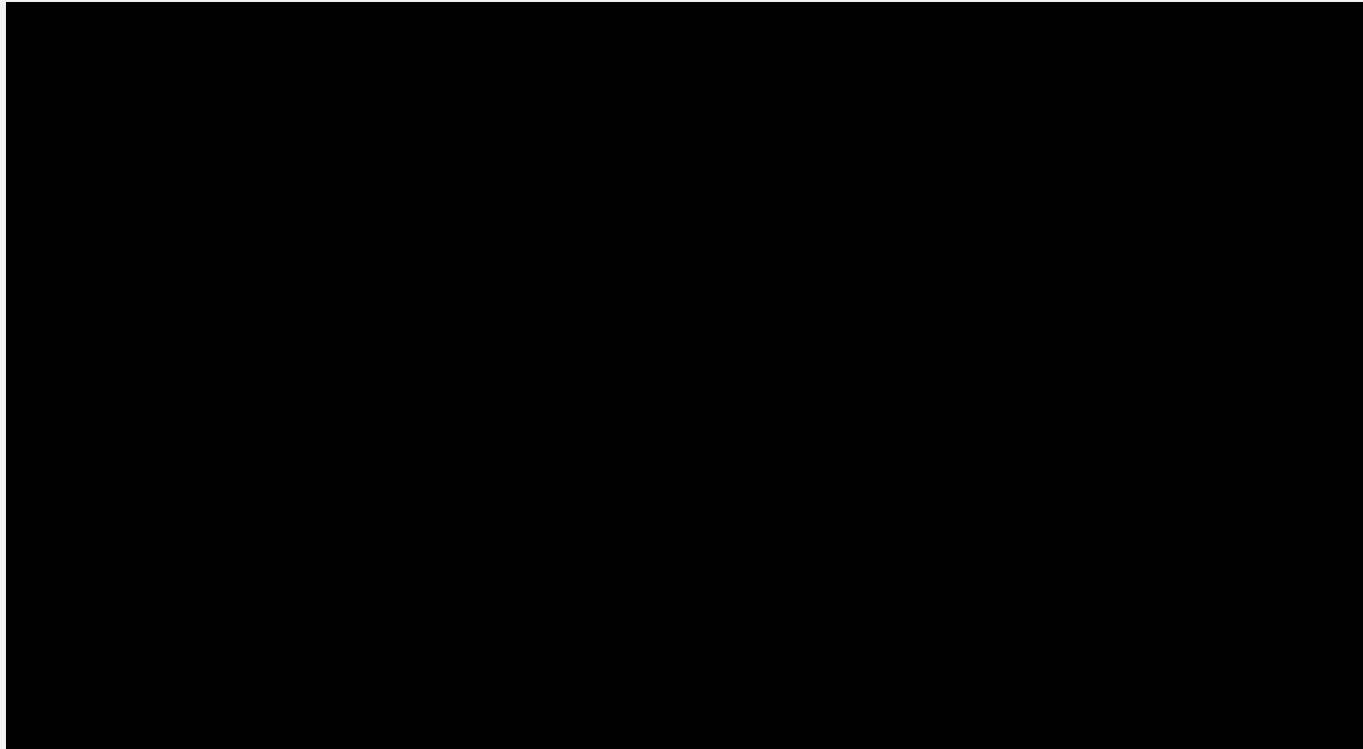


ACTIVE
ASSAILANT
PREPAREDNESS

**RANDY FISCHER-LINCOLN LANCASTER COUNTY
HEALTH DEPARTMENT**

**ROGER BONIN-LINCOLN FIRE AND RESCUE
ROBBIE DUMOND-BRYAN MEDICAL CENTER**

ACTIVE SHOOTER SITUATIONS VIDEO



HISTORY

- July 26, 1764 - Four Lenape Indian Warriors entered a schoolhouse in Pennsylvania and killed a school master and 9 students
- 1966 – University of Texas 16 killed 31 wounded

BATH SCHOOL DISASTER

- Bath Township, Michigan
- May 18, 1927
- School bombing – use of dynamite, pyrotol, firebombs and Winchester model 54 rifle
- Deaths: 45; 44 at school and wife at home. 36 were school children and two teachers.
- Injured: 58
- Andrew Kehoe

RECENT INCIDENTS

- Columbine
 - 1999
 - 13 killed, 21 wounded
 - 16 minutes
- Sandy Hook Elementary
 - 2012
 - 28 killed, 2 injured
 - Less than 5 minutes
- Virginia Tech
 - 2007
 - 30 killed, 17 wounded
 - 11 minutes

BUT, NOT JUST SHOOTERS ANYMORE

- **March 20, 2015 (CNN)** The man who attacked a security area at the New Orleans airport with a machete and wasp spray also had a bag of Molotov cocktails and a car containing smoke bombs and gas cylinders, authorities said.
- **February 11, 2016 (CBS/AP) COLUMBUS, Ohio** -- Police shot and killed a man who stormed into a central Ohio restaurant wielding a machete and randomly attacking four people as they sat unsuspectingly at their dinner tables, authorities said.

HARTFORD CONSENSUS DATA

- Active Assailant events have increased at an alarming rate throughout the United States as presented in the Hartford Consensus document published in 2014.
- Some 160 events were reported between 2000 and 2013 with 1,043 casualties including those killed and wounded.
- Of the individuals who sustained injuries at these events; 91% of them died as a result of hemorrhage with 13.5% of those dying as direct result of external hemorrhage from and extremity (arm or leg). (Hartford Consensus, 2014)
- In response to these alarming statistics many communities and healthcare systems across the country have adopted new recommendations from the Hartford Consensus and other evidence based literature surrounding these events.

Bulletin



AMERICAN COLLEGE OF SURGEONS
Inspiring Quality,
Highest Standards, Better Outcomes

See Something,



Do Something:



Improving Survival

Strategies to Enhance Survival
in Active Shooter
and Intentional
Mass Casualty Events:
A Compendium



Contributors*

*Titles and locations current at the time articles were submitted for publication.



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FRANK K. BUTLER, JR., MD, FFAO, FUHM

(e) Dr. Butler is Chair of the Department of Defense (DoD) Committee on Tactical Combat Casualty Care, Joint Trauma System, Washington, DC. He also co-chairs the Decompression Sickness and Arterial Gas Embolism Treatment Committee for the Undersea and Hyperbaric Medical Society. As director of the SEAL Biomedical Research Program for 15 years, he has led landmark projects, including programs to promote refractive surgery in the military, the Naval

ALEXANDER L. EASTMAN, MD, MPH, FACS

(g) Dr. Eastman is assistant professor of surgery, University of Texas Southwestern Medical Center, chief of trauma and attending surgeon, Parkland Memorial Hospital; lieutenant and deputy medical director, Dallas Police Department; and medical director and Surgeon Rapid Response Team surgeon/inspector, The University of Texas System Police, Dallas.

160 incidents occurred between 2000 and 2013

An average of **11.4**

incidents occurred annually, with an increasing trend from 2000 to 2013.

1,043

Casualties, including killed and wounded (shooters were not included in this total)

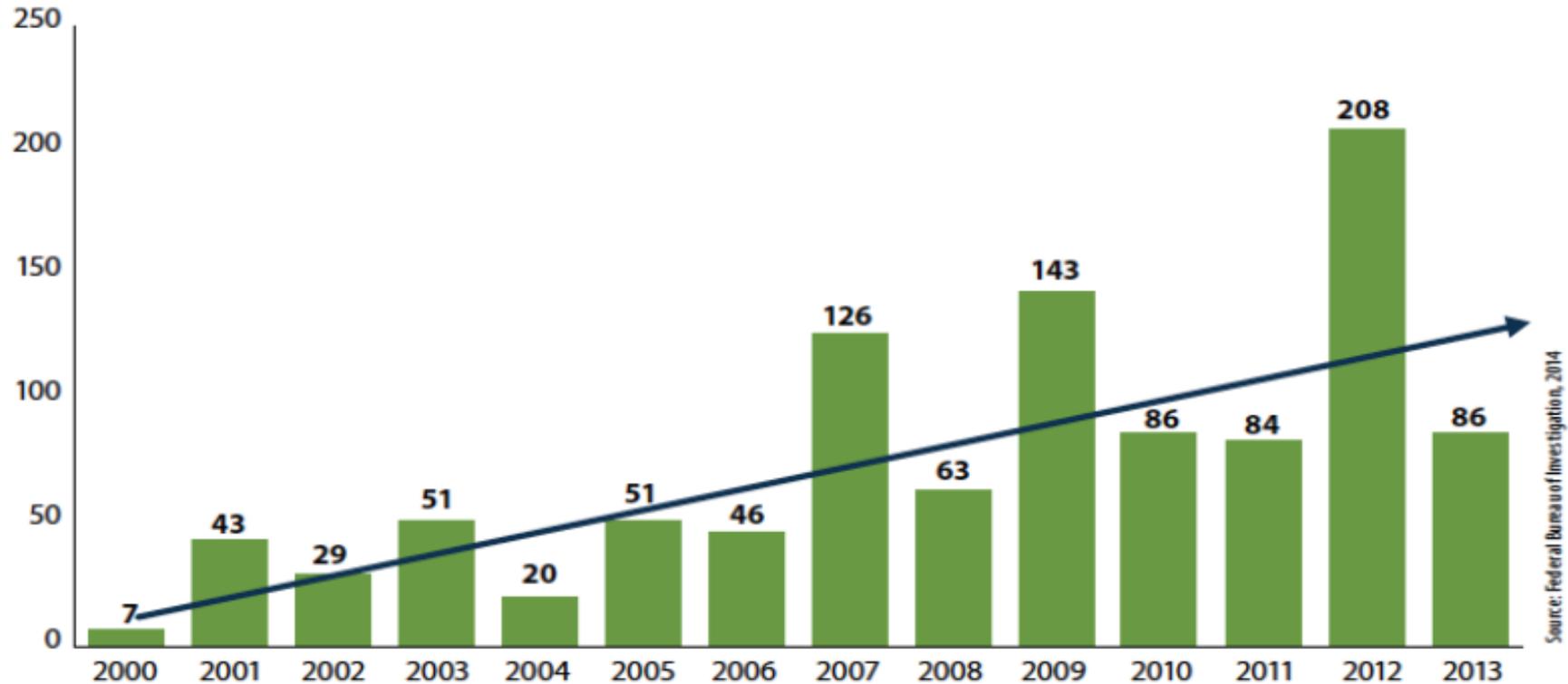
486

were killed in 160 incidents

557

were wounded* in 160 incidents.

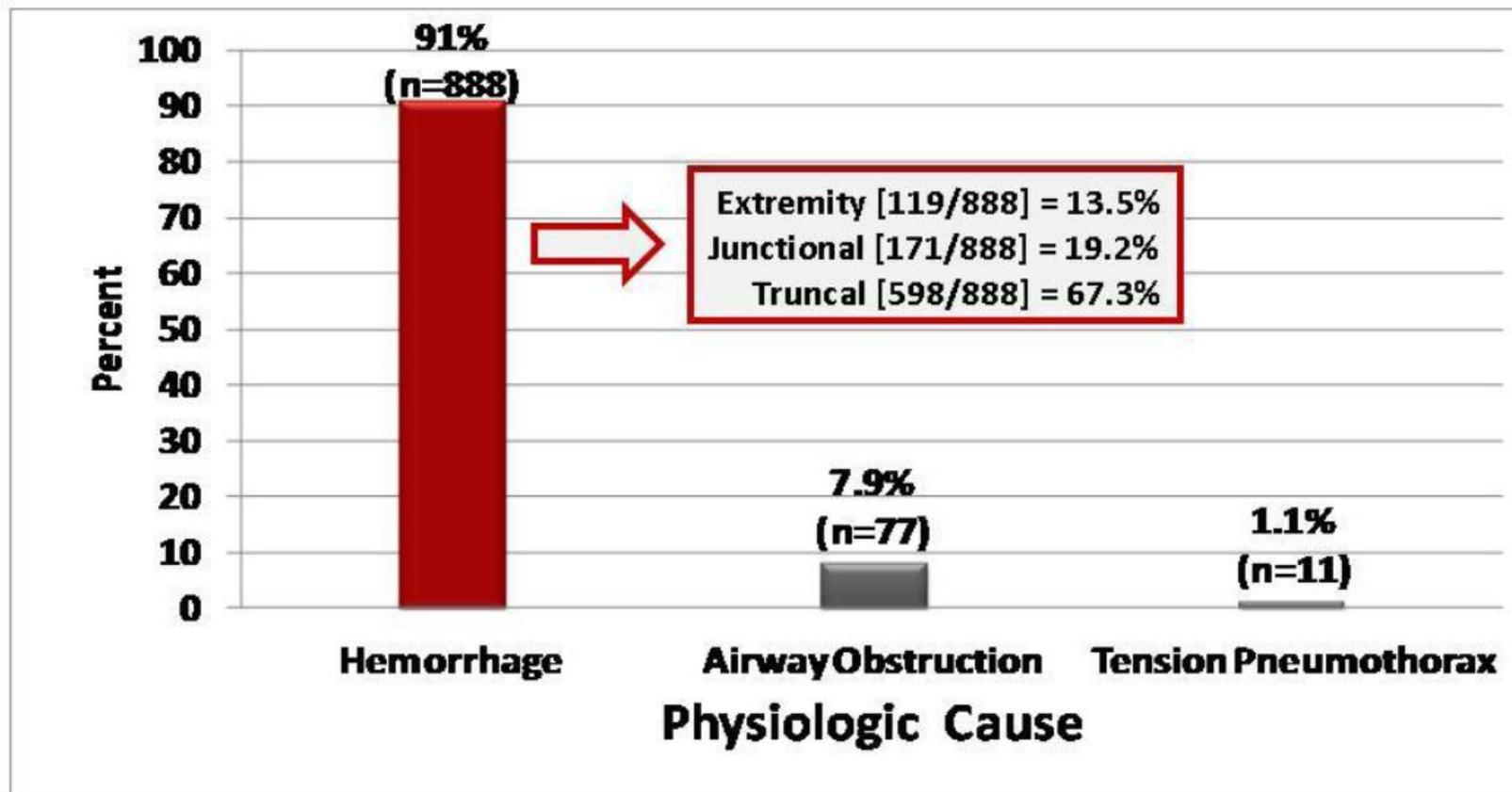
A Study of 160 Active Shooter Incidents in the United States Between 2000 - 2013: Annual Totals of 1,043 Casualties



18 According to the 2007 National Crime Victimization Survey, 53.4% of the time, law enforcement was able to respond to a reported violent crime in less than 10 minutes. Bureau of Justice, National Crime Victimization Survey, Criminal Victimization in the United States, 2007 Statistical Tables, February 2010.

19 Investigative Assistance for Violent Crimes Act of 2012, 28 USC 530C(b)(1)(M)(i).

What were the Causes of Preventable Death?



Eastridge BJ, Mabry RL, Seguin PG, et al. Death on the battlefield (2001-2011): implications for the future of combat casualty care. *Journal of Trauma* 2012, 73(6) Suppl 5: 431-7.

ACTIVE SHOOTER INCIDENTS: 2000–2013

DURATION OF ACTIVE SHOOTER INCIDENTS*

- 44 (69%) ended in 5 minutes or less
- 23 ended in 2 minutes or less
- Civilians had to make life-or-death decisions and therefore need to be engaged in training and decision making

*Note: This is in 64 incidents in which the duration could be ascertained.

Blair JP, Schweit KW. *A Study of Active Shooter Incidents, 2000–2013*. Texas State University and Federal Bureau of Investigation. U.S. Department of Justice, Washington, DC. 2014.

PUBLIC: Uninjured or minimally injured victims can act as rescuers. Everyone can save a life.

- Recognize the initial response to an intentional mass-casualty event will be from uninjured bystanders and minimally injured victims
- Design educational programs and implement training for a public response to an active assailant or intentional mass-casualty event

Pre-position or make available necessary equipment in appropriate locations

- Recognize in an active assailant event the educational message should include the concept of “Run, Hide, Fight”

LAW ENFORCEMENT: External hemorrhage control is a core law enforcement skill

- Identify appropriate external hemorrhage control training for law enforcement officers

Ensure appropriate equipment, such as tourniquets and hemostatic dressing, are available to every law enforcement officer.

Ensure assessment and triage of victims with possible internal evacuation to a dedicated trauma hospital

- Train all law enforcement officers to assist EMS/Fire in evacuation of the injured

EMS/FIRE: The response must be more fully integrated and the traditional role limitations revised.

- Train to increase awareness and operational knowledge about the initial response to an active assailant or intentional mass-casualty event
 - **It is no longer acceptable to stage and wait for casualties to be brought out to the perimeter.**

Training must include hemorrhage control techniques, including the use of tourniquets, pressure dressings and hemostatic agents.

- Training must include assessment, triage and transport of victims with potentially lethal internal hemorrhage and torso trauma to definitive trauma care.



PREVIOUS HEMORRHAGE CONTROL KIT AVAILABILITY

- Tourniquet and hemorrhage control equipment availability within Lincoln-Lancaster County was very limited and uncommon with some officers having purchased their own tourniquets as a result of this knowledge and previous training they received.
- Hemorrhage control equipment was not available on every LPD officer's uniform nor in every LPD vehicle within the City of Lincoln.
- Lancaster County Sherriff's deputies have previously purchased hemorrhage control packs within their vehicles for use.

TOURNIQUET AND HEMORRHAGE CONTROL EQUIPMENT PROPOSAL

- In early 2016 we proposed to the healthcare coalition members:
 - Purchase a tourniquet for each law enforcement officer's uniform within the city of Lincoln.
 - Purchase hemorrhage control packs that will be carried in **ALL** marked police cars throughout Lincoln-Lancaster County that contain tourniquets, dressings, and examination gloves.
 - These kits will be deployed by law enforcement during events and provide victims and law enforcement officer's with immediate access to these absolutely necessary equipment in these events.
 - Purchase hemorrhage control packs that will be carried on **ALL** Lincoln Fire apparatus.

LPD TRAINING

- All police officers employed by the City of Lincoln have participated in Hemorrhage Control training provided by Dr. Reginald Burton and Bryan Medical Center which included the use of tourniquets, pressure dressings, and hemostatic dressings.

LF&R TRAINING

- Dr. Reginald Burton and Bryan Medical Center graciously trained all LF&R providers in the use of tourniquets and wound packing during our active assailant training. Dr. Burton attended 26 of the 30 training sessions over a six week period.
- LF&R providers have direct access to hemorrhage control equipment on all fire department vehicles.

DEPLOYMENT

- Hemorrhage control packs were assembled and delivered to LPD and LF&R in August 2016.
 - Kits include: Three (3) CAT® tourniquets, bandaging and wound control dressings and exam gloves.



THANK YOU!

- This is a great example of a cooperative venture between the Lincoln Lancaster County Health Department, Bryan Health, Lincoln Police Department and Lincoln Fire and Rescue.