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HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

PRE-HOSPITAL CONSIDERATIONS IN NO-NOTICE INCIDENTS



On October 1, 2017 a gunman opened fire on thousands of people attending an outdoor concert in Las Vegas, killing 58 and contributing to the injuries of 851 people (more than half by gunfire). ASPR TRACIE interviewed Deputy Chiefs Jon Klassen, Jon Wiercinski, and Jeff Buchanan from the Clark County (NV) Fire Department to learn more about their experiences and lessons learned responding to the scene of this mass casualty incident.

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■ John Hick (JH)

Could you provide an overview of Clark County Fire Department and your role in the response?

■ Jon Klassen (JK)

We are a combination department with 30 full-time paid stations and 14 volunteer stations. The paid stations cover the urban, though unincorporated areas of Clark County—pretty much everything you think of when you think of Las Vegas (LV). We cover the Strip, the convention centers, McCarran International Airport, the University of Nevada, Las Vegas (UNLV) campus and three sports arenas. We ran 153,998 calls in 2017. Our volunteer stations cover the outlying desert communities that surround LV in unincorporated parts of the county. We have robust, automatic mutual aid agreements with neighboring departments. We all have advanced life support capability and we have rescue companies in all but three stations. We do have the ability to transport, but we typically contract that out to three private ambulance companies under a franchise agreement.

■ JH

Tell us about your Rescue Task Forces (RTF).

■ Jeff Buchanan (JB)

I can share some historical and policy information that led up to the formation of the RTFs. In 2010, the Southern Nevada Fire Operations

(SNFO) group was formed and included members from Clark County Fire Department, North Las Vegas, Las Vegas Fire and Rescue, Boulder City, and Henderson. In late 2011, a special hospital mass casualty incident (MCI) subgroup was formed and they developed a hospital MCI policy. There were many meetings, lots of information was shared, and more members—including law enforcement—were integrated. We started off as fire only, but we quickly realized without the buy-in from law enforcement, and having some of their decision makers in the room, the overall evolution to true unified command wouldn't happen. I want to emphasize that more than six years of preparation, training, and policy-making contributed to the success of the response on 10/1.

■ Jon Wiercinski (JW)

As Jeff said, the RTF is a product of our hospital MCI policy that coincided with our inclusion in the Las Vegas Metropolitan Police Department's (LVMPD) Southern Nevada Counter Terrorism Center. That coordination was the beginning of policy development. Together with LVMPD's MACTAC (advanced tactics for police officers in the field so they don't over converge on an event) they looked historically at events such as the 2008 Mumbai attacks and MCIs that have taken place inside the U.S. We know our area is a major target.

■ JK

One of the driving factors behind establishing these teams is that we assumed in an MCI, a lot of people would be bleeding to death on the scene from penetrating trauma, and we thought we could otherwise save them. RTFs allow us to go into the scene under police protection. Instead of having to wait for the whole scene to be stabilized, the room is cleared, victims are located, and quickly extracted and transported to hospitals.

■ JH

Please describe different configurations of the RTF and how you work with law enforcement on the scene.

■ JW

Within a warm zone configuration, we would have the RTF identify the need for extraction teams (litter carriers who have police protection). By policy, RTFs should have a company officer, for a minimum total of four law enforcement officers on the task force. Based on lessons learned from the October 1 incident, we realize that there might be instances where fire department leadership levels are relatively low. That night, we identified several individuals and moved them forward as team leaders. Another configuration we are considering is having RTFs with fewer law enforcement partners. Operating in the warm zone is a new thing for most public safety organizations; in active shooter cases, the warm zone is not often clearly defined. Further, we could come into contact with an assailant. What is the role of the police department when it comes to clearing and securing the scene? We are still trying to review and incorporate these lessons learned into our RTF plans.

This particular concert was very expensive—so it was a pretty responsible group of 22,000 people. Country music really appeals to off-duty cops, firefighters, military personnel, and nurses. The crowd that night was to our advantage. We had a good deal of off-duty first responders and medical providers; there was a lot of clear thinking, first aid, direct pressure, tourniquets, and CPR being carried out. We had a lot of resources in the form of civilian attendees.

Deputy Chief Jon Klassen

■ JK

The shooter neutralized himself between 10:16 and 10:18 pm; we were in full on response mode for hours, dealing with the incredible amount of misinformation being shared within our system—we had hundreds of gunshot wound (GSW) patients who left the site of the shooting and went to casinos, Denny’s, and the airports, and called 911 from those locations. These “echo calls” suddenly became “active shooter” calls at all of these locations. All of these sites needed to be cleared by the RTFs. While we never deployed any more than three RTFs at a time, we had 19 teams operating that night. Nobody knew when we were going to encounter an active shooter—at one point, we thought we had active shooters in eight or nine locations simultaneously.

■ JH

Let’s talk about personal protective equipment (PPE). Are all of you moving from ceramic to metal body armor plates, and do you have PPE on every rescue?

■ JB

There is a movement towards using metal plates, and all engines and rescues have the PPE on board. Three individuals led the effort to gather the funding necessary to apply for and win the grant that funded the PPE—specifically ballistic equipment: Captain Evan Hanna, Captain Mark Kittleson [both from Clark County], and John Wright from North Las Vegas.

■ JH

Can you describe the throw kits and supplies like tourniquets and pre-packaged hemorrhage kits you store on your engines?

■ JK

Throw kits are on all of our rescue trucks and police cars in the Valley. They contain shrinkwrapped “Stop the Bleed” kits and supplemental supplies assembled in a bag and stored in battalion chief vehicles, allowing the battalion chief to restock the groups as necessary. We supply fanny packs to the responders working in the warm zone; these include occlusive dressings and tourniquets that can help address the immediate needs of the patients. We also carry a number of disposable litters for the transfer of patients. We also have an MCI truck that was put together with grant funding from years ago. Our emergency medical services (EMS) coordinator was instrumental in assembling that and while it is fully stocked, it’s just one vehicle, located at one station, and it’s not manned. It was requested and deployed on October 1. Our goal is to have a total of 1,000 throw kits that we can distribute to bystanders or other first responders for use.

■ JH

The chaos of communications was intense; how difficult did that make it to establish on-scene triage and treatment?

■ JK

I was actually down in the mix that night—I responded from home and reacted to radio traffic. I was stunned by the speed at which everything was moving. Even with our best plans and organization, people were just not going to stop to be triaged, treated, and transported in an orderly manner. I was stunned by the number of shoes and boots I found lying around—if people are running out of their shoes, that's a sign. People were moving past us en masse. Even if we had been prepared to more formally perform triage and send patients to certain areas that just was not going to happen. There were makeshift litters and barricades, and people performing CPR. Others were screaming and running and crying: nothing that reflected our traditional training approach. What we realized was that there was a large number of self-transport (which we knew would happen), and we should have concentrated our efforts at the local hospitals. We had two trauma centers nearby, but the closest hospital—Desert Springs—was nowhere near prepared for the surge of patients they received. Our efforts would have been valuable there. We are working on a Valley-wide policy now that calls for us to determine the closest hospital to all mass gathering events and position pre-loaded fire department resources to the nearby hospitals to help with triage, traffic control, crowd control, and the like in the event of another MCI.

■ JH

Can you share some information about the Family Assistance Center (FAC) you established and how it worked?

■ JW

At about 2:00 am, we did establish the FAC, first at the Thomas and Mac Stadium (part of UNLV property), but later, we moved it to the Las Vegas Convention Center. That was one of the high points for us as an organization. By 8:00 that morning, they were laying out the FAC at the convention center, and it was operational at about 1:00 pm. This helped people reunify with their loved ones, establish medical and travel needs, child care, lodging, benefits, and compensation. We've highlighted standing up and operationalizing the FAC as a best practice in our after action report.



To say we followed our MCI plan steps one by one—it wasn't possible. We were drinking from a fire hydrant.

Deputy Chief Jon Klassen

■ JK

The FAC was impressive. We are very proud of how it worked out. In conjunction, our Office of Emergency Management established a resilience center to address their long-term mental health and financial needs.

■ JH

Did you use a ribbon system for on-scene triage?

■ JK

All RTFs have been assembled with orange and black tape. Orange indicates transport and black indicates a fatality. But this incident moved so quickly and was so spread out. If the ribbons were being used, we didn't see them.

■ JH

How do you establish a command post in a setting like that?

■ JK

Once I arrived, I asked the battalion chief how I could help, he gave me his phone. One of our off-duty guys who was at the concert was on the line, frantically asking for help and saying how bad the incident was. I told the battalion chief I was going to the east side and establishing East Division. I went in my marked vehicle, and was deluged with people when they saw my lights—everyone was asking for help for their hurt friends and loved ones. Off-duty emergency medical technicians (EMTs) who were attending the concert were describing injuries to me. People were running by me using makeshift litters made out of barriers. CPR was being performed in trucks speeding by the other way. I offered my first aid kit, and I started directing people who self-identified as EMTs and firefighters to find people who needed help and help them. Saying I was resource poor doesn't really do it justice; I asked North Division to send as many ambulances as possible. Chief Buchanan joined me shortly thereafter, but to say we followed our MCI plan steps one by one—it just wasn't possible. We were drinking from a fire hydrant.

■ JB

I checked in with the incident command post and migrated down to where Chief Klassen was. The seas of humanity had already left the scene and what was left was a few dead bodies and loved ones. But there was so much misinformation being transmitted through the radios—they still didn't know if there was a single or multiple shooters. We did not know if we were in a safe location for quite some time, as some reports indicated there was another active shooter within the venue. This was quickly debunked, but it was extremely challenging to sift through what was being conveyed as facts and make decisions while taking the safety of our crews into consideration. I don't remember feeling unsafe, but I do remember there being some question about whether we were in the best location based on the limited information we were gathering.

■ JH

Would it have been a benefit to have Clark County Fire Department embedded with security at the event?

■ JK

We do have a state statute that outlines what needs to be on scene for specific events. Any mass gathering of 15,000 or more will have a Clark County Fire Department presence. The numbers change by venue and agreement, and what we determine with the event promoter and/or host. We were instrumental in the development of that statute. We do interact with the security staff up and down the Strip, and we had a very capable group from Community Ambulance at the concert and were in communication with them. We had a crew on scene; you could hear the gunfire in the background of our captain's radio traffic. We were on scene immediately.

■ JH

Incidents like these can be very traumatizing to work. Can you share any lessons learned regarding safeguarding the mental health effects on responders?

■ JB

We are taking this very seriously in Clark County. We realize as an organization that a healthy person mentally makes a healthy physical employee. As an organization, we have been working towards improving how we react and proactively engage in the mental health of our employees. Peer, emotional, and mental support of our emergency responders is critical and it needs to be viewed as such.

■ JH

Can you share any other lessons learned from a crowd and scene management standpoint?

■ JK

Some things went very well that night. From my perspective as an EMS chief and provider, if I could make one change, it would be to finalize the work on this Valley-wide collaboration to get the fire departments and emergency rooms on the same page. Law enforcement has agreed to expand their reach in the event of another MCI to ensure security at the hospitals is as tight as possible. We just need to be aware that we're not going to change mass self-transport. We need to accept it and work within that framework. How can we best manage that phenomenon? We now know we can better manage the scene at the hospitals that are understaffed and need us. Our trauma centers are somewhat better at that, but the non-trauma centers need our assistance. We need hospital staff to know that the fire department is coming. We need task lists available, staff identifiable, and everyone brought up to speed on the plans so that they can easily access the site and immediately begin working. If we look at selftransport through another lens, it has its advantages. We need to embrace that now and change our training.

The ASPR TRACIE [Pre-Hospital Topic Collection](#) can help first responders prepare for and respond to a variety of events. More specific information can be found in these Topic Collections:

- [Fatality Management](#)
- [Responder Safety and Health](#)
- [Burns](#)
- [Explosives and Mass Shooting](#)
- [Alternate Care Sites](#)
- [Mass Gathering/Special Events](#)
- [Pediatric](#)
- [On-Scene Mass Casualty Triage and Trauma Care](#)