



Improving Survival: Responding to the Active Shooter

Alexander L. Eastman, MD, MPH, FACS

EAST Traumacast: Supplementary Materials
2015



Boston 2013





Boston 2013





Boston 2013





Boston 2013

“We were lucky, not good. Don’t ever confuse lucky for prepared.”

-Ed Davis

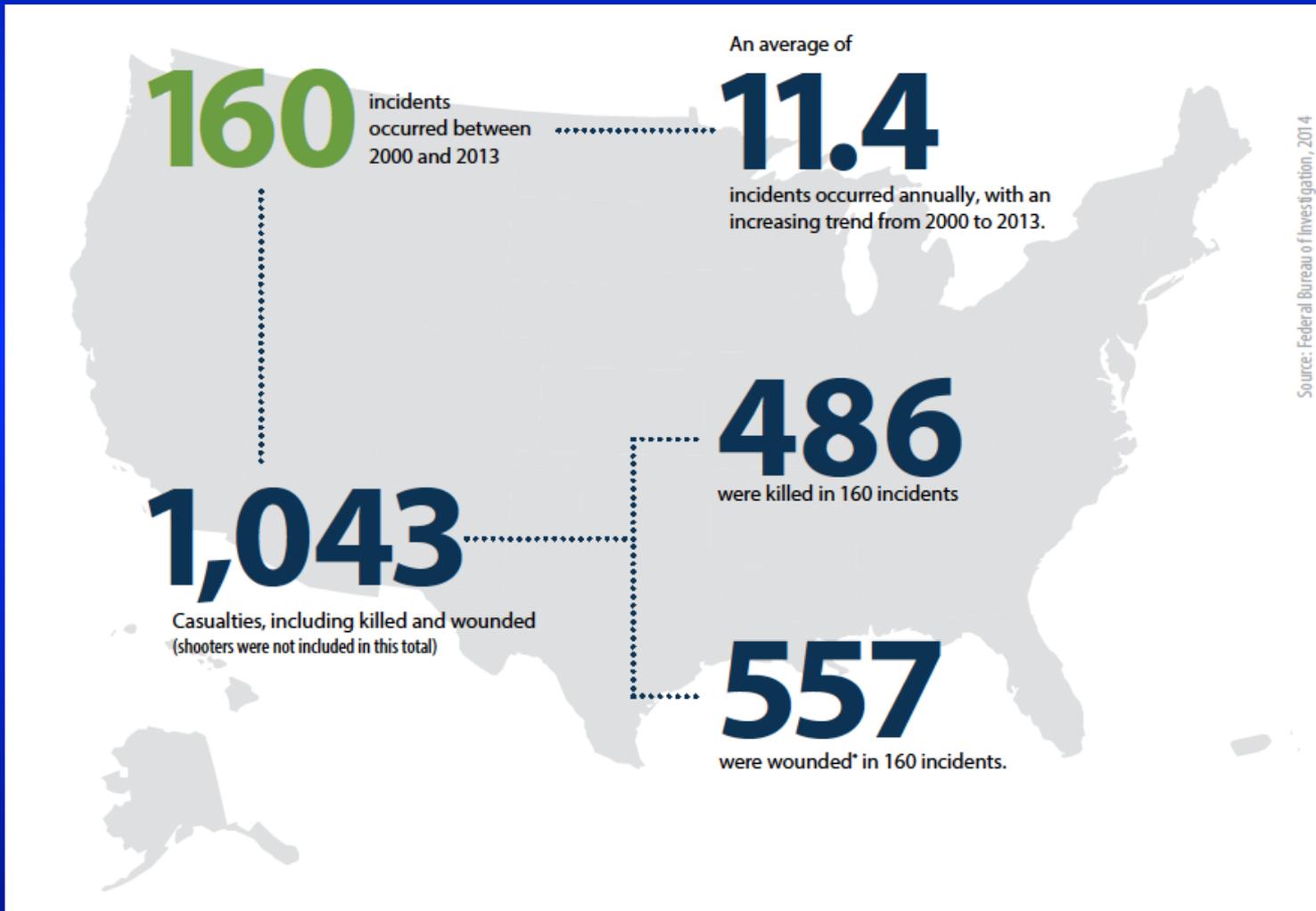
Commissioner (ret.)

Boston Police Department





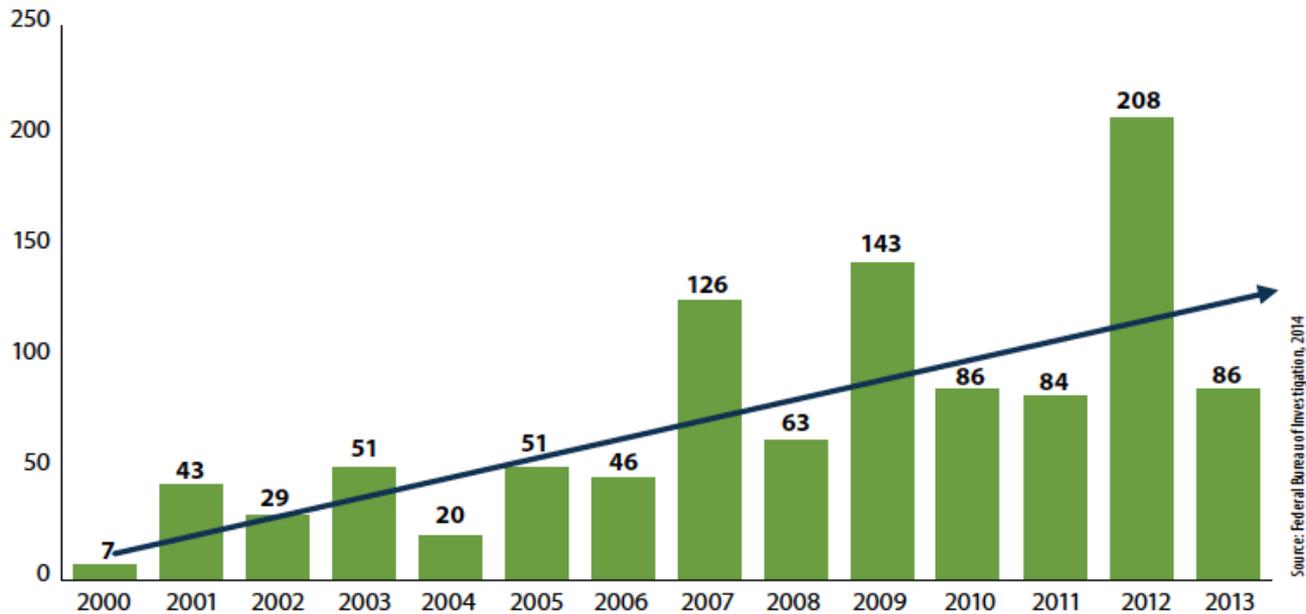
Active Shooter





Should We Prepare?

A Study of 160 Active Shooter Incidents in the United States Between 2000 - 2013: Annual Totals of 1,043 Casualties



18 According to the 2007 National Crime Victimization Survey, 53.4% of the time, law enforcement was able to respond to a reported violent crime in less than 10 minutes. Bureau of Justice, National Crime Victimization Survey, Criminal Victimization in the United States, 2007 Statistical Tables, February 2010.

19 Investigative Assistance for Violent Crimes Act of 2012, 28 USC 530C(b)(1)(M)(i).



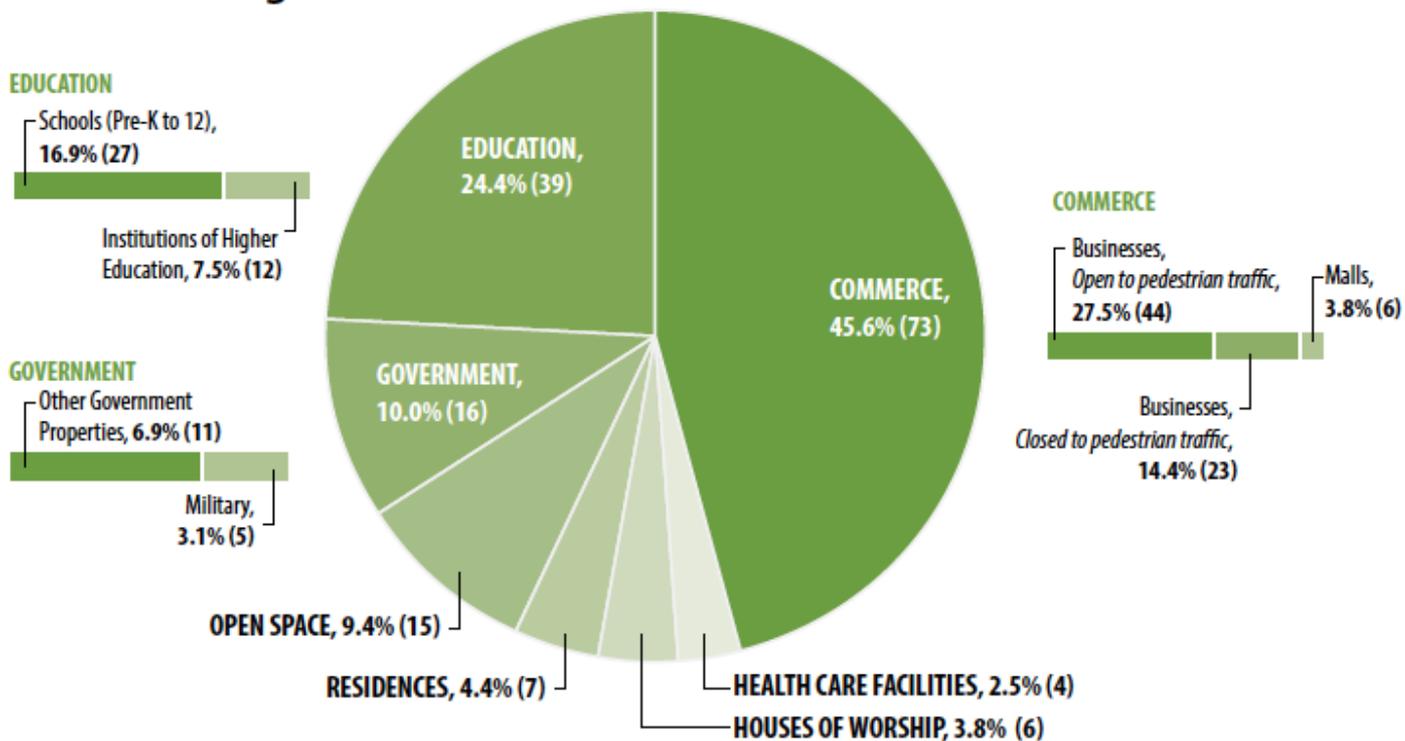
FBI, 2014





ASE Characteristics

A Study of 160 Active Shooter Incidents in the United States Between 2000 - 2013: Location Categories



Source: Federal Bureau of Investigation, 2014

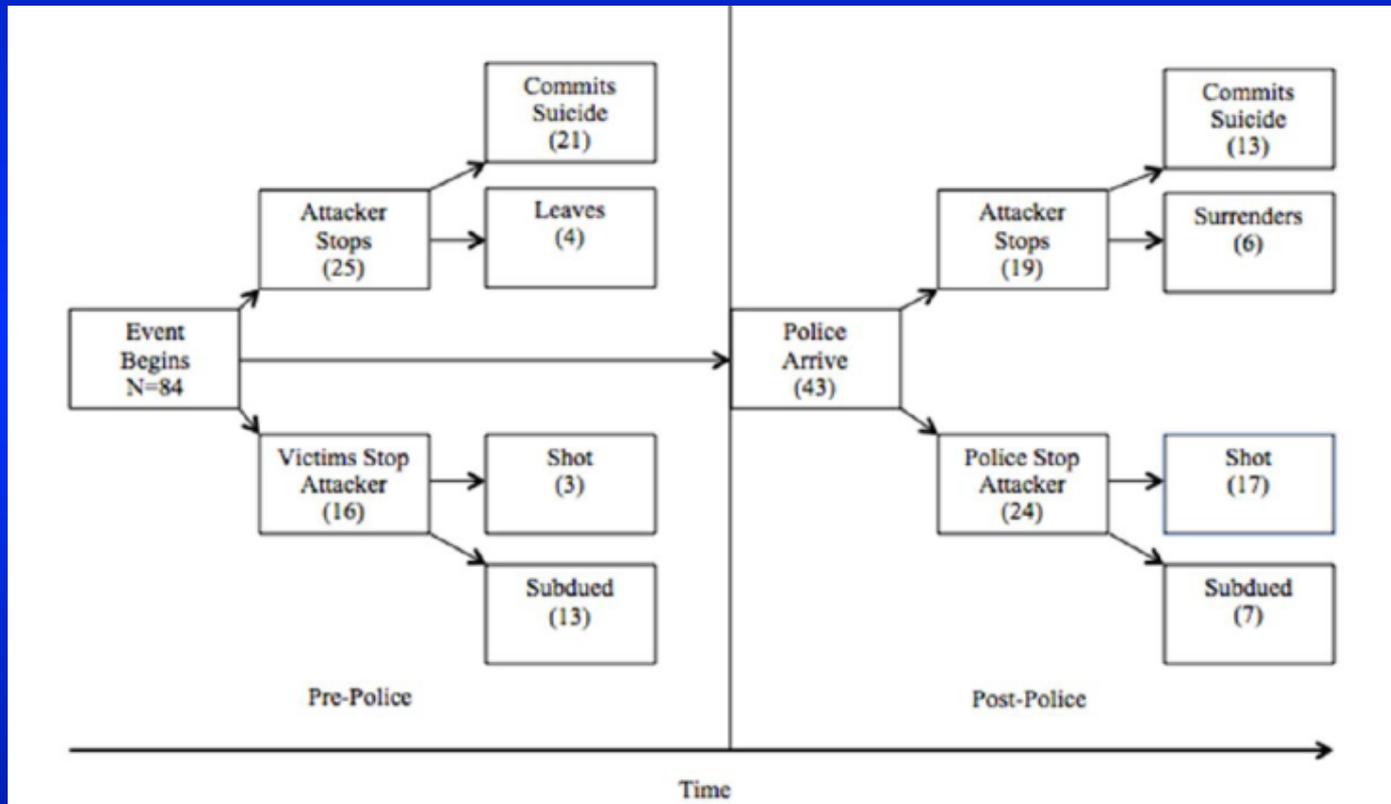


FBI, 2014





ASE Characteristics





Historical Response

- Surround, Contain, Call SWAT
- Fire/Rescue/EMS an afterthought
- April 20, 1999
 - 49 minutes
 - 15 killed, 29 wounded
 - Paradigm shift





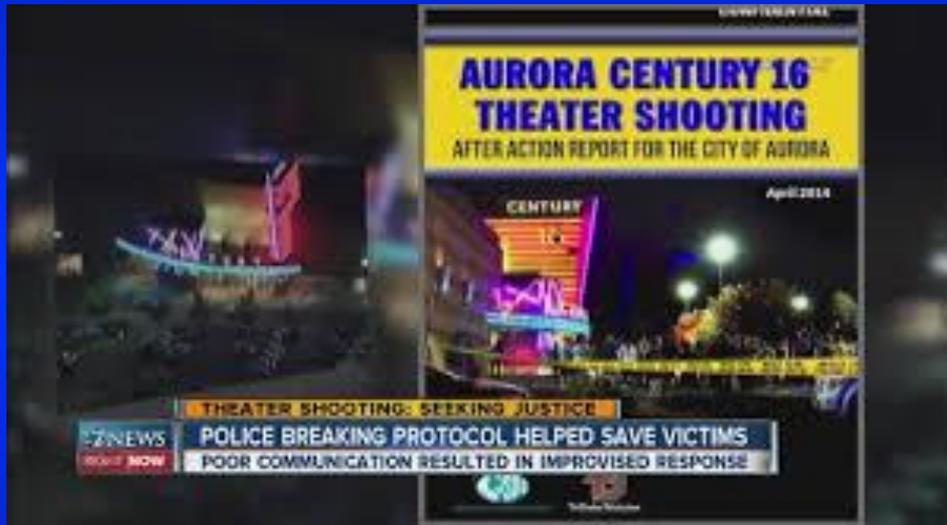
Modern LE Response

- **Rapid deployment**
 - ALERRT
- **Transition from teams to individual response from any LEO**
- **Aurora, CO (2013)**
 - Public Information Officer



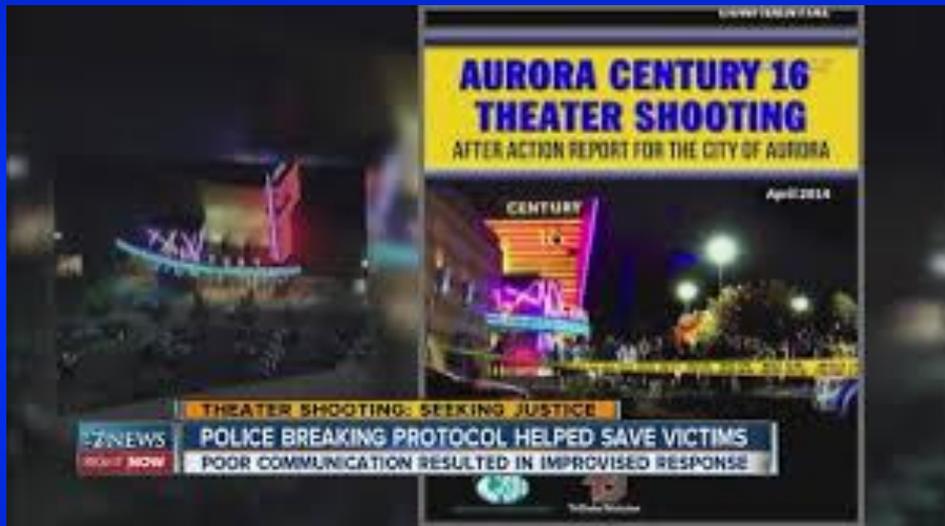


Aurora, CO





Aurora, CO





PreHospital Trauma Care

- Nonpermissive or semi-permissive environment
- Current Response
 - Essentially unchanged despite previous lessons
- Who's responsible?
 - LEOs
 - Fire – Rescue
 - EMS





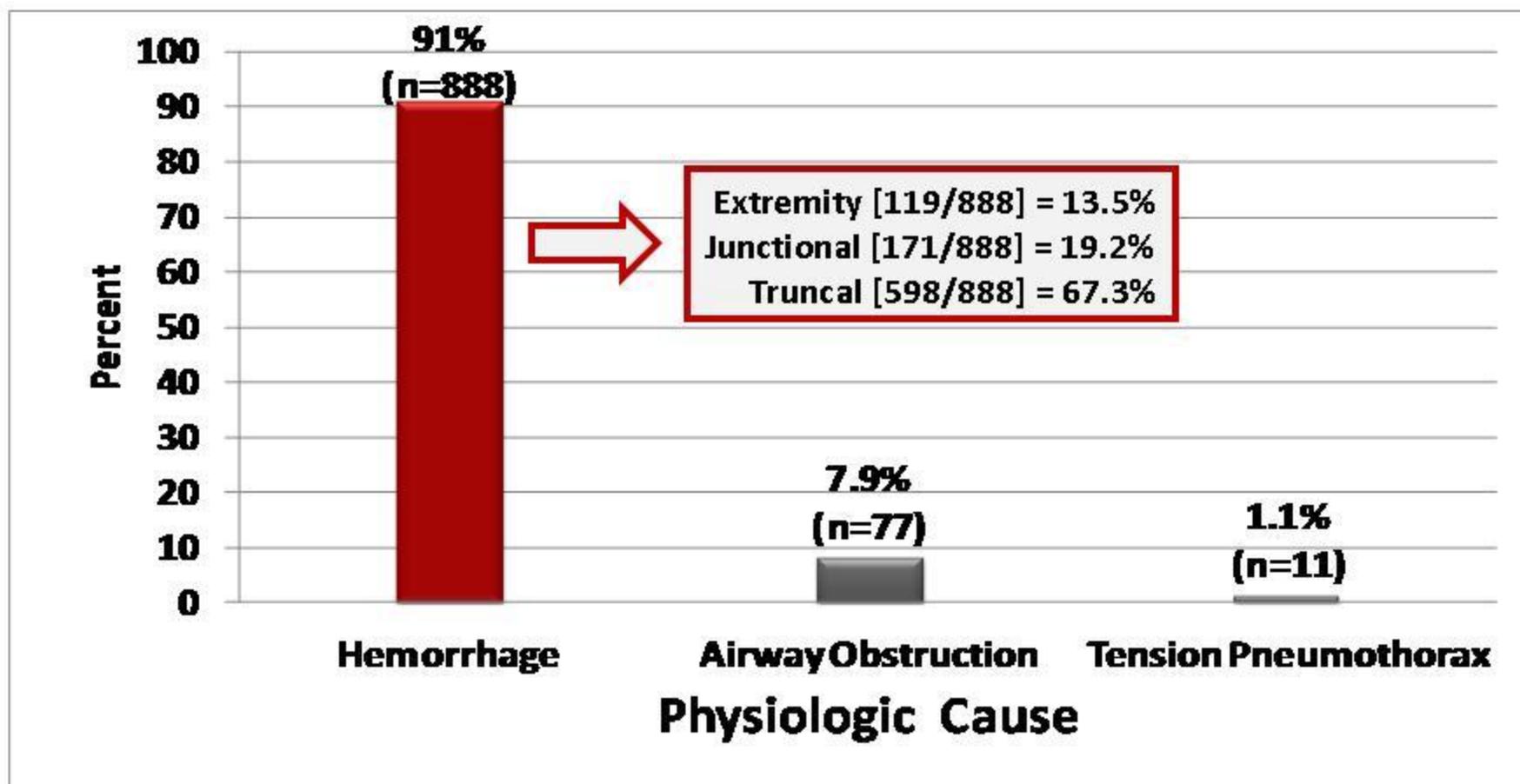
TCCC Overview

Coalition forces at this point in time have the best definitive care and evacuation system in history.



Courtesy F. Butler, 2013

What were the Causes of Preventable Death?



Eastridge BJ, Mabry RL, Seguin PG, et al. Death on the battlefield (2001-2011): implications for the future of combat casualty care. *Journal of Trauma* 2012, 73(6) Suppl 5: 431-7.



Hemorrhage Control





Civilian PreHospital Trauma Care

Q: Who owns civilian prehospital trauma care?

A: Potential decision makers:

- Competing professional groups (ACS/ACEP/NAEMT)
- Federal law enforcement agencies
- Local and state law enforcement agencies
- Local EMS systems
- Local HMOs
- Local fire departments





Translating TCCC

- Problems with translation to civilian world
- C-TECC
- NTIC
- IACP, NAEMSP, NSC, White House





Tucson, AZ

The New York Times

TimesPeople

January 13, 2011



Doug Mills/The New York Times

RECOMMEND

Dr. Peter Rhee, at a memorial service Wednesday, has been an unofficial spokesman for Tucson.



The Washington Post

Hot Topics

Photos: Egypt unrest

'SNL'

Julian Assange

Davos

Spam on Google

Carolyn Ha

Advertisement



Help us help you. **Earn Reward**
AOL's consumer panel - anyone can join!

washingtonpost.com > Nation

» THIS STORY: [READ +](#) | [WATCH +](#) | [Comments](#)

First-aid kits credited with saving lives in Tucson shooting

By [Sandhya Somashekhar](#) and [Sari Horwitz](#)

Washington Post Staff Writers

Friday, January 21, 2011; 9:57 PM

TUCSON - Some of the first deputies to arrive at the scene of the [Jan. 8 shooting rampage](#) here described a scene of "silent chaos" on Friday, and they added that the carnage probably would have been much worse without the help of a \$99 first-aid kit that recently became standard-issue.



THIS STORY





Dallas SWAT



Standard Officer Medical Kit

- Tourniquet
- 14ga Needle
- Modular Bandage
- Nasal airway
- Trauma Shears
- Latex gloves (nonpowdered)





TCCC – Dallas, TX





C-TECC

- Translation of TCCC Concepts
- Attempts to recreate CoTCCC Structure
- Heavy focus on hemorrhage control
- Rescue Task Forces





The Hartford Consensus

- American College of Surgeons (Jacobs)
- ACS-COT (Rotondo)
- FBI (Wade and Fabbri)
- PHTLS (McSwain)
- CoTCCC (Butler)
- Major Cities Chiefs Association (Eastman)
- International Assn of Fire Chiefs (Sinclair)





THREAT

Threat suppression

Hemorrhage control

Rapid Extrication to safety

Assessment by medical providers

Transport to definitive care





LE/EMS/Trauma Integration

- **Maximize Survival**
- **CTECC / Arlington, VA Model**
- **LE-Based Model**
 - **Nontraditional providers**
- **DHS Stakeholder Meetings**
 - **February 2014**
 - **June 2014**





USFA Guidance

Active Shooter and Mass Casualty Incident Check List

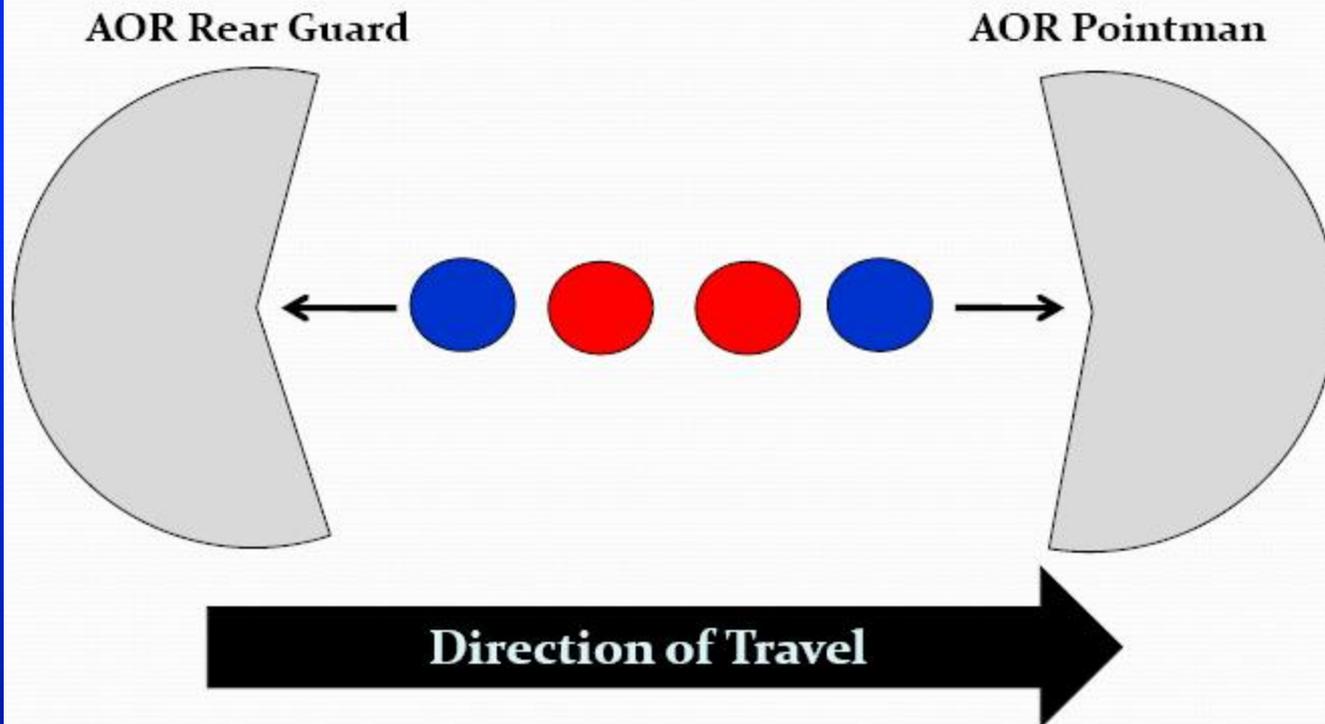
X	#	Responsible Party	Item
			Preincident
	1	Local EMA/AHJ	Multiple victim incident EOP completed
			Incident
	2	LOG	CP established
	3	LOG	CP secured
	4	LOG	U/C and communications method established and communicated to all personnel and communications center
	5	U/C	UC/LE establishes goals and overall strategy; Emphasize Rapid Triage, Treatment and Extrication
	6	U/C	ICS established; command and general staff positions established
	7	OPS	Establish staging manager and staging areas
	8	U/C PIO	PIO staffed, JIS considered
	9	OPS	Fire, medical, and/or rescue branches or groups established in operations
	10	EMS	Establish casualty collection points, evacuation routes and LZs
	11	OPS	Size-up and determine resource requirement
	12	UC and LOG	Request required resources
	13	U/C	Notify hospitals to activate MCI plans
	14	OPS	Develop operational plan
	15	PLN	Start IAP process
	16	OPS	Aviation division established by air assets planned or airspace control required
	17	OPS	Safe, hard cover staging area established (multiples for discipline or geographically)





Rescue Task Force

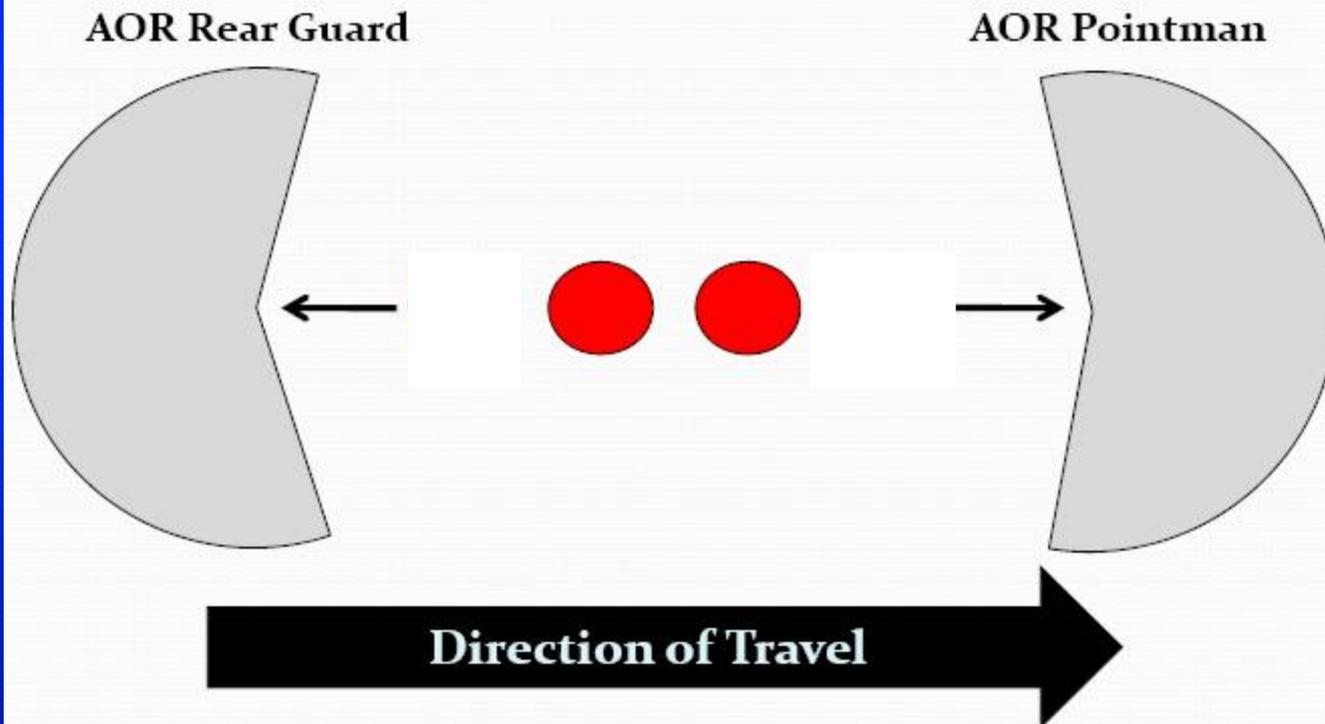
Rescue Task Force Concept





Rescue Task Force

Rescue Task Force Concept







RTF Limitations

- **Wont survive first contact**
- **Limited Equipment**
 - Protective equipment
 - Hemorrhage Control Equipment
- **Perfect deployment still too slow**





Novel Training Paradigm

- **Integrated**
 - ALERRT
- **Realistic**
 - Time
 - Expense
- **Change in traditional EMS training**



Level II





Public Access

- **FROST**
 - ACEP, NAEMT, ACS, MCCA
- **Run, Hide, Fight**
- **Public access hemorrhage control**





Response to Active Shooter

- RUN
 - preferably exit the area completely
- HIDE
 - if unable to exit
 - barricade entrances & prepare to defend
- FIGHT
 - last resort, but do not hesitate
 - improvised weaponry





MCI's



Mass Casualty Incidents 1999 - 2014

11
The number of MCI's already recorded in 2014

23
The total deaths resulting from MCI's recorded in 2014



3,434
Total Casualties



Since the Columbine Massacre in 1999, 29 Mass Casualty Incidents have been recorded. These tragedies have resulted in the death of 3,432 individuals and injuries to nearly 7,000 more.





Public Access Hem Control



Six Steps to AS Preparedness

- 1) LE Hemorrhage Control Program (NTPs)
- 2) ICS and AS/IMCE
- 3) Integrated public safety comms
- 4) Quarterly Integrated Meetings
 - LE, FR/EMS, Trauma – Appropriate Levels
- 5) Unified public safety special ops
- 6) Outreach & Preplan
 - EMS plays critical role



Confronting Emerging Threats





Contact Information



Lt. Alexander L. Eastman, MD, MPH, FACS
Dallas Police Department
The University of Texas Southwestern Medical Center
alex.eastman@dpd.ci.dallas.tx.us
214-648-0299