NORTHWEST HEALTHCARE Response Network.

External Active Assailant Incident - Mass Casualty Tip Sheet

The Northwest Healthcare Response Network (NWHRN) continues to work with response partners to assess regional vulnerabilities and prepare for potential active shooter incidents. External active assailant (simplex attack) hazard was identified as high risk via the NWHRN Regional Hazard and Vulnerability Assessment (HVA). This External Active Assailant Incident – Mass Casualty Tip Sheet is designed to support facilities and organizations in their planning efforts and to reference if there is an active assailant mass casualty incident (MCI).

State and regional responses to a variety of hazards continue to prove that organizations are most resilient and effective when partners are pro-active in their planning efforts, share and learn from each other, and most importantly, work together.

Planning Considerations

In most active assailant incidents, there is a distinct surge pattern in how victims present to acute care settings. These "waves" should be considered when developing response plans for active assailant incidents, as each surge presents unique challenges. Wave duration and size is dictated by the unique characteristics of the incident, such as the number of victims, proximity to healthcare facilities or whether the incident occurs in a single or multiple locations. Planning for distinct surges is recommended, however they should be considered just one of many scenarios. **Having an active threat assessment team that convenes regularly, and as needed, to discuss plans, early threat detections, and scenarios will help facilities and organizations to be more prepared to respond and recover.**

Surge:

Active assailant MCIs often follow a predictable pattern where hospitals closest to the incident scene experience an acute no/short-notice patient surge. Healthcare MCI After-action Reviews highlight the importance of hospitals knowing their capabilities (space/staff/resources) and limitations. Additionally, taking proactive measures in filling capacity/capability gaps and understanding/planning where needed resources can be acquired at short notice (e.g. nearby facilities, suppliers, or stores), has been demonstrated to support healthcare response efforts during acute, and often chaotic responses.

Streamlining and throughput:

Instead of focusing on the ability to treat x number of patients, case studies recommend that processes and procedures should be reviewed based on necessity, function, and amount of time.

"Minutes saved essentially equated to lives saved in surgery." (See p. 22 in 'A Day Like No Other: A Case Study of the Las Vegas Mass Shooting', 2017)

Training recommendations:

Offering training opportunities for staff is vital to prevent or mitigate impacts from an active assailant. Mandatory training is ideal as it ensures all staff are prepared. The following courses are recommended and should be considered on a regular training cycle:

For assigned staff:

- Triage training (SALT) for mass casualty scenarios
- Healthcare Incident Command System (HICS)
- Hospital MCI training

Training for all staff:

- Run-Hide-Fight – develop staff response confidence during highly dynamic incidents.
- Stop the Bleed

Communications (internal):

- Update response staff with incident-related information when available to reduce fear, confusion, and rumors.
- Consider cell phone and/or pager alerts for staff or other alerting system.
- Anticipate cell tower saturation, phones running out of batteries, and irregular cellular service within your facility. Consider Wi-Fi-based radio applications and cell chargers for staff.

Communications (external):

- Ensure adequate organizational response staffing to communicate with on-scene responders, healthcare coalition, public health, and emergency management.
- If needed, reach out to the NWHRN for healthcare and response agency point-of-contacts.
- Anticipate phone-line saturation. Consider dedicated outgoing-only phone lines and isolated unpublished inbound phone lines for staff use.
- Ensure information is only provided to media/community via a trained PIO. Communicate this to staff.

Local and Regional Coordination:

Ensuring ongoing communication among healthcare and response partners can facilitate a common operating picture, the exchange of vital information, improved response coordination, and verification of critical information. Hospitals should be proactive in developing relationships with the NWHRN in addition to connecting with local and regional response partners (DMCC, LE, EM, EMS, area hospitals) to ensure plan alignment and correct emergency contact information.

Response Patterns and Considerations

Incident Notification:

Depending on facility proximity to the incident, patients may start arriving before official notification from response personnel at the scene. If your healthcare facility is closest to the incident, assume many non-EMS transported patients will be arriving prior to, or within minutes of any official notification. Additionally, expect a highly dynamic situation with a rapidly changing operational picture.

Considerations:

- Common initial actions: all trauma/surgical staff call-in, Hospital-wide MCI notification(s), activate HICS, notify the healthcare coalition, rapid discharge/downgrading/transfer of patients (if possible). Consider initiating cell phone and/or pager alerts for staff.
    - Anticipate staff reporting to work to help, even if they were not requested. This can complicate operations and staff rotations. Consider multi-modal notification to off-call staff

to *not* return to work unless specifically requested. Notify staff that this is critical to cover the next shift and ensure COO is notified.
    - Consider centralized labor pool for staff or volunteer reporting.
    - Anticipate a high need for EVS services and ongoing material restocking.
- Notify the NWHRN to initiate regional coordination, initiate patient tracking via WATrac, and support information and resource sharing.
- Due to the dynamic nature of active shooter incidents, facility security should be enhanced upon notification. Facilities can expect a chaotic scene with a growing number of people arriving at the facility (see NWHRN Facility Hardening Tip Sheet).
- Identify opportunities for streamlining and throughput (e.g., rapid release of crucial medications and O-neg blood, switch from computer to paper documentation, radiologist integration). Consider military medicine throughput strategies. (See p. 16, Las Vegas Case Study).

Initial Wave:

- Likely occurs at hospital(s) closest (or considered closest) to the incident scene
- Will often occur before the incident scene has been secured and before much information is known about number of incoming patients.
- Patients are transported in non-EMS vehicles (personal vehicles, police cars, pickup trucks, etc.).
- Patient injuries range in severity and may require MCI triage.
- Often accounts for the largest number of patients.
- Highly chaotic and requires rapid activation of clear protocols and procedures for incoming patients, families, and staff.

Considerations:

- Understanding your hospital's proximity to various large gather soft targets.
- Expect the need to triage large numbers of patients at arrival area. Have colored tarps/areas, designated space, and SALT trained clinical staff to support these efforts.
- The duration of time between notification and the arrival of the first wave can be just a few minutes, thus have clear protocols and procedures for vehicles dropping off patients to prevent congestion and blocking of helipad/ambulance entrances.
- Lineup hospital stretchers at patient drop off area.

Second Wave:

Characterized by EMS transporting patients from the scene of the incident.

- The local Disaster Medical Coordination Center or Washington Medical Coordination Center may support patient transfers to appropriate facilities with available capacity.
- Your facility may still receive many patients with severe injuries and require stabilization, treatment, and possibly transfer, which may be delayed.

Considerations:

- Rapid input of arriving patients into WATrac is critical for DMCC/WMCC patient level-loading. At least one staff member should be assigned to WATrac and input patients as quickly as possible upon arrival to the facility.
- Keep media and family reunification in separate buildings. Ensure staff at entrance to keep out media/people unaffiliated from entering. Anticipate 4-6 family members per patient.

Third and Subsequent Waves:

Patients who were likely in the hot-zone and were unable to be transported until the area was secure.

Considerations:

- This wave can range in timing, size, and duration based on incident characteristics.
- Prepare to rotate staff from incident response to avoid burnout.
- Anticipate mortuary surge [NWHRN Mass Fatality Tip Sheet].

If your facility is not near the incident scene:

Your facility may receive patients based on the DMCC's identification of available capacity. This will likely mean your facility will not receive non-EMS transported patients; however, you may receive a surge like the second wave listed above.

Recovery:

Adequate recovery to any MCI can be crucial in ensuring a safe and efficient return to normal operations, staff retention, and community support.

Considerations:

- Ensure debriefing and psychological first aid opportunities are provided to those that witnessed/responded to the incident [additional resources].
- Ensure response staff have breaks, food, water, and rest.
- Foster comradeship amongst staff, and appreciation from leadership.

Support from NWHRN

If you anticipate or are currently experiencing impacts from extreme heat, please reach out to NWHRN so we can support you.

NWHRN will:

- Provide situational awareness specific to the event.
- Activate as needed to support healthcare partners which may include:
    - Coordination of information and response activities, including resource requesting, coordination with local public health and emergency management partners.
    - Real-time convening of impacted organizations to share information.
    - Work to collectively problem solve, provide patient tracking support and other assistance as needed.

NWHRN works with partners through the varying organizational and reporting structures specific to their community. NWHRN recognizes that healthcare systems cross-geographical boundaries and are not bound by a specific jurisdiction. Because of this, NWHRN mirrors this multi-jurisdictional, regional healthcare approach and adapts to meet the needs of healthcare while honoring local health jurisdiction oversight. NWHRN maintains updated contact information for healthcare coalition members and will notify appropriate partners upon activation.

Contacting NWHRN:

- 24/7 Duty Officer Line at **425-988-2897**.
- Regular NWHRN Coalition coordination calls such as the All-Hazards call.
- Distribution of situational awareness reports. To join the distribution list, please email info@nwhrn.org.