transport to definitive care

- Trauma centers
- Practice/Prepared
- Understand that they may receive little or no notification
- MD/RN response w/o MCI declaration

Apply best-available data to active shooter incident planning, training

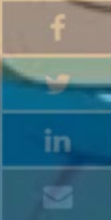
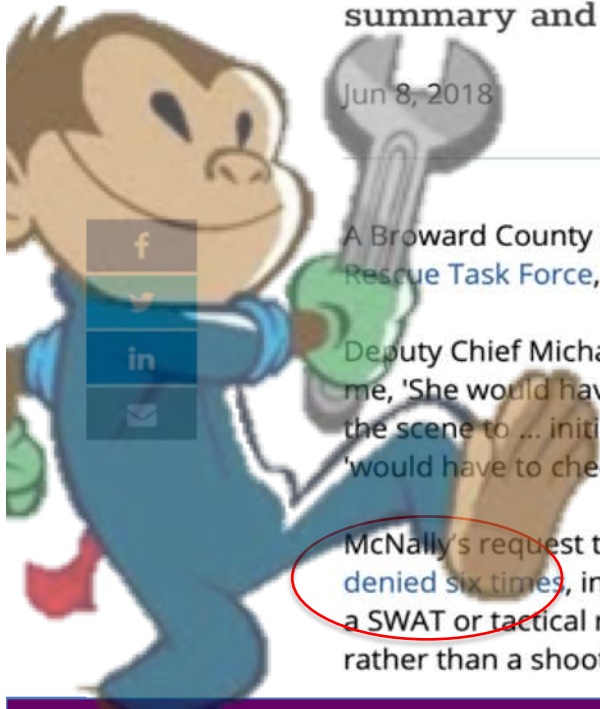
Paramedic chiefs and field providers have much to learn from the FBI's ongoing summary and analysis of active shooter incidents

Jun 8, 2018

A Broward County Sheriff's Office captain refused to allow Coral Springs Fire-Rescue paramedics, deploying as a [Rescue Task Force](#), entry into Marjory Stoneman Douglas (Parkland, Fla.) High School.

Deputy Chief Michael McNally wrote in a recently released incident report, "The [BSO] incident commander advised me, 'She would have to check.' "After several minutes, I requested once again the need to deploy RTF elements into the scene to ... initiate treatment as soon as possible. Once again, the incident commander expressed that she 'would have to check before approving this request.'"

McNally's request to send in Rescue Task Forces – teams of EMTs or paramedics escorted by police officers – [was denied six times](#), including after the shooter had been arrested. SWAT medics were allowed into the school, though a SWAT or tactical medic is more commonly deployed to care for SWAT personnel or suspects taken into custody, rather than a shooter's multiple victims.

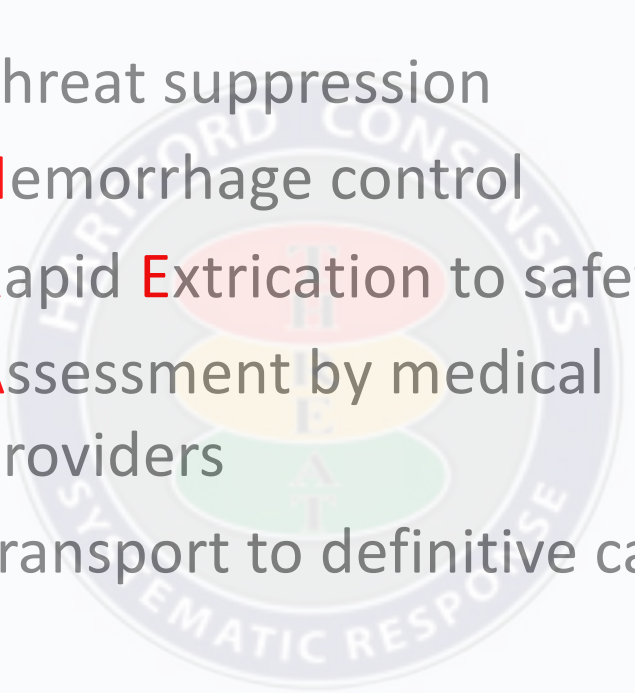


Equipment



- Throw bags/Fanny Packs
 - Tourniquets
 - Bandages
 - Hemostatic dressings
 - Chest seals
 - Gloves
 - Triage tags ?

Did the Hartford Consensus Save Lives in Pittsburgh?

- 
- **T**hreat suppression
 - **H**emorrhage control
 - **R**apid **E**xtrication to safety
 - **A**ssessment by medical providers
 - **T**ransport to definitive care

1. Having a plan
 2. Hemorrhage control training
 3. TEMS
 4. Rescue Task Force
 5. Casualty Collection Points
 6. Transport to trauma centers
-



Mitigating a Threat of Biblical Proportions: Resilience after Emanuel

David French, MD, FACEP, FAEMS
Medical Director, Charleston County EMS

Financial disclosures

- Dr. French – none to report
- Dr. Roth – none to report



Emanuel AME Church

- June 17, 2015 about 21:05
- 13 people in Bible study
- White supremacist opens fire
- 9 parishioners killed
 - Only 1 transport
 - Limited RTF w/ EMS



Rewind to 2007

- “30 years behind the times”
- Independent operations
 - Simultaneous offensive and defensive attacks
 - No common radio channels
 - Separate comm centers
- No accountability
 - No crew integrity - companies split
 - Freelancing

Sofa Superstore Fire

- June 18, 2007 about 19:30
 - CFD primary response
 - SAFD self dispatched - smoke
 - Different radio channels
 - No accountability
 - Separate operations
- 9 firefighters died



Sofa Superstore Fire



Baity



Benke



Champaign



Drayton



French



Hutchinson



Kelsey



Mulkey



Thompson

Consolidation

- Consolidated dispatch
 - Common numbering system
 - Geographic breakdowns
 - Auto aid agreements (5 depts – still outliers)
- Standardized culture
 - Policies/operations
 - Equipment
 - Training

Consolidation

- Maintain coverage w/ full response packages
- Still some challenges – mental health
- Significant changes in leadership
 - Outside influences
 - Outside reviews
- PSCC

Back to Emanuel

- Behind in active shooter training
- Behind w/ LE & EMS relationships
- Little collaboration with Fire
- Back to the silos

Common Ground

- Cardiac arrest collaboration
 - Measurable
 - Agencies could take ownership
 - Training, AEDs, outreach
- Change in leadership
- Meetings allowed for collaboration

Increasing Engagement

- White paper for all to support
 - General operations
 - Training
 - Definitions
- Standardized fire operations
- Equipment
 - Vests +/- helmets, following NFPA 3000
 - Trauma sling packs across the system



Increasing Engagement

- Training – TECC + RTF
- Command and management classes
- Community engagement
 - B-Con for schools and community
 - School kits

Remember Mental Health

- Increasing peer support teams
 - Firefighter support group
 - All disciplines
- Yes, EAP
- PTSD team through Mobile Crisis

Next Steps

- Still challenges w/ cooperation
 - Balancing other training needs
 - Making UC work
 - LE separate ops channels, working through it
- Dispatch notifications
- Revising MCI plans for standardization

Contact

DFrench@charlestoncounty.org

