Survival+ for Schools™
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Active Shooter Hostile Event Response Program Recommendations

Introduction

Survival+ for Schools is designed to augment existing Emergency Operations Plans with a specific focus on addressing the potentially preventable deaths that historically result from an Active Shooter / Hostile Event (ASHE) in a school.

Studies show that nearly 1 in 5 victims in an ASHE could have been saved if they received medical care sooner. The goal of Survival+ is to ensure that victims of ASHEs in schools have the best chance of survival.

Statement of Problem

ASHEs present a unique and onerous challenge to the public safety, medical, and education professions. Challenges specifically related to communications, available resources, traffic management, patient treatment, and patient transport, often result in victims not receiving lifesaving emergency medical care in a timely manner. These challenges often result in what are essentially unnecessary deaths.

While most Active Shooter / Hostile Event Response (ASHER) drills focus primarily on the initial response and neutralization of the killer, very few focus on addressing the barriers to reducing potentially preventable deaths.

A study of 213 civilian public mass shooting victims from 1999 to 2019 published in the Journal of the American College of Surgeons found that, “The potentially preventable

death rate after civilian public mass shootings is high and is due mostly to non-hemorrhaging chest wounds." Prehospital care strategy should focus on immediate point of wounding care by both laypersons and medical personnel, as well as rapid evacuation of victims to definitive medical care.

Solution

Eliminating these potentially preventable deaths is the very problem that Survival+ seeks to solve. To accomplish this, Survival+ for Schools focuses on two specific areas: 1) the provision of immediate point of wounding care for victims, and; 2) rapid evacuation of victims to definitive medical care.

ASHE victims have a limited survival window– and that clock starts ticking the minute they are wounded. Immediate point of wounding care adds time to that clock. Rapid evacuation and transport of victims ensures they get to definitive medical care before the clock runs out.

A concerted effort by public safety and education professionals to manage the clock for ASHE victims can significantly reduce the occurrence of potentially preventable deaths.

Chapter 1: Immediate Point of Wounding Care

Studies show that 15% to 20% of fatalities in civilian public mass shootings would have likely survived had they received definitive medical care sooner. The results of these studies show that immediate point of wounding care can, "add time to the clock," and increase the chance of survival for victims of ASHE incidents.

During an ASHE incident, crucial minutes are often lost while resource demands and protocols prevent initial first responders from treating victims. Accordingly, providing students and staff the equipment and training needed to provide immediate point of wounding care can significantly increase victim survivability in ASHE incidents.

Chapter 1 Recommendations:

1.1 Every public school building should have an adequate number of point of wounding care (POWC) trauma kits dispersed throughout the building and readily available. The trauma kits should contain, at a minimum:

a. (10) Valved chest seals

b. (5) Windlass-style tourniquets

c. (5) Compression bandages

d. (10) Rolls of Sterile Gauze

Rationale: Immediate point of wounding care is critical to increasing victim viability time. Accordingly, POWC trauma kits should be readily available and stocked with items that can be used to treat the wounds that cause the most commonly identified potentially preventable deaths. POWC trauma kits should be available near high-traffic and high-volume areas such as cafeterias, gymnasiums, and auditoriums. Ideally, each classroom and other rooms expected to be occupied by students should have its own trauma kits. Finally, POWC trauma kits should be kept in consistent locations in similar rooms (same location in all classrooms within a specific building or district) to facilitate faster location and access.

1.2 School districts should make annual training on point of wounding care kits available to all district staff. The training should include the location and contents of the trauma kits.

Rationale: In order to facilitate rapid immediate point of wounding care, all school employees should be provided that opportunity for annual training. The training should, at a minimum, include the proper use of the equipment available in the kits as well as the location of the kits throughout the building and grounds. Kits should have directions in multiple languages to facilitate use.

1.3 The school, as part of its onboarding process, makes training in point of wounding care and the location and contents of trauma kits available to all new employees.

Rationale: As it is critical that all employees be able to provide immediate point of wounding care, training in use of the kits as well as CPR and triage should be made available as part of the onboarding process.

1.4 Students of the appropriate age (as determined by the school district) should be offered annual training in point of wounding care.

Rationale: In order to maximize the chance of victims receiving immediate point of wounding care, those who are most likely to be in proximity of victims during a school shooting should have the training and ability to treat victims (or self-treat). Training should include wound care, evacuation, CPR, and triage.

School districts are encouraged to raise awareness among students through the use of extra-curricular programs or clubs that focus on building the skills and culture that empower and enable students to save lives in ASHE incidents.

1.5 Point of wounding care trauma kits should be secured in such a way that unauthorized tampering with the kit is visually apparent.

Rationale: In order to ensure the integrity of the kits, there should be an easy to identify integrity seal or other indicator which allows for immediate identification of kits that have been opened and may be missing critical items.

1.6 Point of wounding trauma kits should be physically inspected at least annually to ensure the proper number and condition of contents.

Rationale: As they are accessible to both students, staff, and the public, the potential for vandalism, damage, and unauthorized use are all foreseeable. Additionally, medical contents with expiration dates may be left to expire and be ineffective with the passage of time. As such, it is important that the kits are physically inspected to ensure their proper condition. Ideally, kits should be inspected prior to the start of the school year allowing time for procurement of missing, damaged, or expired items.

Chapter 2: Rapid Evacuation; Definitive Medical Care

Studies show that the key to ensuring the best outcome for victims with potentially survivable wounds is immediate point of wounding care combined with rapid evacuation and transport to definitive medical care. While immediate point of wounding care is used to add time to the viability clock, the goal of the rapid evacuation and transport component is to ensure that victims reach definitive medical care while they are still viable.

Chapter 2 Recommendations:

2.1 The agency should have a written directive that addresses the rapid evacuation of wounded individuals by law enforcement officers, to include:

a. Once the incident commander has determined that there are a sufficient number of contact officers/teams deployed, additional responding officers are assigned the responsibility of locating and rapidly evacuating the wounded.

b. If the incident commander determines that the threat is no longer active or is contained, all personnel not needed for containment or other critical functions are immediately transitioned to the role of victim discovery and evacuation.

c. The delivery of immediate point of wounding care by the extraction officer prior to evacuating the wounded.

d. The designation of a casualty collection point (CCP)(s) to which evacuated victims should be taken.

e. Provision of security at casualty collection point (CCP)(s).

f. The staging of public safety transportation assets near the casualty collection point (CCP).

Rationale: A significant number of fatalities in ASHER incidents die of wounds that were potentially survivable. While building sweeps, secondary searches, and other law enforcement functions are important parts of the overall response, priority must be given to locating and evacuating the wounded as quickly as possible to a location where they can be loaded into vehicles and transported to definitive medical care.

Such evacuation should occur concurrent with contact teams performing their function where resources allow.

2.2 The agency should have a written directive that provides, in the absence of emergency medical personnel capable of transporting wounded, that law enforcement personnel and vehicles are used to expedite transport of the wounded to definitive medical care facilities.

Rationale: Transporting wounded victims to definitive medical care while still viable is a critical component of reducing or eliminating preventable deaths in ASHER incidents. When EMS personnel and ambulances are unavailable or waiting for their response would unreasonably delay the wounded reaching definitive medical care, law enforcement personnel should facilitate the expedited transport using law enforcement assets.

2.3 The agency should have a written directive that addresses the transport of wounded victims in law enforcement vehicles, to include:

a. The number of personnel required to make the transport.

b. The positioning, securing, and monitoring of the wounded victim during transport.

Rationale: While expedited transport of wounded victims to definitive medical care is critical, agencies must give thought to the logistical considerations of transporting victims in law enforcement vehicles.

2.4 The agency should have a written directive that lists pre-determined definitive care facilities to which wounded victims should be transported by law enforcement assets.

Rationale: Law enforcement personnel charged with the expedited transport of wounded victims may be unfamiliar with available definitive care facilities. They additionally may not have clear or timely communication with EMS assets prior to transport. Accordingly, definitive medical care facility options should be identified and codified prior to an ASHE incident.

2.5 Each law enforcement emergency response vehicle should be equipped with a POWC trauma kit as described in recommendation 1.1.

Rationale: Conditions may necessitate that victims may be rapidly evacuated to a casualty collection point prior to receiving immediate point of wounding care. Consequently, it is important that responding law enforcement personnel have access to POWC trauma kits without having to enter the facility. Officers should have training in POWC and use of the kits.

Definitions

Active Shooter Hostile Event (ASHE)
An incident involving an actor or actors engaged in the actual or attempted injuring or killing of people in a populated space by use of weapons.

Active Shooter Hostile Event Response (ASHER)
The response to an ASHE incident.

Casualty Collection Point
A location designated by the incident commander for aggregating ASHE victims for the purpose of medical evaluation, treatment, and transport.

Contact Officer/Team
An officer or group of officers tasked with locating and stopping hostile actor(s).

Definitive Medical Care
Medical treatment beyond emergency care

Incident Commander
The officer responsible for overall management of the incident to include the development of tactics and strategies.

Point of Wounding Care (POWC) Kits
Kits containing medical supplies that can be used to treat the injuries commonly associated with potentially preventable deaths.