

ACTIVE SHOOTER RESPONSE COMMITTEE MEETING

MINUTES	DATE	TIME	LOCATION
	August 16, 2016	10:08 a.m. – 12:05 p.m.	ODPS – Division of EMS 1970 W. Broad St., Columbus, Ohio 43218

ATTENDEES	<p><u>Committee Members/Attendees:</u> Geoff Dutton (ODPS) and Mark Resanovich (EMFTS Board) – Co-Chairs, Karen Beavers (EMFTS Board and Education Committee), Brian Charles (OSHP), David Gerstner (Dayton Fire and MMRS Coordinator), Fred Goldstein (Ohio Homeland Security), Jeff Klein (Ohio Fire Chiefs), Jeffrey Mitchell (Ohio Assoc. of Chiefs of Police), Jeff Pellegrino (Aultman College and network contact with Red Cross/Red Crescent), Allen Solomon (Buckeye State Sheriffs Assoc.), Patrick Vessels (Executive Officer to Major Chad McGinney), Jack Liberator (Ohio Assoc. of EMS), Scott Demmitt (OSHP/SRT), Rob Martin (Hancock County EMS).</p> <p><u>ODPS-Division of Emergency Medical Services (EMS) Staff:</u> Director Melvin House, Dr. Carol Cunningham, Linda Mirarchi, and Susan Edwards.</p> <p><u>ODPS Staff:</u> Michael Wise (Associate Legal Counsel).</p>
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AGENDA TOPICS

TOPIC	Welcome
10:08 a.m.	Meeting held in Room 1106. Welcome and introductory remarks from Director Born.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
None		

Single Community Approach

	<p>Co-Chair Mark Resanovich welcomed attendees and discussed the Single Community Approach and vision behind committee. There is a need for a systematic approach, a community approach because these events affect everyone. The goal is to develop a systematic, singular community approach to active shooter events so that everyone is speaking the same language, approaching these things the same way and have the same goals at the end and are working together to reduce death, dismemberment and injury at these events. Ohio leaders need to work together to come up with a plan that is flexible and fluid enough for urban, suburban, and rural areas to use. Our purpose is to try to develop and put together a program that can guide local communities to put together their own programs.</p>
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ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
None		

Introductions

TOPIC	
	Attendees introduce themselves and give backgrounds.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
None		

Video			
TOPIC	Played video "The Coming Storm" with commentary.		
	ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
None			
Discussion			
TOPIC	Discussion of video and commentary led by co-chair Geoff Dutton. Jeff Pellegrino stated that the after-event evaluations seemed very valuable and showed an evolution in the mind set of people involved.		
	ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
None			
Goals and Objectives			
TOPIC	<p>Geoff Dutton led the discussion regarding the goals and objectives of this committee. We need thoughts and suggestions from the committee as to where you see this committee going, the next step. A thought that occurs to me is that it sounds like a lot of people here have plans including plans that integrate law enforcement and EMS. It might be helpful to gather those plans and share them with each other. At the next meeting, the committee could go over them together and brainstorm then sketch out more specific direction.</p> <p>Question regarding whether EMS would enter before scene is secured. David Gerstner answered that in standard situations such as domestic violence situations, EMS still waits until the situation is cleared but in active shooter situations which are much more complex, it has changed because it may take hours to clear the scene and that is too long for victims to wait. That is the basis for the Warm Zone concept. It has changed in response to the more complex incidents but not the day-to-day incidents.</p> <p>Further comments are that communications will need to good if EMS is going in after law enforcement to prevent accidents, also questions regarding equipment, using same entry point. It was observed that problems may occur in rural areas where there are limited number of law enforcement officers. Also mentioned level of physical fitness required to move victims and that it is manpower intensive.</p> <p>Where entry is being made, good communication is a must. It was reported that there is a push in KY to arm EMTs. EMS may have to wait until more officers arrive to enter scene. Once it is believed that the building is cleared, EMS can be taken inside. Quick clear rooms may be used as warm rooms for EMS. Manpower in some areas will be a big issue. Although it makes sense to have department heads in one room, in small and/or rural communities, it may be the police chief is the one going into the building and then is a witness or from a law enforcement side of it, if the chief takes out the shooter, then the chief will be unable to participate in anything further.</p> <p>Mr. Liberator observed that on the EMS side it is tremendous to that EMS personnel can get in as soon as the warm zone is established. Evidence shows a lot of people exsanguinated at these types of events. If this committee can work out a program where EMS can get in sooner, lives will be saved. From the hospital administrator side, I noticed that the film said all the injured were being taken to one hospital and that has got to be corrected. Trauma centers are established and operating rooms must be available because trauma is a surgical disease. The plan has got to incorporate that the</p>		

most critical victims must get to trauma centers even if a little further away. Timing is also important. If an event happens at 4 am then the staff has to be called in to the hospital. Distribution of patients has to be part of the plan.

EMS will not be taking all gear in. Idea is to move quickly and get out the victims that are breathing. Get in and get them out, not civilian or military EMS, not treating people in warm zone but moving them out.

Mr. Resanovich asked Mr. Gerstner about showing the slide presentation of the Rescue Task Force at the next meeting. He continued that bleeding is what you need to worry about. This is a new approach and concept for some and not what we do on a day to day basis. Trooper Charles mentioned that where there is an active shooter situation that it's a bad day to be a police officer – it is a bad day for everyone. I believe there is a way that a small handful of people can do a lot of good things if it is a coordinated effort to go in and do those things. And everybody has a complete understanding of what their role and responsibility is. I've been researching this for the last 6 months and I believe we can come up with some ways we can help

Dr. Cunningham commented that this is a huge shift in culture on both sides of the fence. Training lay people simple maneuvers to save lives got a surge after the Boston marathon where people were making their own tourniquets. If our communities are doing it and lay people are doing what they can, then we have to step up to the plate too.

Mr. Liberator pointed out that Ohio still has 9 counties with no hospital and as part of the plan we need to remember those counties and how we can help their neighbors respond. How are victims going to get to neighboring hospitals and how will that transportation occur?

Dr. Pellegrino inquired into the scope of work – anything and everything? Initial response? Where do we end? Kind of scope would be import.

Per Mr. Resanovich, the scope of work is not defined yet. Anyone with a plan send it in to the division. As things develop we may find other areas that need addressed on a state level. Keep an open mind until we start putting things on a board and finding opportunities and weaknesses.

DG – issues in rural areas is different and I couldn't agree more. During Regional plan briefings in a very rural county, a sheriff pointed out that there were only two law enforcement people on duty in the county. What about entry with a single officer? Plan calls for team of four (2 ems and 2 law enforcement) but every situation is different. We all make judgement calls. In some cases, yes and in others no way. We all live and die by mutual aid

Dr. C – primary goal is to give people resources and pathways to say what is needed and to make it nimble and flexible enough that they can build it within their communities with focus on RTF and patient treatment by the RTF. I think ideally as an annex guidance or directive to consider some of the other things mentioned such as family reunification, how to handle the media. Also, as a change of procedure, hospitals will need to do a sweep of their property before they start letting anyone and everyone in.

Something we are seeing now is targeting hospital near "event site" to maximize casualties.

Discussed dates and times for next meeting. It was decided that the next meeting would be September 29 at 10 am and the regular meeting date would be the 4th Thursday of every month beginning at 10:00 a.m.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Gather plans, review and discuss	Individual members	Prior to Sept. 29 meeting.
Request David Gerstner to give presentation of Rescue Task Force	David Gerstner	Sept. 29,2016

Meeting was adjourned. Next meeting: September 29, 2016 at (monthly, last THURSDAY of the month at 10:00 a.m. to 12:00 p.m.)
