Integrated Response to Mass Shootings

Black Canyon Conference Center
Phoenix, AZ
August 31, 2016
Positive Impacts of Integrated Training & Preparedness Panel
Stuart Rodeffer, Batt. Chief
Northwest Fire District
SAFEWAY STORE
7110 N. Oracle Rd

*Victim locations are approximate*
10:12 calls Received

10:14 First Alarm Medical Dispatch

10:19 First Units Arrive Staged Hold-Off

10:22 Units Cleared to Enter Scene

10:26 2nd Alarm Medical Dispatch

10:41 1st Patient Transport to UMC (Trauma Code)

10:58 Last Critical Patient Transport

10:58 Last Critical Patient Transport

11:04 Last Patient Transport (non-critical)
Simple ICS Structure

- IC
  - Safety
  - Medical
    - Triage
    - Treatment
    - Transport
  - PD Liaison
• Responders focused on tasks and did not get caught up in the big picture. When done, requested new tasks or jumped in to help others.

• Recognized the enormity of the situation early and requested proper resources.

• Relationships between Fire, Law Enforcement and Medical Community:
  – Years of Coordinated Responses
  – Fire trained with many of the Deputies
  – Maintenance of Relationships
• Phyllis Schneck, 79
• Dorwan Stoddard, 76
• Dorothy Morris, 76
• Judge John Roll, 63
• Gabriel Zimmerman, 30
• Christina Green, 9
THANK YOU

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John Stuckey, Captain
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January 8th Safeway Shooting

- January 8th 2011, Jared Loughner fired upon attendees at a “Congress on Your Corner” event.
- Six killed, thirteen others injured.
- PCSD were initial responders along with OVPD, AZ DPS and MPD.
- NWFR and GRFD responded for fire/EMS
Integrated Training & Operation

• Existing FD/EMS philosophy; wait until the scene is “cold”.

• NWFR staged away from the incident. Initial EMS response was delayed.

• Relationships built on existing TEMS program allowed expedited approach of NWFR medics.

• Pima Regional SWAT Doctor, Dr. Tammy Kastre was invaluable as a liaison at the trauma center.

• “We should not be swapping business cards on the battlefield.”
Tactical Emergency Medical Support

- Incorporation of medical professionals on tactical teams (SWAT)
- Pima Regional SWAT incorporates active duty paramedics as part-time employees.
- NWFR paramedics, part of TEMS, responded to the Safeway shooting scene.
- TEMS provides medical training and operational support for SWAT primarily, but is available across the department.
IFAK: Individual First Aid Kit

• Built based on military model to ensure survival until transported to advanced medical care.

Contents:
• Combat Gauze
• 2 Compression bandages
• Chest seal
• Tourniquet
• Medical shears

• IFAK becoming the industry standard for LE medical care
• PCSD Deputies issued two and required to have at least one of them in patrol car at all times.
T.E.C.C.

- Tactical Emergency Casualty Care
  - Based on military model (TCCC)
  - TEMS Medics on the forefront of this program
  - Treatment of life threatening injuries while simultaneously evacuating out of harms way and towards advanced medical care.
  - Best practices incorporated into Fire/EMS training as well as LE training.
• Rescue Task Force
  – Philosophical change in response strategy for Fire/EMS to active shooter events.
  – Incorporates Fire/EMS into Rescue Teams to enter “warm” zone.
  – Rescue Teams have LE cover officers
  – Triage, treat and evacuate to casualty collection point.
R.T.F.

• Rescue Task Force
  – IAFF position statement (June 2013) supported this philosophy change.
  – Pima Fire Chiefs Association developing RTF SOP (March 2016)
  – Logistics / Training questions still need to be answered.
THANK YOU

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Objectives

- Integrated communications with hospitals
- Outcomes from integration
- Exercising integration
- Comparing the old to new integrated strategy
The Initial Incident
Public Perception of Emergency Department Care?

Perception:
- EMS / Patient comes bursting through the doors with patients
- George Clooney rushes in

Reality:
- Large teams waiting, ready to help
- Huge resource allocation
- Requires integrated communications
Information Flow
Info From the Field

- Initial law enforcement notification
- Initial Medical IC notification and identification
- Transport / Triage officer updates
- Individual incoming medical provider calls
Info To Receiving Facility

• Conflicting numbers, ages, injuries
• Simple is good
Lessons Learned

- Single point of contact
- Standardized Information flow
Implementing Change

• Communication tools:
  – MIST

• Designated Emergency Department communications position
  – One individual with scribe
  – Dedicated radio channel with redundancy

• Decrease field communication
Info From the Field

- Initial law enforcement notification
- Initial Medical IC notification and identification
- Transport / Triage officer updates
- Individual incoming medical provider calls
Exercising

• Time and Resources Limited

• Build Exercise into day to day operations

• Build out day to day operations during an MCI
Keys to Integrated Communications

• Single point of contact
• Structured communications
• Dedicated Communications channel
THANK YOU

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Insight from an EMS/Ambulance Agency

Objectives

• Opening communication with other entities
• Unexpected outcomes from integration
• Agency exercises for integration
• Old vs New strategy
Communication

- Post 911
  - Importance of all entities to communicate with each other
  - Identified that Ambulance/EMS needed to be included
  - Identify panels/groups to participate in
- Relationships/collaboration paramount in process
- How can we get everyone to talk on the same system?
Pima County Wireless Integrated Network

• In 2008 the lack of inter-department communication was highlighted in a police action

• The concept is to allow a majority of the county’s public safety personnel to all be on the same network

• Police/Fire/EMS/Hospitals all have access to the system
Ambulance Integration

- UASI-Urban Area Security Initiative
- Pima County Office of Emergency Management/Homeland Security
- Pima County Emergency Preparedness Committee
- Pima County Office of Emergency Management/Homeland Security
- Pima Fire Chiefs adopting the SOP for the Rescue Task Force (RTF)
Table Top Exercises

• Critical for the beginning of the planning phase leading up to the full scale exercise

• Fire, EMS/Ambulance, Law Enforcement (Sheriff or local PD), Hospital Representation, Local business leaders, local area churches, TSA (as needed)

• Scenario-determine what each agency resources available to respond and handle
Functional Exercises

• Each responding agency is responsible to actively manage their area of responsibility

• Identify any known areas for improvement

• Update any local SOPs as necessary if found to be deficit or absent
Full Scale Exercise

- All agencies respond to the given scenario, and responders have not been briefed
- Controllers and Evaluators on scene
- At the end on site is the “hotwash” to evaluate the scenario functionality of all responders
  - What went well and what didn’t
  - 2 Weeks later, formal after action review
Old vs New response strategies

- Old strategies had everybody working in silos with only the specific response group knowing what the plan/strategy was.

- New integration strategies have broken down silos and barriers and has everyone practicing and working together.

- Collaboration has been the key to an integrated strategy.
THANK YOU

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