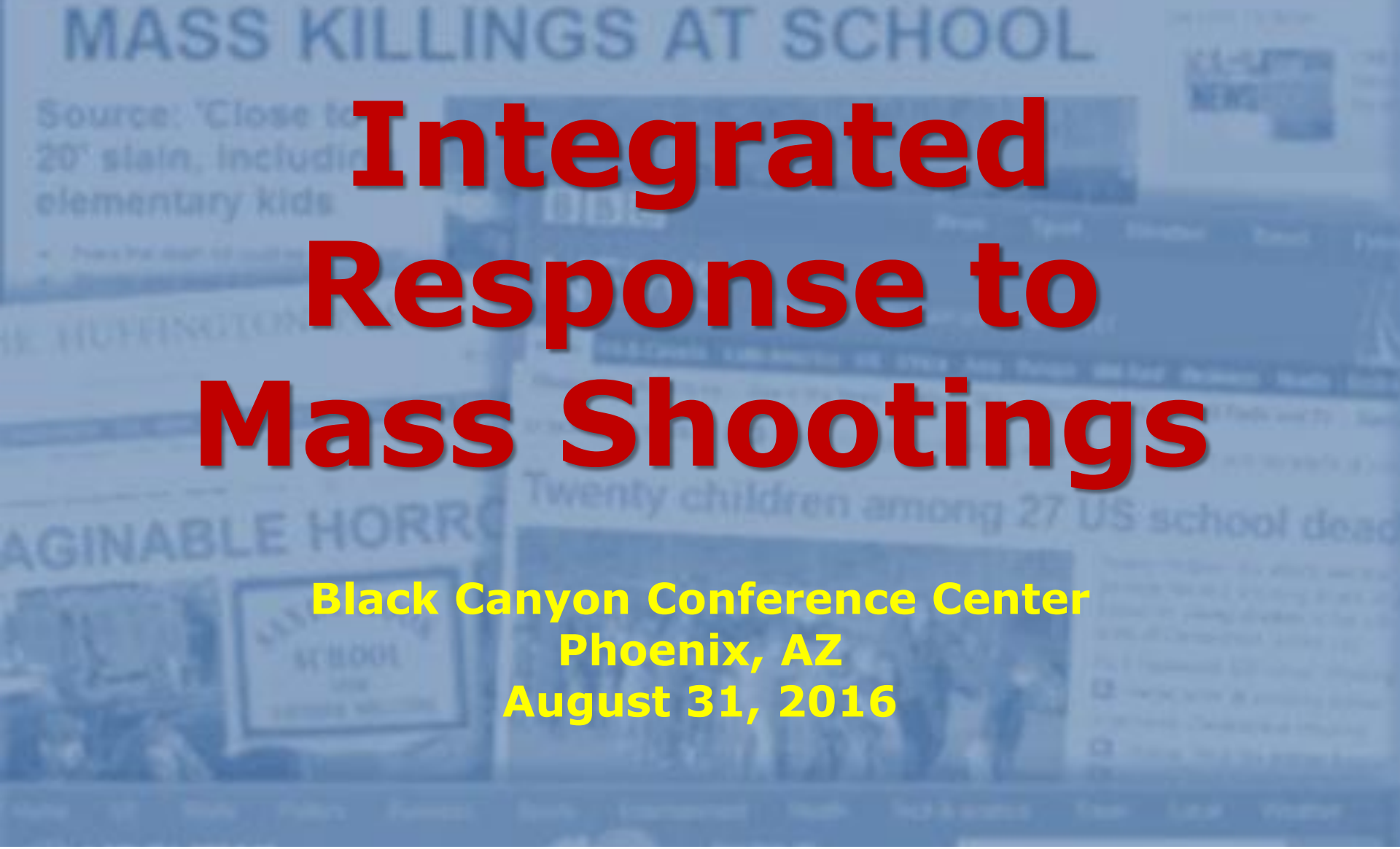


Integrated Response to Mass Shootings

Black Canyon Conference Center
Phoenix, AZ
August 31, 2016

ARIZONA DEPARTMENT OF HEALTH SERVICES

Health and Wellness for all Arizonans

Urban Integrated Community Panel

Victor Garcia, Deputy Chief – Medical Division

Tempe Fire & Medical Department

Kyle Brayer, Captain

Tempe Fire & Medical Department

Andrew McCormick, Sergeant

Tempe Police Department

Barbie Marr, General Manager

American Medical Response

Sheila Bryant, RN, Prehospital Coordinator

Tempe St. Luke's Hospital

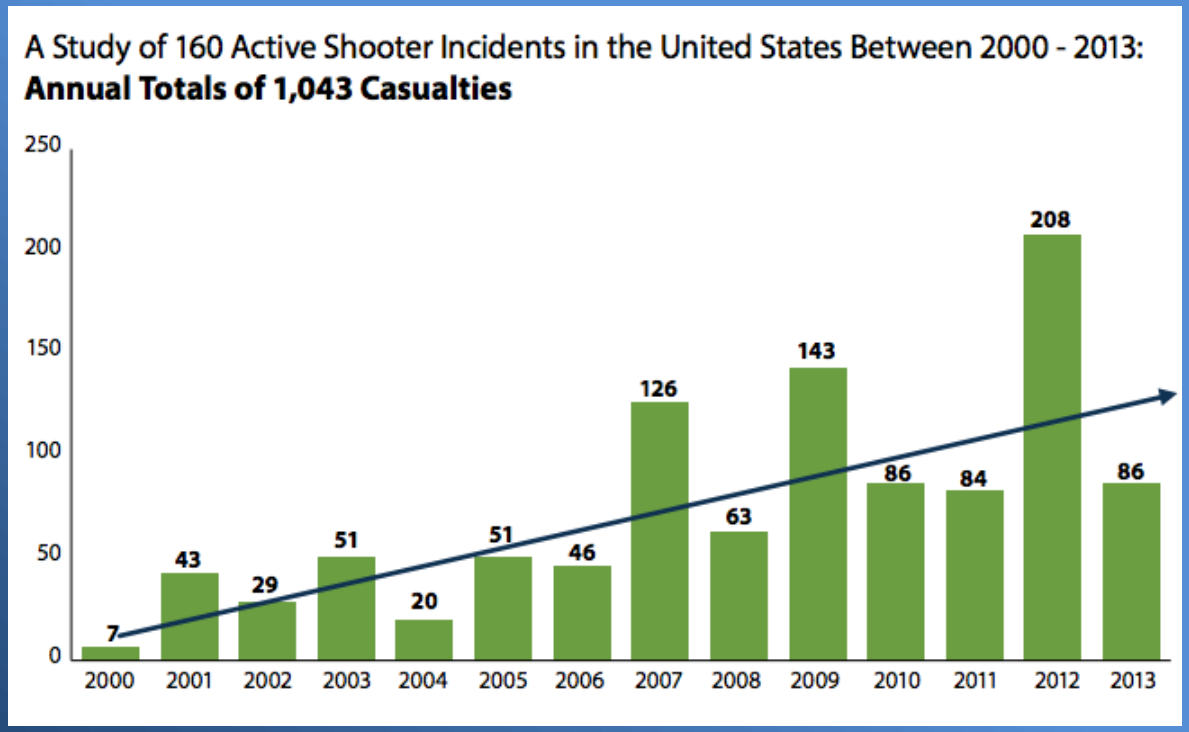
ACTIVE SHOOTER INCIDENTS

- **Managing Change**

David Zalubowski / Associated Press)

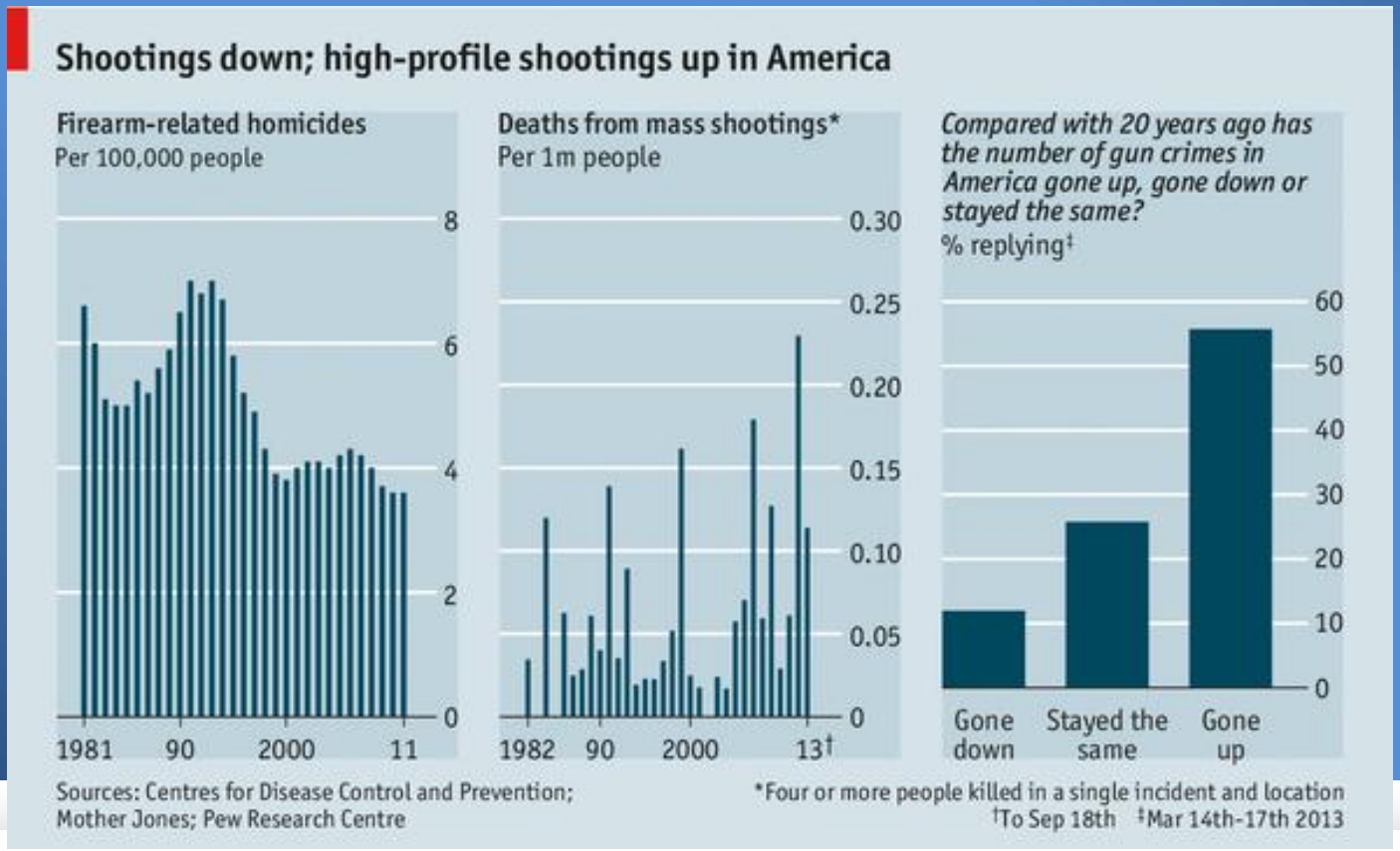
WHY THE CHANGE?

Active shooter incidents are on the rise nationally



OPERATIONS EFFICIENCY

- **Nationally and as an agency, we have not operated as efficiently as we would have liked on these incidents**



COLUMBINE SHOOTING
April 20, 1999

- 13 people were killed;
- 24 were transported to local hospitals and trauma centers;
- 170 patients were triaged through four casualty collection points (CCPs) established near the school;
- 10 critically injured students were transported in the "golden hour" with significant gunshot wounds and penetrating trauma injuries;
- 14 others were transported with explosive shrapnel wounds.

Staging Time at Columbine

- It took over three hours to clear all buildings.
- Fire traditionally waits for areas of violence to be secured by PD before entry.
- Some perished due to extended wait times for treatment.

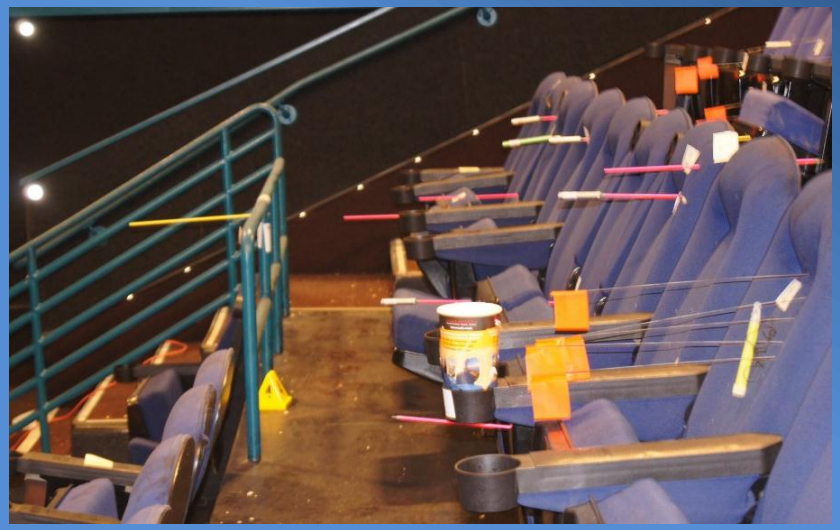
Fort Hood, Texas November 5, 2009

- 13 Killed
- 32 Injured

Sgt. First Class Noe Figueroa waits to get back on base outside Fort Hood's Clear Creek gate in Killeen, Texas on Thursday, Nov. 5, 2009, after a mass shooting on the base. (Jay Janner / AP)

AURORA, COLORADO
Movie Theater Shooting

- July 20, 2012
- 12 Killed
- 58 Injured



- Multiple people transported by PD

Orlando, Florida Night Club Shooting

- July 20, 2012
- Deadliest shooting in U.S.
- 50 Killed
- 53 injured
- 2 hours before tactical units arrived

http://beforeitsnews.com/politics/2016/06/another-terrorist-attack-but-will-we-ever-learn-

THE CLUBHOUSE SHOOTING
March 12, 2012

- 14 people shot
- 2 with serious injuries
- 12 minor injuries
- Tempe Fire Medical Rescue Department failed to use the Command System correctly.
- A centralized Incident Command system should be immediately assembled between Fire, PD, ambulance service, hospitals, news media.

Crime scene tape closing off the parking lot of the Clubhouse Music Venue in Tempe.
Benjamin Leatherman

Why Did We Fail?

- Lack of early communication between police and fire
- Lack of strong and disciplined Command Structure
- Operating off of a "STAGE" mentality

Managing Change

CONCLUSION:

We MUST HAVE a completely Integrated approach to how these types of scenes are managed

- How we communicate
  - UNIFIED COMMAND
- How we operate
  - FD in the "Warm Zone"

https://www.usfa.fema.gov/data/library/research/topics/top_activeshooter.html

CAPTAIN KYLE BRAYER, EMS CAPTAIN

Tempe Fire Medical Rescue Department

Difficulties from the TFMRD standpoint:

- Logistics – TFMRD 156 members, TPD 400 members, Ambulance Company
- Terminology – PD uses different language
  - Casualty Collection vs Treatment Area
  - Code 4? What exactly does this mean?
  - No standard Active Shooter terminology.

Difficulties from the TFMRD standpoint:

- Fire has an established Command System, PD does not.
- Fire cannot make accurate decisions regarding Active Shooter events without a PD liaison.
  - Treatment?
  - Extrication/Extraction Rescue Teams?
  - Staging?

Difficulties from the TFMRD standpoint:

Culture

- Staging vs engaging
- Ballistics on a fire apparatus
- New addition of sectors
  - Extrication Sector, Extrication Teams (ERT)
- Frequent training

Our Risk Management Profile

Extensive data now exists to answer, "Where does this fit in our Risk/Management profile?" As an agency, we historically "staged" on violent Incidents.

- **We will risk our lives a lot, in a highly calculated and controlled manner, to protect a savable human life.**

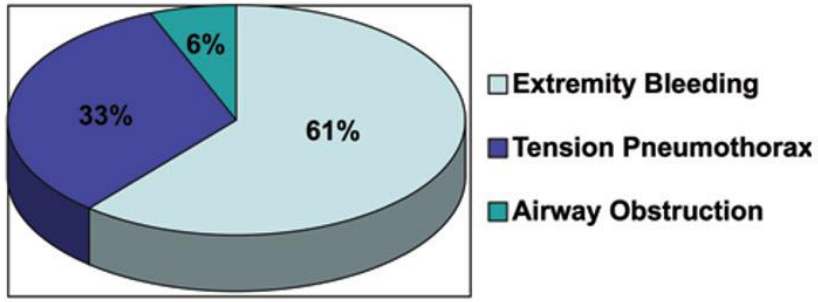
We will risk our lives a little, in a highly calculated and controlled manner, to protect savable property.

We will not risk our lives at all to protect lives or property that is already lost.

National Active Shooter Statistics

- There is a 90% chance of 1 shooter.
- There is a 60% chance the event will be over before PD or FD arrives.
- Hemorrhage control was found to be the life saving treatment that would save the most victims.
- Many injured expired before help could arrive.

Figure 3: Causes of preventable death in combat
(Adapted from Reference 9)

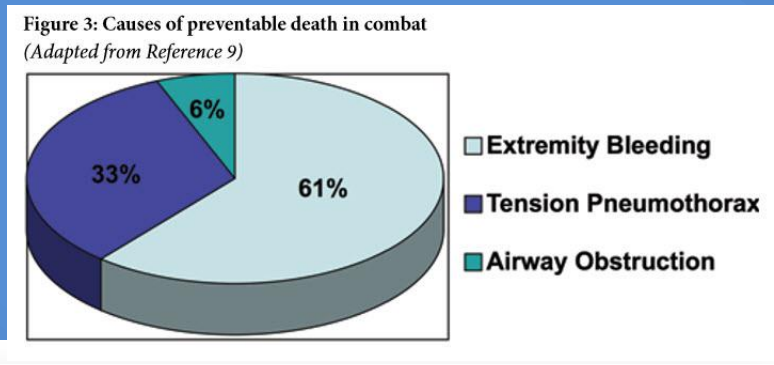


Learning from tragedy: Preventing officer deaths with medical interventions By Matthew D. Sztajnkrycer, MD, PhD, FACEP

Our Program Today

Perfect World

- First FD unit arrives and assumes fire command
- Identifies casualty collection point/treatment and notify alarm room for system wide notification to PD and responding fire units
- Command officer & TPD liaison establish unified command
- Establishment of priority sectors
  - Treatment, Extrication, Transportation, etc.
- Extrication sector with multiple "Extraction Rescue Teams"
  - 2 FD personnel with 2 officers make up an ERT
- ERT enters warm-zone for triage and extraction to casualty collection point (PD lead)



Learning from tragedy: Preventing officer deaths with medical interventions By Matthew D. Sztajnkrycer, MD, PhD, FACEP

Integration

- **Fire/PD are integral in the success of these violent events**
  - **Hospitals are equipped and can handle mass casualties, but…**
  - **For hospitals to be successful with these events, they require our organized efforts for success.**
  - **Ambulances will go where ordered…**

Integration

- **How our current system came together**
  - SWAT Medic program
  - Fire and PD TLOs
  - National recommendation on response released
  - Updated fire policy established
  - Initial training with TPD SWAT members and all TFMR members
  - Acquisition of ballistic helmets and vests for all TFMR units
  - ERT deployment training with all TPD & ASU officers (full day for TPD personnel)
  - Inclusion of ambulance personnel (PMT/AMR in Tempe)
  - Hospital coordination
  - Reevaluation and continued training phase

Integration

- **Keys to success looking back…**
  - Build a strong relationship between PD/Fire at all levels
    - Not just command officers – TLO, Captains, Sergeants, etc.
  - Top down support – Fire and Police Chiefs
  - Key to the entire operation is early Fire/PD communication on scene
  - Budget for training early and then schedule recurring interdepartmental drills
  - Continue to prioritize training
    - Quarterly training paramedic CE, online courses, etc.

Detective Tyler Watson
Sergeant Andrew McCormick
Sergeant Mike Pierce

2016 Joint Training

- Active shooter protocol
- Carrying techniques
- Transport to CCP
- CCR class
- Bleeding control
  - Tourniquets
- Active shooter scenarios
  - ERT teams

Sheila Bryant, RN
Tempe St. Luke's Hospital
Family Reunification

Barbie Marr, General Manager
American Medical Response