San Bernardino Mass Shooting

The Loma Linda Response and Lessons Learned

LOMA LINDA UNIVERSITY
HEALTH

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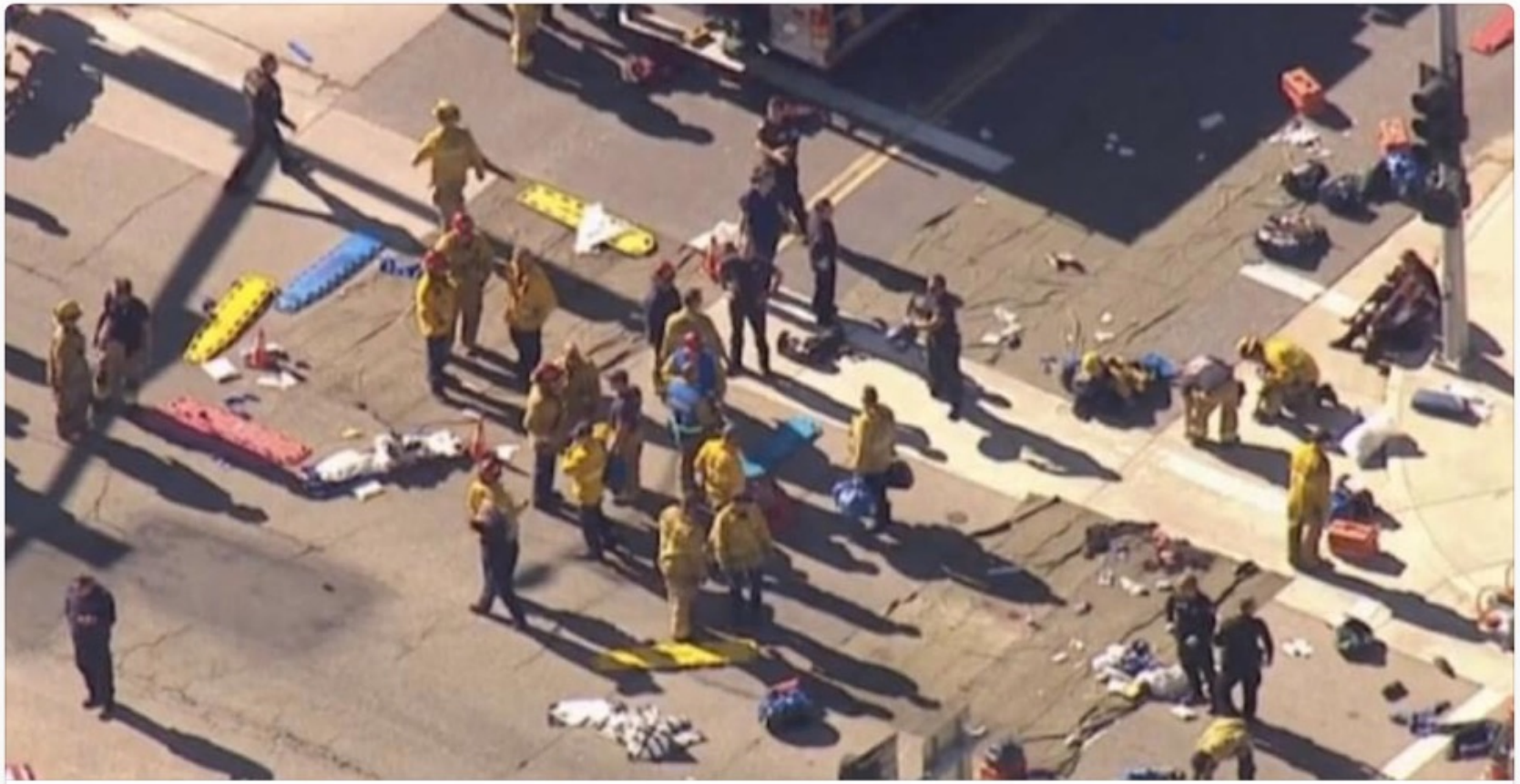


BREAKING: Several Killed and 20 Wounded in Ongoing Hostage Situation in San Bernardino, California

EMS ON SCENE

Incident Timeline 12-2-2015

1110	ED receives notification via EMS that a mass casualty shooting has taken place in San Bernardino. >20 victims expected.
1111	Executive Director of Emergency and Trauma services notified.
1112	Admin On-Call notified. ED began setup of triage area, security perimeter, and trauma bays in preparation to receive patients. On-Call Trauma Teams and ED staff notified to report to ED
1117	ReddiNet message confirms notification; “Mass Shooting. This is not a drill”
1121	Emergency Management, Public Relations, Security Control and given updates on situation.
1131	Condition Alert declared for mass casualty by ED and Environmental Health and Safety
1138	Emergency notification sent using **Send Word Now** to LLU leadership
1144	Security Officers completed perimeter around LLUMC and ED later supported by law enforcement. Triage set up complete. 2nd Emergency notification sent using **Send Word Now** to Loma Linda Health leadership. Patient #1 ARRIVES.

Incident Timeline Includes Deploy of Two Disaster Plans Simultaneously

1148	Pt #2 ARRIVES
1151	PT #3 ARRIVES
1155	PT #4 ARRIVES
1200	Incident Command Center adjacent to ED Administration
1203	Command Center notified by law enforcement that suspects were still at large
1204	**Send Word Now** notification sent to “911 All” with location of incident and instruction to shelter in place
1205	ED waiting for additional patients and updates
1416	911 Dispatch alerts Loma Linda of a bomb threat (Code Yellow)
1530	PT #5 ARRIVES
1603	Code yellow cleared

ED RESPONSE

Mass casualty triage set-up is completed within 18 minutes of activation

INTERNAL COLLABORATION:

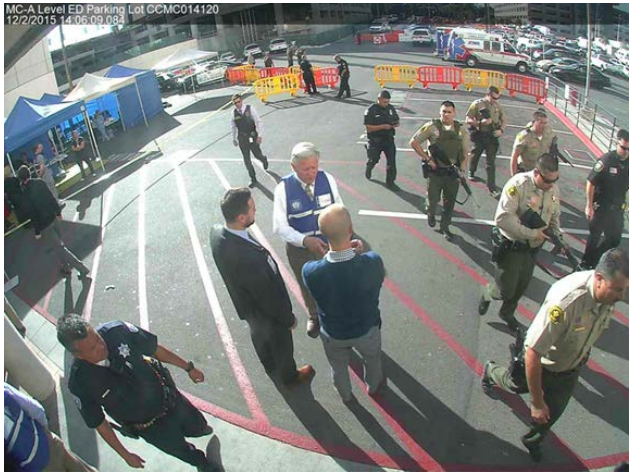
- Emergency Department
- Environmental Health and Safety
- Trauma Teams – some from VAH
- Facilities Management
- Campus Engineering
- Housekeeping
- Parking and Traffic
- Security

LAW ENFORCEMENT & FIRE

RESPONSE AND SUPPORT

Where do you need us and what can we do to help?

- **40 + Law Enforcement and Fire personnel respond from 12 agencies**
- **San Bernardino Sheriff's Department reports BOLO two suspects at large in a black SUV. Poss. third suspect driving**
- **SBSO receives reports of an active shooter on LL campus – unfounded**
- **SBSO receives a bomb threat for LLUMC**
  - **SWN alert is sent out to "911 ALL" CODE YELLOW**
  - **Security and SBSO conduct a floor by floor search – unfounded**
- **Law enforcement remains on site for the next 30 hours.**



ReddiNet

emergency medical communications network

Facilitated information exchange among:

- Hospitals – assisted in distribution of MCI victims
- EMS agencies
- Paramedics
- Dispatch centers
- Law enforcement
- Homeland security
- Public health officials

17:48 -CONDITION CLEARED?

- All day, Loma Linda staff waited to receive more patients
  - But by the evening, we had treated only five from the shooting
- Reuniting patients with their families continued to the next day
- Fear remained that one or more shooters remained at large
- Emergency Department Administrators stayed in house till 22:00

Preparation
Disaster Training

- Importance of disaster training cannot be over-emphasized
- We keep Emergency Codes posted where staff can reference them quickly
- Disaster Drills
  - We take them seriously
  - Regular drills
    - Quarterly with ED staff
    - Annually with ED staff & EMS
    - Past drills included active shooter
- Disaster supplies
  - Stocked and readily available
  - Practice using actual disaster supplies during drills

Command Center – Lessons Learned

- Besides EMS and ED health care providers: Law enforcement, hospital administration, Public Relations, FBI, security, media all gravitated to the ED
- Security tasked to manage increased EMS/POV traffic
- Difficulty locking down 43 entry points into the hospital
- Public Relations set up a staging area for media – for days!
- Resistance to move initial Command Center set up in ED Administration to larger room even when crowding was significant
  - Food helped calm nerves and provided comfort
- When designing EDs – provide more than “decon” facilities adjacent to the ED
  - Allow space for staging of disasters with close proximity to the ED
  - Community is already conditioned to go to the ED in times of crisis
    - Don’t fight this fact – plan for it

ED Operations Lessons Learned

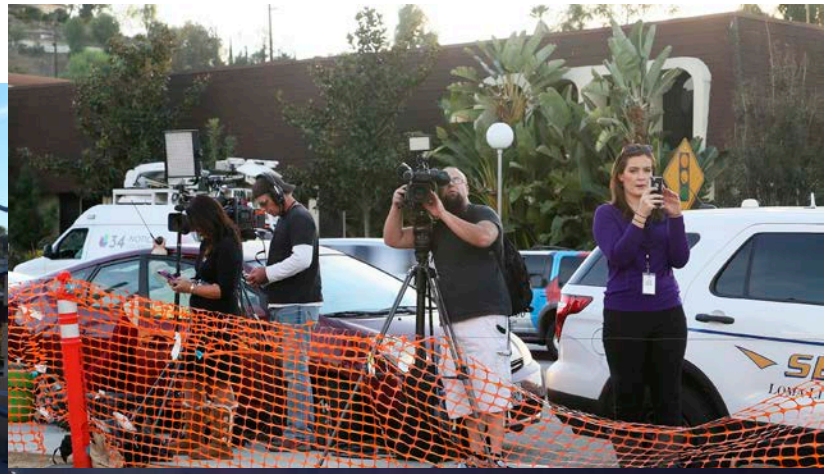
- Assignment of treatment teams kept the ED functioning to treat patients in the ED and those arriving unrelated to the mass shooting
- The ability to mobilize inpatient services – ORs/ICUs was critical
  - Canceled elective surgeries
  - Brought in back-up ICU team
- Moving patients who needed admission rapidly out of the ED allowed the treatment of multiple patients rapidly in the ED/triage area
- The activation of the entire MCI disaster plan enhanced the ability of the ED to care for the victims and concurrent care of ED patients
  - Unrelated trauma patient with serious injuries
  - Respiratory failure – intubated in non-traditional ED space
  - Acute Stroke Activation
  - Acute arterial limb occlusion
  - Less acute ED patients were seen outside in the triage tent

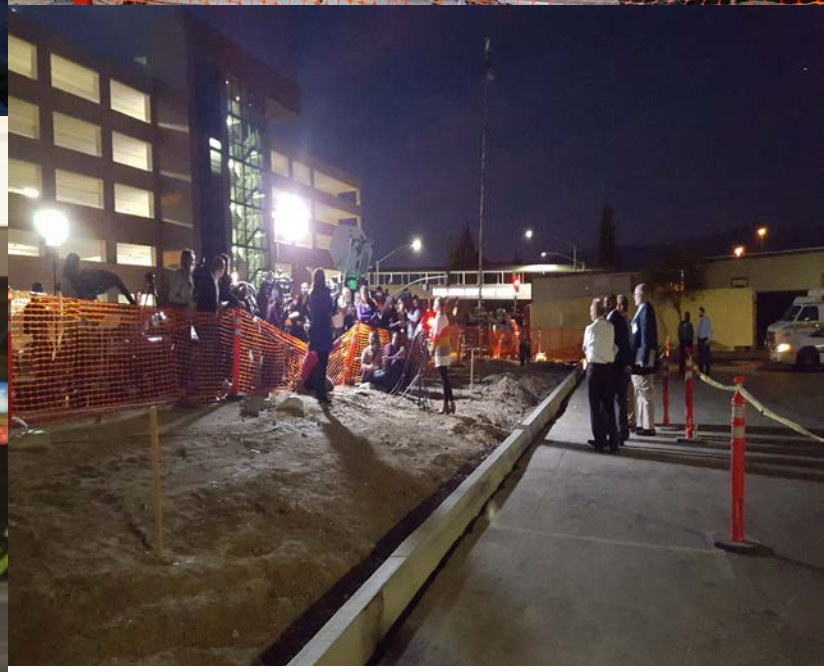
Communication Lessons Learned

- As with all Mass Casualty Incidents – communication was key
- 1:1 communication occurred before mass communication
- People used customary communication in addition to established disaster communication cascades
  - This was actually helpful, but led to uneven communication
  - Cell phone use was essential, but batteries died
    - Needed ability to recharge cell phones
- When the intranet was jammed, it was difficult to communicate in real-time to staff
  - Planned methods for internal communication were delayed and internet/TV news became primary source for staff knowledge of the event
  - This resulted in communication of inaccurate information
- Media reports caused some staff to feel insecure about LLUMC's ability to handle the incident and anxiety about the community's collective danger

Hospital Staff/Patients frightened
Internet/intranet jammed

MEDIA Can Increase Staff Anxiety





Communication is Crucial

- Mass communication system was overwhelmed by patients and employees using internet
  - Need to obtain and regularly test a designated server for disasters
  - Requesting staff/patients to stay off of internet/cell phones did not succeed
- We needed to tighten and expand Security Communication
  - People got through security perimeter that did not belong in the area
  - Vendors came with supplies but had trouble getting through security
- University campus communication needed better link to Command Center
  - Communication was going to the Medical Center and didn't get to campus disaster response team
  - Students/professors unsure if they should go to class or shelter in place
- Patient identification with triage tags was incomplete
  - Created difficulty in tracking down patients for families
- Computer order entry for shooting victim patient placement was incomplete
  - But verbal communication still worked – especially to the OR

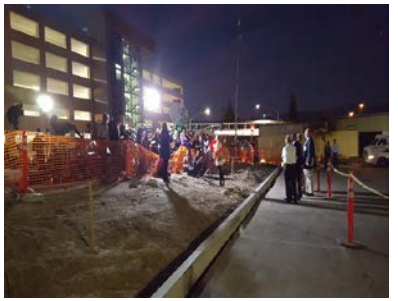
Lessons Learned: Communication with/regarding Family of Victims

- We needed an established location for family assistance and information
  - The public calls to LLUMC hospital operator were overwhelming
- Sherriff's department created a dedicated phone number for family members to call
  - Had trained staff to answer the phone for calls from the community
    - Emotional support for families crucial
- Information regarding individuals was dynamic and often incomplete or incorrect
  - i.e. the number of expected victims was over-estimated
  - The names of the all victims were not know/released until the next day

Lessons Learned – After the Event

- Demobilize in phases
  - Demobilizing all resources at the same time as “all clear” left resources unavailable to deal with post event issues
- Necessary post event resources include:
  - Extra security for 24 hours
  - Social Workers for 12-24 hours
  - Chaplains for staff to debrief up to 72 hours
    - Staff were emotionally exhausted and stunned by the effect on the community
  - Formalized and publicized stress debrief sessions by trained councilors
    - Difficult to get physicians to attend
      - Needed separate session for physicians

The Media



http://www.cbsnews.com/videos/er-doctor-on-treatment-response-for-san-bernardino-shooting-victims/

We live in an era where it is crucial to prepare for MCIs of a different nature

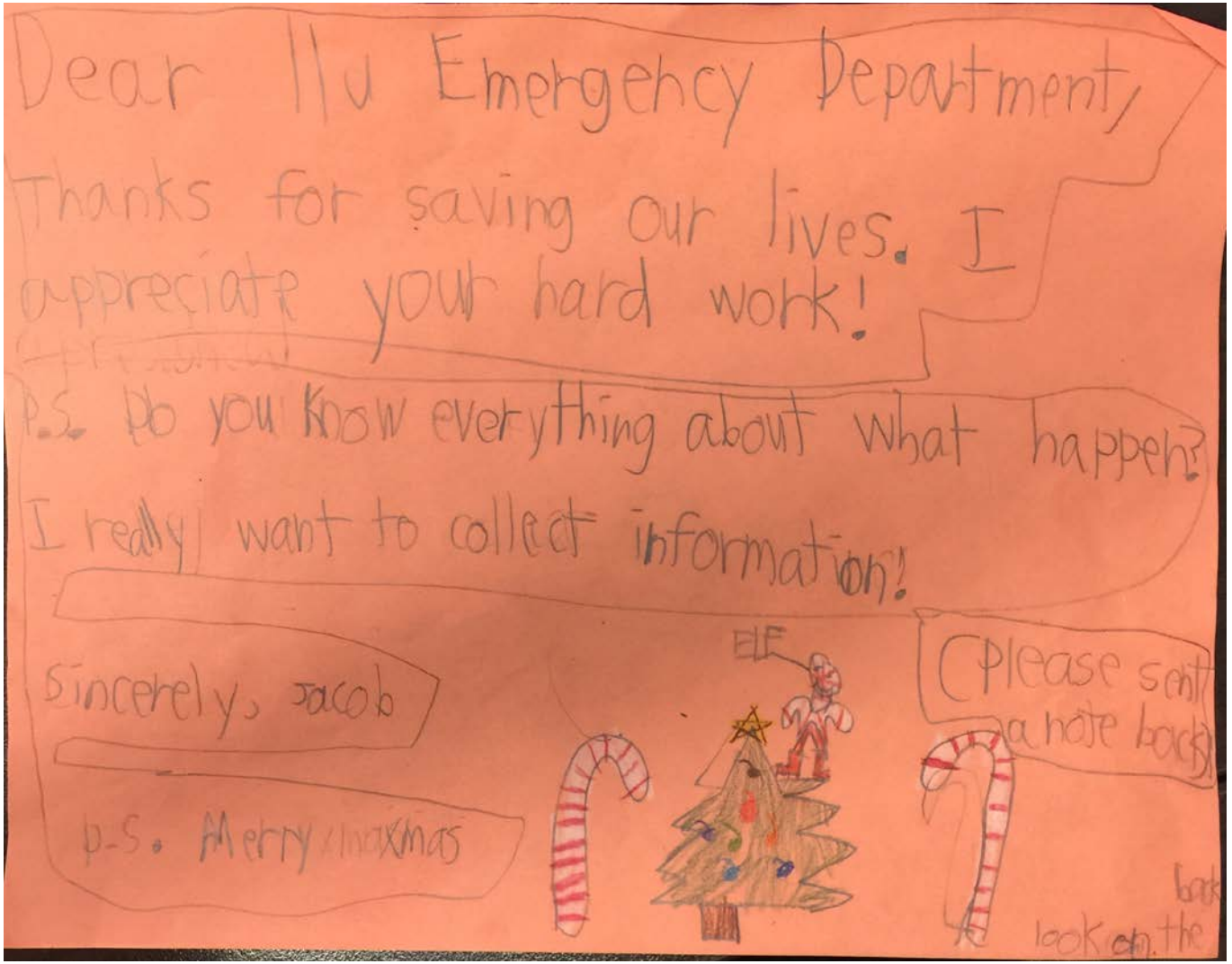
- Mass shooting: “an incident in which at least four people are killed or wounded”
  - There were 372 mass shootings in the U.S. in 2015, killing 475 and wounding 1,870
- This includes the following mass shootings:
  - Emanuel African Methodist Episcopal church – Charleston South Carolina, June 18 = 9 deaths
  - Navy Support center Chattanooga, Tenn. July 16 = 5 deaths
  - Umpqua Community College Roseburg, Oregon, Oct. 1 = 9 deaths
  - Planned Parenthood clinic, Colorado Springs, Colorado, Nov. 29 =3 deaths
  - San Bernardino, California, Inland Regional Center, Dec. 2 = 14 deaths

Lessons Learned

- Operations change when impacted by unanticipated mass casualty event
  - Pockets of excellence coexist with variable performance across the health care delivery system
  - The study of real-time management of extreme hazards provides valuable input for the identification of high-reliability disaster planning
- The “Culture of Safety” was instrumental in the successful management of the San Bernardino Mass Shooting
  - Trust – medical/law enforcement/EMS
  - Report – HICS, Reddinet, ICEMA (Inland County Emergency Management Advisory)
  - Improve- implement change based on analysis
- Emergency Health Care workers “Run towards the roar”
- Multi-casualty incidents pose major challenges to health care systems
  - Responding to such incidents requires an ever-evolving approach as no two incidents will present identically.

Lessons Learned

- When the evolution of threat increases what is ethical or required may not be business as usual
  - i.e. Police transport of patients in Boston Marathon bombing
  - i.e. Does a bomb threat negate EMTALA rules for patient transfer?
- Give patients the option to leave the ED (EMTALA violation?)
  - (Only one patient left when given this option)
- The demand for information is powerful.
  - The unknown provokes fear
    - People will use whatever means available to obtain information
      - When formalized processes for information relay are perceived as delayed it creates increased fear and uncertainty
- Policies and Procedures are crucial for disaster planning but:
  - Allow latitude during disasters for innovation when standard procedure aren't enough
  - Innovations in the face of disaster are not necessarily failures
    - See them as opportunities for future planning


Dear llu Emergency Department,
Thanks for saving our lives. I appreciate your hard work!
P.S. Do you know everything about what happen?
I really want to collect information!
Sincerely, Jacob
P.S. Merry Xmas
ELF
Please sent a note back
look on the