

Mass Violence/Active Shooter Incidents: *Expanding Traditional Roles to Address Patient Surge*

Updated May 2022

ASPR TRACIE Tip Sheets: Mass Violence/Active Shooter Incidents

ASPR TRACIE has developed a series of tip sheets for hospitals and other healthcare facilities 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 the resulting extraordinarily large number 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.

As part of their no-notice incident planning, healthcare facilities should consider planning for specialty providers and other personnel to assume non-traditional roles to help address the surge in patients. In some cases, these personnel may be available to meet their traditional roles as well as supplement other critical activities. This tip sheet describes the non-traditional role some anesthesiologists assumed following the October 2017 mass shooting in Las Vegas. It also lists possible non-traditional roles other providers (e.g., pediatric) can assume in similar incidents.

Non-Traditional Roles of Anesthesiologists

- Re-evaluate and reassign triage levels after initial emergency department (ED) triage and as patient conditions evolve.
 - Reviewing and reassessing patients pre-operatively allows for timely reprioritization of patients.
 - Reassessment in post-operative recovery enables evaluation for follow-up interventions.
- Assist with operating room staffing.
- Extend critical care services by:
 - Augmenting trauma and emergency department providers.
 - Expanding intensive care unit staffing.
 - Providing pain management.
- Enable information sharing and situational assessment by:
 - Acting as a physician bridge between the ED and the operating room.
 - Improving handoffs between the operating room and intensive care.
 - Communicating patient status changes following their initial assessment.
- Assist with patient identification and family assistance by:
 - Documenting identifying and medical information collected from patients.
 - Speaking with family members to collect identifying information.
 - Acting as a bridge between family members and other providers.

Within 2 hours of the incident, the Sunrise anesthesiology group called every surgeon to cancel the next day's scheduled elective surgeries at all affiliated hospitals.

- Offer flexible support throughout the facility by:
 - Trusting in abilities and available resources to determine when to deviate from plans.
 - Providing leadership for enhanced operating room turnaround times.
 - Addressing real-time nursing skill gaps.
 - Improving safety in patient transport.
 - Anticipating future needs, such as ensuring additional staff are available for the next shift, and cancelling planned elective procedures.

Non-Traditional Roles of Other Personnel

- Consider whether other medical specialists may be available to take on roles similar to those assumed by anesthesiologists who responded to the Las Vegas no-notice incident.
- Identify pediatric providers who may be available to care for adult patients during surges.
- Take advantage of emergency medical services (EMS) providers who may be at your facility and willing to assist.
- Expect that those in administrative and support positions will take on unfamiliar roles while contributing to your facility's response. Non-clinicians assisted with bleeding control as patients were being triaged, transported patients throughout the hospital, rapidly turned over rooms, and participated in fatality management activities in response to the Las Vegas no-notice incident.
 - Include all personnel in emergency preparedness efforts, including training and exercises, to enable a base level of familiarity with your facility's plan.
 - Ensure that all personnel have access to mental health services following the incident.
- Consider the value of scribes in assisting with support duties and providing initial charting.

In Las Vegas, pediatric and obstetric surgeons assisted general surgery by performing "opening" of abdominal cases or scrubbing in to replace scrub nurses. Pediatric emergency staff provided care for ambulatory victims.

EMS providers assisted Sunrise in placing intraosseous infusions (IOs) during the early response to the incident.

Related ASPR TRACIE Resources

Tip Sheets in This Series:

[Community Response and Media Management](#)
[Emergency Medical Systems Considerations](#)
[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)
[Active Shooter and Explosives](#) Topic Collection
The Exchange Issue 3: [Preparing for and Responding to No-Notice Events](#)
The Exchange Issue 7: [Providing Care During Mass Violence Responses](#)

ASPR TRACIE gratefully acknowledges ASPR NHPP staff who provided feedback on these documents and the healthcare personnel from University Medical Center and Sunrise Hospital and Medical Center who responded to the October 1, 2017 no-notice incident in Las Vegas, shared their experiences and insights with staff from ASPR NHPP and TRACIE, and reviewed these tip sheets.