

# Mass Violence/Active Shooter Incidents: *Emergency Medical Systems Considerations*

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## ASPR TRACIE Tip Sheets: Mass Violence/Active Shooter Incidents

ASPR TRACIE has developed a series of tip sheets for hospitals and other healthcare providers planning for no-notice incident response. Our traditional concepts and approaches have not kept pace with real-world incidents in the U.S. and other countries or the challenges the healthcare system faces in managing extremely large numbers of casualties. The tip sheets are based on discussions ASPR NHPP and ASPR TRACIE had with healthcare personnel who were involved in the October 2017 mass shooting response in Las Vegas and supplemented with information from other recent no-notice incidents. While there is great variance in the scope and healthcare needs resulting from no-notice incidents, these tip sheets focus on some of the identified challenges.

### Pre-Event Considerations

- Ensure collaborative planning and pre-positioning of community emergency medical services (EMS)/fire resources during all pre-planned mass gathering events to ensure that the incident command system can be quickly shifted to a mass casualty incident (MCI) response if necessary.
- Significant quantities of “Stop the Bleed” supplies (e.g., tourniquets, pressure dressings, and exam gloves) need to be stocked on all response vehicles and in “go-bags” with roaming personnel, not just stored in the “MCI” vehicle. Responders in multiple locations may need immediate access to these supplies.
- Consider having enough supplies, particularly “stop the bleed” packs, for bystanders to use at the scene, to assist responders.
- Ensure staff has permission and has been trained to provide just-in-time training to bystanders.
- Contemplate [hosting/teaching a Stop the Bleed course](#) in your community and/or encouraging residents to [take bystander training](#) on their own.
- Implement Rescue Task Forces (RTFs) or similar groups comprised of medically trained fire (may add EMS) and law enforcement personnel. RTFs can allow EMS to quickly enter a warm zone by securing a “corridor” to access and evacuate the wounded—a critical component of active threat (shooter or blast event) responses.
- Consider supplying body armor to providers on first response vehicles to facilitate rapid and safe RTF deployment.
- Provide training for all personnel in MCI threat assessment and how to create and use “cover” (including use of on-scene barriers like fire engines).

### Initial Response

- “Echo” calls (911 calls made by those who fled the scene and called for assistance where they stopped, making it seem like a new active shooter location) may lead to confusion about whether multiple events are occurring. When civilians with gunshot wounds (GSW) call 911, call-takers must determine where geographically the person was shot and if they are safe where they are, as dispatching additional active shooter events requires them to be investigated and cleared by law enforcement before EMS can approach.
- Patients may arrive to the hospital without ever being seen by EMS providers. When patients can self-evacuate and self-transport, they will; it is important for responders and receivers to adjust MCI plans accordingly. In some cases, self- or private vehicle transport may be the best option, particularly if EMS transport resources are stretched thin and injuries include penetrating trauma.

- During a dynamic / potentially unsafe incident on-scene patient collection points should be discouraged. EMS should “load and go,” taking as many patients as possible.
- Modify triage models to include evaluation for truncal penetrating trauma (standard START and other triage processes do not include these types of injuries). Structured on-scene triage may not be possible in these events.
- In areas with multiple EMS agencies, develop or maintain a coordination mechanism (such as a central dispatch or transfer center) to help direct transports and response resources.

## EMS Support for Hospitals

- Traditional trauma triage and patient delivery may overload trauma centers (e.g., if local guidelines call for taking all GSWs to trauma centers during MCIs, consider modifications that allow for isolated extremity injuries to go to non-trauma hospitals).
- EMS may need to adjust usual transport destinations based on the capacity of the trauma centers and other nearby hospitals.
- Patients will use their phones to find the nearest hospital; sending response vehicles and EMS personnel to those facilities can help ease the burden of triage and initial stabilization.
- As transport needs at the scene decrease, EMS should transition to support local hospitals—at trauma centers to provide triage and care assistance and potentially move minor casualties to other facilities—and to support non-trauma centers by transporting critical patients to trauma hospitals.
- Dispatch should determine hospital status and provide clear, vetted, messages to EMS regarding hospital receiving status. The goal is to ensure that patient load is appropriately spread across area hospitals and ensure that those facilities with the highest number of patients receive the most patient transfer assistance.

## Other Considerations

- Mutual aid providers may be less familiar with the incident area but can often provide significant inter-facility support.
- Confirm that staffing for the following shift is sufficient and that the physical and emotional support of the crews is initiated as soon as possible.
- Provider recovery can be prolonged and difficult due to the traumatic and overwhelming nature of some of these incidents. Resources dedicated to mental health support and resilience promotion should be involved early and continued for as long as required.

## Related ASPR TRACIE Resources

### *Tip Sheets in This Series:*

[Community Response and Media Management](#)  
[Expanding Traditional Roles to Address Patient Surge](#)  
[Family Assistance](#)  
[Fatality Management](#)  
[Hospital Triage, Intake, and Throughput](#)  
[Non-Trauma Hospital Considerations](#)  
[Trauma Surgery Adaptations and Lessons](#)  
[Trauma System Considerations](#)

### *Other Resources:*

[Healthcare Response to a No-Notice Incident: Las Vegas](#) (Webinar)  
[Select Disaster Behavioral Health Resources Page](#)  
[Active Shooter and Explosives](#) Topic Collection  
[Pre-Hospital Mass Casualty and Triage](#) Topic Collection  
*The Exchange* Issue 3: [Preparing for and Responding to No-Notice Events](#)  
*The Exchange* Issue 7: [Providing Care During Mass Violence Responses](#)  
[Mass Casualty Trauma Triage: Paradigms and Pitfalls](#)  
 DHS’ [Stop the Bleed Resources](#)

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