How to Prepare for a Mass Casualty Shooting

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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:
- 5 single donor platelets
- 21 units of PRBC
- 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:*
  - Housekeepers and all staff can be trained to Stop the Bleed
  - Nurses trained in PHTLS and TCCC
  - 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:

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