

How to Prepare for a Mass Casualty Shooting

Allan D. (Dave) MacIntyre, D.O.

Critical Care/Trauma Surgeon – Sunrise Hospital, Las Vegas, NV

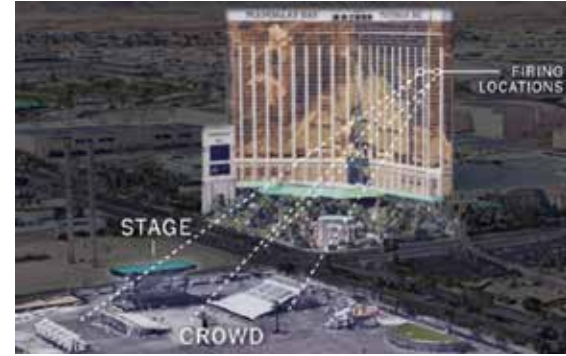
**Medical Director: Intyre Holdings, Inc., Practice Dynamics LLC and
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Are You Prepared for a Soft Target Mass Casualty Incident (MCI)?



Route 91 Harvest Festival Concert

- 22,000 attendees
- 10:05 p.m. on a Sunday
- 1,000+ rounds fired in 15 minutes
- 500+ injured
- 58 killed



Transport into the Sunrise Hospital

- Pickup Truck
- Taxi
- Uber
- Ambulance



Sunrise Hospital's Response

- 692-bed adult & children's hospital
- Level II Trauma Center
- Regional center for tertiary care
- 2,070 trauma activations 2017 year-to-date
- Close to Las Vegas Strip



Sunrise Hospital's Response

- 22:05 MCI near Mandalay Bay
- 22:25 First patient arrives
- 22:29 First ambulance arrives
- 22:49 On Call Administrator arrives
- 23:00 First patient triaged to ICU
- 23:59 Five Surgeries completed
- 01:12 Over 100 physicians responded
- 02:00 Over 200 nurses responded
- 02:47 ER census: 228 patients
- 04:51 167 discharged from the hospital
- 11:00 ER returned to normal
- 23:59 56 Surgeries completed



Patient Breakdown

124 gun shot wounds

58 surgeries in first 24 hours:

- 2 vascular
- 5 thoracic
- 5 cranial and cervical
- 9 multi-system
- 15 abdominal
- 17 orthopedic

83 total surgeries:

- 2 additional multi-system
- 6 additional orthopedic
- 7 additional cranial and cervical
- 15 additional abdominal

Patient Breakdown (cont.)

16 Mortalities:

- 10 DOA
- 4 unsalvageable
- 1 intra-operative
- 1 withdrawal of care
(Brain Death)

516 Blood Products:

- 222 units of PRBC
- 119 units of FFP
- 100 units of Cryoprecipitate
- 42 units of single donor platelets
- Waste:
 - ü 5 single donor platelets
 - ü 21 units of PRBC
 - ü 7 units of FFP

What Went Well

- Preparation and Practice with Complex Events; New Years Eve, Conventions, and Sporting Events
- Strong Physician Leadership from Emergency Room and Trauma Physicians:
 - Emergency Department (ED) leader & Trauma leaders with experience
- RN Engagement with patients (1:1 in ED area)
- Outstanding Anesthesia and Trauma Call Panel Support

What Went Well (cont.)

- Use of the Residents from Mountain View (sister HCA facility)
- Bed Flow Process (ED Triage-Trauma-OR-Treatment) and Use of ICUs
- Logistics Management (Incident Command)
- Family / Decedent Management

Lessons Learned

- Communication mechanism with hospital and medical staff
- Documentation templates for MCI:
 - ED specific notes
 - OR specific templates in EMR
- Registration process for MCI requires more flexibility
- County coordination of medical response management

Moving Forward

Five actions to decrease morbidity and mortality:

1. Adopt a clear mission statement that solidifies the hospital's role. For example:

“In the event of an MCI, our facility will be capable of providing treatment to 250 MCI patients within the first 18 hours and have ER and Trauma back to normal readiness within 24 hours.”

Moving Forward (cont.)

2. Perform risk-based assessment of facilities and protocols:
 - Facility security
 - Internal and external communications
 - Adequate supplies
 - Location of supplies
 - Triage protocols

Moving Forward (cont.)

3. Commit to provide training and resources to medical and non-medical staff:

- ***Stop the Bleed, ATLS, PHTLS, TCCC, CONTOMS:***

- ü Housekeepers and all staff can be trained to Stop the Bleed

- ü Nurses trained in PHTLS and TCCC

- ü Physicians trained in ATLS, TCCC, and CONTOMS

Moving Forward (cont.)

4. Exercise what you are trained to do
5. Coordinate with stakeholder agencies and the community
Law Enforcement:
 - Dispatches officers for facility security and traffic control
 - Notifies Fire/Rescue in jurisdiction and surrounding communities
 - Notifies ambulance services

Questions?

Practice Dynamics LLC's principles have been providing threat and vulnerability train-the-trainer programs to Federal, State, Local, Educational, and Private agencies and entities for 15 years. We are also a registered NAEMT Education Provider. For further information, please contact:

Ernest Lorelli, B.S. Ed.M

Education Director – ernest@pracdyn.com

(702) 296-0951

Allan (Dave) MacIntyre, D.O.

Medical Director – dave@pracdyn.com

(702) 724-1400