Criminal Mass Casualty Incidents
Who Are ‘the Cavalry’?

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Definition

- Active Shooter (Defn)
  An individual actively engaged in killing or attempting to kill people in a confined and populated area.

-FBI
Some A/S MCI Statistics

• Active Shooter events often occur in small/medium sized communities with limited public safety resources and budgets
• Mean Total Time: 12 minutes. (Less than 5 min in 37% of cases)
• 98% involve a single shooter
• Businesses (40%)/Schools (29%)/Multiple Locations (19%)
• In just over 50%, shooting still in progress when first police arrive.

• Shooter often shifts target to police on their arrival, or kills self
• Initial police response is often a single officer, sometime w/ partner
• When responding alone, the officer:
  – Must engage the shooter 75% of the time
  – If the shooter is engaged, the officer is shot 1/3 of the time

1 FBI/USDOJ, A Study of Active Shooter Incidents in the United States Between 2000 and 2013
Some IED MCI Statistics

• In 2013, the year of the Boston Marathon bombings, there were:
  – 5,909 explosives incidents
  – Causing 390 injuries and 31 deaths

• In the period 1983-2002 there were over 36,000 incidents
  – Causing 5,931 injuries and 699 deaths

• Relatively unsophisticated IEDs can produce serious effects
  – Boston: 264 victims, 3 deaths, 70 hospitalizations, 16 amputations
    • Estimated economic damages in excess of $400 M

• Sophisticated bomb making is widely practiced by U.S. adversaries
  • Inexpensive, Dramatic, Deployable for Simultaneous Attack
  • Multiple target populations, including responding public safety personnel.

1,2 ATFE Fact Sheet, U.S. Bomb Data Center  www.atf.gov/publications/factsheets/factsheets-us-bomb-data-center.html
Kapur GB et. al. J. Trauma 2005 59 (6):1436-1444
3 McGuire C, Our Marathon: the Boston Marathon Bombing Digital Archive, Northeastern University
 http://marathon.neu.edu/exhibits/show/terrorism--the-costs-to-an-eco/terrorism--the-costs-to-an-eco
Some Common Elements

• Can occur in any community
• High risk of serious wounding of multiple targeted persons
• High likelihood of injuries to both civilians and police
  – A/S : High risk to responding police officers
  – IED : Secondary devices
• Wound patterns require rapid initial treatment of two subsets:
  – Survivable wounds that can be stabilized by TQ/external pressure
  – Survivable wounds that require surgery in an Operating Room.
• Enhanced but manageable risks to rescuers
  – Resources and Risk Tolerance vary in each community
• Bystanders likely to respond.
U.S. Fire Administration

Fire/Emergency Medical Services Department
Operational Considerations and Guide for Active Shooter and Mass Casualty Incidents
September 2013

FEMA


Consensus Statement

Improving survival from active shooter events: The Hartford Consensus

Lenworth M. Jacobs, MD, MPH, Norman E. McSwain, Jr., MD, Michael F. Rotondo, MD, David Wade, MD, William Fabbri, MD, Alexander L. Eastman, MD, Frank K. Butler, Jr, MD, and John Sinclair on behalf of the Joint Committee to Create a National Policy to Enhance Survivability from Mass Casualty Shooting Events

The recent mass casualty shooting events in the United States have had a profound effect on all segments of society. The medical, law enforcement, fire/rescue, and EMS communities have each felt the need to respond. It is important that these efforts occur in a coordinated manner to generate policies that will enhance survival of the victims of these events. Such policies must provide a synchronized multi-agency approach that is immediately available within the communities affected by such tragedies.

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CURRENT RESPONSE

MILITARY

HOT DANGER

WARM NOT SECURE

COLD SAFE
“ThREAT” Roles Defined

LAW ENFORCEMENT:
- Eliminate/Contain The Threat ("No more victims")
- Early access hemorrhage control/
  - Identify non-compressible hemorrhage for evacuation

Fire/Rescue/EMS:
- First Assessment closer to POI
- Re-Triage/Prioritization (MCI)
- Continue Treatment
- Evacuation to Appropriate Center

Ultimately, the ability of non-TC hospitals to perform "damage control surgery" may require consideration in some communities.
Citizen Response

• Bystanders are *motivated* to assist by:
  – Exposure to event
  – Empathy and identity
  – Other bystanders

• And are *inhibited by fear of*:
  – Self-injury
  – Legal consequences
  – Harming the victim
Office of Medical Services (OMS)

- Joint planning by local public safety leaders-
  - Law Enforcement and Fire/Rescue/EMS
  - Common plans with common language
  - Agreed levels of benefit vs. risk
  - Joint training
  - Determination of the role of citizen first responders

- Assistance to local leaders
  - State and Regional Partnerships
  - DOJ and DHS
  - National Organizations
    - Medical
    - Fire/Rescue/EMS
    - Law Enforcement
    - NGOs, Sponsoring Institutions
Perhaps the time has come to view ‘victims’ as ‘fellow survivors’. ~Chief Rich Serino
And to give every survivor the knowledge, the means, and the permission to help.