

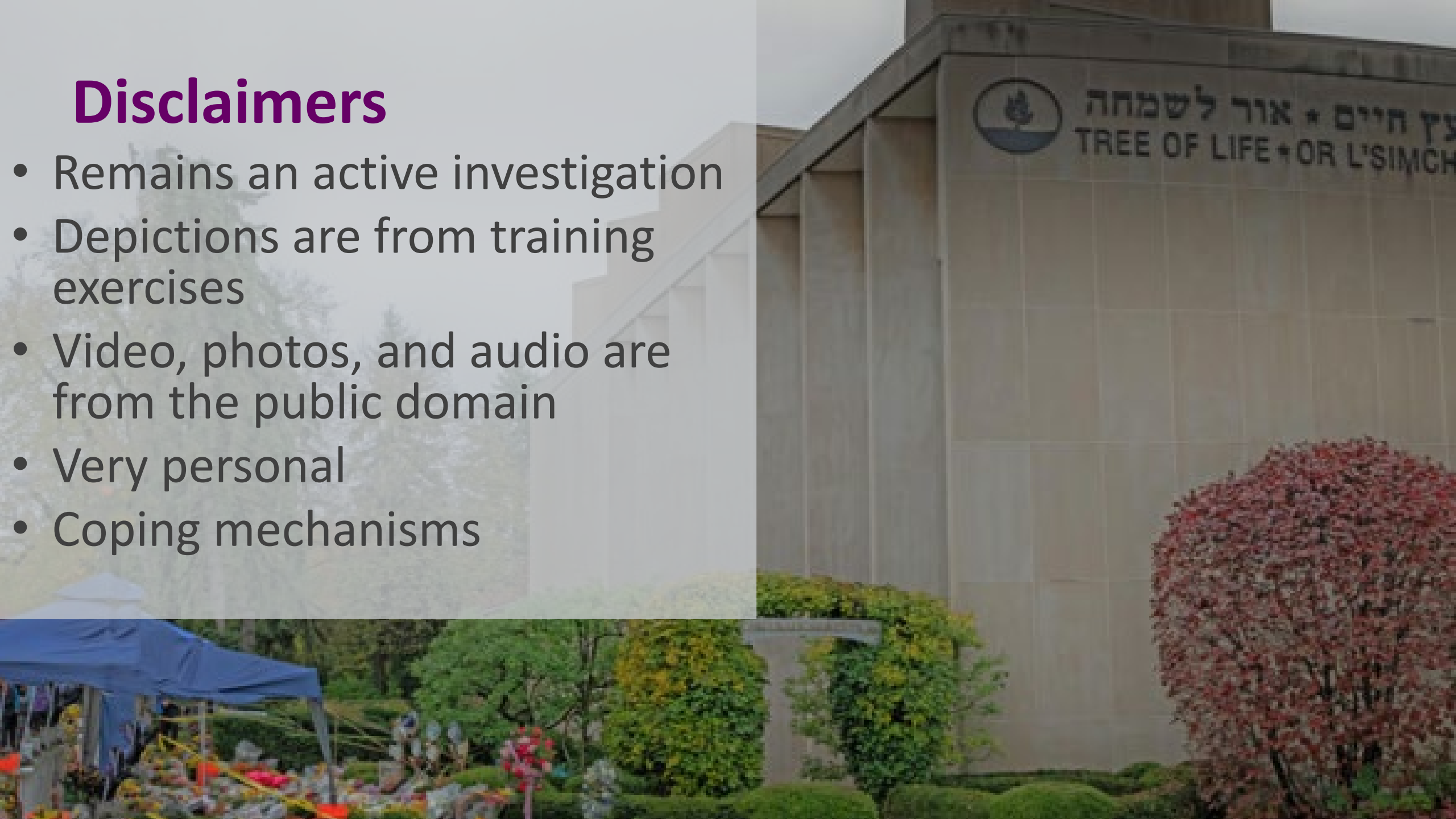


# Tragedy at the Tree of Life Synagogue -Medical Director's Perspective

Ron Roth, MD FACEP, FAEMS  
Professor of Emergency Medicine  
University of Pittsburgh  
Medical Director, City of Pittsburgh  
Department of Public Safety  
Team Physician, Pittsburgh Steelers

# Disclaimers

- Remains an active investigation
- Depictions are from training exercises
- Video, photos, and audio are from the public domain
- Very personal
- Coping mechanisms



# Ambulance Down in the Valley

-Joseph Malins (1895)

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





My qualifications...

Medical Director,  
City of Pittsburgh  
Department of Public  
Safety





El Paso, Texas



Midland, Texas



Dayton, Ohio

**YOUR  
PHOTO  
HERE**

An active  
shooter event  
could NEVER  
happen in our  
town.

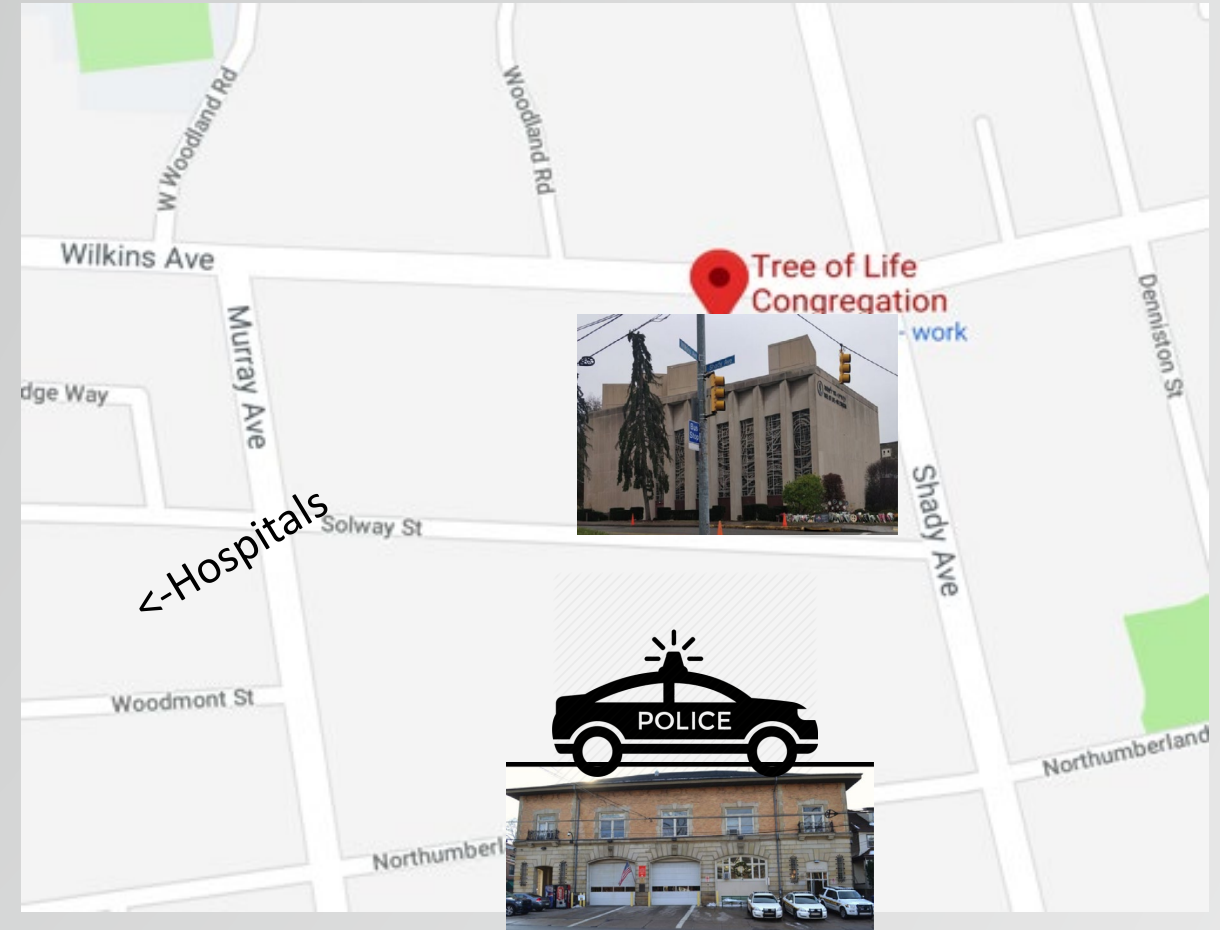








Adult Trauma Centers



# Tragedy at the Tree of Life Synagogue



What  
Saved  
Lives

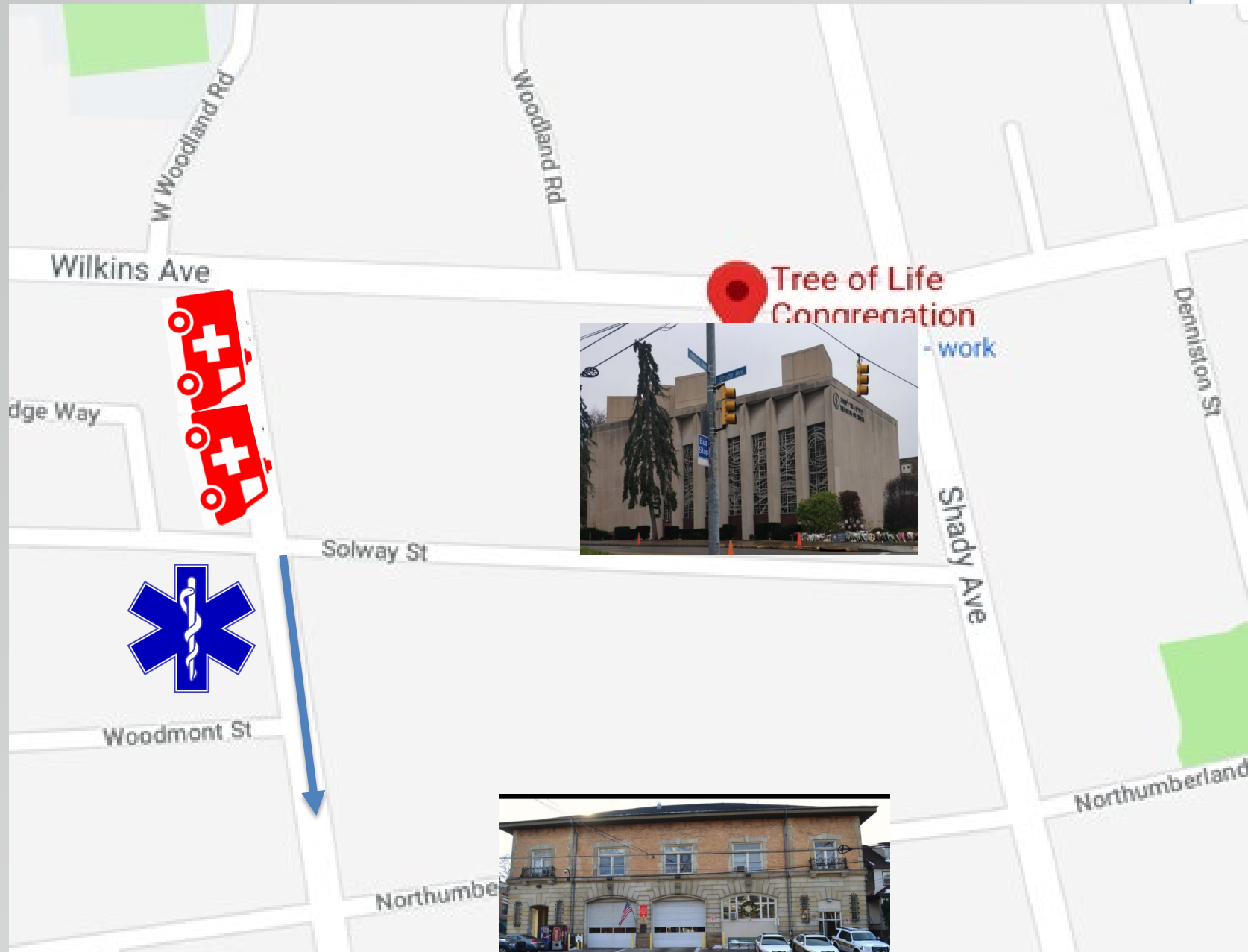
Aftermath



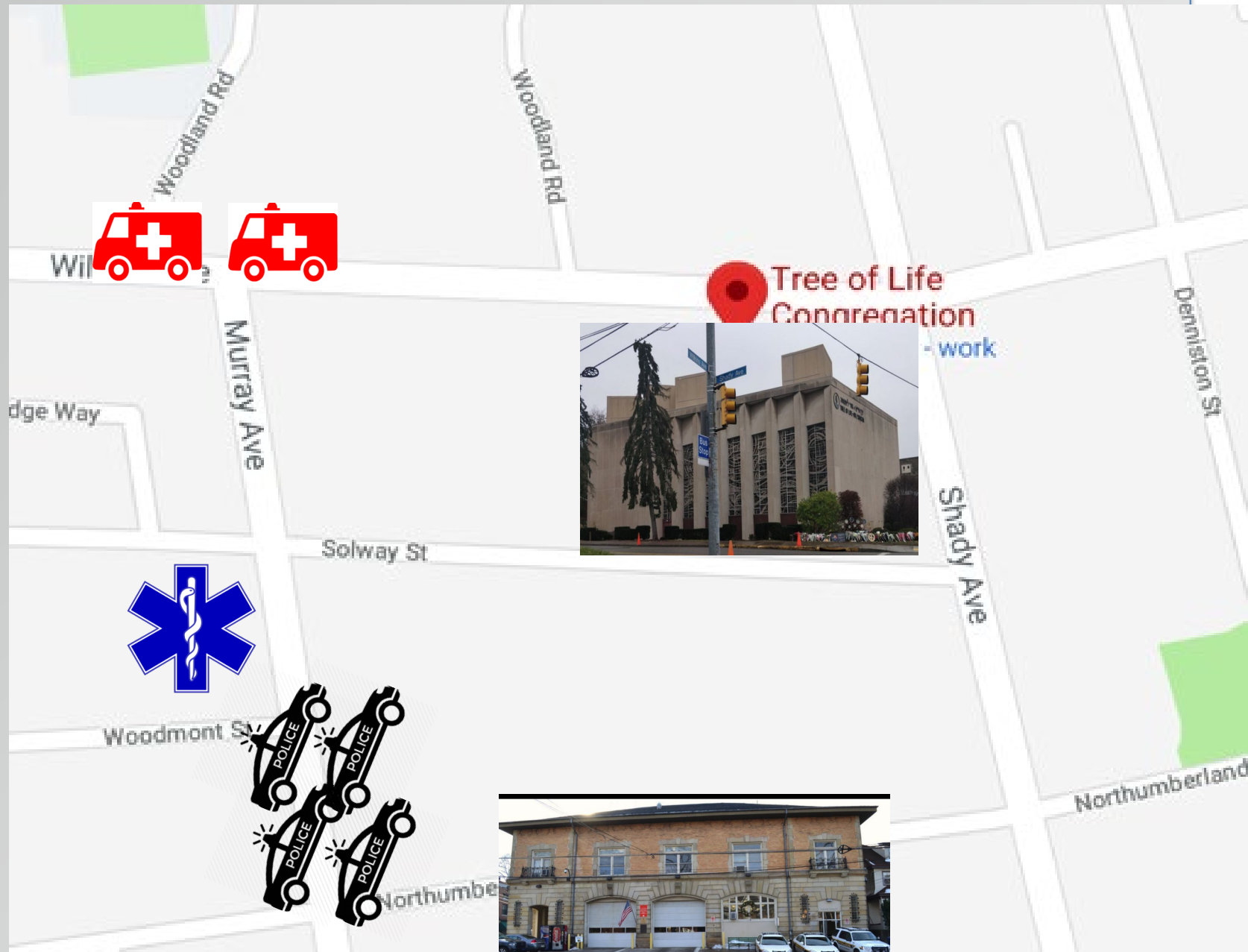
Tree of Life Synagogue  
October 27, 2018  
11 Dead 6 Injured





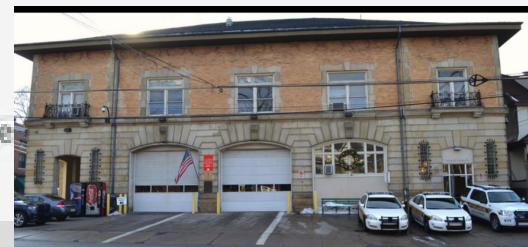






Tree of Life  
Congregation

-work



# 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

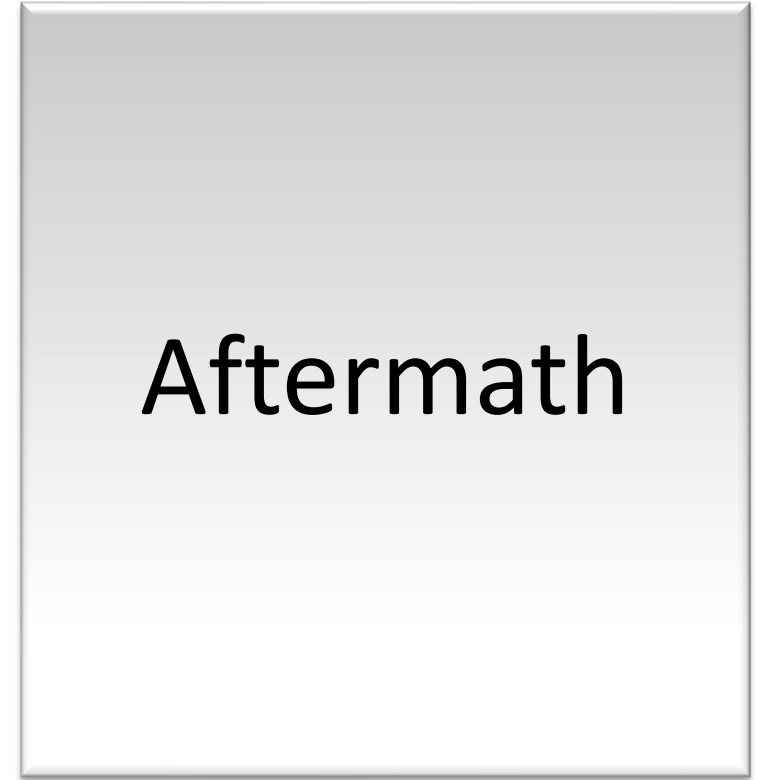


**Where are you?**





# Tragedy at the Tree of Life Synagogue





**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?

**AMERICAN COLLEGE OF SURGEONS**  
*Inspiring Quality: Highest Standards, Better Outcomes*

Become a Member > Member Login >

Search Options ▾ Enter Keyword 🔍

Member Services Quality Programs Education Advocacy Publications About ACS

[American College of Surgeons](#) > [About ACS](#) > The Hartford Consensus



The Hartford Consensus

[News Coverage](#)

[Stop the Bleed](#)

## 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 Lenworth 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.



*The Hartford Consensus*

### 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, 2015

[The Hartford Consensus IV: A Call for Increased National Resilience](#)  
March 1, 2016

**News Release**

## 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  
U.S. Department of Homeland Security Federal Emergency Management Agency  
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

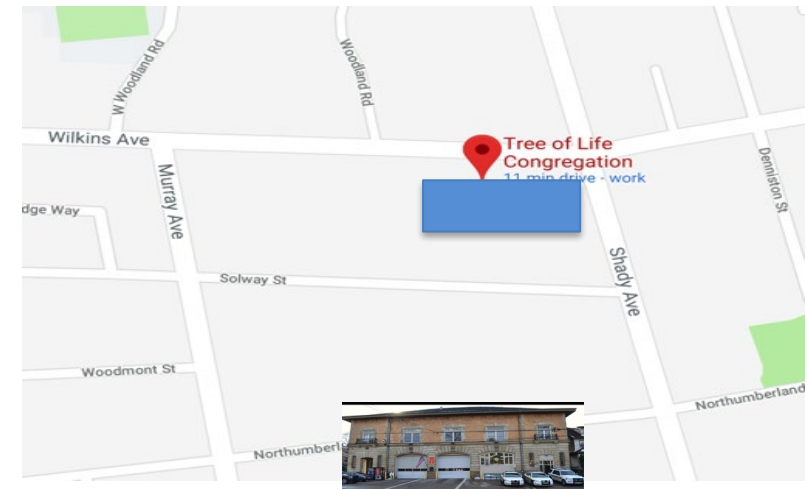
- **T**hreat suppression
- **H**emorrhage control
- **R**apid **E**xtrication to safety
- **A**ssessment by medical providers
- **T**ransport to definitive care

- 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



[https://www.theepochtimes.com/rabbi-of-tree-of-life-synagogue-says-trump-is-welcome-to-visit-shooting-site\\_2702482.html](https://www.theepochtimes.com/rabbi-of-tree-of-life-synagogue-says-trump-is-welcome-to-visit-shooting-site_2702482.html)

# 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  $\neq$  RTF

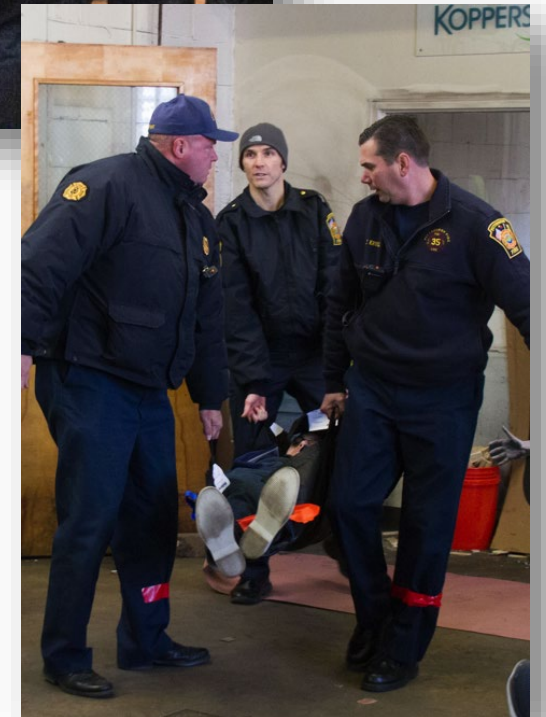
# Pittsburgh

## RESCUE TASK FORCE



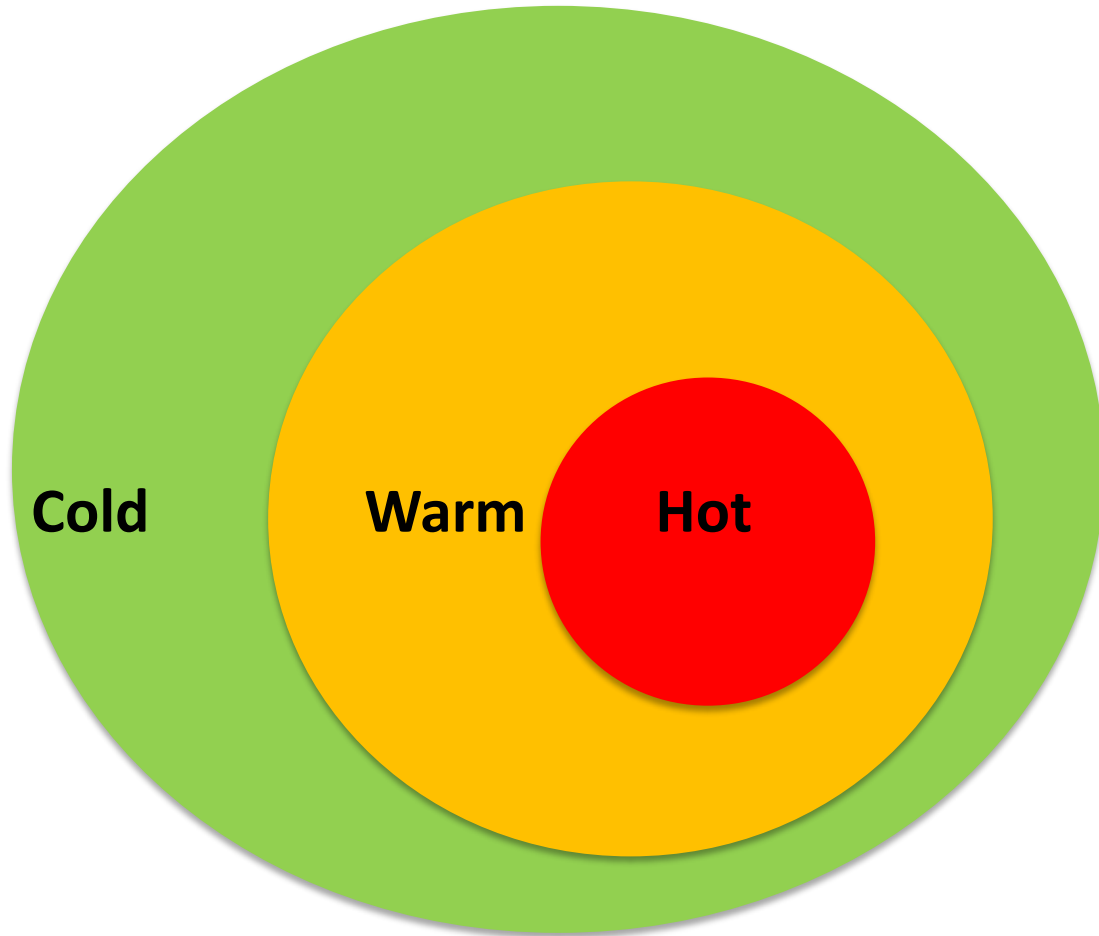
# Rescue Task Force

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





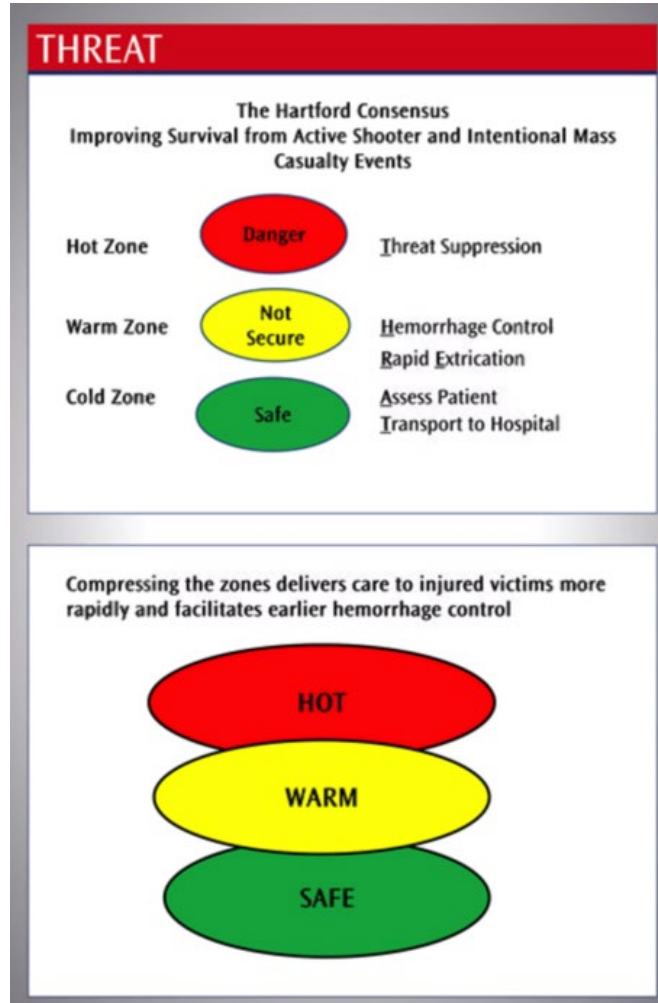
## Old Way



## New Way



# What happens where?



M – control of massive haemorrhage

A – airway and antidote

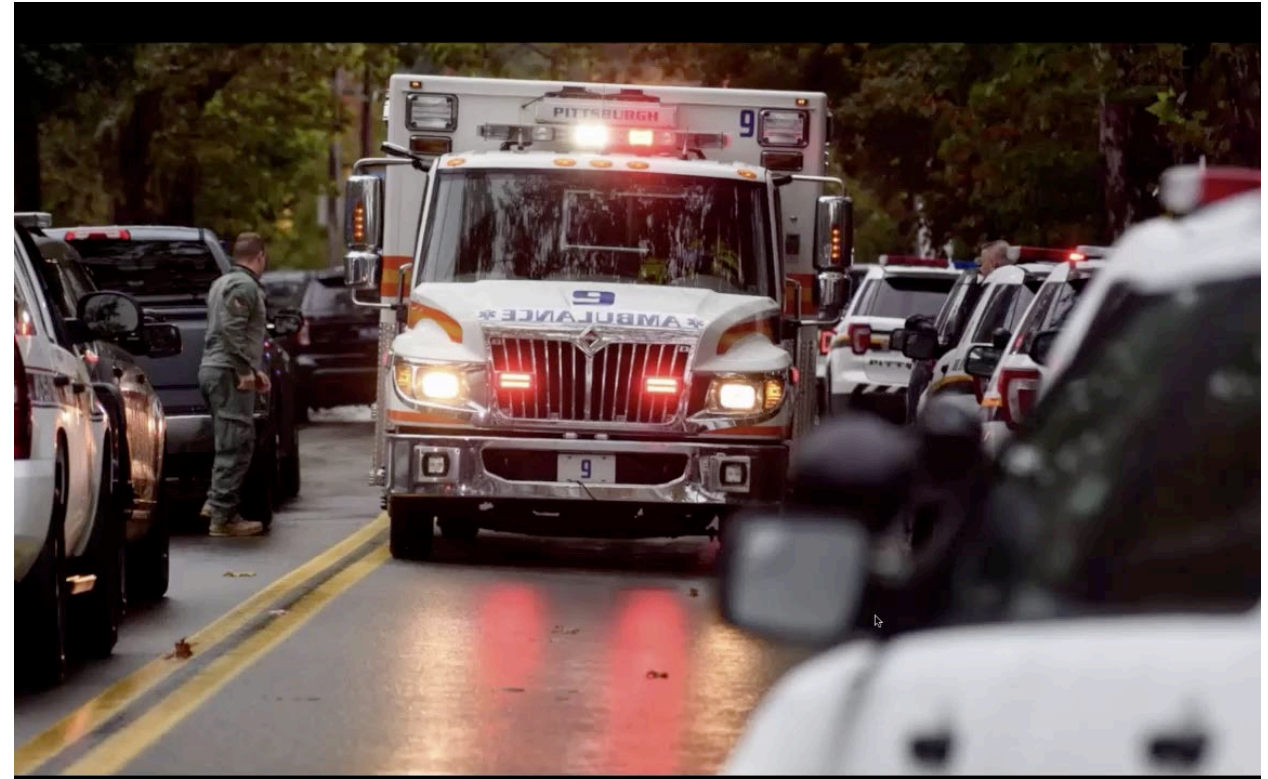
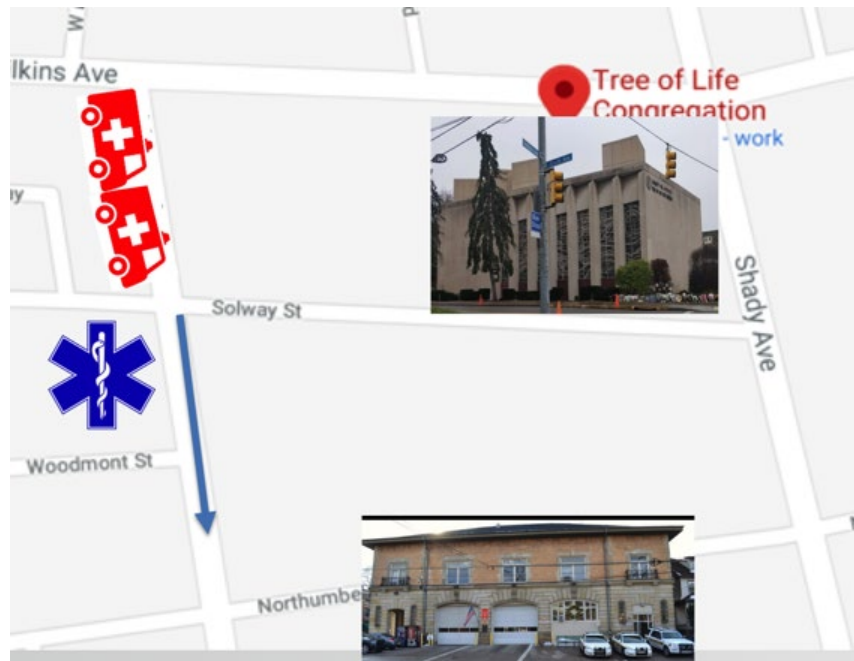
R – respiratory protection and oxygen

C – circulatory system management

H – head (CNS assessment AVPU and pupils)

## 6. Casualty Collection Points

- Know where to send/take victims



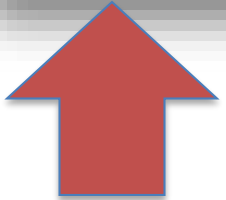


# Casualty Collection Points

- 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

		Injury	Treatment
1	LEO	GSW extremities	TQ Dressings
2	LEO	Superficial	Dressings
3	Civilian	GSW abd	Dressings
4	Civilian	GSW extremity	TQ Dressings
5	LEO	Multiple GSW*	TQx4 Dressings
6	LEO	GSW extremity*	TQx2

1

\* 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



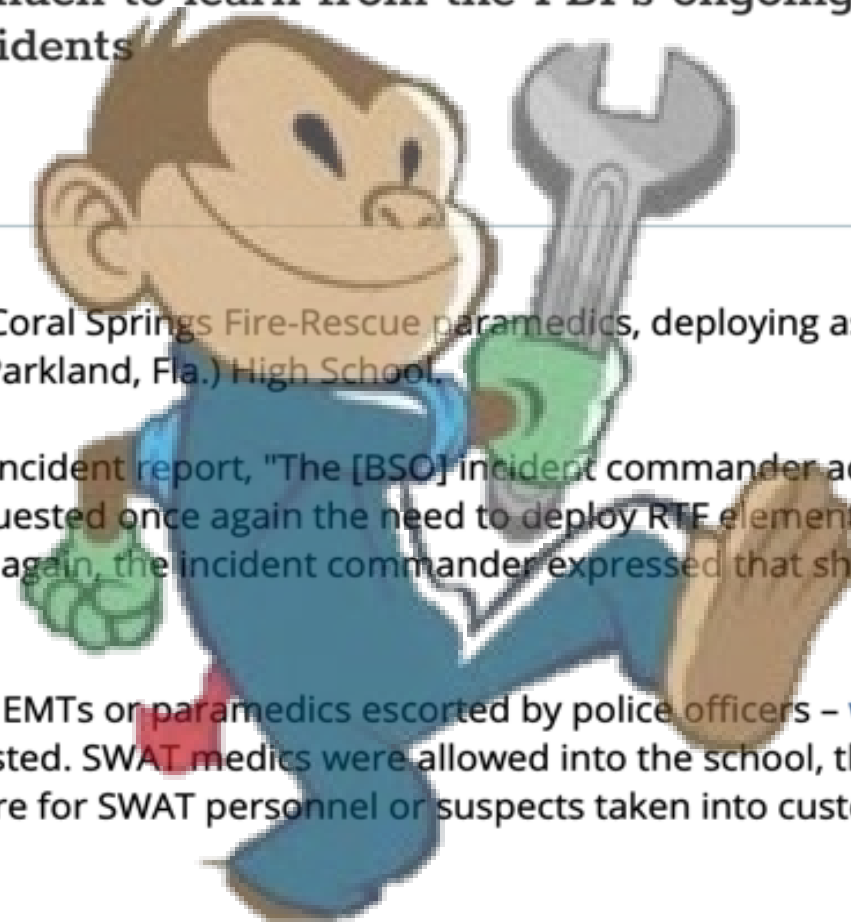
# Triage tags



## 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.

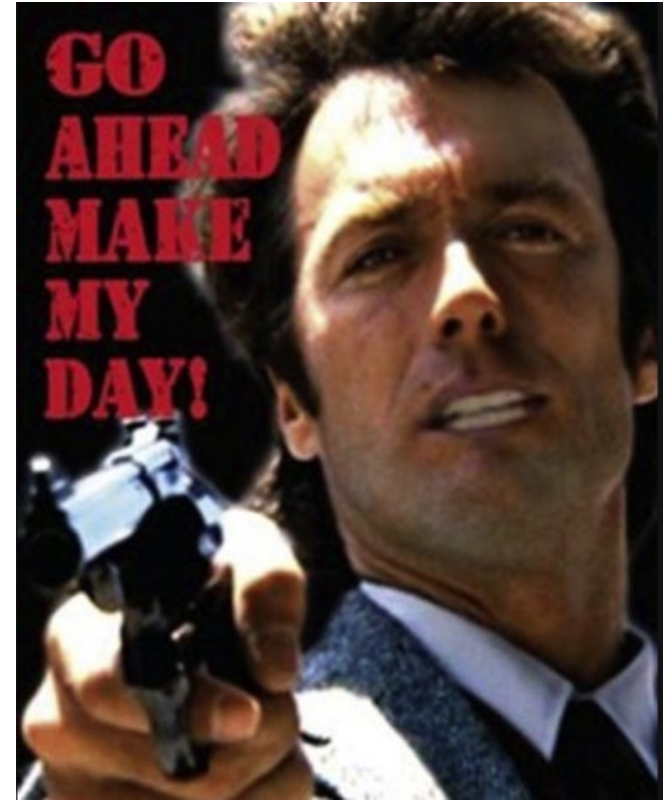


# Not so great options



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.

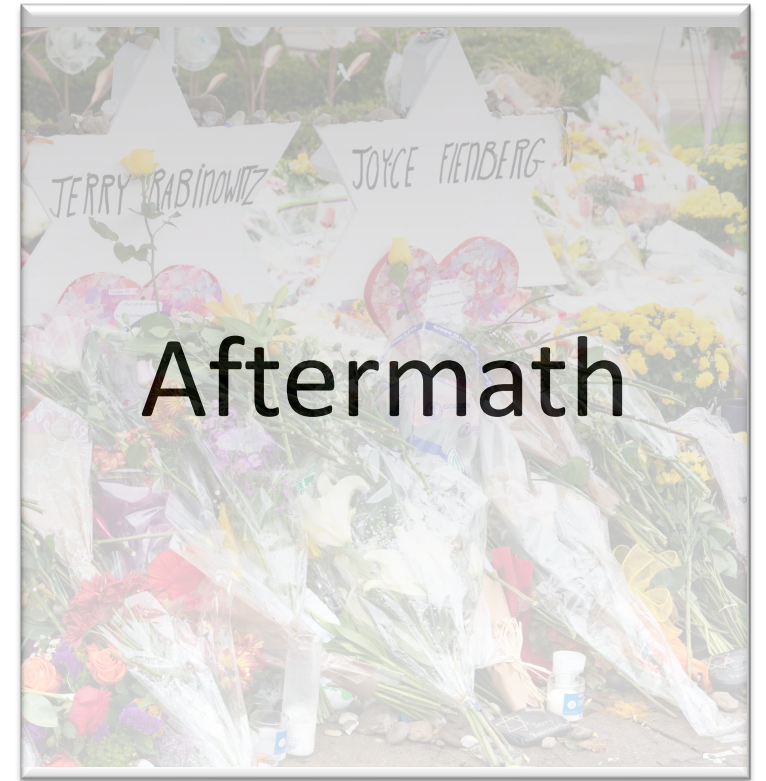




# What saves lives

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



# 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



# 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



# Unexpected Consequences





# Walk thru



**Thank You!**  
**Ron Roth, MD**  
**[rothrn@upmc.edu](mailto:rothrn@upmc.edu)**

