

# Dayton MMRS: Plans and Equipment for EMS Response to Active Shooter Incidents

With special thanks  
to Arlington, VA



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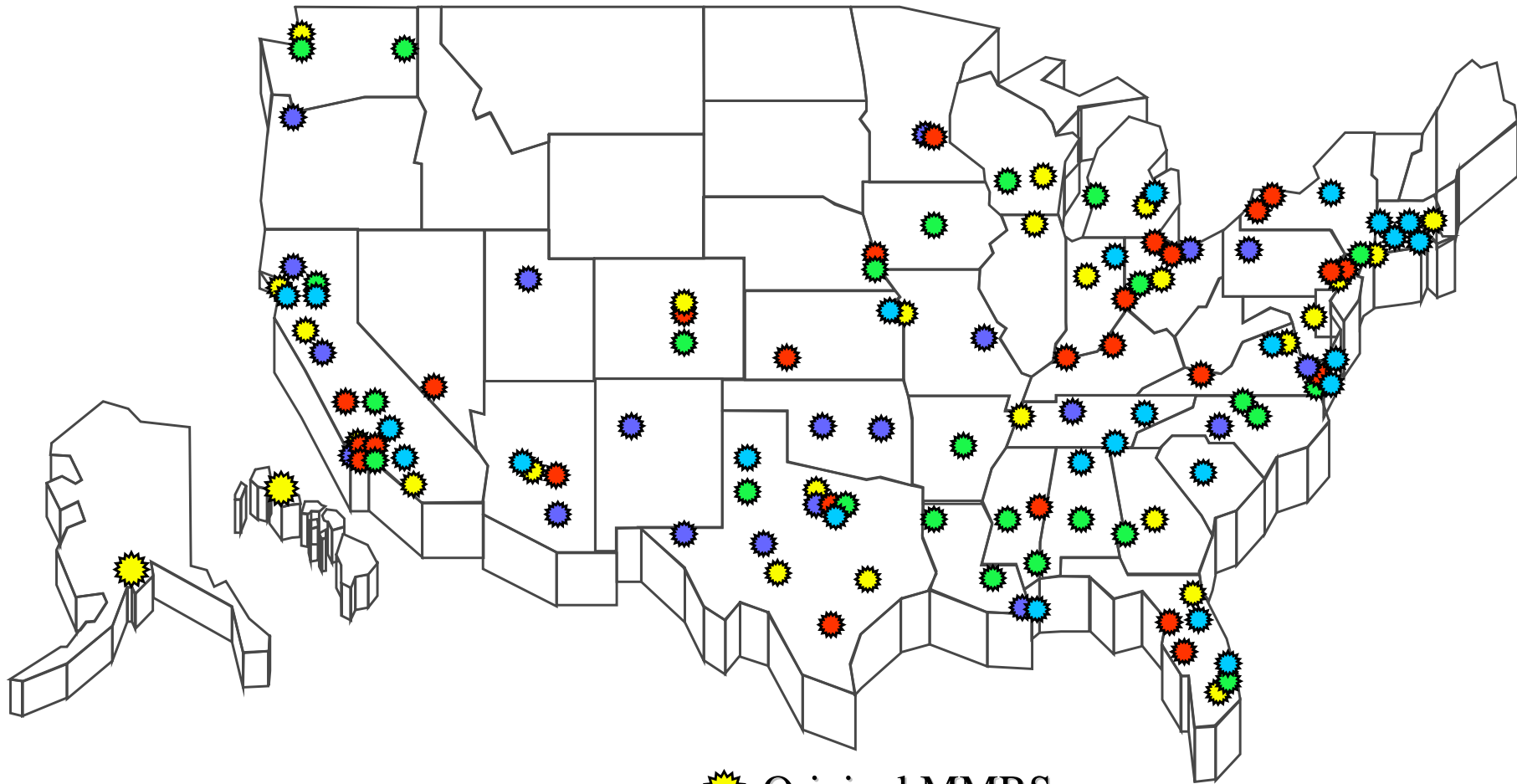







# Dayton MMRS

- **Metropolitan**
- **Medical**
- **Response**
- **System**



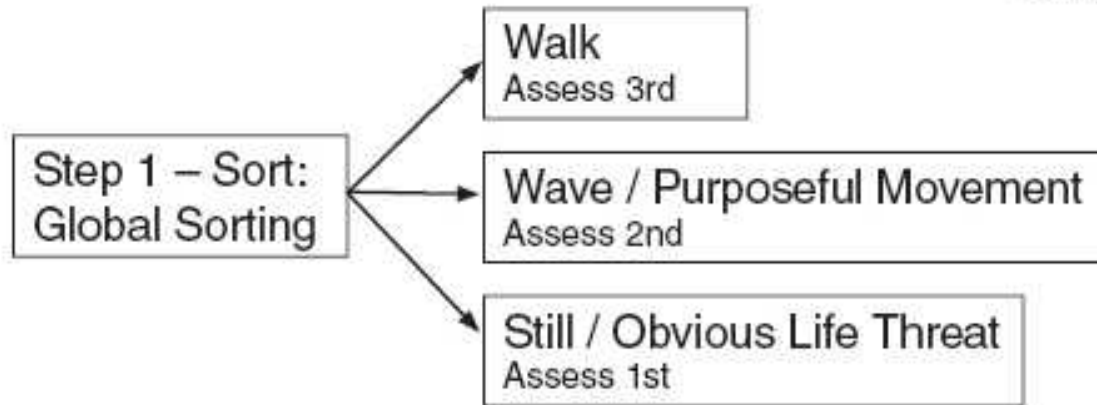
# Metropolitan Medical Response Systems



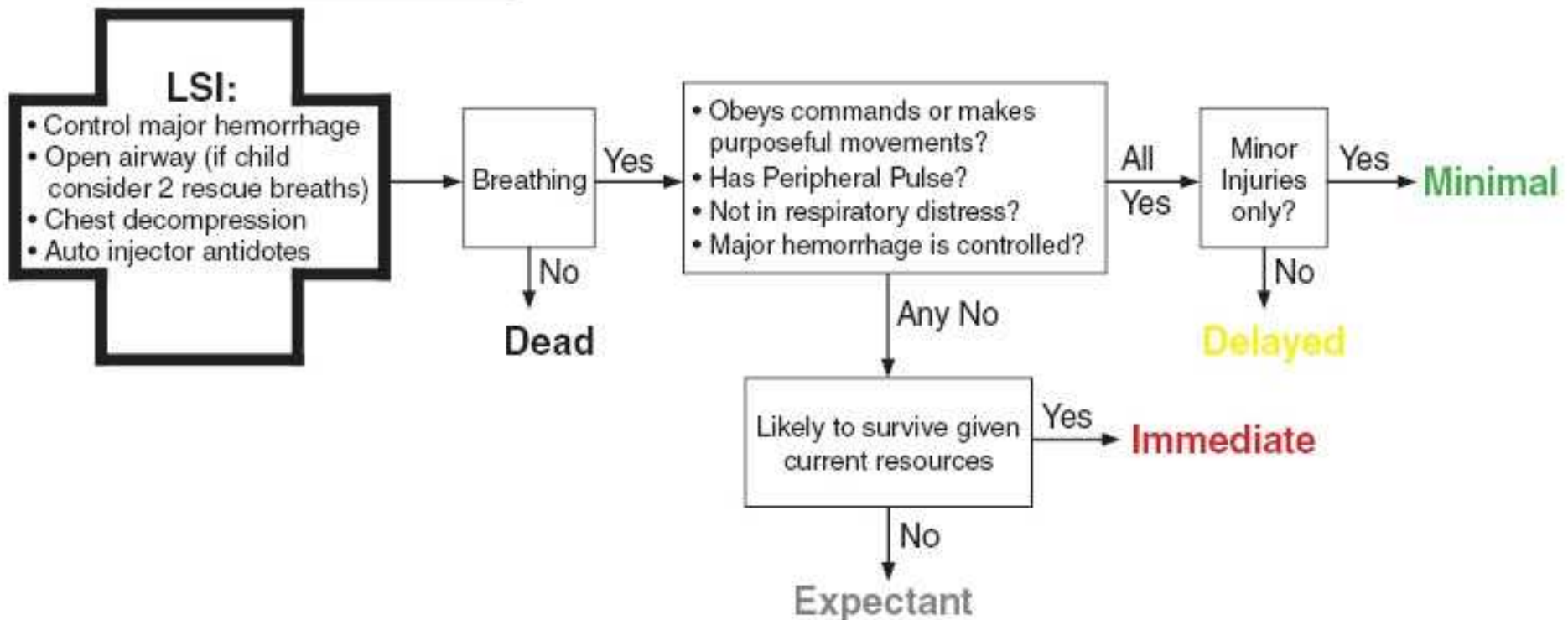
-  Original MMRS
-  MMRS 1999
-  MMRS 2000
-  MMRS 2001
-  MMRS 2002



# SALT Mass Casualty Triage



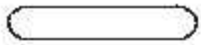
**Step 2 – Assess: Individual Assessment**



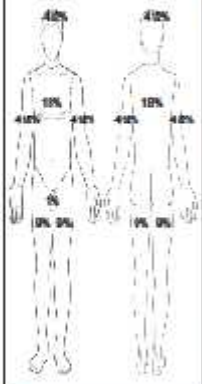
# MCI Materials from DMMRS

- Triage Ribbon Kits
- SALT-compliant Triage Tags
- Regional MCI Response Plan Template



 BAR-CODE

Name: \_\_\_\_\_ M / F  
 Allergies: \_\_\_\_\_ Age \_\_\_\_\_



**Injury Key:**

1. \_\_\_\_\_

2. \_\_\_\_\_


3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**INJURY KEY:** Indicates on diagram location of the injury with corresponding injury number.

DIRTY  DECONTAMINATED

Time			
Pulse / DP			
Respirations			
AVPU			
Category			


*Triage Category Indicated by Ribbon Color*

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**Transport Officer please remove prior to transport**

Name: \_\_\_\_\_  
 Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Hospital: \_\_\_\_\_  
 Transport Unit: \_\_\_\_\_ Time: \_\_\_\_\_  
 Gender: M / F

BAR-CODE  
 For Evidence/  
 Personal Effects Bag

 BAR-CODE

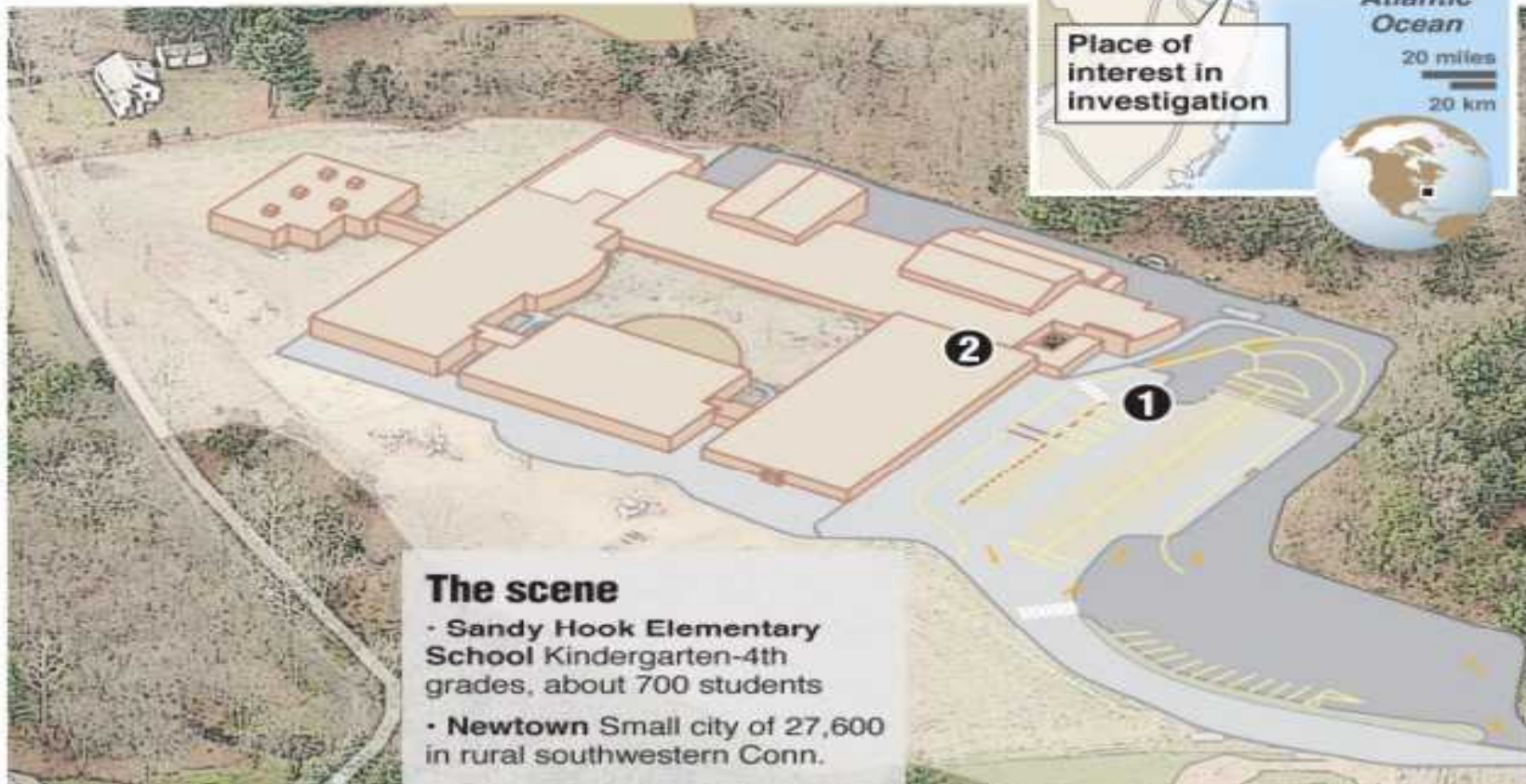
# DMMRS “Mumbai” Committee working since early 2012

## Mass shooting at grade school

*A gunman opened fire at an elementary school in Newtown, Conn. killing 26 people, 20 of them young children. What is known so far:*

### The shooting

- 1 Before 9:30 a.m. Gunman, wearing all black, enters Sandy Hook Elementary school with two automatic handguns; his mother taught kindergarten at the school



### The scene

- Sandy Hook Elementary School Kindergarten-4th grades, about 700 students
- Newtown Small city of 27,600 in rural southwestern Conn.







# The Reality

- ❖ Active shooter incidents happen everywhere in this country, from small towns to the largest cities
- ❖ The lesson from Columbine is "if you wait for SWAT, people will die"
- ❖ Police agencies significantly changed response since Columbine
  - ❖ Extremely aggressive response to active shooter
- ❖ New Law Enforcement doctrine for active shooters: go to the sound of the gunfire and neutralize the killers



# Response to Active Shooter Incidents

- ❖ Most Fire/EMS agencies have not changed
  - ❖ Stand outside until the police have secured the entire building
- ❖ This leads to injured not receiving treatment and dying from wounds they received



# Aurora


SET EDITION: U.S. | INTERNATIONAL | MÉX.CO | ARABIC  
TV: CNN | CNN | CNN en Español | HLN

CNN U.S.

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## Rescue workers weren't prepared for chaos of Aurora shooting

By Ben Brumfield and Cristy Lenz, CNN  
Updated 8:35 AM EDT, Thu May 2, 2013



The public gets its first glimpse of James Holmes, 24, the suspect in the Colorado theater shooting during his initial court appearance Monday, July 23. With his hair dyed reddish-orange, Holmes here will public defender Tamera Brady showed little emotion — he is accused of opening fire in a movie theater Friday, July 20, in Aurora, Colorado, killing 12 people and wounding 53 others. [More photos: Mourning the victims of the Colorado theater massacre](#)

Colorado movie theater shooting

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

### STORY HIGHLIGHTS

- NEW:** Legging communication coverage delays in emergency medical response
- 1,400 people poured out in a panic, many covered in blood
- They summoned rescue vehicles, blocking access to the theater
- People were in shock and

**(CNN)** — When a shooter sprayed a movie audience with bullets in a Colorado theater last summer, paramedics were not prepared for the extent of the carnage and arrived with too few ambulances, fire officials say in a new report.

Fourteen hundred audience members rushed out in a panic, when James Holmes allegedly opened fire in Aurora's Century cinema on July 20, killing 12 and wounding nearly 60 more.

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National Registry of Emergency Medical Technicians®  
Emergency Medical Technician Psychomotor Examination

PATIENT ASSESSMENT/MANAGEMENT – TRAUMA

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Scenario # \_\_\_\_\_

Actual Time Started: \_\_\_\_\_ Note: Assessments by "EMT" may be integrated within sequence of Primary Survey/Resuscitation

	Possible Points	Points Awarded
Take or verbalize appropriate body substance isolation precautions	1	
<b>SCENE SIZE-UP</b>		
Determine the scene/situation is safe	1	
Determine the mechanism of injury/nature of illness	1	
Determine the number of patients	1	
Request additional EMS assistance if necessary	1	
Consider stabilization of the scene	1	
<b>PRIMARY SURVEY/RESUSCITATION</b>		
Verbalize general impression of the patient	1	
Determine respiratory/cycle of consciousness	1	
Determine chief complaint/obvious life threats	1	
<b>Airway</b> -Opens and assesses airway (1 point)      -Inserts adjunct as indicated (1 point)	2	
<b>Breathing</b> -Assess breathing (1 point)      -Assures adequate ventilation (1 point) -Initiates appropriate oxygen therapy (1 point)      -Manages any injury which may compromise breathing/ventilation (1 point)	4	
<b>Circulation</b> -Checks pulse (1 point) -Assess skin (pallor, skin color, temperature or condition) (1 point) -Assesses for and controls major bleeding if present (1 point) -Initiates shock management (positions patient properly, conserves body heat) (1 point)	4	
Identify patient priority and make treatment/transport decision (based upon calculated CCS)	1	
<b>HISTORY TAKING</b>		
Attempt to obtain SAMPLE history	1	
<b>SECONDARY ASSESSMENT</b>		
<b>Head</b> -Inspects and palpates scalp and ears (1 point) **      -Assesses eyes (1 point) -Inspects mouth** nose** and assesses facial area (1 point)	3	
<b>Neck**</b> -Checks position of trachea (1 point)      -Checks jugular veins (1 point)      -Palpates cervical spine (1 point)	3	
<b>Chest**</b> -Inspects chest (1 point)      Palpates chest (1 point)      Auscultates chest (1 point)	3	
<b>Abdomen/pelvis**</b> -Inspects and palpates abdomen (1 point)      Assesses pelvis (1 point) -Verbalizes assessment of peritonsillar/perineum as needed (1 point)	3	
<b>Lower extremities**</b> -Inspects, palpates and assesses motor sensory and distal circulatory functions (1 point/leg)	2	
<b>Upper extremities</b> -Inspects, palpates and assesses motor sensory and distal circulatory functions (1 point/arm)	2	
<b>Posterior thorax, lumbar and buttocks**</b> -Inspects and palpates posterior thorax (1 point)      -Inspects and palpates lumbar and buttocks areas (1 point)	2	
<b>VITAL SIGNS</b>		
Obtain baseline vital signs (must include HR, T, and R) (1 point)	1	
Manage secondary injuries and wounds appropriately	1	
<b>REASSESSMENT</b>		
Demonstrate how and when to reassess the patient	1	
Actual Time Ended: _____	TOTAL	42

**CRITICAL ITEMS**

- \_\_\_ Failure to initiate or call for transport of the patient within 10 minute time limit
- \_\_\_ Failure to take or verbalize appropriate body substance isolation precautions
- \_\_\_ Failure to determine scene safety
- \_\_\_ Failure to assess for and provide spinal protection when indicated
- \_\_\_ Failure to voice and ultimately provide high concentration of oxygen
- \_\_\_ Failure to assess/provide adequate ventilation
- \_\_\_ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
- \_\_\_ Failure to differentiate patient's need for immediate transportation versus continued assessment/treatment at the scene
- \_\_\_ Performs other assessment before addressing/rectifying threats to airway, breathing and circulation
- \_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_ Exhibits unacceptable ethical with patient or other personnel
- \_\_\_ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.





National Registry of Emergency Medical Technicians®  
Emergency Medical Technician Psychomotor Examination

PATIENT ASSESSMENT/MANAGEMENT – TRAUMA

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Scenario # \_\_\_\_\_

Actual Time Started: \_\_\_\_\_ Note: Areas denoted by "\*\*\*" may be integrated within sequence of Primary Survey/Resuscitation

Possible Points  
Points Awarded

	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
<b>SCENE SIZE UP</b>		
Determines the scene/situation is safe	1	
Determines the mechanism of injury/nature of illness	1	
Determines the number of patients	1	
Requests additional EMS assistance if necessary	1	
Considers stabilization of the spine	1	
<b>PRIMARY SURVEY/RESUSCITATION</b>		



## CRITICAL CRITERIA

- \_\_\_\_\_ Failure to initiate or call for transport of the patient within 10 minute time limit
- \_\_\_\_\_ Failure to take or verbalize appropriate body substance isolation precautions
- \_\_\_\_\_ Failure to determine scene safety
- \_\_\_\_\_ Failure to assess for and provide spinal protection when indicated



# Paradigm is Changing

- **Arlington, VA Fire/EMS**
- **Orange County, California:**
  - Policy authorizes paramedics to go in and rescue or treat victims even if shooter still at large
  - Paramedics wear ballistic vests and helmets and enter the building with police escort
  - Policy approved by all 11 fire departments in county
  - Supported by Orange County firefighters' union
- IAFF (300,000 members) supports concept of "rescue task forces"



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December 18, 2012



- ❖ **Wake County, NC Chief:**
  - ❖ **Is your EMS trained to integrate with law enforcement rescue teams and to save lives before the scene can be "totally secured?"**
  - ❖ **If not, you should be.**





# Response to Active Shooter Incidents

- ❖ EMS medics can be integrated with LE response with a relatively high degree of safety
- ❖ LE on DMMRS Committee
- ❖ LE community very supportive of concept



# Proposal

- ❖ More progressive EMS response and assumption of risk to save lives
- ❖ Risk is not new to fire and EMS service: we enter burning buildings, confined spaces, hazmat releases, etc. to save lives
- ❖ Risk mitigated by SCBA, turnout gear, training, equipment, and SOPs



# Risk Management

- In the active shooter incident, risk mitigated with ballistic gear, security, equipment, SOPs and training
- Consistent with Typical Fire/EMS Risk Management:
  - Accept no significant risk when no lives or property can reasonably be saved at an emergency incident.
  - Accept some limited level of risk, within normal operational procedures, when it is likely that property can reasonably be saved.
  - Accept a significant amount of risk, again within operational guidelines, when it is likely that a life can be saved.



# Goals

- ❖ Provide proper gear and security for EMS
- ❖ Provide rapid treatment to the wounded
- ❖ Prevent those who have survivable injuries from dying
- ❖ Evacuate the wounded to definitive care sooner
- ❖ Use resources more efficiently and effectively



# Rescue Task Force

- ❖ Use Police and Fire assets in capacities they are trained and equipped for
- ❖ Use modified medical doctrine of Tactical Emergency Casualty Care (TECC)
- ❖ Provide proper PPE for EMS in the warm zone
- ❖ Drastically reduce the time to treatment



# Different from Arlington Fire Plan

- One EMS agency vs.  
>110 EMS agencies
- One LE agency vs.  
> 100 LE agencies
- Not a coherent force



# Rescue Task Force (RTF) Operations

- ❖ LE Contact Team moves through building searching for threat
  - ❖ Radios location of wounded to command
- ❖ After threat neutralized, localized, or contained, RTF is deployed
- ❖ RTF proceeds to location of wounded and begins treatment



# RTF Operations

- ✘ Each RTF consists of 2 police officers and 2 medics
  - ✘ Will likely use multiple RTFs
- ✘ Officers provide front and rear security and control movement
- ✘ Medics provide treatment & evac of wounded
- ✘ RTF operates in the “warm zone”





# RTF Operations

- ❖ First RTF treats wounded until out of equipment or out of wounded to treat
- ❖ Switch objectives and begin evac of wounded
- ❖ Subsequent RTFs evac those treated until team ahead runs out of equipment and then they leap frog forward to finish treatment



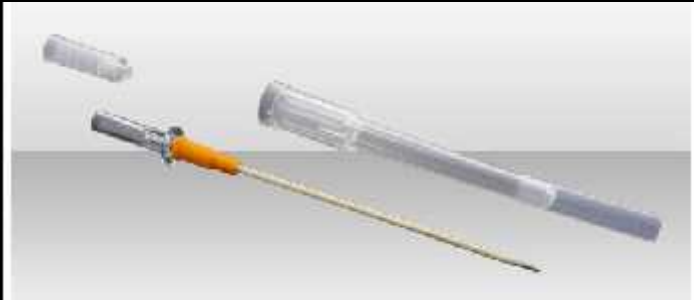
# RTF Equipment/Risk Mitigation

Ballistic Helmets & Vests  
purchased with DMMRS grant funds



# RTF Equipment

## Medical - Jump Bag



- ❖ Tourniquets
- ❖ Pressure dressings
- ❖ 14ga. 3" needles
- ❖ Compress gauze
- ❖ Chest seals
- ❖ NPAs



# RTF Equipment: Medical Gear Bag



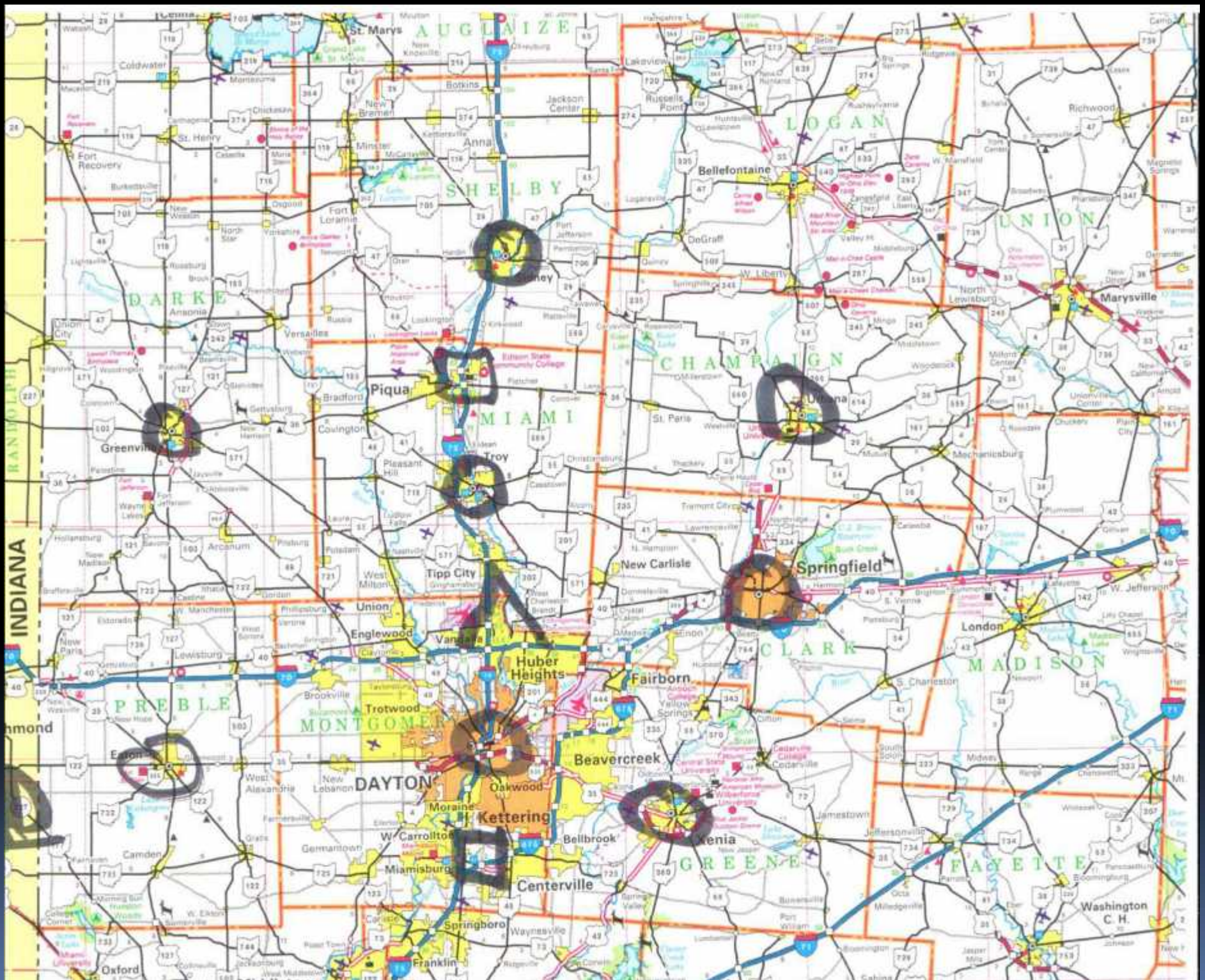
# RTF Equipment: Medical Gear Bag



# Equipment Caches

- At least 22 to be located around region
- Each cache: equipment for four EMS personnel (helmets, vests, plates, med-kits)
  - Enough for two RTFs
- Personnel and equipment may be from different agencies
- Caches to be located in Fire/EMS agencies with quick response/mutual aid response capabilities





# Cache Locations

- **Criteria**
  - Have agreed to participate in the DMMRS RTF Program and have personnel who have been accepted and completed the training
  - Have personnel assigned in station (as opposed to response from home) 24/7/365
  - Agree to respond mutual aid, when available, to any department needing the equipment in or near our region
- **Selections made by EMS Work Group of the Dayton MMRS Mumbai Committee, factoring geography, travel times, regional response, and other issues**





# Training

- **Some online**
- **Some practical via T-t-T**
- **Exercises encouraged at every opportunity**



# Processes

- Draft plan also posted at [www.DaytonMMRS.org](http://www.DaytonMMRS.org)
  - Give us feedback!
- Will send survey to departments (for chiefs/designees ONLY) , asking if each department wants to participate
- Will send request for interested personnel via GMVEMSC listserve and County EMAs
  - Please forward to your personnel
- Once personnel have signed up, we will send list to chief of each department
- Options for each chief:
  - Agree to participate or not
  - Approve each individual for participation or not



# To Participate

- As an agency, go to:  
[www.surveymonkey.com/s/DaytonRTF](http://www.surveymonkey.com/s/DaytonRTF)
- Personnel go to:
  - [http://www.surveymonkey.com/s/RTF\\_Personnel](http://www.surveymonkey.com/s/RTF_Personnel)



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- ❖ It takes **policy, training, equipment, communications, and cooperation** to make it work.
- ❖ It **CAN** be done. It **SHOULD** be done.

