



May 16, 2014

EVENT OVERVIEW

The Department of Homeland Security (DHS) Office of Health Affairs (OHA) held a stakeholder engagement meeting on February 5 and 6, 2014, to facilitate a discussion between subject matter experts and the first responder community on improving survivability in improvised explosive device (IED) and active shooter incidents. OHA partnered with the Department of Health and Human Services (HHS) Office of the Assistant Secretary of Preparedness and Response, and the Department of Transportation National Highway Traffic Safety Administration Office of Emergency Medical Services on this two-day meeting held in Washington DC.

During the meeting, more than 250 EMS, fire, and law enforcement representatives from state, local, federal agencies, and non-governmental organizations had the opportunity to come together with medical and tactical experts to discuss the important issue of saving lives in the event of an IED or active shooter incident. Participants heard presentations from subject matter experts, and participated in panel and group discussions on hemorrhage control, personal protection and equipment (PP&E), and interoperability when responding to IED and active shooter incidents. The group also reviewed response strategies from the U.S. military, and discussed how to apply best practices and lessons learned from recent incidents in the civilian first responder environment. OHA brought the first responder groups together to discuss how unique solutions that work for each community could be adopted at the state and local level to counteract the loss of lives.

Dr. Kathryn Brinsfield, Acting Assistant Secretary for Health Affairs and Chief Medical Officer at the DHS, facilitated the meeting, while former U.S. Surgeon General Dr. Richard Carmona and former FEMA Deputy Administrator Richard Serino provided remarks and moderated panel discussions. U.S. Secret Service Director Julia Pierson, U.S. Fire Administrator Ernest Mitchell, Under Secretary for the National Protection & Programs Directorate Suzanne Spaulding, HHS Assistant Secretary for Preparedness and Response Dr. Nicole Lurie, and Principal Deputy Assistant Secretary for Infrastructure Protection William Flynn also gave remarks.

DAY ONE PANEL DISCUSSIONS AND PRESENTATIONS BY EXPERTS

Key Themes

The stakeholder meeting focused on presentations and panel discussions with subject matter experts, including an opportunity for dialogue with participants. Experts and panelists discussed the following key concepts and ideas:

- Evidence indicates that in order to maximize lives saved, there is a need to get life-saving medical attention to victims quickly. In previous active shooter incidents, the focus had been exclusively on law enforcement neutralizing the threat.



- Through improved interoperability and other efforts to better integrate EMS, fire, and law enforcement activities, victims of an IED or active shooter attack can receive life-saving medical care more quickly during an incident, rather than waiting for hours until the scene is deemed safe.
- There are various IED or active shooter response models in place throughout the country, some of which involve EMS and fire personnel taking a more active role in warm zone operations, while others involve law enforcement rendering life-saving care to victims and extricating them to awaiting EMS and fire personnel. Additional examples include combinations of the two previous models. Regardless of the chosen model or combination of models, getting life-saving medical care to victims more quickly is achievable and is essential to improving their survivability.
- The first responder community should improve its capability to respond to IED and active shooter incidents. As occurrences become more frequent, first responders need to prepare for the possibility of such incidents taking place in their communities by regularly conducting exercises and training.
- There must be improved interoperability between law enforcement, fire, and EMS.
- Hemorrhage control education and techniques must be universally adopted by all first responders, and bystanders as well.
- Conversation at the local/state level should occur regarding use of PP&E for first responders.
- Best practices should be shared frequently, both domestically and internationally.

Hemorrhage Control

Dr. David J. Smith, Deputy Assistant Secretary of Defense for Force Health Protection and Readiness provided an overview of the Tactical Combat Casualty Care (TCCC) guidelines. Primary take-away points for state and local officials included:

- Evidence proves that tourniquets and hemostatic agents are safe, appropriate, and effective methods for preventing exsanguination from extremity wounds (tourniquets) and other severe external bleeding (hemostatic agents).
- First responders should update training and educational content on the use of tourniquets and hemostatic agents into a consistent standard within the EMS, fire, and law enforcement domains.

In order for the training to be most effective, it should be conducted from a systems perspective, involving law enforcement, fire, and EMS. This practice promotes better interoperability between law enforcement, fire, and EMS during IED and active shooter incidents, with the ultimate goal of saving lives.

Personal Protection and Equipment (PP&E)



Ms. Amanda Toman of the Combating Terrorism Technical Support Office within the Department of Defense gave a presentation on the latest technology in ballistic vests and other equipment. Key recommendations included:

- Incorporating PP&E, and the concepts of using existing physical barriers and objects for protection, into the EMS and fire profession.
- Access to, and use of, PP&E will facilitate improved interoperability among law enforcement and EMS/fire personnel during IED and active shooter incidents.

At the time of this publication, the body armor currently used by most civilian personnel will not consistently protect against fragmentation and blast exposure from IEDs. Further research on the effectiveness of PP&E in IED incidents is, and should remain, ongoing. The first responder community should adopt recommendations for improved protection, as they become available.

Interoperability

Dr. David Callaway, Medical Director for Charlotte NC, Carolinas MED-1, and Dr. Alex Eastman, Lieutenant and Deputy Medical Director Dallas Texas Police Department, provided recommendations and best practices from their experiences working in law enforcement and emergency medical services fields. Recommendations included:

- First responders should routinely conduct collaborative training and exercises on response to IED and active shooter events, and take into consideration the possible presence of secondary devices and additional shooters.
- Law enforcement, EMS, and fire personnel should employ standardized tactics, techniques, and procedures and consistent training to promote interoperability during IED and active shooter events.

DAY TWO PANEL DISCUSSIONS

Day two of the meeting began with four panel discussions focused on national policy initiatives and interoperability. The national policy initiative panels were comprised of representatives from law enforcement, fire, and EMS non-governmental organizations who discussed the current challenges associated with response to IED/active shooter incidents, best practices, and actions needed to improve the response from all involved parties. Participating panelists were:

National Policy Initiatives

Panel 1

Bart Johnson, Executive Director, International Association of Chiefs of Police

William Sugiyama, President, International Association of EMS Chiefs

James Schwartz, Terrorism & Homeland Security Committee Chair, International



Association of Fire Chiefs

Dr. Norm McSwain, National Association of EMTs

Dr. Kevin Gerold, National Tactical Officers Association

Panel 2

Dr. Lori Moore, Assistant to the General President, International Association of Fire Fighters

Jim DeTienne, President, National Association of State EMS Officials

Dr. Alex Eastman, Member, Major Cities Chiefs Association

David Lewis, Maryland Alternate Director, National Volunteer Fire Council

Richard Stanek, President, Major County Sheriffs Association; Member, National Sheriffs Association Board of Directors

Interoperability Panel Discussion

Panel 1

James Schwartz, Chief, Arlington, VA, Fire Department

Joseph Sullivan, Chief Inspector, Philadelphia, PA, Police Department

John Kammeyer, Division Chief, Central San Mateo County, CA, Training Division

Panel 2

James Robinson, Assistant Chief, Denver, CO, Health Paramedic Division

Kent Davis, Battalion Chief, Charlotte, NC, Fire Department

James Cervera, Chief, Virginia Beach, VA, Police Department

Eric Dickinson, Lieutenant, Vinton, IA, Police Department

BREAKOUT SESSIONS SUMMARY

On the afternoon of the second day of the event, attendees were divided into seven facilitated breakout groups to discuss the path forward for state, local, and non-governmental officials. Each group was asked to take the information received in the presentations and panel discussions, reflect on it based on their personal experiences, and develop recommended real-world solutions to improve practices in hemorrhage control, PP&E, and interoperability. Each focus area discussion was framed around the following strategic drivers: best practices, opportunities/innovations, challenges/obstacles, and the path forward for state, local, and non-governmental agency officials. The common themes noted between all seven groups are summarized below:

Hemorrhage Control

- There should be greater accessibility to Public Access Hemorrhage Control (PAHC) kits and training on how to effectively use the kits. PAHC was frequently mentioned in reference to the following:



- The role and importance of bystanders needs to be further recognized, defined, and accepted.
- Training for both first responders and bystanders needs to be incorporated within or provided in tandem with existing CPR training and first aid training.
- The PAHC kits and training should include tourniquets and hemostatic agents.
- PAHC kits should be placed by automated external defibrillators (AEDs) for easy access by the public.
- A marketing campaign should be developed for the PAHC concept, to include a memorable catch-phrase (similar to “If You See Something, Say Something.” or “Stop, Drop, and Roll”).
- In an effort to continually improve survivability from IED and active shooter incidents, data must be collected and analyzed regularly.
 - There needs to be retrospective and prospective analysis and review of tourniquet usage, morbidity and mortality, and determination of preventable deaths by misuse or failure to use hemorrhage control measures.
 - Evidence-based guidelines should be updated to ensure that first responders and bystanders alike are trained to provide proven life-saving care to those injured by IED or active shooter incidents.
- PAHC kits and hemorrhage control skill development needs should be approached from a systems perspective to ensure that:
 - All members of the system (LE, EMS, Emergency Management, fire, hospitals, 911 centers, and others) are aware of the training and standards for hemorrhage control.
 - Trainings contain scalable principles.
 - ALL first responders are trained on the PAHC kits and hemorrhage control methods, including law enforcement, fire, and EMS.

Personal Protection & Equipment

- The usage of PP&E, namely ballistic protection (vests and helmets), is controversial and the decision to incorporate or not incorporate PPE for fire, EMS, and others responding to active shooter incidents is a local decision that is driven by operational needs and resources.
- Guidance documents that inform the decision “to use or not to use” PP&E should be made available to assist state and local personnel in deciding whether to purchase PP&E, and what type of PP&E they should obtain.
- More research is necessary to ensure that the right protection is provided and that users have the information they need regarding equipment effectiveness and protection capabilities.



- Improved technology, in addition to research, is needed to continually improve the protection of responders.
- Administrators and decision makers need PP&E education and information resources to ensure they can make informed PP&E acquisition decisions.
- International best practices (e.g., Israel’s best practices) should be reviewed for potential integration into U.S. practices. Some other countries have been using PP&E for IED and active shooter incidents in a civilian environment for longer than the U.S. In particular, the concept of “get in and get out” is something that should be considered.

Interoperability

- The fire, EMS, and law enforcement professions need to develop a common operating picture. This could include:
 - Protocols
 - Procedures
 - Information sharing
 - Joint planning
 - Multidisciplinary training on lifesaving skills
 - Regular joint exercises
- There should be on-going communication and strong working relationships built and maintained among fire, EMS, law enforcement, emergency management, hospitals, and others so that when IED or active shooter incidents occur, all are ready and able to work effectively together.
- There needs to be common language between all responders, in particular law enforcement, fire, and EMS. Use of the Incident Command System would assist in this and should be adopted and trained by all personnel.
- Grants should be targeted to facilitate interoperability between law enforcement, fire, EMS, hospitals, emergency managers, and others.
- Analysis of previous active shooter incidents should be conducted to obtain lessons learned and best practices that can be shared and replicated among state and local first responders throughout the country.

PATH FORWARD



To achieve the goal of improved survivability from IED and active shooter incidents, there must be a concerted effort to standardize and/or consider hemorrhage control principles, personal protective equipment, and interoperability at the state, regional, and local levels. Additionally, non-governmental organizations can facilitate discussions in support of improved interoperability throughout the emergency services field. Answers to the complex problem of improving survivability during IED and active shooter incidents must be identified and implemented at the local level, as this issue does not have a “one-size fits all” solution. Each attendee is encouraged to undertake an in-depth consideration of the many models and best practices highlighted during the engagement meeting, and to work towards the solution that best suits each community.

The DHS Office of Health Affairs will continue to provide support and assistance to state, regional, and local first responders and convene small working groups to further discuss how to materialize opportunities, share best practices, and change the culture for responding to IED and active shooter incidents. In concert with Federal partners and the National Security Council, OHA will also release a First Responder Guidance document for improving survivability from IED and active shooter incidents. This document will provide evidence-based guidelines that can be incorporated by local and state officials into their practices.