“ACTIVE THREAT RESPONSE IN NASHUA, NH”

THE PROCESS, THE PLAN AND THE TEST(S)

NO FINANCIAL DISCLOSURES OR CONFLICTS

NASHUA, NH

- Population ~ 90,000
- 32 square miles
- Served by two acute care hospitals
- Robust local emergency preparedness council chaired by the Nashua OEM
THE INTERAGENCY BOARD (DOD)
LOCAL, STATE, FEDERAL STANDARDIZATION/INTEROPERABILITY

EXECUTIVE SUMMARY

"HISTORICALLY, LAW ENFORCEMENT, FIRE, AND EMS PERSONNEL HAVE VIEWED THEIR FIRST RESPONDER ROLES AS INDEPENDENT OF EACH OTHER."

"THE FIRST RESPONDER COMMUNITY MAY NOT BE PREPARED TO FUNCTION AS ONE TEAM TO RAPIDLY NEUTRALIZE THREATS AND SAVE LIVES."

RECOMMENDATIONS/BEST PRACTICES

• ENSURE LEADERSHIP PRIORITIZES AND SUPPORTS THE DEVELOPMENT AND IMPLEMENTATION OF PROACTIVE ASHE-RELEVANT JOINT POLICIES, PROCEDURES, TRAINING, EXERCISES, AND EQUIPMENT.

• INTEGRATE AND IMPROVE COORDINATED PRE-EVENT LAW ENFORCEMENT, FIRE, AND EMS POLICY DEVELOPMENT, PLANNING, TRAINING, AND EXERCISES.

• CREATE AND IMPLEMENT A COMMON OPERATING LANGUAGE.

• INTEGRATE AND IMPROVE COORDINATED COMMAND AND INCIDENT MANAGEMENT ACROSS ALL RESPONDER DISCIPLINES.

• ADOPT THE RESCUE TASK FORCE CONCEPT.

• EMPLOY TACTICAL EMERGENCY CASUALTY CARE (TECC).

• IMPLEMENT CASUALTY COLLECTION POINTS (CCP).

• DEVELOP AND COMMUNICATE EVIDENCE-BASED GUIDELINES FOR FIRE/EMS BALLISTIC PROTECTIVE EQUIPMENT (BFPE).

• EXPAND EVIDENCE-BASED GUIDELINES AND EDUCATION FOR MEDICAL AND RESCUE EQUIPMENT.

• PROMOTE TWO-WAY PUBLIC COMMUNICATION AS AN ESSENTIAL COMPONENT FOR EFFECTIVE ASHE RESPONSE.
PRIOR TO THE IAB REPORT – NASHUA SWAT TOOK THE LEAD

• 2013: IMPLEMENTATION OF TACTICAL EMERGENCY CASUALTY CARE CONSIDERED WITHIN SWAT VIA NEW LEADERSHIP AND OPERATORS
• 2014: TECC TRAINING PROGRAM DEVELOPED AND IMPLEMENTED WITHIN SWAT
• 2015: EVERY MEMBER OF NPD TRAINED
• ALL FIRST AID KITS (BOO BOO) REPLACED WITH TACTICAL "GO BAGS" IN ALL CRUISERS
• ADDITIONAL TRAINING & SUPPORT FROM SNHMC (MRH) & MGH (MONTHLY SESSIONS)
• EQUIPMENT REVIEWED AND APPROVED BY DR. KING, MGH TECC
• EMERGENCY DEPARTMENT BEGINS SEEING INJURY PATIENTS WITH HEMORRHAGES CONTROLLED BY NPD USING TECC TOOLS

DAVID R KING, MD, FACS
• LTC, US ARMY, JOINT SPECIAL OPERATIONS COMMAND
• DIVISION OF TRAUMA, EMERGENCY SURGERY, AND SURGICAL CRITICAL CARE
   MASSACHUSETTS GENERAL HOSPITAL
• ASSOCIATE PROFESSOR OF SURGERY, HARVARD MEDICAL SCHOOL

NEXT STEP – EMS ENGAGED
• NORMALLY DEPLOYED OFF-SITE WHEN SWAT IS ACTIVATED
• JUNE 2015 – TWO DAYS HANDS-ON TRAINING WITH NASHUA SWAT, NEMLEC SWAT, AMR AND SNHMC FACILITATED BY LAPD SWAT

LOCAL MALL
• HOSPITAL OWNED MULTI-STORY OFFICE BUILDING
• CERT PROVIDED VICTIM VOLUNTEERS
TECC/RTF TRAINING WITH NPD & EMS

• MCI Resources - Four 911 trucks, 1 medic and 1 EMT (driver)
• OOS, BMI 30+
• Fire/Rescue available -- barely functioning at First Responder Level

TACTICAL EMERGENCY CASUALTY CARE (TECC)

• Transition from Military Battle Field Medical Lessons to Civilian Medical Response in High Risk Situations
• Focus on the most preventable combat deaths:
  o Extremity Hemorrhage – 60%
  o Tension Pneumothorax – 33%
  o Airway Obstruction – 6%

• Numerous civilian applications (GSW’s, MVC’s, Stabbings)

TCCC – TECC PHASES OF CARE

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<td>Direct threat care/Hot Zone</td>
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<tr>
<td>Tactical field care</td>
<td>Indirect threat care/Warm Zone</td>
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<tr>
<td>Tactical evacuation care</td>
<td>Evacuation care/Cold Zone</td>
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NEW RTF CONSTRUCT – FIRE/RESCUE

• Larger responder force with larger EMS resources and extrication equipment.
• Training schedule developed for every NFR member on basic TECC & RTF skills; taught by NPD and SNHMC staff.
• NFR now warm zone responders, EMS cold zone responders.
• Preserved EMS resources for definitive care when needed.

ASHE WORK GROUP – JANUARY 2016

• Adjusted the IAB best practices based on Nashua resources.
• Began developing “one plan” that would be used by all responders; joint incident management checklist.
• Developed equipment list based on TECC guidelines.
• Formally changed the construct of the RTF.
• Training schedules for NPD, NFR and AMR.
• Began planning for an exercise in November at SNHMC as a functional test of TECC/RTF concepts.
• ASHE working group developed at SNHMC.
**BETTER DEFINED SKILL SETS**
(*BASED ON PROVIDER LEVEL*)

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**SIMULATION TRAINING**

**DIRECT THREAT CARE TRAINING - NPD**
- NPD focus – educate NFR and AMR regarding tactics: informational
- Threat elimination
- Direct casualty (if officer) to stay engaged in tactical operations if appropriate
- Direct casualty to move to a safer position and apply self-care if any
- NPD to weigh the risks/benefits of providing Care
- NPD to weigh the risks/benefits of a rescue plan
- Based on threat assessment, NPD to establish a Casualty Collection Point (CCP)
- No CPR
INDIRECT THREAT CARE TRAINING

- Joint response by NPD and NFR
- NPD leads RTF into warm zone casualty collection point
  - Control bleeding
  - Early airway management
  - Tension pneumothorax
- No CPR
- Preparation for movement

EVACUATION CARE TRAINING

- Patients delivered by NFR/NPD to AMR
- Some transition of care to NH EMS protocols – limit on-scene time
- Reassess casualties
- Advance airway management
- IV/IO establishment
- Hypothermia prevention
- Pain control
- CPR has larger role

2016 PLANNING & TRAINING

- Active threat working group meetings
- CRASE classes
- Hands-on TECC training for NPD, NFR, AMR and SNHMC
- Equipment development & procurement – NOEM/DHS grants
- SNHMC planning meetings
- Joint training with FBI SWAT & HRT
- Merger of both working groups at table-top exercise October 2016
- Functional EXERCISE November 2016 SNHMC
2017 – “THE ONE PLAN”

• Unified definitions, procedures, operations, communications, public information, equipment
• Drafts and re-drafts
• Homeland Security Grant funding of additional equipment (mainly for NFR)
• Continuous TECC training of NPD, EMS, NFR staff
• Expansion of BCON and CRASE trainings
• “Selling” the program – public release of video, presentations throughout NH at conferences, workshops and community meetings

2018 – FINALIZATIONS & ANOTHER TEST

• Draft “One Plan” finished
• All equipment procured and/or updated, and deployed
• Command level TTX built by NOEM and senior leadership from NPD, NFR, AMR & SNHMC
• TTX held at Nashua Community College, August 22, 2018

AAR – PRIMARY AREAS FOR IMPROVEMENT

• Noise – many radios and frequencies being monitored. Fix – headsets for ASHE’s
• Earlier notification of support agencies (hospitals). Fix – earliest possible notification so hospital’s can start decompression.
• Still confusion in getting information out to responding agencies. Fix – better use of face-to-face unified command process.
• Terminology. Fix – more training with ICS (NPD); review of definitions of the “One Plan”. Example: “staging” misunderstood.
• MCI activation/hospital queries. Fix – simple notification only
• Re-triage of patients treated at CCP’s. Fix – ditch old style NFR MCI plan
2019 – “MOTS” 
(MORE OF THE SAME)

- Modifications to the “One Plan”
- Continued training/use of TECC
- Expansion of CRASE to “Resistant” Public School System
- Deployment of Bleeding Control Kits throughout the Public School System