Between Shots Fired and Shooter Down: Managing the Response Gap and Platinum Minutes

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“In skating over thin ice our safety is in our speed.
- Ralph Waldo Emerson

Unlike other violent crimes, the “active” aspect of an active shooter incident inherently implies that both law enforcement personnel and people have the potential to affect the outcome of the event based upon their responses.¹ In an active shooter situation everyone on scene is a potential first responder. Shooters have historically employed the Special Operations Forces assault principles of “Surprise, Speed and Violence of Action.” What is known from research into active shooter incidents is that they evolve very quickly and that the shooter always has the tactical advantage at the onset of the attack. In one early study of 5-years of data obtained from 24 school shootings in 18 States and 41 workplace shootings in 12 States, from the time of the shooter’s first shot until his incapacitation, 3 to 4 minutes have elapsed, with the shooter having shot another person every 15 seconds.² The most recent FBI report stated that in those incidents a timeline could be ascertained, 70% ended in five minutes or less.³ Against these numbers it is important to hold the national average for police response time of 11 minutes. This should not be understood as a critique of police response times, but rather a clear picture of how quickly active shooter incidents can begin and end.

The Evolving Active Shooter Threat

Individuals, organizations and communities must understand and prepare for the changing nature of the active shooter threat, and enhance their capabilities to respond and recover from incidents of mass violence of all types.

Events over the past year have demonstrated the potential for complex and devastating attacks in crowded gathering places. Discussion of active shooter incidents has increasingly included the importance of preparing for additional weapons involvement beyond firearms, such as explosives, knives and other edged weapons, and even vehicles. It has becoming increasingly important to prepare for acts of “Hybrid Targeted Violence” which may involve teams of attackers operating at one or more locations simultaneously using a combination of shooting and bombing, and in some instances hostage taking.⁴
Within days after the Orlando shooting, Al Qaeda in the Arabian Peninsula (AQAP) published a guide urging its followers to execute additional ‘lone wolf’ operations in the U.S.⁵ The guide praised the Orlando shooter and proclaimed that, “…this operation is considered to be among the most successful Lone Jihad operations, meaning that it will inspire others to wage similar operations especially because the number of those killed was too high with regard to these stabndtypes of operations.”

**Planning for the Response Gap and Platinum Minutes**

The “response gap” is the time between when the first shot is fired and the arrival of police and other emergency responders. The dynamics of the incident change quickly when police arrive and shooter transitions from being the hunter to the hunted. Roughly half of such events end with the shooter taking their own life. In the response gap, those inside the active shooter incident are the initial first responders, and what they do or don’t do can have life and death consequences. Much of what has been promoted to the public regarding their options for survival in an active shooter incident has been exclusively focused on the encounter with the shooter. “Run, hide, fight”, or variants of that model, such as “Avoid, barricade, confront,” have not envision a greater role for bystanders. Event by event, the importance of promoting an expanded role for bystanders has become increasingly obvious.

Bleeding remains a leading cause of death in active shooter incidents. Rather than focusing on the golden hour in emergency medical response, in a mass shooting EMS personnel now strive to initiate care within the platinum 10 minutes.⁶ The urgent need to expedite medical care has resulted in new models of EMS deployment. In July 2015, the American College of Surgeons (ACS), Joint Committee to Create a National Policy to Enhance Survivability from Intentional Mass-Casualty and Active Shooter Events was founded. The ACS recommended the implementation of the Hartford Consensus III, based upon combat casualty care lessons learned in Iraq and Afghanistan. The Hartford Consensus established guidelines for training and equipping EMS personnel to work alongside law enforcement responders in the warm zone providing "care under fire." This approach has evolved into the development the Rescue Task Force (RTF).

RTF members work with police to deliver immediate medical intervention for readily treatable injuries, like severe bleeding and airway compromise, which can stabilize victims for evacuation. While police officers search for and attempt to stop the shooter, EMS personnel equipped in ballistic vests and helmets (but not armed), work under protective cover of police in the warm zone to quickly initiate lifesaving care. This focus on rapid hemorrhage control is often referred to as “B-CON”, short for bleeding control.
Given the realities of shooting events and the potential for serious injuries, communities and organizations have also begun to train and equip citizens in B-CON. With the right knowledge and equipment, regular citizens can make a critical difference. The U.S. Department of Homeland Security (DHS) recently started the “Stop the Bleed” campaign as a national initiative to assist initial responders and reduce the number of casualties in violent events. Schools and businesses have also begun pre-positioning B-CON supplies in "throw kits" designed to provide quick, easy access to essential bleeding control medical equipment such as tourniquets and combat gauze. B-CON can be applied to any accident or incident that results in serious blood loss, so the skill set has greater application than just mass shootings. Like CPR or using an AED, B-CON is considered an “every person” skill set, and is not reserved only for doctors, nurses or EMS responders. B-CON is one of three elements recommended in an expanded model of bystander intervention. It is intended to stop the dying, going beyond early approaches to active shooter response that were isolated on stopping the killing.

An Expanded Role for Bystanders

While surviving the attack remains the priority, the immediate post-attack timeframe is also critical for surviving the physical and psychological trauma experienced in the incident. By expanding the potential for bystander intervention beyond fighting the shooter, many additional lives can be saved. A more holistic approach to active shooter incident management includes three important actions: Stop the killing; Stop the Dying; and Stop the Crying.

Stopping the Killing can potentially be achieved by running, hiding or fighting. People have successfully used that approach in numerous active shooter events. Research published by Peter Blair and his colleagues at the Advanced Law Enforcement Rapid Response Training Center at Texas State University examined 83 case, 40 of which ended before police arrived. In 16 of those 40 incidents, the shooter was stopped by
bystander intervention. People can and do take on shooters, often with positive outcomes. New thinking on active shooter response suggests that employees, students, and others should be informed that “run,” “hide” and “fight” are not necessarily linear or sequential actions which may limit the possibilities of fighting the shooter earlier in the attack cycle, especially if the shooter is in close quarters. Rather that they may be considered independent options, and based upon the situation at hand and the judgement of those in the hot zone. “Fight” may be the first and best response in certain instances. Leaders and planner should remember that in a crisis people typically do not rise to the occasion, but rather, fall back on their training. It is important then to help reduce the number of seconds or minutes wasted in denial or indecision by providing a clear but flexible framework for response.

Stopping the killing and stopping the dying are also not linear or sequential tasks. As an example, envision a group of employees or students hunkered down in a safe room or shelter hiding from a shooter prowling offices or classrooms. If one or more of those who had made it to safe room had been injured in the attack, it would be critical to provide basic emergency medical care while in hiding. Stopping the killing by hiding, and initiating B-CON may need to be simultaneous tasks in some situations.

It will also be important to provide rapid psychological support to victims and survivors who may be forced to remain in hiding, in lockdown, or prevented from leaving the scene until giving statements to investigators. Psychological First Aid is considered the intervention of choice in the 0-48 hours post-incident, and useful in the zero-hour once shots are fired. In a crisis people will either be part of the problem or part of the solution. Helping calm and focus those who may be on the verge of losing emotional control can aid in their survival and the survival of those around them. Psychological First Aid is the recommended approach to “stopping the crying,” and managing the immediate behavioral response to the situation.

**Rapid Communication is Critical**

The very best way to thwart an active shooter is to deny them their targets. Rapid, accurate communications can help get people out of harm’s way and mitigate the impact of an attack. Giving people clear information about the nature and severity of the hazard at hand, what to do, and how to do it, is essential to facilitating an effective response to an emergency. In a life threatening crisis, it is not enough to simply tell people to run from danger; they need guidance on how to run towards safety. Emergency management authorities now encourage the use of “clear text” in crisis messaging, rather than codes that may be confusing or unclear.
Messages must be both clear and timely. Any information to be shared in an active shooter incident must be ready to launch at a moment’s notice. Templates and pre-developed crisis messages should be at the fingertips of those who can initiate alerts and notifications. As people scatter, they will be away from desktop communications, such as landlines and computers, and will be more reliant on handheld and mobile devices. Crisis communications technologies and mass notification systems must have redundant capabilities so the simultaneously blast out messages via different channels, such as SMS, voice and email.

**Safety as a Shared Responsibility**

Safety and survival are shared responsibilities, and while it is important that organizations do what they can to prevent and respond effectively to mass shootings and other violent events, there is an increasing focus on individual preparedness and response. Everyone must be prepared to act quickly and decisively to stop the killing, stop the dying and stop the crying, and the ability of bystanders to take meaningful action relies heavily on rapid and accurate communication.

Unfortunately, we have learned that the response curve in an active shooter incident is extremely steep. There is little time for discussion or clarification. Choosing the right tools, from trauma kits to emergency notification technologies; providing the proper training and equipment; and promoting the idea that everyone is a potential first responder, can put individuals, organizations and communities in a much better position to survive a sudden, violent event. To paraphrase the great American poet and essayist Ralph Waldo Emerson, our safety is in our speed.
About Everbridge

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- **Delivery**: Even during large-scale disruptions, Everbridge stays on. The most advanced platform in the industry ensures that you reach your contacts - every time. And with worldwide coverage and capabilities, including globally local calling infrastructure and data storage, we’re ready to support you wherever your people are in the world.

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Ibid.


