Preparing for an Active Shooter Event

Jeb Sheidler, MPAS, PA-C, DFAAPA, ATC/L, NREMT-P

Director of Didactic Education,

University of Dayton Physician Assistant Program

Captain, Bath Twp. Fire Department

Objectives

- **Review the latest statistics**
- **Discuss the options for active shooter training**
- **Demonstrate an easy to remember method to manage an active shooter event**
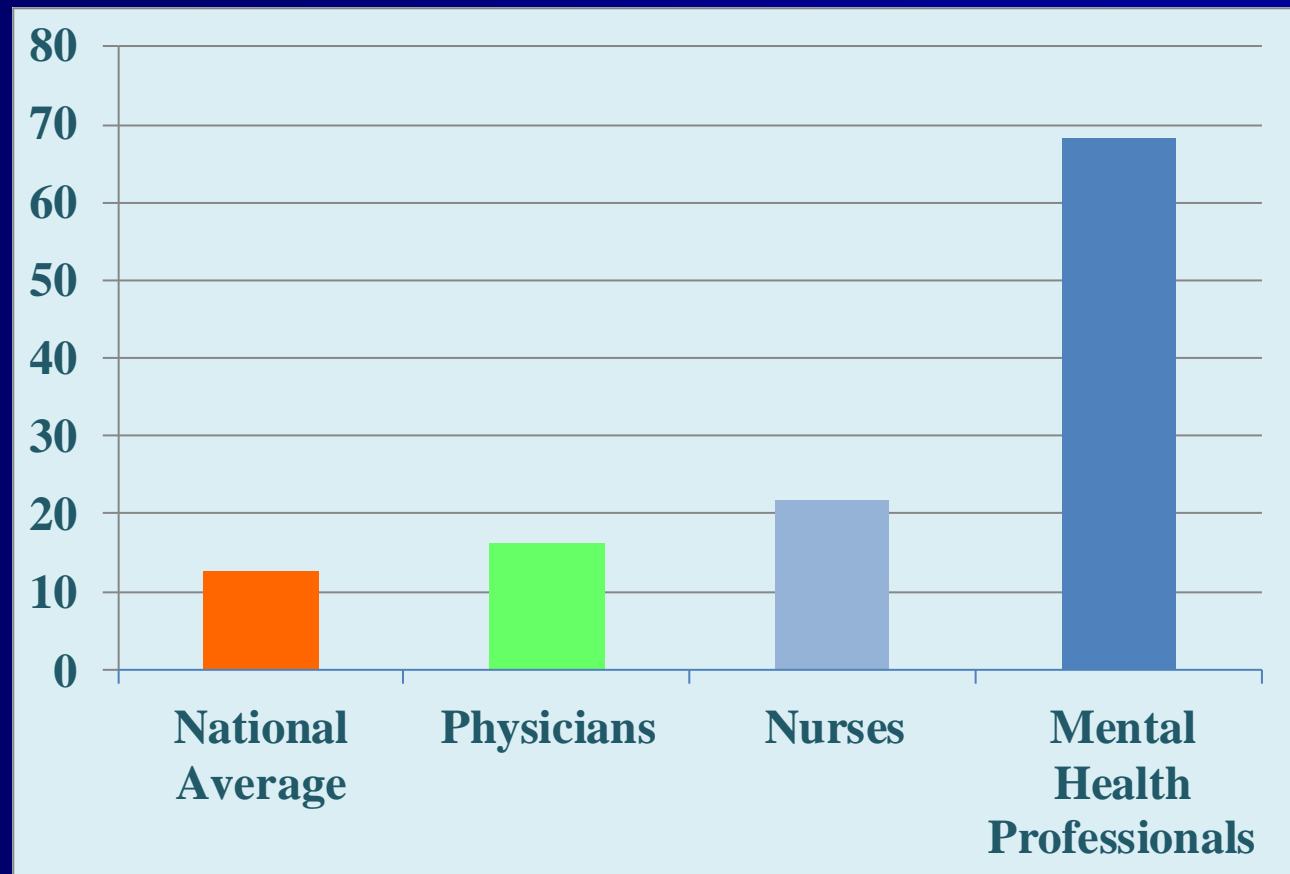- **Discuss tips for surviving an active shooter event**

We're safe this is America

It's safe to work in healthcare, right?

Just a few…

- **June 26, 1992: prominent otolaryngologist at Univ. of Michigan shot to death by angry patient**
- **July 26, 1993: two healthcare shot, one paralyzed from waist down, by woman angry over her mother's death**
- **Sept. 10, 2010: nurse beat by patient who broke chair and beat her with chair leg**
- **Sept. 16, 2010: surgeon shot and critically injured by angry patient's son**
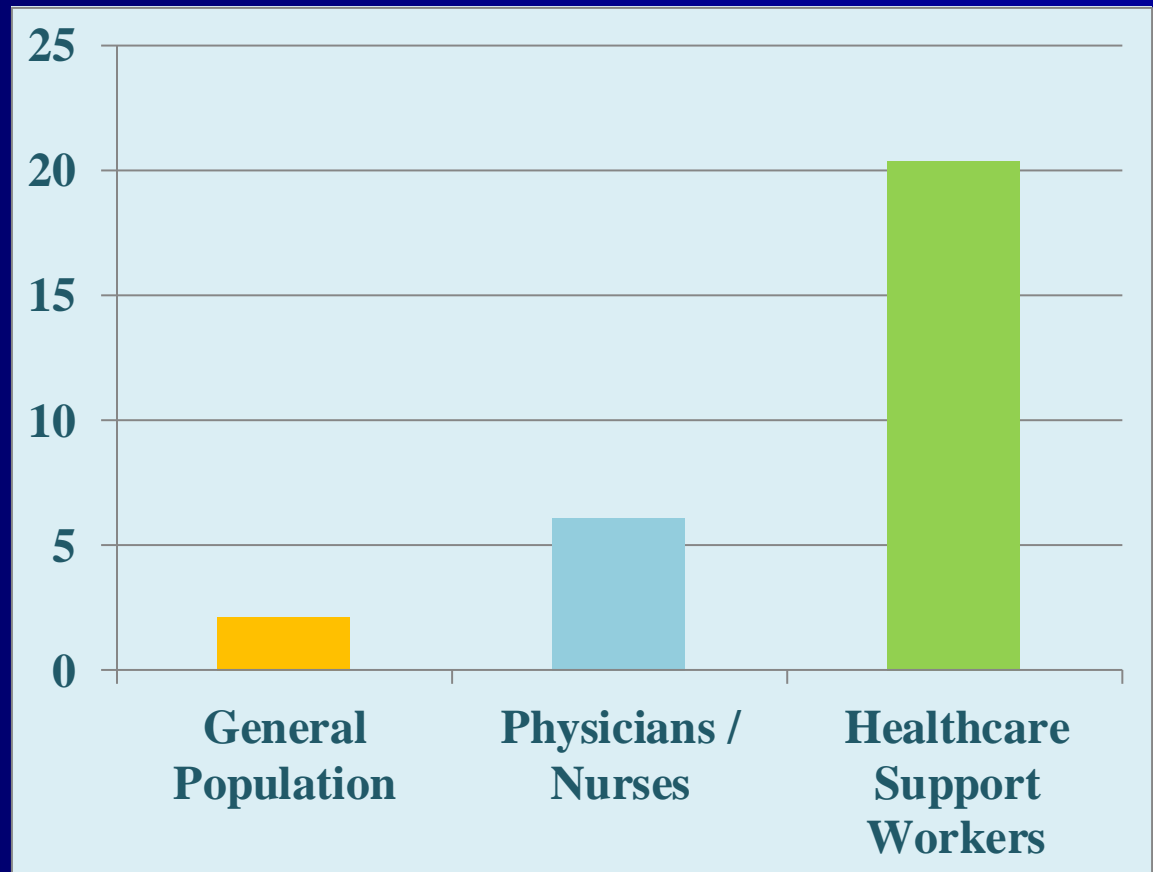- **May 4, 2012: emergency physician stabbed in neck by patient**

Healthcare violence

Non-fatal violent crime per 1,000 workers

Category	Value (approx.)
National Average	12
Physicians	16
Nurses	21
Mental Health Professionals	68

(Vertical axis: 0, 10, 20, 30, 40, 50, 60, 70, 80)

Assault Rates

Assault Rates per 10,000 full-time workers

25	
20	Healthcare Support Workers (≈20.5)
15	
10	
5	Physicians / Nurses (≈6)
0	General Population (≈2)

General Population · Physicians / Nurses · Healthcare Support Workers

Types of Training

- **Department of Homeland Security**
- **ALICE Training**
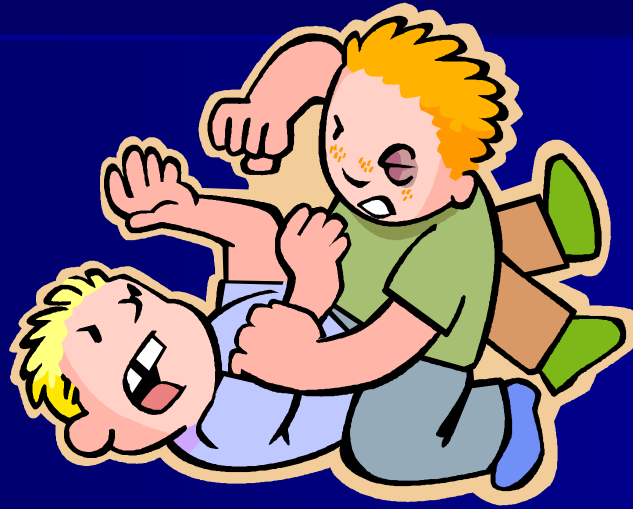- **Intruder Response Training**

Run

Hide

Hide

Fight

Reporting to Authorities

- Shooter(s) location, number of suspects and their identities if known.
- Race/gender, clothing description, physical features of suspect(s).
- Type of weapons (rifle or handgun), backpacks or duffel bags, separate explosions from gunfire, etc.
- Your specific location building name and room number.
- Number of people at your specific location.
- Injuries, number of persons injured and types of injuries.

Tips to help you survive

- **Stay calm and quiet**
- **Lock and barricade door**
- **Close blinds or curtains**
- **Turn off lights and all electronics**
- **Take cover**
- **Wait until an official calls an all clear**

Are you trained to mitigate

- **Do you know martial arts**
- **Do you carry a knife?**
  - Are you trained to use it?
- **Do you practice these techniques?**
  - Develop muscle memory

Situational Awareness

- **Do you see any odd behaviors?**
- **Have you identified 2 exits?**
- **Can you find your way out in the dark?**
- **Is there a good place to hide?**

Caring for Injured

- **Don't become a casualty**
- **Don't put others at risk**
- **Provide simple care**
- **Do the most good for the most people**

Combat Injuries

- **Extremity hemorrhage is the number one cause of preventable combat death (60%)**

- **Tension pneumothorax is number two cause of preventable combat death (33%)**

- **Airway obstruction is the third cause of preventable combat death (6%)**

Mass Casualty Triage

Objectives

- Review definitions of Mass Casualty and Triage

- Discuss the types of Mass Casualty Events and unique aspects of each type

- Review triage categories

- Review rapid triage techniques

Mass Casualty Incident

Any event that stretches available equipment and personnel to or beyond

its limit

Triage

tri·age
/triˈɑʒ/ [tree-ahzh]
adjective, verb, tri·aged, tri·ag·ing.
noun , triage

1. The process of sorting victims, as of a battle or disaster, to determine medical priority in order to increase the number of survivors.

2. The determination of priorities for action in an emergency.

Types of Incidents

- **Motor Vehicle Crash**
- **Natural Disasters**
- **Building Collapse**
- **Acts of violence or terrorism**

MCI Triage Tips

- Use a MCI Response Plan
- Prepackage MCI supplies
- Use Incident Command System
- Utilize color coded command vests
- Use cones and color coded tarps
- Insure coordinated communication
- Arrange for special resources

MCI Triage Tips

- **Anticipate incident escalation**
- **Use a rapid triage system**
- **Triage is a dynamic event**
- **Use triage tags on all victims**
- **Notify hospitals early**
- **Track patients carefully**

MCI Team

- **EMS Personnel**
- **Fire Fighters**
- **Law Enforcement**
- **Air Medical Transport**
- **EMA**
- **Utilities**

Anticipate Arrival of Media

Incident Command

- **Incident Commander**
  - Safety Officer
  - PIO
  - Liaison
- **Operations**
- **Planning**
- **Logistics**
- **Finance**

Incident Command

- **Command Post**
- **Triage Sector**
- **Treatment Sector**
- **Transportation Sector**
- **Staging Sector**

Triage Sector

- **Perform where victims lay**
- **If patients require extrication, have triage sector in a nearby, safe area**

SALT Triage

S – Sort

A – Assess

L – Life Saving Interventions

T – Treatment / Transport

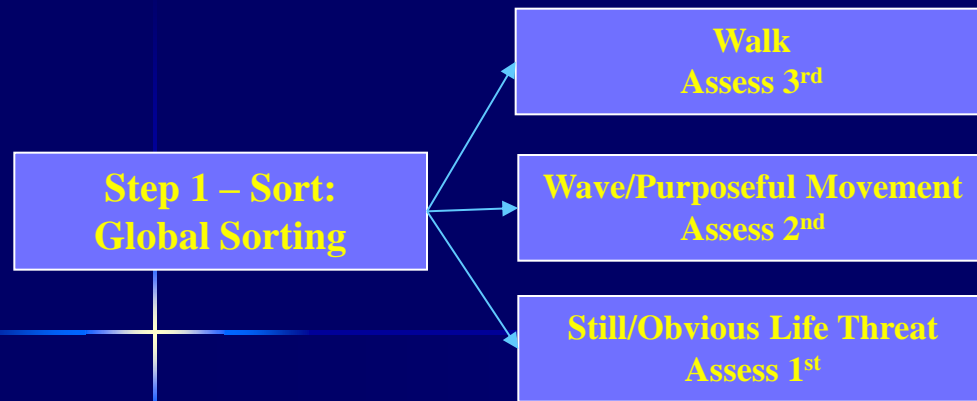# "ID- me" Categories

I - **Immediate**
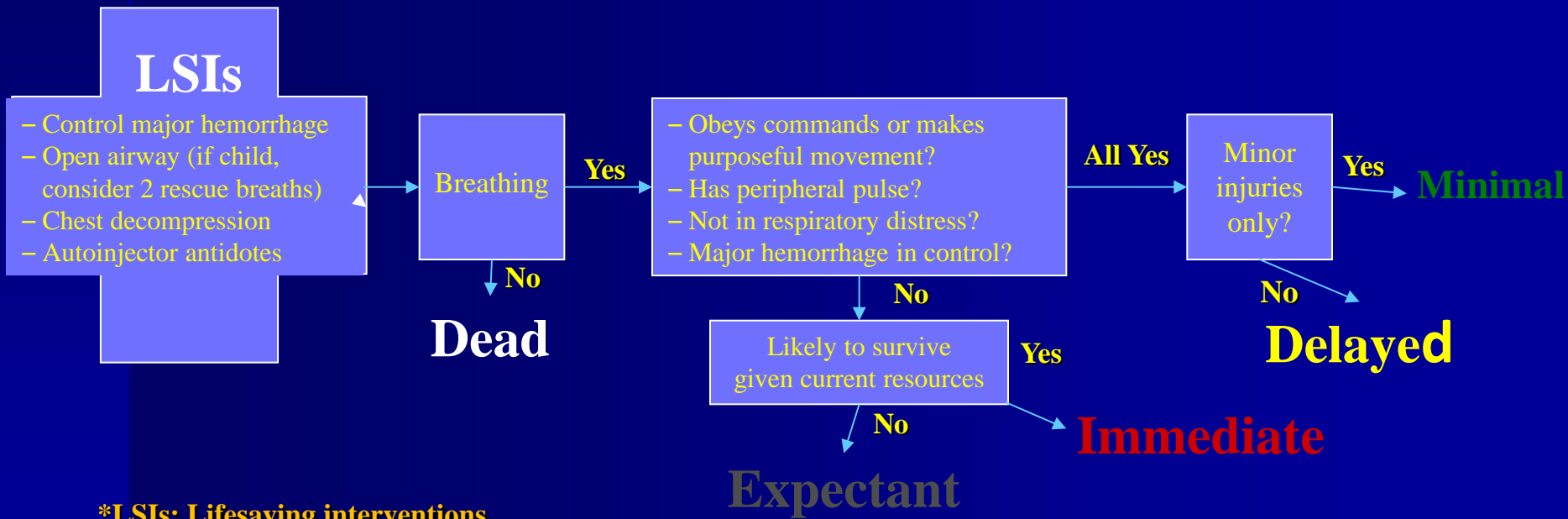
D - **Delayed**

M - **Minimal**

E – **Expectant, Dead**

SALT Mass Casualty Triage

Sort
Assess
Lifesaving interventions
Treatment/transport

Step 1 – Sort:
Global Sorting

→ **Walk** Assess 3rd

→ **Wave/Purposeful Movement** Assess 2nd

→ **Still/Obvious Life Threat** Assess 1st

Step T2– Assess:
Individual Assessment

LSIs

– Control major hemorrhage
– Open airway (if child, consider 2 rescue breaths)
– Chest decompression
– Autoinjector antidotes

Breathing
- **Yes** →
- **No** → **Dead**

– Obeys commands or makes purposeful movement?
– Has peripheral pulse?
– Not in respiratory distress?
– Major hemorrhage in control?

- **All Yes** →
- **No** →

Likely to survive given current resources
- **Yes** → **Immediate**
- **No** → **Expectant**

Minor injuries only?
- **Yes** → **Minimal**
- **No** → **Delayed**

*LSIs: Lifesaving interventions

SALT Triage

Sort

- Anyone who can walk is told to <u>MOVE</u> to a collection area (help these people last)
- Remaining victims are told to <u>MOVE</u> an arm or leg (help these people second)
- Patients who remain still or have obvious life threatening injuries (help these people first)

SALT Triage

- **Assess**
  - Categorize patients by "ID-ME"
  - **Immediate**, **Delayed**, **Minimal**, **Expectant**, **Dead**

SALT Triage

- **Life Saving Interventions**
  - Control major hemorrhage
  - Open airway (if child, consider 2 rescue breaths)
  - Chest decompression
  - Autoinjector antidotes

SALT Triage

Treatment / Transport

- Transport IMMEDIATE patients first
- Send to Appropriate treatment facility
- Document where each patient is transported
- Consider secondary treatment facilities for minor injuries

Managing the Dead

- **How to handle the dead patients:**
  - Dead patients should not be moved
  - May aid in identification of the deceased
- **Evidence is important!**
  - Finding and convicting perpetrators….and possibly... PREVENTING future attacks!
  - Excessive manipulation of human remains may needlessly destroy vital evidence

References

- http://www.dhs.gov/active-shooter-preparedness
- http://www.alicetraining.com/
- http://register.ndlsf.org/mod/page/view.php?id=2056
- http://www.bls.gov/opub/cwc/sh20100825ar01p1.htm
- http://www.fbi.gov/about-us/cirg/active-shooter-and-mass-casualty-incidents