

the
EXPERIENCE.



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Violent Armed Individual/
Active Shooter

Welcome and Introductions

- § Course history and overview
- § Instructor/Facilitator Introductions
- § Course layout
- § Breaks
- § Exits
- § Bathrooms
- § Handouts
- § Turning point
- § Expectations

MCI Violent Armed Individual/ Active Shooter Agenda 9-18-2015

8:00 Welcome and Introduction

8:15 Lecture

10:00 Breakout Sessions

Group 1 Cadaver Lab

1. Hemorrhage Control – Amanda (Red)
2. Gross Anatomy/Ballistics Injuries – Deborah (Yellow)
3. Airway – Andrew (Blue)

Group 2 Exercise Stations

1. Sift and Sort, Transfer – Andrea (Green)
2. Law Enforcement – Perry (Orange)
3. Command, Triage/Treat – Dora (Purple)

12:00 Lunch

1:00 Breakout sessions

Groups 1 and 2 switch locations

3:00 Debrief

Objectives

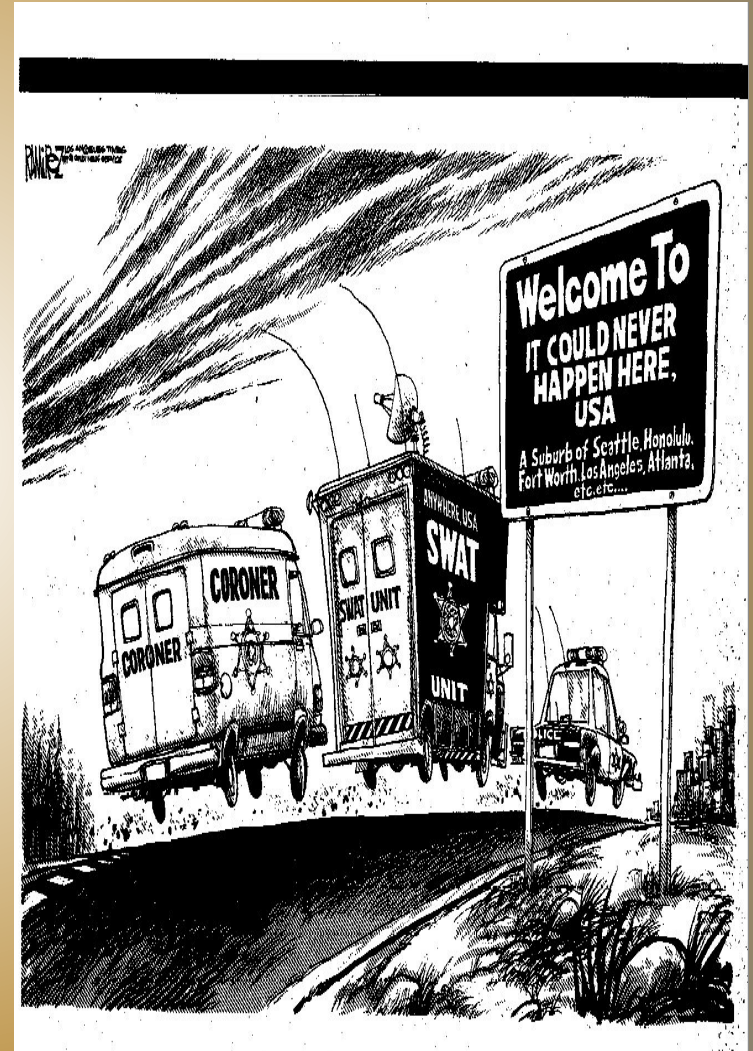
- § Review the History and Characteristics of Active Shooters
- § Discuss Changes in Law Enforcement Response
- § Discuss changes in EMS response
- § Discuss Unified Command
- § Discuss Priority Actions- Law Enforcement
 - § Neutralizing Shooter
 - § Rescuing Victims
 - § Providing Medical Assistance
 - § Preserving Crime Scene
 - § Post Incident Responsibilities

Objectives Continued

- § Discuss Priority actions- involved organization
 - § Recognition and response to shooting event
 - § Communication
 - § Associate training and Protection
 - § Accountability
 - §
- § Discuss Priority actions- EMS
 - § Tiered Response
 - § Force Protection Teams
 - § Sift and Sort Teams
 - § Transfer Teams
 - § Triage and Treatment Teams
- § Discuss the establishment and considerations of a Casualty Collection Point (CCP)

Active Shooter Definition

- § Active Shooter executes a random or systematic shooting spree
- § The objective is mass murder rather than other criminal intent



Active Shooter

One or more subjects who are randomly or systematically involved in the act of using deadly force on others in a “target rich” environment, and it appears, based on available intelligence, that the suspect (s) will not stop their aggressive, hostile actions without immediate and direct law enforcement intervention.

The Active Shooter's Intent

- § Views the attack as attempting to correct a perceived wrong
- § Usually has a “hit” list and will search victims out
- § The Shooter often takes out targets of opportunity along the way



Active Shooter Events Create Two Problems at the Same Time

§ Tactical Incident

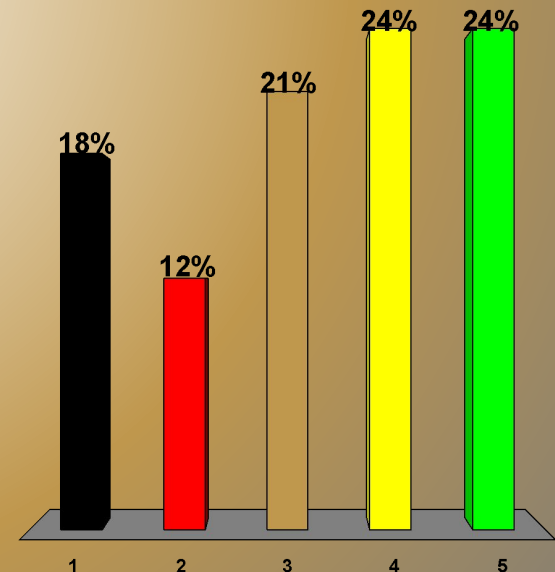


§ Mass Casualty Incident



What year was the first school mass shooting?

1. October 16, 1991
2. May 18, 1927
3. August 1, 1966
4. July 12, 1976
5. April 20, 1999



May 18, 1927: Bath, Michigan: At least 38 children killed and 6 adults when Andrew Kehoe set off two dynamite explosions at the Bath Consolidated grade school after killing his wife and blowing up his house.

Aug. 1, 1966: Charles Whitman opened fire from the clock tower at the University of Texas at Austin, killing 16 people and wounding 32.

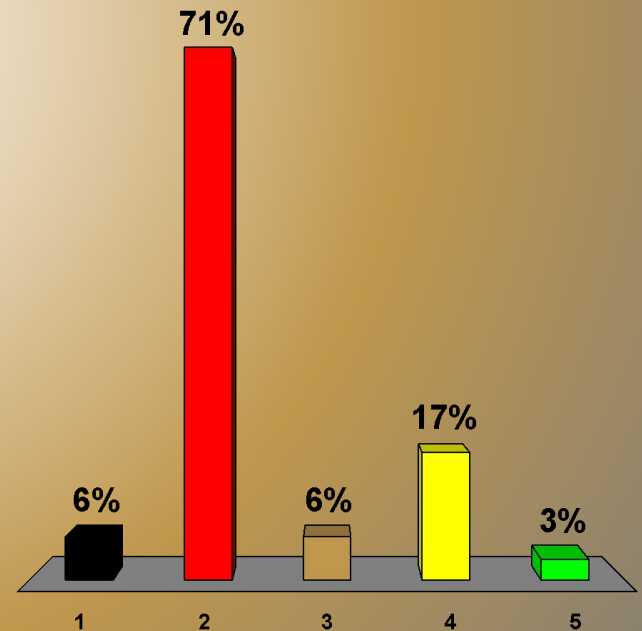
July 12, 1976: Edward Charles Allaway, a custodian in the library of California State University, Fullerton, fatally shot 7 fellow employees and wounded 2 others.

April 20, 1999: Students Eric Harris, 18, and Dylan Klebold, 17, opened fire at Columbine High School in Littleton, Colo., killing 12 classmates and a teacher and wounding 26 others before killing themselves in the school's library.



According to the Firefighters Support Foundation, what percentage of deaths occurred prior to definitive care?

- 1. 42%
- 2. 90 %
- 3. 16 %
- 4. 75 %
- 5. 35%



Survivability

(Courtesy of the Firefighters Support Foundation)

- § 90% of deaths occurred prior to definitive care
 - § 42% immediately
 - § 26% within 5 minutes
 - § 16% within 5 and 30 minutes
 - § 8-10% within 30 minutes and 2 hours
 - § Remainder survived between 2 and 6 hours during prolonged extrication to care
- § Only 10% of combat deaths occur after care initiated

Active Shooter Facts

- § 1966 thru 2010
 - § 281 events (excluded gangs, robberies, solely domestic disputes, hostage-taking incidents).
 - § 98% single suspect. 96% male suspects.
 - § Avg. age of 35.
 - § 36% involved multiple weapons.
 - § Locations: schools 29%, office 13%, open commercial 23%, factory/warehouse 13%, other 49%.

- § Resolution: 46% applied force (PD killed), 14% no applied force (negotiated end), 40% suicide.

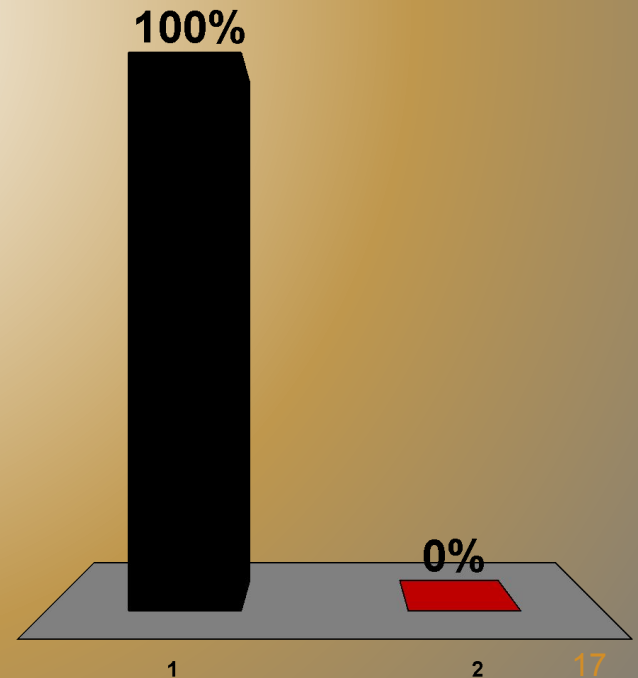
- § Relation to at least one victim: 41% work, 23% academic, 22% none, 9% other, 5% family.

- § 93% of incidents were over prior to the first responding asset, police or fire/EMS, arriving on scene

Active-shooter incidents often occur in small- and medium-sized communities where police departments are limited by budget constraints and small workforces.

The average active-shooter incident lasts **12 minutes**. 37% last less than 5 minutes.

1. True
2. False





Active Shooter Statistics

- § Active-shooter incidents often occur in small- and medium-sized communities where police departments are limited by budget constraints and small workforces.
- § The average active-shooter incident lasts **12 minutes**. 37% last less than 5 minutes.
- § Overwhelmingly, the offender is a single shooter (98 percent), primarily male (97 percent). In 40% of the instances, they kill themselves.
- § 2% of the shooters bring IEDs as an additional weapon.

In 10 % of the cases, the shooter stops and walks away. In 20% of the cases, the shooter goes mobile, moving to another location.

Active Shooter Statistics

- § 43% of the time, the crime is over before police arrive. In 57% of the shootings, an officer arrives while the shooting is still underway.
- § The shooter often stops as soon as he hears or sees law enforcement, sometimes turning his anger or aggression on law enforcement.
- § Patrol officers are most likely responding alone or with a partner. When responding alone, 75% had to take action.
- § A third of those officers who enter the incident alone are shot by the intruder.

Violence as a solution....



JW Booth's pistol

- § An Active Shooter Expects To Die
- § Not concerned with dying so has nothing to lose
- § Moves throughout a building or area until either
 - § stopped by police
 - § commits suicide
 - § self
 - § suicide by cop
- § stopped by others

Types of Shooters

§ Spontaneous

- § Rage based response
- § Temporary loss of reason
- § Use of weapons on hand
- § Short duration
- § Generally limited to object of rage



§ Methodical

- § Preplanned
- § Typically well equipped
- § Objective based
- § Part of objective to gain attention





When **ng?**

They responded on instinct based on prior training. This important principle must now be applied to violent armed individual and active shooter events. Significant historical events have forced Law Enforcement as well as Fire and EMS to change their training and response to them.

Core Elements of a Community Response Task Force Include

§ Incident Management

- § Fire/EMS Command
- § Law Enforcement Command
- § Affect organization Command
- § Unified Command

§ Law Enforcement

- § Attack Team
 - § Threat elimination
 - § Backflow search
- § Complete Search Team
- § Evidence Collection/Forensics

§ Emergency Medical Services

- § Force Protection Team
 - § Sift/Sort Team
- § Transfer Team
- § Triage , Treat, Transport Teams
- § Fatality management

§ Fire Suppression

- § Transfer Team

§ Service Support – Facility's Security Offices/Dispatch Centers /911

§ Definitive Medical Treatment

Law Enforcement Response

§ Response:

§ Law Enforcement and public safety

§ Initiate proper Incident Command System (ICS) to coordinate and assure that all assets are accounted for.

§ First arriving vehicles

§ Position themselves in a safe location without blocking key ingress and egress locations that may hinder any additional first responders.

§ Deploy Attack team and Rescue teams

§ Establish a command post

§ All staging, command, triage, and treatment areas should be in a safe location outside of any possible threats.

Law Enforcement Response

- § Develop and activate a communications plan
 - § To include identified common radio frequencies and modes of communication to assist with timely and accurate information being relayed to Incident Command.
- § Responding law enforcement should always take into account the possibility of secondary devices or additional threats.
- § Designate a Public Information Officer (PIO) to relay accurate and timely information.
- § Establish an intelligence / situational analysis unit within the ICS structure to share situational information, while also developing intelligence to support the investigation and/or response.

Law Enforcement

Traditional LE Response:

Contain Subject(s)

Set up a Perimeter

Evacuate if possible

Negotiate if possible

Wait for tactical teams

Resolve utilizing tactical assets

Rapid Deployment vs. Tactical Response

Rapid Deployment

Dynamic situation with victims being killed or injured

Must move NOW

Tactical Response

Subject(s) have been cornered and/or contained away from victims or situation relatively stable

Can await resources



**GYM
AREA**

**MAIN OR
NORTH HALL**

**SCIENCE AREA
UPPER LEVEL**

**LIBRARY
UPPER LEVEL**

**CAFETERIA
LOWER LEVEL**

**HARRIS
VEHICLE**

**KLEBOLD
VEHICLE**

Suspects and Casualties



- § 2 shooters(18 &17)
- § 13 Killed
- § 160 Injured (24 Critical)

Harris & Klebold Plans

- § 5:00 Get-up
- § 6:00 meet at KS
- § 7:00 go to Reb's house
- § 7:15 he leaves to fill propane. I leave to fill gas
- § 8:30 Meet back at his house
- § 9:00 made d. bag set up car
- § 9:30 practice gearups. Chill
- § 10:30 set up 4 things
- § 11:00 go to school
- § 11:10 set up duffel bags
- § 11:12 wait near cars, gear up
- § 11:16 HAHAHA

walk in, set bombs at 11:09, for 11:17

leave, set ~~bombs~~.

Drive to clemete park. Gear up.

Get back by 11:15

Park cars, set car bombs for 11:18

get out, go to outside hill, wait.

When first bombs go off, attack.

have fun!

Walk in, set bombs at 11:09, for 11:17
Leave,

Drive to Clemete Park. Gear up.

Get back by 11:15

Park cars. set car bombs for 11:18

get out, go to outside hill, wait.

When first bombs go off, attack.

have fun!

Timeline-April 20, 1999

- § 11:19am-First shot fired outside
 - § Numerous students shot in parking lot area
- § 11:24 (+5 min)-First officer arrives Code 3
 - § Harris shoots 10 times before gun jams
 - § Officer shoots 4 shots-Harris enters school
 - § Distance of 60 Yards

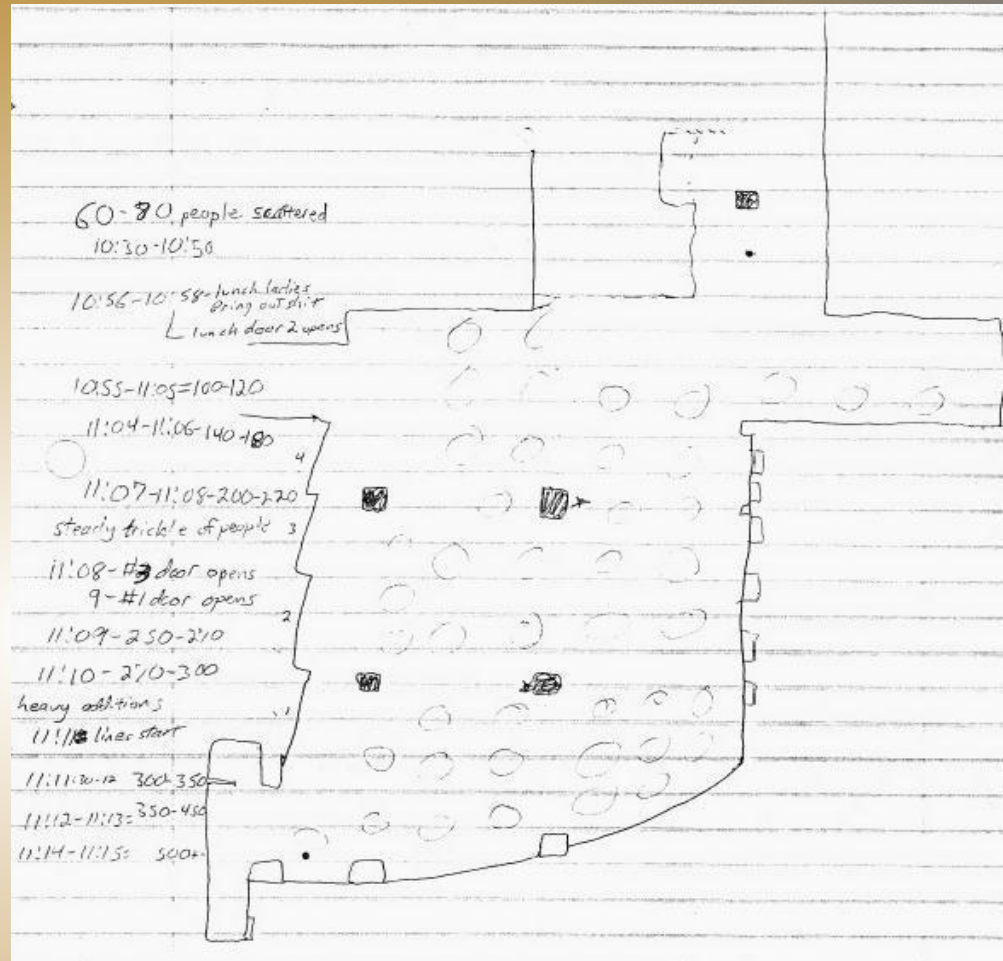
Time Line-April 20, 1999

- § 11:36 (+17 min)-SWAT Commander arrives and establishes CP
- § 11:40 (+21 min) -Harris named as suspect
- § 11:44 (+25 min)-Perimeter established W/at least 9 officers
- § 11:52 (+33 min)-Under Sheriff arrives and authorizes SWAT to make “immediate” entry
- § 12:02 (+43 min)-Paramedics under fire from upstairs library window-officers lay down suppressive fire
- § 12:05 (+46 min)-last gunshots from suspects heard
- § 12:06 (+47 min)-Ad hoc SWAT Team (2 elements) make entry
- § 12:08 (+49 min)-Shooters commit suicide
- § 3:30 (+251 min)-Shooters found dead in library

IEDS

76 DEVICES AT COLUMBINE HIGH SCHOOL

Outside	15
Library	31
Class/Hall	20
Cafeteria	10
TOTAL	76



Weapons Used by Klebold/Harris



188 Shots Fired by KLEBOLD and HARRIS

SHOTGUN ROUNDS

Library	27
Inside School	8
Outside	2
Total Fired	37

9MM ROUNDS

Library	34
Inside School	67
Outside	50
Total Fired	151



Safe School Initiative

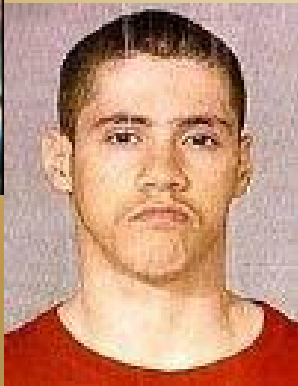
2002

Safe School Initiative, 2002

- § **34% Never evaluated for mental illness**
- § **17% diagnosed with mental or behavior disorder**
- § **78% suicide thoughts or attempts**
- § **98% perceived significant loss prior to attack**

**A small percentage of the population may be unable to cope with bullying, harassment, or rejection except by violence –
The “Brittle People” Phenomenon.**





“Brittle People”

Feelings of Persecution and Alienation.

Extreme sensitivity to slights and rejection – “Injustice Collectors”

Violent Compensatory Fantasies

Inadvertent Disclosure:

Emotional leakage through writings, artwork, projects, and conversations.



Pathway to Violence

6. **Attack**
5. **Breach**
4. **Preparation**
3. **Research & Planning**
2. **Ideation**
1. **Grievance**

From Calhoun and Weston, “Contemporary Threat Management” (2003)

Beware of Changes in Functioning

- § Significant, abrupt self directed life changes:
 - § Appearance
 - § Spending habits
 - § Preparation of a will/ giving belongings away
 - § Decline in self care
 - § Inc. sexual experimentation



Preparatory Behaviors

Sought privacy of motel

Weapon acquisition

Target practice

Surveillance/ security testing



Rapid Response/Deployment -Defined

The swift and immediate deployment of a law enforcement resource to on-going, life threatening situation where delayed deployment could otherwise result in death or great bodily harm to innocent people.



Law Enforcement Response

Will respond as trained and will rapidly move to the shooting in a Diamond formation (cover 360 degrees).

Once the threat is mitigated, Officers / Deputies will begin to “back clear” until they meet up with other responding Officers / Deputies.

Once the entire area is clear, Officers / Deputies will assist Fire/EMS with victims.

During initial response:

1. Outside Officer or Deputy will make direct (face to face) contact with Fire / EMS to provide situational awareness.
2. Will provide security for Fire / EMS response.
3. Will work with Fire / EMS response to bring medical attention to wounded victims as quickly and safely as possible.



Hostile MCI

- § Before going on, one thing must be made perfectly clear:
 - § *We are not* advocating or developing a plan that involves any Fire/EMS provider delivering patient care while under fire. This is not tactical medicine.
 - § The safety of the Fire/EMS responders has always been and will continue to be our primary concern.
 - § There is no set model for what we developed. It's a cross between lessons learned in desert conflicts, and our traditional triage procedures.
 - § This model may serve as the basis for Fire/EMS responses across the nation.



Hostile MCI

History has shown that viable victims have died because FD, LE and EMS *failed to have a unified plan.*

Compressible Hemorrhage, Tension Pneumothorax and basic airway issues are the interventions we need to address in the first 30 minutes.

EMS Must Engage Quickly

EMS has only minutes to save lives

EMS can gain access to victims in a safe manner using Law Enforcement Assets on hand

This model is supported by the Hartford Consensus, IAFC, IAPC, FEMA, National Law Enforcement Agencies

Force Protection

- § Providing care while in the *warm* zone where threat is a minimum, but not totally ruled out.
- § LE will be providing for your security with a minimum of two officers.
- § All LE Agencies have the ability to provide Force Protection.



Force Protection Make-up

Unified Command will establish a Force Protection Team consisting of the following:

- § Minimum of two LE personnel (Force Protection element)
- § Minimum of three FD personnel
- § Force Protection Teams shall take a minimum of two Hostile MCI Kits into the warm zone

- § FD Company Officer responsible for communications with Command.
- § Command or FP Branch Director will provide a briefing prior to entry and cover:
 - § Team Leader and call sign;
 - § Who they are reporting to;
 - § Radio channel;
 - § Entry point;
 - § Any other special considerations.

Force Protection Entry

- § Entry should always be made at the same entrance that the LE strike teams entered unless otherwise specified.

- § A PAR report should be given to Command or Force Protection Branch upon the teams entry:
 - § “Force Protection Branch from FP Team 1, we are entering the building at the South entrance PAR with 3 LE and 4 FD”

- § Once inside the building – CAN reports (Conditions, Action & Needs) should be given periodically.
 - § “Force Protection Branch , FP Team 1 is 60’ inside the south entrance, we have multiple victims and are beginning to sort, we will need multiple transfer teams. The south entrance will be a good spot for the Casualty Collection Point.”

Sift and Sort

- § Term used to describe the actions of the Force Protection Teams.
- § Sifting and Sorting is not triage. Formal triage will be performed in a formal treatment area.
- § Categories of patients:
 - § Walking Wounded (no tag)
 - § Litter (marked with an orange tag)
 - § Expectant (marked with black tag)

Sifting and Sorting

Upon FP entry into the building, direct evacuees and walking wounded to the closest secured exit (could be the original entry point).

Victims unable to move will then be tagged **orange (litter)** or **black (expectant)**.

Minimal care is provided:

- § - Bleeding control
- § - BLS airway placement
- § - Chest seal
- § - Needle decompression



Weapons Check

FD or EMS on the Force Protection Team should perform ancillary weapons check (like any other trauma patient we encounter).

If a weapon is found, notify LE to secure it.

Note – LE assigned to FP should not be performing these checks. Their primary purpose is to watch the environment and engage any threat that may arise.

Hostile MCI Kits

§ Force Protection Teams shall take a minimum of two Hostile MCI Kits into the warm zone consisting of:

§ Chest seals

§ 3 ¼" 14G catheters (chest decompression)

§ Tourniquets

§ NPA's (assorted sizes)

§ Basic bandage supplies (compressible hemorrhage)

§ Tags:

§ **Orange**

§ **Black**

§ Consider: iTClamp, Hemostatic Dressings

Transfer Teams

- § At the same time Force Protection Teams are formed, begin to assemble Transfer Teams to remove victims from the warm zone to a CCP or to the formal medical area for Triage, Treatment, and Transport.
- § Teams may consist of any combination of FD and LE personnel.
- § Due to the dynamic environment and number of Force Protection Teams in the warm zone, Transfer Teams consisting of FD personnel may not need a LE protection detail.
- § Goal – Rapidly remove all orange tagged victims to the CCP or formal medical area.
- § Note – This process should be done as quickly as possible. Soft litters are available to place victims and transfer to the CCP. Any means will do, as long as it is quick. This is not the time for formal packaging of a victim.

Casualty Collection Point

- § Can be more than one CCP given the complexity of the incident.
- § Will be designated by location (i.e. CCP-Alpha, CCP-Charlie, CCP food court, etc.)
- § Patients will then be moved to the formal triage area while the uninjured evacuees will be collected in a refuge area.
- § Everyone will pass through the transition area for a formal weapons sweep before moving into the clean area.
- § LE shall be responsible for establishing these areas.

Casualty Collection

Personal
Belongings Drop

Personal Belongings
Drop

Force Protection
Transfer Team



Transition Area

DIRTY

Formal weapons sweep
by LE personnel

CLEAN

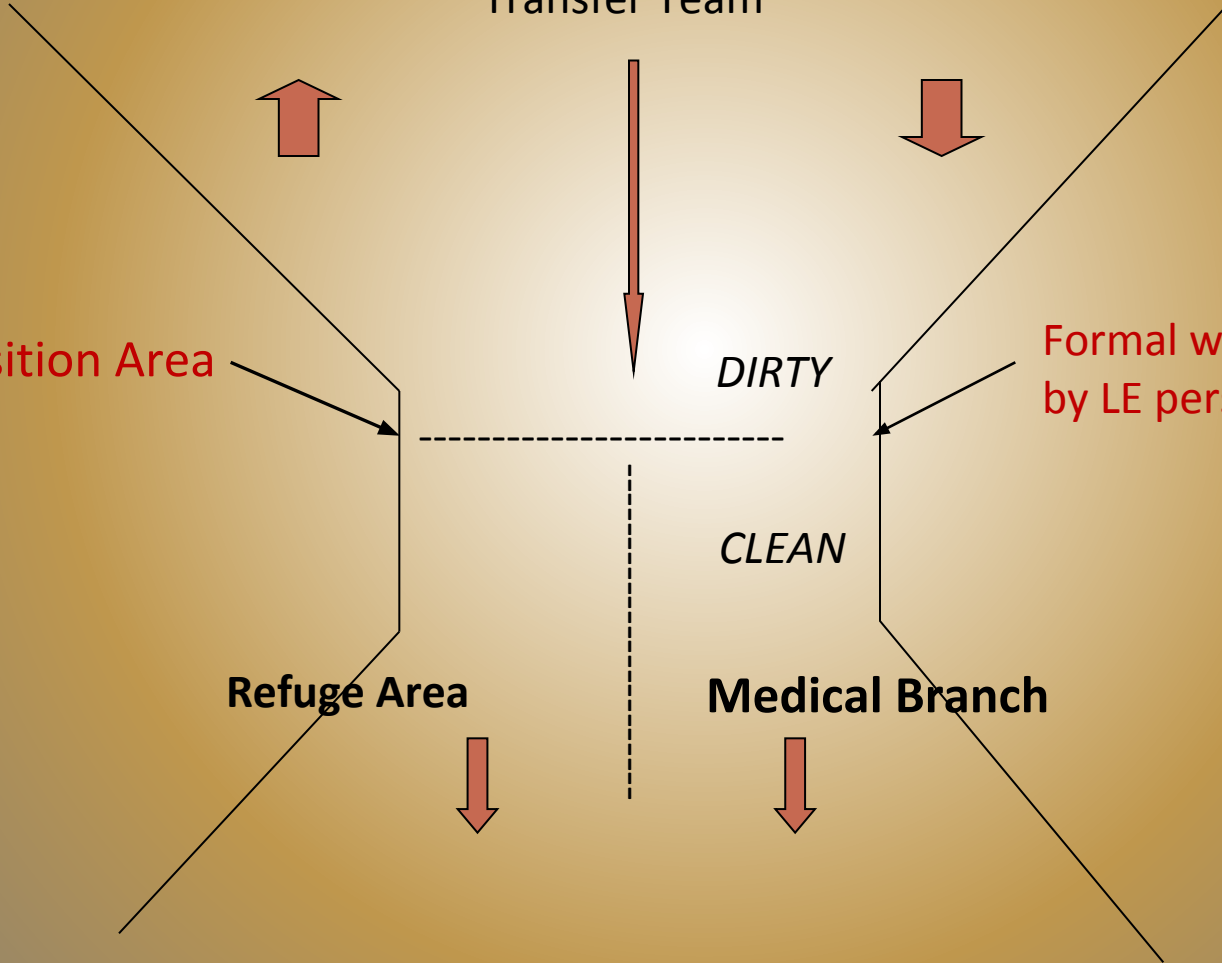
Refuge Area

Medical Branch



Uninjured Collected for Law Enforcement

Triage Treatment and Transport



The Goal:

Rapidly convert an Active Threat Scene to an Simple MCI

1. After the CCP has been identified and established, an Active Shooter event will quickly turn into an MCI. Responders must follow protocols closely and exercise great discipline to keep the scene running smoothly and patients moving to hospitals.
2. ALL patients will be brought through choke point(s) to a CCP for triage and treatment, and prepped for transport.
3. Remember to take supplies and equipment as needed from transporting ambulances, to keep the CCP stocked and operational.
4. Don't forget a secondary weapons search



Sift and Sort Team Operations:

F&R supports sending crews into Warm Zones for patient/victim retrieval under the following conditions:

- a. All areas of travel must be through Warm Zones, having been checked by a “Contact Team” of Police. These areas should still be considered potential safety threats.
- b. Police officers should accompany F&R “Rescue Team” members.
- c. At no time will F&R Rescue Teams be without Police escort.
- d. Members in a rescue team shall wear safety vest or turnout coat. Fire helmets will be worn at all times (this helps Police identify Company Officers).
- f. Command keeps track of all entries and exits of Rescue Teams as well as the location of their activity.



Special Considerations:

- a. Rescue Teams will be entering a significant crime scene. Although patient extrication is the mission, preservation of evidence should be considered.
- b. When coming across a viable patient, place a triage tag on immediately. Leave it GREEN for the CCP to triage. Take a sticker with the tag number and place it on the ground or as close as possible to where the patient was located. The mission is to identify patient location, not perform triage.
- c. Walking wounded can be used if necessary to help extricate victims.
- d. Police need to be notified immediately of any conscious patients that appear mortally wounded so that a dying declaration may be taken. Ask your police escort to make that notification on the police net. Do not delay extrication to wait for Police. Mark the patient's location and move to a CCP.

Rescue Team Special Considerations:

Advise officers where the closest CCP is in case they have the ability to move the patients. Always stay as a group and with your Police escort, no exceptions.

Keep the EMS gear **simple**. Backboards are cumbersome and difficult to maneuver with; use lifting tarps instead.

Tourniquets and clotting bandages will buy the patient time to get to a CCP.

Several pairs of gloves will be needed; try not to cross contaminate if possible.

Always check the victim/patient for weapons before moving.



What are the Medical Issues?

This is very focused Care

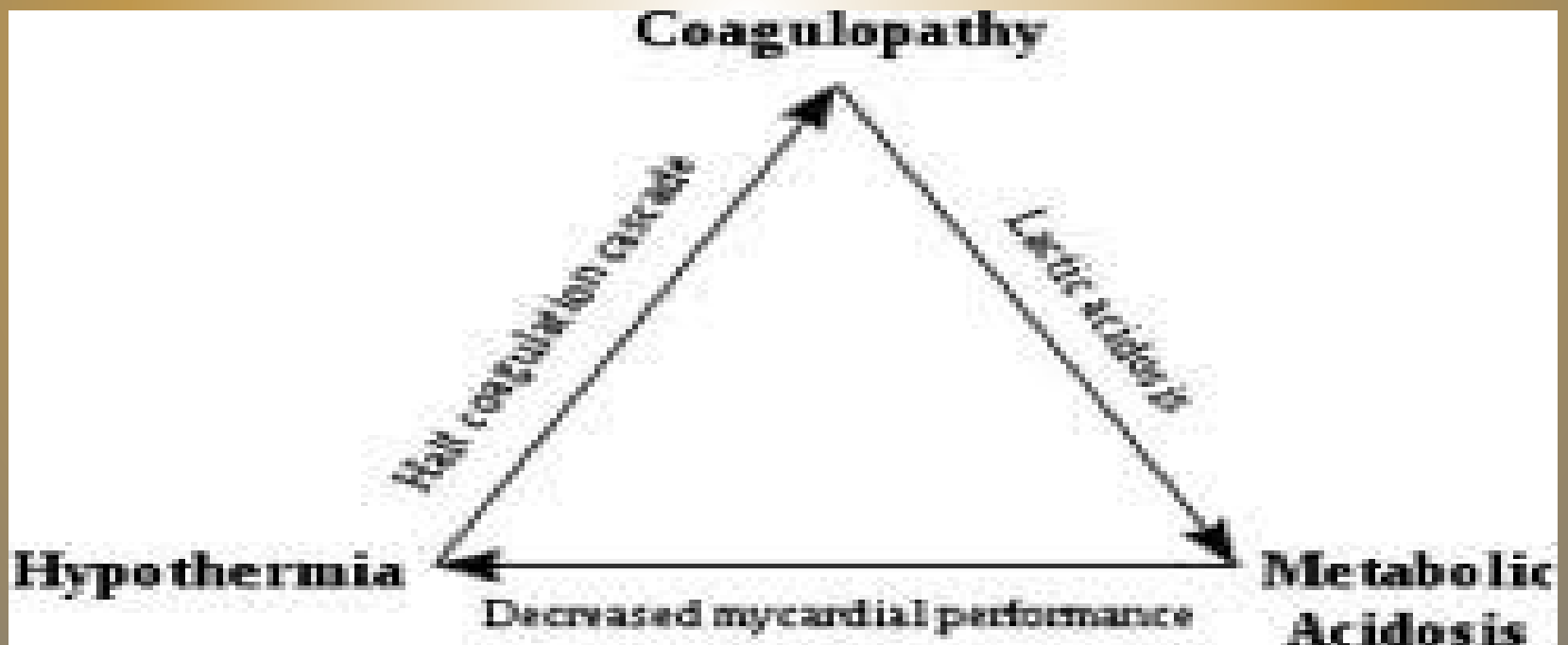
Driven by Tactical Considerations of Immediate Life Threats

Based on evidence to support this approach

Avoid the Lethal Triad

Significant blood losses are associated with coagulopathy (impaired blood coagulation).

Coagulopathy combined with hypothermia and acidosis forms the lethal triad of death.



Prevent the Triad

The control of hypothermia and acidosis are vital to prevent morbidity and mortality for severe hemorrhage.

All patients should be resuscitated to prevent shock, and carefully protected from heat loss and hypothermia.

Interventions

Avoid passive heat loss

Active rewarming

Hemodynamic resuscitation

Appropriate use of fluids

Aggressive control of blood loss

Additional Pearls

Clotting Agents - Quik Clot

- Correct



- Incorrect

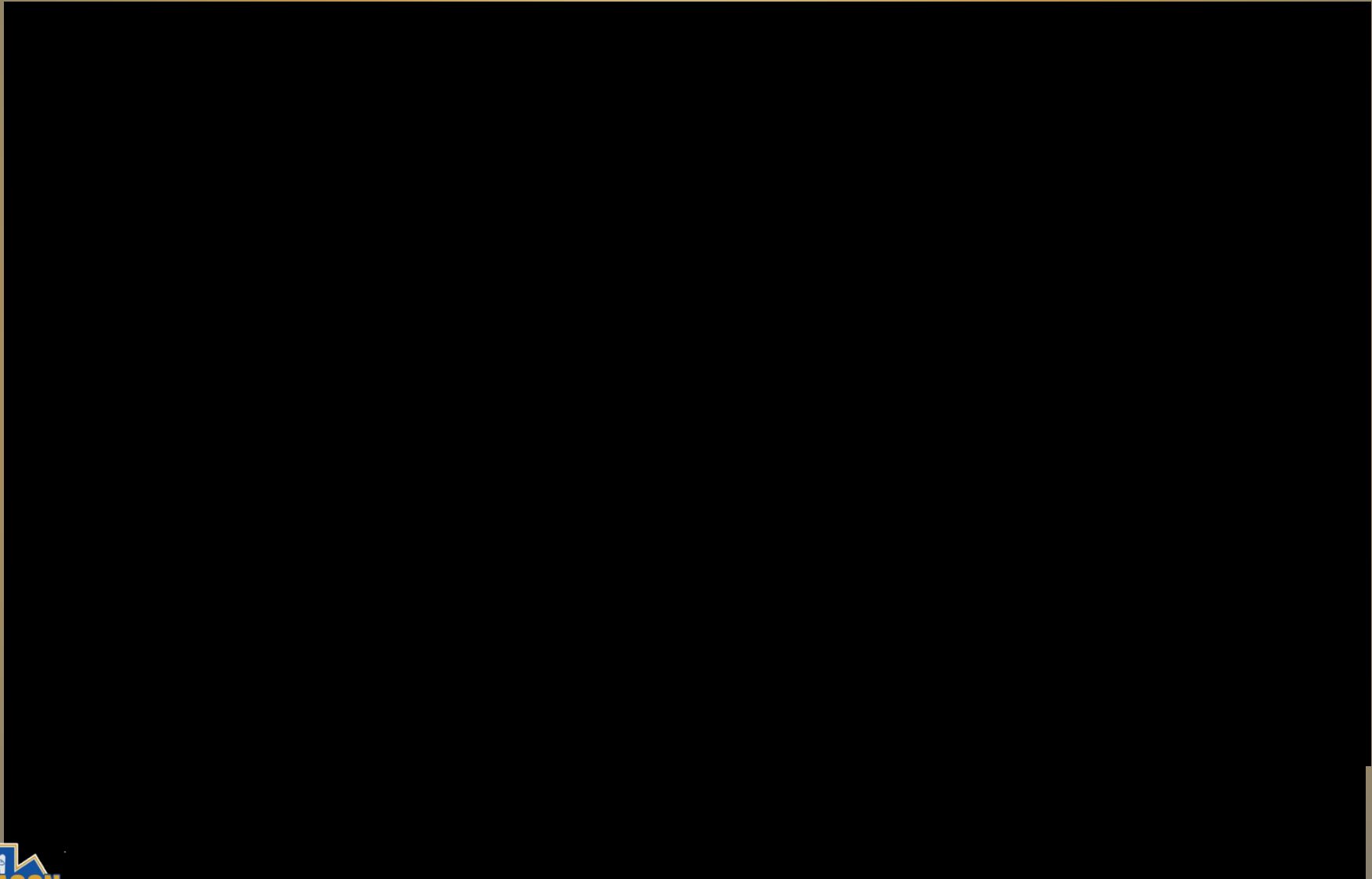


What Do You Do?

Be sure to assess your surroundings prior to an emergency because, under pressure, you will only react as you prepared.



Run, Hide, Fight



What Do You Do?

§ Run

- § Leave Building
- § Look for Cover
- § Don't run in straight Lines
- § Find a Safe area



What Do You Do?

§ Hide

- § Barricade
- § Lock Down
- § Limit Shooter's movement (soap hallways, lock doors, shut down elevators)
- § Conceal
- § Silence cell phones



What Do You Do?

§ Fight

§ Last resort

§ Use Items near you for defense (chair, broom handle, fire extinguisher)

§ Subdue shooter and escape or hold until Law Enforcement arrives



Let's Put this Information to
work!

Questions?