Tragedy at the Tree of Life Synagogue

-Medical Director’s Perspective

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Disclaimers

• Remains an active investigation
• Depictions are from training exercises
• Video, photos, and audio are from the public domain
• Very personal
• Coping mechanisms
Then an old sage remarked, “it’s a marvel to me,
That people give far more attention
To repairing the results than to stopping the cause,
When they’d much better aim at prevention.”

Dangerous cliff without a fence.
Tragedy at the Tree of Life Synagogue

EVENT and RESPONSE

What Saved Lives

Aftermath
Disclaimer

• Photos are from training sessions
• Audio and other images are from the public domain

My qualifications...

Medical Director,
City of Pittsburgh
Department of Public Safety
An active shooter event could NEVER happen in our town.
Adult Trauma Centers
Tragedy at the Tree of Life Synagogue

EVENT and RESPONSE

What Saved Lives

Aftermath
Tree of Life Synagogue
October 27, 2018
11 Dead 6 Injured
EMS Command Post

• Medical Director’s role
  – Communications w/ Hospitals
    • How many pts are we getting?
  – Monitor OPS and SWAT channels
    • Follow SWAT activity
    • Learned of 11 fatalities
  – Interact w/ EMS leadership
    • Patient tracking
    • Destinations
    • Evacuation routes
    • Plan to place docs in transporting ambulances
Where are you?
Tragedy at the Tree of Life Synagogue

EVENT and RESPONSE

What Saved Lives

Aftermath
things that saved lives!
things that saved lives!
things that saved lives!
1. Have a plan

Pittsburgh Approach

- Grass roots effort by Police-Fire-EMS
- Supported by administration

Active Threat Training
Where would I get a plan?

The Hartford Consensus

In April 2013, just a few months after the active shooter disaster on December 14, 2012, at Sandy Hook Elementary School in Newtown, CT, the Joint Committee to Create a National Policy to Enhance Survivability from Intentional Mass Casualty and Active Shooter Events was convened by the American College of Surgeons (ACS). In collaboration with the medical community and representatives from the federal government, the National Security Council, the U.S. military, the Federal Bureau of Investigation, and governmental and nongovernmental emergency medical response organizations, among others, the committee was formed under the guidance and leadership of trauma surgeon Lamont M. Jacobs, Jr., MD, MPH, FACS, vice president of academic affairs and chief academic officer at Hartford Hospital, and professor of surgery, University of Connecticut School of Medicine, to create a protocol for national policy to enhance survivability from active shooter and intentional mass casualty events. The committee's recommendations are called the Hartford Consensus, and currently consist of four reports.

Hartford Consensus I–IV

Improving Survival from Active Shooter Events: The Hartford Consensus
June 1, 2013

Active Shooter and Intentional Mass-Casualty Events: The Hartford Consensus II
September 1, 2013

The Hartford Consensus III: Implementation of Bleeding Control
July 1, 2016

The Hartford Consensus IV: A Call for Increased National Resilience
March 1, 2016

Hartford Consensus potential partner organizations for mass-casualty events

American College of Surgeons
American College of Emergency Physicians
American Trauma Society
American Red Cross
U.S. Department of Defense Joint Trauma System
U.S. Department of Defense Committee on Tactical Combat Casualty Care
Committee for Tactical Emergency Combat Casualty Care
Federal Bureau of Investigation
U.S. Fire Administration
National Highway Traffic Safety Administration Office of Emergency Medical Services
U.S. Department of Homeland Security Office of Health Affairs
International Association of Fire Chiefs
International Association of Firefighters
International Association of Chiefs of Police
International Association of EMS Chiefs
National Volunteer Fire Council
National Emergency Medical Service Advisory Committee
National Association of State Emergency Medical Services Officials
National Association of Emergency Medical Services Physicians
National Association of Emergency Medical Technicians
National Association of EMS Educators
National Tactical Officers Association
National Sheriffs' Association
American Association for the Surgery of Trauma
Eastern Association for the Surgery of Trauma
Prehospital Trauma Life Support
Emergency Nurses Association
Society of Trauma Nurses
University law enforcement and health care organizations
Hospital accreditation organizations
Automobile manufacturers
Faith-based organizations
Hartford Consensus

- Threat suppression
- Hemorrhage control
- Rapid Extrication to safety
- Assessment by medical providers
- Transport to definitive care

- Engage stakeholders
- Evidence based
- Emphasis on seamless integration between public safety providers
- Recognize that the initial care providers will be bystanders
- Education basic lifesaving measures
- Not acceptable to wait for casualties to be brought out to the perimeter.
2. Threat suppression

• Timely arrival of police and prompt engagement of the shooter
3. Training

Public

CPR + RUN-HIDE-FIGHT

Public Safety
What saved lives

Training

• Can law enforcement officers be trained to do basic medical care?
Training

THE LIFE YOU SAVE MAY BE YOUR OWN
Training vs Education
4. TEMS embedded with SWAT

- Protocols may vary
- TEMS embedded with SWAT Teams
  - Monthly training
- SWAT operators with basic medical education and IFAKs
- Care under fire
Tactical EMS (TEMS)

- Equipment + Training
- Time sensitive issues
  - Airway
  - Bleeding
- Multiple scenarios based on local protocols
- Police overwatch
5. Rescue task force

- Enter area that is “cleared” and extricate patients
- Fire – basic care and “heavy lifting”
- EMS – basic care / limited ALS

TEMS ≠ RTF
Rescue Task Force

• Skilled in patient movement
  – Multiple techniques
• Basic life saving techniques
• Additional equipment
• May need to “Harden in place.”
• Police over watch
Old Way

Cold               Warm         Hot

New Way
What happens where?

M – control of massive haemorrhage
A – airway and antidote
R – respiratory protection and oxygen
C – circulatory system management
H – head (CNS assessment AVPU and pupils)
6. Casualty Collection Points

• Know where to send/take victims
Casualty Collection Points

• Know where to send/take patients
• Immediate care
• Do ALS in warm zone?
  – Hardened in place
  – Difficult extrications
  – Dynamic scene
What saved lives

Fake News
7. Appropriate receiving facilities

- Trauma centers
  - Practice/Prepared
  - Understand that they may receive little or no notification
  - MD/RN response w/o MCI declaration
  - 1 Trauma surgeon- 1 EM Physician / pt
## Injuries

<table>
<thead>
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<th></th>
<th>Injury</th>
<th>Treatment</th>
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<tr>
<td>1</td>
<td>LEO GSW extremities</td>
<td>TQ Dressings</td>
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<tr>
<td>2</td>
<td>LEO Superficial</td>
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<tr>
<td>3</td>
<td>Civilian GSW abd</td>
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<tr>
<td>4</td>
<td>Civilian GSW extremity</td>
<td>TQ Dressings</td>
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<tr>
<td>5</td>
<td>LEO Multiple GSW*</td>
<td>TQx4 Dressings</td>
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<tr>
<td>6</td>
<td>LEO GSW extremity*</td>
<td>TQx2</td>
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</tbody>
</table>

* LEOs applied at least 1 TQ
Equipment

• Throw bags
  – Tourniquets
  – Bandages
  – Hemostatic dressings
  – Chest seals
  – Gloves
  – Triage tags?
Fanny pack

- TQs
- Chest Seals
- Hemostatic Dressings
- Gloves
Triage tags
Apply best-available data to active shooter incident planning, training

Paramedic chiefs and field providers have much to learn from the FBI's ongoing summary and analysis of active shooter incidents.

Jun 8, 2018

A Broward County Sheriff's Office captain refused to allow Coral Springs Fire-Rescue paramedics, deploying as a Rescue Task Force, entry into Marjory Stoneman Douglas (Parkland, Fla.) High School.

Deputy Chief Michael McNally wrote in a recently released incident report, "The [BSO] incident commander advised me, 'She would have to check.' "After several minutes, I requested once again the need to deploy RTF elements into the scene to ... initiate treatment as soon as possible. Once again, the incident commander expressed that she 'would have to check before approving this request.'"

McNally's request to send in Rescue Task Forces – teams of EMTs or paramedics escorted by police officers – was denied six times, including after the shooter had been arrested. SWAT medics were allowed into the school, though a SWAT or tactical medic is more commonly deployed to care for SWAT personnel or suspects taken into custody, rather than a shooter's multiple victims.
Not so great options

Mel Bernstein, owner of Dragon Arms

Just outside of Colorado Springs, the owner of Dragon Arms is offering a different type of support. Mel Bernstein, the owner of the store, is offering to give rabbis a free AR-15 or a handgun. He'll also include training and ammunition.
What saves lives

1. Have a plan
2. Threat suppression
3. Training
   – Public Safety
   – Lay People
4. TEMS
5. Rescue Task Force
6. Casualty Collection Points
7. Appropriate receiving facilities
Tragedy at the Tree of Life Synagogue

EVENT and RESPONSE

What Saved Lives

Aftermath
Role of Medical Director

• Check on well being
• Provide patient information and follow up
• Support to Bureau of Police
• News conferences
• Interviews
• After action reports
Unexpected Consequences

2 degrees of separation

Attack on the City
Emails

Sending our prayers, tears of solidarity, and thoughts of strength from Las Vegas... Please let us know if we can help in any way my friend.
   Dave Slattery, MD (Las Vegas)

How terrible that this occurred, actions of hate. Know that you and your team will come thru this.... Here to support your future. Peace,
   Sophia Dyer, MD (Boston)

We are thinking of you and your crews today as the events unfold. Stay strong and please stay safe.
   Peter Antevy, MD (Florida)
“Today is not the worst day of your life...”
Challenging time

• Visiting memorial
• Trying to refer everyone else for help and realize that you need help

Sometimes when I say "I'm okay"
I want someone to look me in the eyes, hug me tight, and say "I know you're not"
Unexpected Consequences

First responders moved rapidly in wake of synagogue shooting.

11 dead, 6 injured in Pittsburgh synagogue shooting.
What made things better

• Community support
• Colleague support
• Counseling/Meds /Time
• Think about what went right

What went right

– All transported lived
– Millions of dollars collected in support of the Synagogue and public safety
– Unexpected test of active threat
– Shine light on hatred
– Now universal support for our Active Threat Training
– Public Safety - thanked by the community
– Opportunity to share what we have learned
Walk thru
Thank You!
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