

The Department of Homeland Security's role in enhancing and implementing the response to active shooter and intentional mass casualty events

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Local emergency medical service (EMS) personnel, firefighters, rescue workers, law enforcement personnel, and bystanders present play an essential role in our nation's security and preparedness. First responders are trained to deliver critical—often life-saving—care to the injured before they reach hospitals. They must make high-consequence decisions quickly and in coordination with responders from different agencies, jurisdictions, companies, and professional disciplines. The importance of this fast, coordinated action is underscored in the response to active shooter and intentional mass casualty events.

All too often, victims of our increasingly violent and frequent active shooter or mass casualty incidents bleed to death waiting for medical treatment. Quick actions to control external hemorrhage on the part of first responders, including those bystanders present at the point of wounding, can provide effective, lifesaving, first-line treatment in what remains the critical step in eliminating preventable prehospital death.

We applaud the Hartford Consensus call to action for cities to develop new integrated response plans, policies, procedures, and training and exercise initiatives that are customized to the needs of the community and focused on the importance of initial actions to control hemorrhage as a core requirement of the emergency response.

Department of Homeland Security support to first responders

The Department of Homeland Security (DHS) is committed to supporting our nation's first responders at all levels of government, in the private and not-for-profit sectors, and as individual citizens. The DHS coordinates the domestic all-hazards preparedness and response efforts of all executive departments and agencies—in consultation with state, local, tribal, and territorial governments; nongovernmental

organizations; private-sector partners; and the general public—to enhance and implement our emergency response capabilities. When our country and citizens are threatened by active shooters and intentional mass casualty events, it is local police, fire, and EMS who keep us safe. Security begins locally. As the federal agency tasked with making us safe and secure, we at the DHS have a responsibility to engage our first responder stakeholders and provide the kind of resources they need to be safe and effective when they respond.

One of the top priorities for the DHS is to get the most accurate information, the most effective tools, and the best resources into the hands of the men and women serving on the front lines. Many areas of the DHS support these efforts, both directly and peripherally, but two key organizations working directly with the first responder community in these efforts are the U.S. Fire Administration and the Office of Health Affairs (OHA).

The U.S. Fire Administration provides national leadership and professional development for federal, state, local, territorial, and tribal fire and emergency response services. The OHA provides medical and health expertise to ensure that first responders across the nation have the medical guidance, resources, and decision support tools they need to prepare for, respond to, and recover from incidents within their communities.

Through the efforts of these two organizations, the DHS empowers first responders who are able not only to handle local safety needs but also to lead their communities in all-hazard risk reduction, prevention, response, and recovery in a manner that will save the maximum number of lives possible in an intentional mass casualty event. For example, in February 2014, the OHA held a two-day meeting at which subject-matter experts and the first responder community discussed ways to improve the survivability of victims and first responders in active shooter and improvised explosive device (IED) incidents. More broadly, the DHS

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coordinates with other first responder stakeholders on a wide range of training and public outreach initiatives for active shooter response in collaboration with interagency partners, first responders, and community and private-sector organizations.

Recent IED and active shooter incidents have shown us that some traditional practices of first responders need to be realigned and enhanced to improve the survivability of victims and the safety of the first responders caring for them. Thus, at the request of first responders and first receivers who encounter casualties from IEDs and active shooter incidents, the White House asked the OHA to lead a multidisciplinary interagency team to develop recommendations for state and local first responders focused on improving the response to IEDs or active shooter incidents or both.

Subject matter experts from the DHS; the Departments of Defense, Health and Human Services, Justice, and Transportation; and the White House came together to study civilian IED and/or active shooter response best practices and lessons learned. The results of this effort translated evidence-based strategies from the U.S. military's vast experience in responding to and managing casualties from IED and/or active shooter incidents, as well as the military's significant investment in combat casualty care research, into the civilian first responder environment.

Key themes in responding to and managing casualties from active shooter and intentional mass casualty events

Three key themes emerged during this collaborative evaluation: early, aggressive hemorrhage control; use of protective equipment (which includes ballistic vests, helmets, and eyewear); and greater first responder interoperability and incident management. The recommendations in these areas will help to save lives by mitigating first responder risk and improving the emergent and immediate medical management of casualties encountered during IED and/or active shooter incidents.

Hemorrhage control

First, the first responders should incorporate tourniquets and hemostatic agents as part of the treatment of severe bleeding (if allowed by protocol). Tourniquets and hemostatic agents have been demonstrated to be quick and effective methods for preventing exsanguination from extremity wounds (tourniquets) and for other severe external bleeding (hemostatic agents).

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Second, first responders should develop and adopt evidence-based standardized training that addresses the basic civilianized tenets of Tactical Combat Casualty Care. Training should be conducted in conjunction with fire, emergency medical services (EMS), and medical community personnel to improve interoperability during IED or active shooter incidents or both.

Use of protective equipment

First responders should develop interdomain (EMS, fire, and law enforcement) tactics, techniques, and procedures—including the use of ballistic vests, better situational awareness, and application of concealment and cover concepts—and train all first responders in their use.

26] Next, as technology improves, first responders should adopt proven protective measures that have been demonstrated to reliably shield personnel from IED fragments and shock waves (for example, body armor).

Finally, first responders, when dealing with either IED or active shooter incidents, must remain vigilant and aware of the potential risk posed by secondary IEDs or additional shooters.

Greater response and incident management

First, local and state law enforcement and emergency services should institutionalize National Incident Management System–based command and control language through plans and exercises, as well as during ongoing education and training.

Second, local and state EMS, law enforcement, fire, and emergency management personnel, as well as receiving medical facilities, should have interoperable radio and communications equipment.

Third, local, state, and federal partners should consider an expansion of Public Safety Answering/Access Point intake procedures to include information gathering vital to the initial response.

Fourth, training to improve first responder triaging precision is essential for dealing with IED and active shooter incidents.

Fifth, there should be greater coordination among EMS, fire services, and law enforcement to work more effectively during IED or active shooter incidents or both. The dialogue should focus on potential improvements or changes to the tactics, techniques, and procedures that have historically been used during law enforcement situations that involve a medical emergency (for example, EMS personnel wait until law enforcement personnel have secured the scene before they enter to render emergency care).

These recommendations are now available in the new DHS publication *The First Responder Guide for Improving Survivability in Improvised Explosive Device and/or Active Shooter Incidents* and can be downloaded at www.dhs.gov/sites/default/files/publications/First%20Responder%20Guidance%20June%202015%20FINAL%20.pdf.

This document includes several scenarios to guide local community first responder education and training efforts toward the incorporation and institutionalization of these guidelines in a variety of likely IED and/or active shooter situations.

To prepare for and reduce death and suffering following an IED detonation or active shooter event in a civilian environment, it is imperative that the lessons learned from these incidents, as well as the continuing combat medicine experience of the Department of Defense, be more widely disseminated and adopted within the U.S. civilian first responder and first receiver communities. ♦