

Integrated Response to Mass Shootings

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OF HEALTH SERVICES

Health and Wellness for all Arizonans

Summary & Closing Remarks



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State Agency/Organizations

- Mass/Active shooting meets criteria of a disease
- Requires dispassionate & systematic PH response
- Commitment to providing joint training & resources to mitigate the impact of an active shooter event



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Rural Community Integration

- Relatively limited resources mandate efficient inter-agency operations
- Realistic drills reveal key findings to modify ongoing training
- Rescue Task Force (RTF) training, objectives and AARs needed for entire region
- ICS and radio systems used in daily process create level of comfort for actual events



Tribal Community Integration

- Must persuade PS leadership of need for unique mass shooter response – **“Biggest opposition may be internal”**
- Use the **“why”** to lead paradigm shifts from “safe zone” to “warm zone” to “stop life threats”
- Trained every PS member, including dispatch (>300)
- Realistic scenario based training with testing
 - “Goal: Stop the dying within 6 minutes”**
- Involve base hospital early to utilize resources (e.g., EM System)



Positive Impacts of Integrated Training & Preparedness

For GG Shooting:

- Integrated PS response based on relationships
 - **“Don’t swap business cards on the battlefield”**
- Relationships have strengthened since event
- “Watershed event” – Proof of concept-RTF/IFAKs
- TX “Warm Zone” ->Investigation “Hot Zone”



Positive Impacts of Integrated Training & Preparedness

For GG Shooting (cont.):

- “Should we provide ballistic protection to EMS?”
- Prepared, integrated 9-1-1 -field-hospital teams
- “9-1-1 call is key to initiating accurate response”
- Streamline flow of info to hospital – MIST :
 - No longer individual EMS patch call – too distracting
 - Build hospital MCI “exercises” into everyday practice



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Consideration for Mass Shootings in School Settings

- **Currently:**
 - No national mandate for preparedness
 - State mandates ERPs but no active shooter plan
 - Federal resources available
 - Wide variability of preparedness
 - “It will never happen here....”
- **Challenges:**
 - Is “Run-Hide-Fight” appropriate for K-12?
 - Higher education may not know R-H-F
 - Culturally sensitive “loaded” topic
 - What to train?
 - How to train – cost
 - Who is in charge, LE, EMS, or school?



Urban Community Integration

- Examined details of 2012 events to improve
 - Lack of *early* communication (different terminology)
 - Lack of “strong and disciplined” ICS
 - Must have “completely integrated” scene approach
- Goal is to use Extraction Rescue Teams (ERTs)
 - “Get the right people to the right place in the right order”
 - Train ERTs weekly (get comfortable with equipment)
 - Trained ALL TPD and ASU officers in ERT
- Integration started with SWAT Medics working with PD
- Continuous performance review and update of policies
- Community-wide MCI drills with triage tags – use EMSsystem



The Hartford Consensus

Triage & Evidence-Based Treatment

- Early hemorrhage control is critical
- Tourniquets save lives
- Anyone can save a life



Online Conference Evaluation & CE Certification Link

<http://www.register6.net/ADHS/survey.php>



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