

Crisis Response to Mass Shootings: Lessons Learned for NSSE Consequence Management Planning

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- **13 years in Law Enforcement**
 - Military and Local Government
 - Maritime, Customs Clearing and Combat Support
 - Certified Fire and Explosives Investigator
- **10 years in Military**
 - Defense Support to Civil Authorities (DSCA/CBRN)
 - Operation and Command time
 - Provost Marshal and Director of Emergency Services in Afghanistan
- **8 Years Emergency Management**
 - CEM
 - Type III IMT - IC, PSC, LNO, PIO and ISO
 - M.S. Crisis and Emergency Management
 - Rescue Tech, Hazmat Tech, ELFF and EMT

My Why

- In accordance with my belief/faith system, I strive to be of daily service to my family, community and country
- In order to ensure that responders and service members are able to go home **WELL** once the mission is complete
- In order to protect life by improving response to and recovery from All-Hazards

My Why

- National Best Practice for IAFC and IACP
- HSPD 5 & HSPD 8
- NIMS & NRF
- NRS 414.130 & 239C
- North Las Vegas Municipal Code 2.30

My Why

- The National Institute for Occupational Safety and Health (NIOSH) has identified the top 5 casual factors of firefighter deaths and injuries on the fireground as:
 - Improper Risk Assessment
 - Lack of Incident Command
 - Lack of Accountability
 - Inadequate Communications
 - Lack of SOPs or failure to follow established SOPs

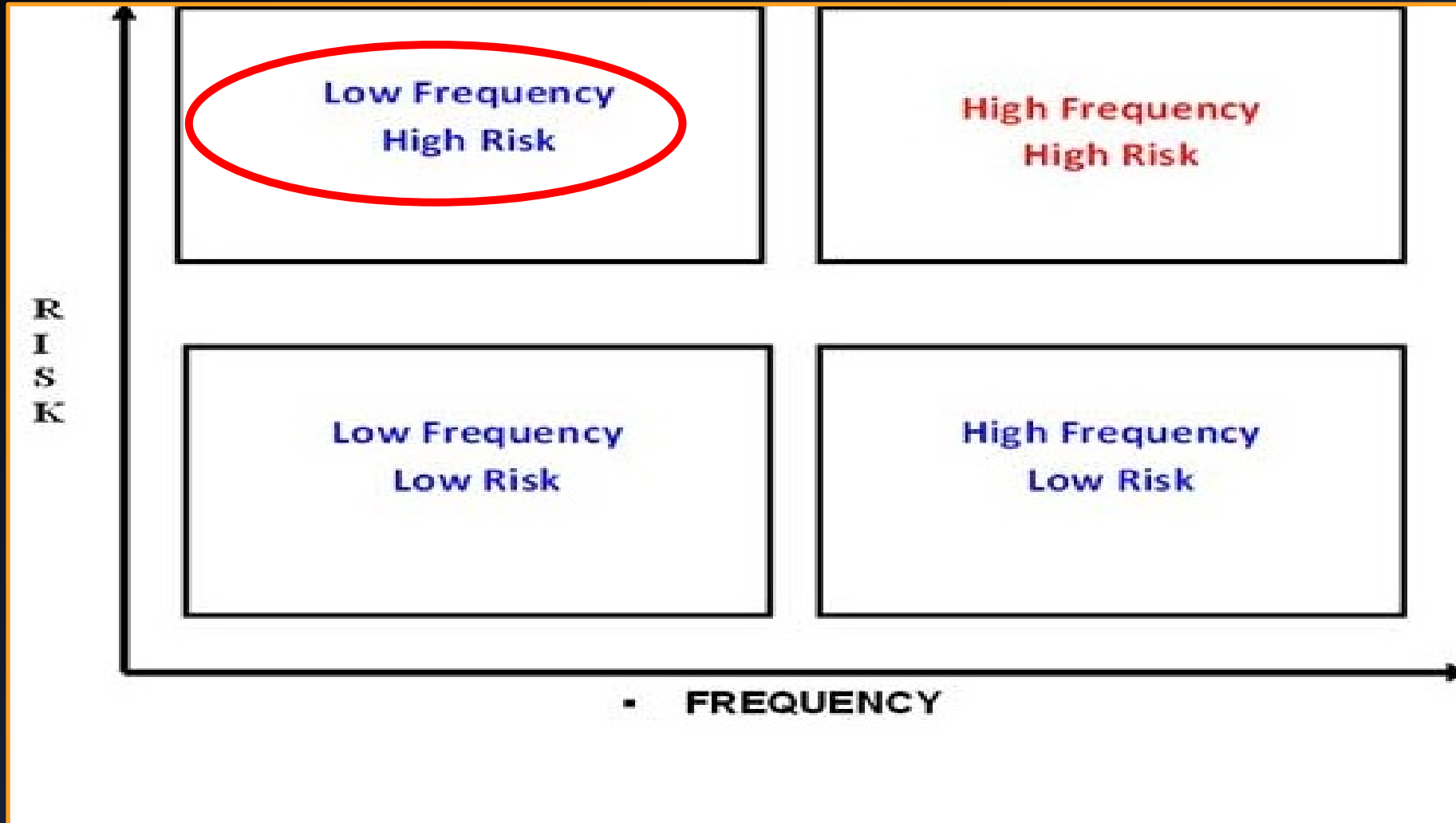
My Why

- 67 officers killed in 2016 (Washington Post)
- 32 were gun related deaths; 9% increase in 2016 (Washington Post)
- 25 officers are killed annually (FBI)
- 20 % have been ambushed since 2005 (FBI)
- 2016 MVA's no longer the leading cause of death (NLEOMF)

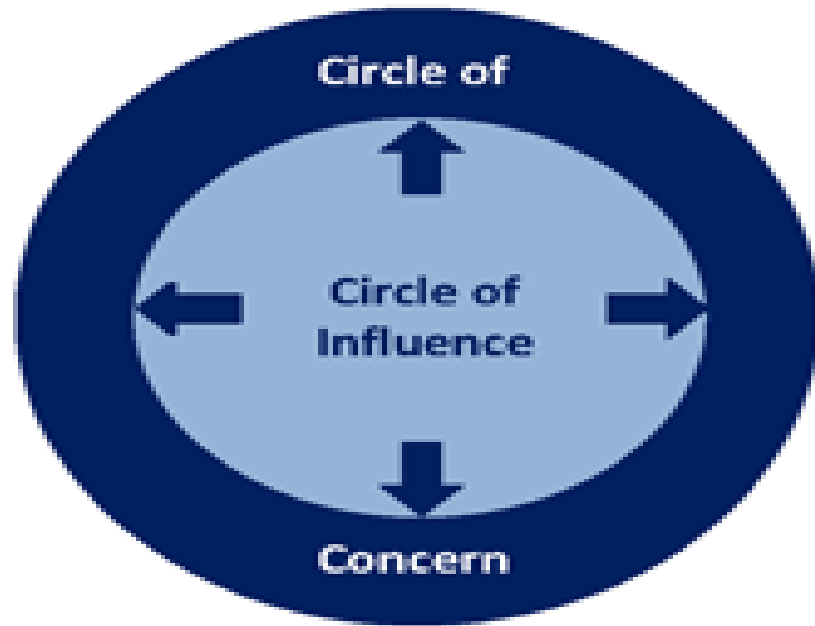
How

Support, fund, train, equip, coordinate, lead and/or follow North Las Vegas Police and Fire personal as well as other public safety agencies from adjacent jurisdictions and the private sector in order to maximize responder safety, life safety, incident stabilization and property/environmental conservation.

How

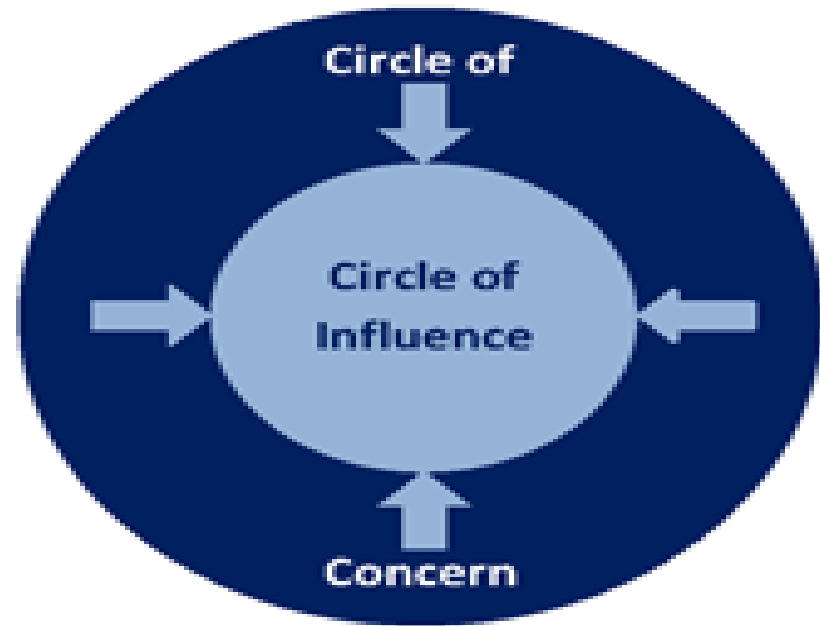


How



Proactive Focus

Positive energy enlarges Circle of Influence



Reactive Focus

Negative energy reduces Circle of Influence



How

Event + Response = Outcome

Active Shooter Events (ASEs)

- Alan Berkowsky and Edward Mohn, Firehouse Magazine
- The art or science of response to ASEs is, for the most part linear, and largely predictable.
- The essentially all have three stages like any other event Crisis, Stabilization and Recovery.

Crisis Phase

This phase begins with the first 9-1-1 call***. It is chaotic. In the Crisis Phase, police and fire are responding to or have arrived on scene. Information is conflicting and confusing. It may be unclear what occurred or if the threat is still active. Victims are seeking out help, and family members are trying to unite. Police officers are rushing in to eliminate the threat. Typically, fire is staged in the Cold Zone awaiting direction. This phase ends with the elimination of the known threat or establishment of a static situation where assailant is isolated in such a way that a war zone can be established.

Stabilization Phase

This phase begins when the threat has been neutralized and the focus is on the expedited medical care of the victims. It is important to quickly establish command and control of the scene through a unified command process. Patients need to be quickly treated and removed from the warm zones to definitive patient care. Evidence preservation is in focus and police are implementing perimeter control points to lock-down the area. Locations for staging of fire and police resources, medical control and media will need to be identified. This phase ends with the transportation of the last victim to a hospital for definitive medical care.

Recovery Phase

- Establishing a unified command as soon as possible
 - SNFO HMCI POLICY
 - MACTAC
 - Fusion Center
 - Standardized EOC and MACC Operations/Activations
- Being ready to help the wounded as soon as the active threat is stopped (too often, there is a delay between the time the offender(s) is neutralized and the RTF is mobilized
 - Valley-Wide CCTA effort well before the Route 91 Incident

Recovery Phase (continued)

- Stopping the bleeding
 - Tourniquets for LEOs
 - Self/Buddy Aid
 - Drop kit deployment during dynamic entries
 - CISM issues with guys who passed victims
 - Ballistic PPE for fire/EMS personnel
 - Training RTF and ETF sets and reps
 - Establishment of MCI vehicles/trailers

Recovery Phase (continued)

- Getting wheels under the patients: we know these concepts work and have seen it demonstrated in the Las Vegas and the Boston.
 - Open air events
 - Care under fire
 - Self/Buddy Transport
 - Patient tracking

Recovery Phase (continued)

Every ASE presents the IC with numerous challenges. Regardless, the goal is the same...Get the victims to definitive medical care as quickly as possible. As we have seen in several of the recent ASEs, fire departments used several methods to get the patients to the triage, treatment and transportation area.

- How will you do it?
- Are you ready to execute a plan today?
- Does your plan consider open air events with active/persistent threat?
- Does it consider self EVAC
- Security and MCI augmentation at local hospitals?

How Do you Effect the “R”?

- Ballistic Protection for fire personnel
- Ballistic Shields
- MCI Vehicle/Trailer
- Drop Kits
- IFAKs for Officers

How Do you Effect the “R”?

- Quarterly Reality Based Training
 - Interagency/Interdisciplinary
- Recovery Plan Committee
 - Social Services
 - Behavioral Health Services
 - Spiritual Services
- Quarterly Table Top Exercises with Command Staff
 - High Hazard Facilities
 - Resort Hotels /Tourism Corridors/Special Event Venues
 - Assembly Areas/Schools



Thank You

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