



Hospital and Community Response to the San Bernardino Terrorist Attack

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HOSPITAL AND COMMUNITY RESPONSE San Bernardino Terrorist Attack DECEMBER 2, 2015



LOMA LINDA UNIVERSITY HEALTH

Panel Objectives

- Discuss how mitigation and preparedness contribute to the overall success of an event.
- Discuss responding to an event related to challenges and successes.
- Discuss how recovery stretches beyond the event.
- Discuss lessons learned.

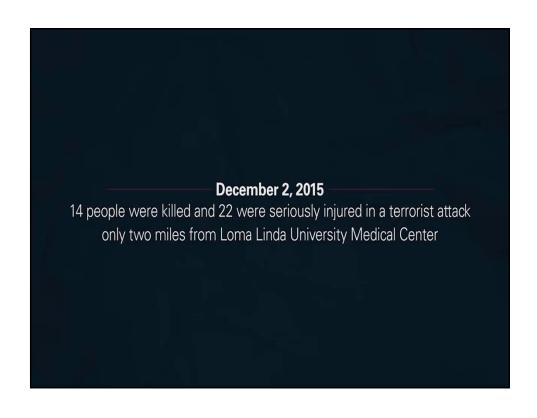


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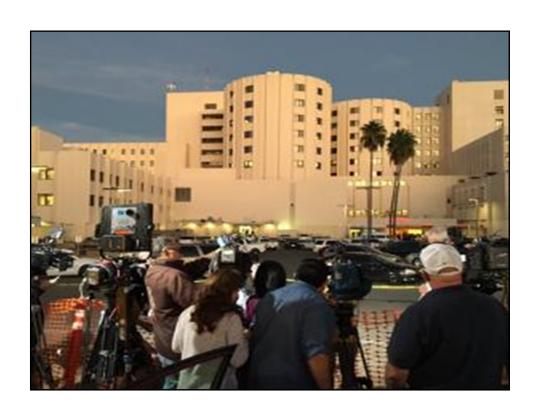


















Joe Bruno Emergency Management

James Parnell, RN, BSN, MICN ED Director

Loma Linda University Medical Center



EMS ON SCENE







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



LLUH WATERMAN TERRORIST INCIDENT TIMELINE

- 1110 Emergency Department receives notification via EMS that a mass casualty shooting has taken place in San Bernardino with 20 or greater potential victims expected.
- 1111 Executive Director of Emergency and Trauma services Connie Cunningham and Directors of Patient Care ED Shannon Canright and James Parnell notified.
- 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."



LLUH WATERMAN TERRORIST INCIDENT TIMELINE (cont.)

- 1121 Emergency Management and Public Relations notified. Intel verified by ICEMA call to Security Control and given updates on situation.
- 1131 Condition Alert declared for mass casualty by Connie Cunningham (Emergency & Trauma Department) and Georgann Smith (Environmental Health and Safety)
- 1138 Emergency notification sent using Send Word Now to LLU leadership
- 1144 Security Officers secured perimeter around LLUMC and ED later supported by law enforcement. Triage setup complete. 2nd Emergency notification sent using Send Word Now to LLUH leadership. Patient #1 ARRIVES.



ED RESPONSE

- 1145 Law Enforcement arrives at Hospital to be liaison
- 1148 Patient #2 Arrives
- 1151 Patient #3 Arrives
- 1155 Patient #4 Arrives
- 1200 Incident Command Center established in LLUMC A-208
- 1203 Command Center notified by law enforcement that suspects were at large





ED RESPONSE (cont.)

- 1204 Send Word Now notification sent to "911 All" with location of incident and instruction to shelter in place if nearby
- 1205 ED waiting for additional patients and updates
- 1416 911 Dispatch alerts
 Loma Linda of a bomb
 threat called in to them
- 1530 Patient #5 ARRIVES
- 1603 Code yellow cleared





ED RESPONSE (cont.)

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

INTERNAL COLLABORATION:

- Emergency Department
- Environmental Health and Safety
- Trauma Teams
- Facilities Management
- Campus Engineering
- · Housekeeping
- · Parking and Traffic
- CNS
- · Security

EXTERNAL COLLABORATION:

- · Local Police Department
- Local Sheriff's Department
- LEMSA (ICEMA and REMS)
- · Local Fire Departments
- Local Ambulance Services
- · Central Supply Companies





17:48 CONDITION CLEARED??

- We waited to receive more patients. But by the evening, we had treated only five from the shooting.
- For hospital staff, reuniting patients with their families often felt like the most pressing task that continued into the evening and next day.
 - ReddiNet was key in locating patients receiving treatment.



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 Office (SBSO) reports BOLO two suspects at large in a black SUV. Possible third suspect driving.

SIDE NOISE

- SBSO receives reports of an active shooter on Loma Linda 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.





BE PREPARED

Standardized Emergency Codes

Code Red - Fire

Code Blue - Adult Medical Emer-

Code White - Pediatric Medical Emergency Code Pink - Infant Abduction Code Purple - Child Abduction

Code Yellow - Bomb Threat Code Gray - Combative Person Code Silver - Person with a Weapon and/or Active Shooter and/or Hostage Situation Code Orange - Hazardous Material

Code Green - Missing High-Risk

Patient
Code Triage: Alert - Activation of
key personnel only
Code Triage: Internal or
External - EOP activation

- Know Emergency Codes
- Disaster Drills
 - · Take them seriously and do it often
 - · We drill quarterly with ED staff
 - · Annually with ED staff & EMS & Local LEMSA
- Disaster supplies
 - Have disaster supplies on hand and readily available
 - Use your disaster supplies in your drills so that you are familiar with it
- FEMA training
 - FEMA provides training for disaster at all levels for all roles from police officers to fireman to ED and bedside nurses
 - · It's free and it's very good training





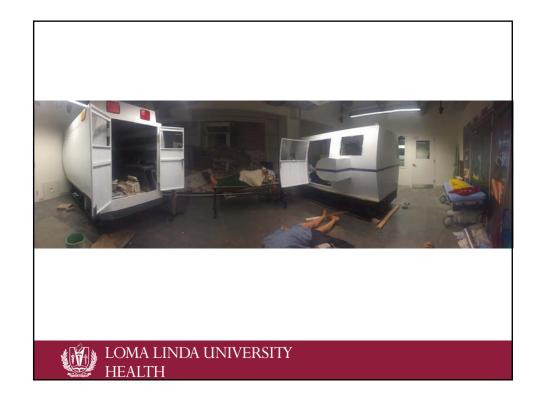




















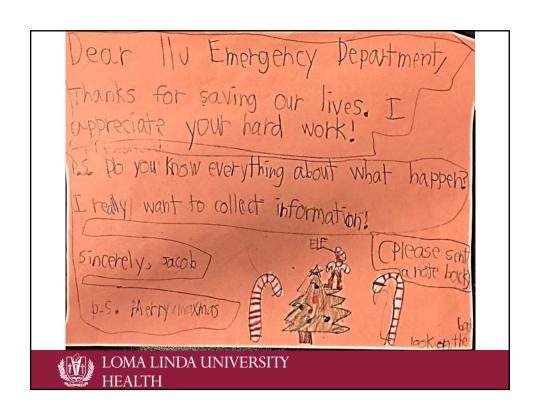




COMMUNITY SUPPORT

- We received support from local and national entities in the days following the event. Some of these are:
 - Costco
 - Firehouse Subs in Loma Linda
 - · Angelo's Italian Restaurant
 - · Coachella Pizza
 - · Med 1 vents
 - Double Tree Hotel
 - · Rialto Middle School student body
 - · Loma Linda Academy student body
 - · ENA sent flowers
 - A nurse from Austin Texas sent pizza
 - · The ED at Beth Israel Deaconess Medical Center
 - The Medical Center of Aurora in Colorado







Carly Crews, RN, BSN, MICN EMS Nurse Educator San Bernardino County Fire Department



Dianne McCallister, MD, MBA Chief Medical Officer, Administration The Medical Center of Aurora



Aurora – The Healing Process

LESSONS FROM OUR HEALING PROCESS



The Medical Center of Aurora Health The Medical Center of Aurora

The Incident – July 20 2012

- ▶ 30 Victims
- ▶ 4 requiring surgery
- All survived to discharge





Assessment At One Year

- ▶ Strengths
 - ► Excellent trauma program & culture
 - ► Excellent Emergency Room
 - ▶ Excellent ICU
 - ▶ Strong medical staff culture
 - ▶ Tenured, committed Staff
 - ▶ Magnet status
 - ► Supportive Division and National Leadership
 - ► Treated patient's families and media in a respectful manner with good boundaries

Assessment At One Year (cont.)

Opportunities

- ▶ PTSD present
- ▶ Underlying mistrust
- ▶ Reactivity
- ▶ Lack of some foundational systems and processes
- ▶ We were not prepared for our own active shooter
- ▶ We were disconnected from the larger NDMS drills

4 Years After the Event

- ▶ Strengths still present
- Memorials held at each anniversary decreasing size each year
- ▶ Trust actively rebuilt with staff and medical staff
- ► Proactive processes to anticipate needs; particularly around equipment, quality and safety
- ▶ Worked with HCA & Aurora Police to do Active Shooter drills
- ► Created resilience program for staff & medical staff
- Received Medicus Integra Award
- Organized and enhanced community involvement
- Active program to support other hospitals dealing with shooting incidents
- Opened new Behavioral Health programs from 20 to 80 beds in Adult, Gero and Adolescent Health

Preparation for Your Facility

- ▶ Start now to support the resilience
- ▶ Initiate well done teamwork building, particularly between specialties/areas that must function together
- ► Structures and processes that support the team in a predictable way will enhance confidence
- Prepare yourself for an active shooter
- ▶ Participate in drills as often as possible
- ▶ Prepare for the hospitality function as well as the medical response
- Prepare key leaders internal and medical staff for media responses – this was a source of great stress for our physicians

QUESTIONS?

