Mass Violence and Other Major Events: 
Managing Response and Preparedness

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The Changing Face of Mass Violence

The attacks in Orlando, San Bernardino, Nice, Paris and Belgium were each complex incidents of mass violence that challenge traditional practices in preparedness, response and recovery for first responders and their agencies. In managing the medical and psychological consequences of the evolving threat of terrorism it will be important for leaders and decision-makers, as well as front line response personnel to adapt the changing tactics involved in these attacks. Changes in tactics has prompted changes in police, fire and EMS response, as well as planning and preparedness in the private-sector. It will be important for all involved in planning to understand and adapt to the evolving event dynamics and enhance response capabilities.

This paper will address four main areas of concern:

1. Understanding and anticipating Hybrid Targeted Violence
2. Adopting the Rescue Task Force concept
3. The importance of Bleeding Control (B-CON)
4. Critical communications priorities

Lessons learned and evidence-based response strategies from military experience in managing casualties from IED and/or active shooter incidents are driving significant changes in the civilian first responder approach to incident management. It will be important for leaders and decision-makers to understand and embrace these recommendations.

Hybrid Targeted Violence

First introduced by Frazzano and Synder in 2014, the term “Hybrid Targeted Violence” describes complex acts of mass violence that can involve multiple attackers in multiple locations using multiple methods and means of attack. Attacks of this type may use a blend of conventional and non-conventional weapons and tactics. As well as
conventional attack methods, such as shooting and bombing, planners must also anticipate vehicular attacks as demonstrated in Nice.

According to Frazzano and Snyder, acts of Hybrid Targeted Violence involve:

- Well-trained, tactically competent, and willing-to-die perpetrators,
- Multiple operators working in small tactical units;
- Effective internal and external communications/coordination
- Purposefully luring of first responders to inflict even more carnage,
- The use of fire to complicate first-responder operations and cause further damage
- The potential use of CBRN agents,
- Use of high-powered military type weapons and explosives, including suicide bomb vests.

An analysis of the more recent attacks in San Bernardino, Paris and Belgium, as well as other historic incidents of mass violence such as the sieges in Beslan, Mumbai, and the Westgate shopping mall, demonstrates that Hybrid Targeted Violence is not exactly new, or unheard of in the U.S. or abroad. Intelligence estimates show that international extremist groups are very interested in initiating, supporting and inciting this kind of attack on American soil.

In the days following the Orlando nightclub attack Al Qaeda in the Arabian Peninsula (AQAP)’s propaganda wing produced a 4-page guide that praised the Orlando shooting. The guide provided suggestions for copying it and making additional attacks both more lethal and better aligned with AQAP’s propaganda goals. There were two significant shifts in the rhetoric typical of AQAP’s online Inspire magazine supporting the heightened concern about Hybrid Targeted Violence in the U.S. In general, the guide called upon believers to follow the template of the Orlando attack, but more specifically, to consider all American citizens as a “Combatant Public” and to target the general population in large “general gatherings.” This should be understood as a call to action against all U.S. citizens gathered in large numbers; the recipe for a mass violence incident. Previous calls to action by the Inspire magazine have called upon would-be terrorists to use any means of violence at their disposal, including vehicles, fire and edged weapons. Given this directive the potential for acts of Hybrid Targeted Violence is likely escalating; a fact that should be a concern to every emergency manager.

The Hartford Consensus and the Rescue Task Force Concept

Just a few months after the active shooter incident in Newtown, CT, the American College of Surgeons (ACS) convened a Joint Committee to Create a National Policy to
Enhance Survivability from Intentional Mass Casualty and Active Shooter Events in collaboration with the medical community, leaders from federal government, the National Security Council, the U.S. military, Federal Bureau of Investigation, and other governmental and nongovernmental emergency medical response organizations. The four reports produced by this effort are known collectively as “The Hartford Consensus.”

In studying casualties in mass shooting it becomes clear that the most common cause of preventable death in a mass shooting incident is the failure to control severe bleeding. The outcome of the ACS effort was the recommendation to adapt Combat Casualty Care techniques to civilian EMS responders as Tactical Emergency Casualty Care. Lessons learned in combat in Iraq and Afghanistan, as well as active shooter incidents in civilian settings, clearly point to the importance of bleeding control as a critical element of survivability.

In June of 2015, the U.S. Department of Homeland Security released a guidance document entitled "First Responder Guide for Improving Survivability in Improvised Explosive Device and/or Active Shooter Incidents." Two key recommendations from this guide are that first responders should incorporate tourniquets and hemostatic agents as part of the treatment for severe bleeding, and that communities should initiate efforts to develop a Rescue Task Force.

A Rescue Task Force (RTF) is a specialized team within a jurisdiction’s EMS agency that is trained and equipped to initiate bleeding control and other critical life-saving measures in the “warm zone” of an active shooter or mass violence incident. In prior iterations of active shooter response, EMS would wait for the wounded to be moved by law enforcement responders to “casualty collection points” in the cold zone, safety out of the active threat environment. It is well established that the priority for incoming law enforcement personnel is to locate and stop the shooter(s). As such, the wounded would be left in the “warm zone” after the shooter and responding police moved through, and attended to after the shooting had stopped. Severe blood loss resulting from shooting injuries results in people potentially bleeding out in 2-3 minutes. Obviously waiting for victims to be moved to the “cold zone” for treatment resulted in a loss of life.
Members of a RTF are trained and equipped to operate in the “warm zone” under the cover of armed law enforcement officers. The RTF operators are not armed, but they are “hardened” in ballistic helmets, vests and other protective equipment. By treating patients in place with tourniquets, combat gauze, chest seals and airways, additional lives may be saved. The development of a RTF in any community involves the development of inter-domain (EMS, Fire, Law Enforcement) training in tactics, techniques, and procedures - including ballistic gear, better situational awareness, and application of concealment and cover concepts for RTF members. Standing up such a specialized EMS team also requires a high degree of coordination between EMS, Fire, and Law Enforcement to work more effectively during IED and/or active shooter incidents.

The Importance of Bleeding Control (B-CON)

In those cases in which a time line could be ascertained, the most recent FBI active shooter study reports that 70% of active shooter situations are over in 5 minutes or less. The dynamics in other types of mass violence, such as bombings and/or vehicular attacks are similar in that bleeding remains the leading cause of death. Another constant is that bystanders are most immediate responders and can play a critical role in saving lives until traditional first responders arrive.

With this in mind, the U.S. Department of Homeland Security has initiated the “Stop the Bleed Campaign” to help promote the development of basic B-CON skills in the general public. Good Samaritan laws and the increasing opportunity for citizen bleeding control training means more people may be available in the “platinum minutes” immediately after an act of mass violence to initiate lifesaving efforts. Prepositioned trauma kits containing tourniquets, treated gauze and other supplies can also expedite critical care until help arrives.

What is B-CON?

Bleeding Control for the Injured (B-Con) teaches participants the basic lifesaving medical interventions, including bleeding control with a tourniquet, bleeding control with gauze packs or topical hemostatic agents, and opening an airway to allow a casualty to breathe.

Source: www.naemt.org/education/B-Con/B-Con.aspx

Critical Communications

Communications, both in terms of technologies, as well as a common operating language between all response entities, is essential. The environment in the immediate wake of mass violence is chaotic and overwhelming. The potential for confusion is high, and the use of social media by the public in such an environment means that good
information, as well as bad information, misinformation and rumors, will be moving at light-speed.

In September 2015, the InterAgency Board published its guide, “Improving Active Shooter/Hostile Event Response: Best Practices and Recommendations for Law Enforcement, Fire and EMS.” Among the 10 Leadership Priorities were adopting the Rescue Task Force concept; Employing Tactical Emergency Casualty Care; implementing Casualty Collection Points; developing guidelines for the use of ballistic protective equipment; creating a common operating language; and promoting two-way public communication.

A common operating language among Incident Managers and front line responders includes:

1. Using plain language to enhance communication and response;
2. Making terms plain and easy to understand under stressful conditions;
3. Using terms that promote agencies working together;
4. Ensuring common language and terms are agreed upon and practiced pre-event; and
5. Coordinating and communicating definitions with regional aid response partners.

These concepts are central to the Incident Command System and should be familiar to all emergency managers and operators. They become increasingly important in the fog of war that envelopes an incident of mass violence when assets from many jurisdictions may deploy into the environment.

In instances of mass violence there is an increased need for situational awareness. Information should be shared among all stakeholders, including the public. Unlike other violent crimes, in incidents of mass violence, both law enforcement personnel and citizens have the potential to affect the outcome of the event based upon their responses. The public is the real first responder and can be a valuable resource. It is essential to promptly and effectively communicate critical incident information and clear instructions about the proper public response. Two-way communication may also allow for the flow of valuable intelligence from inside the situation.

**See Something, Say Something, Do Something**

Research in mass violence clearly suggests that the perpetrators of such acts in fact study and learn from previous attacks; they are learning incident to incident how to defeat security efforts and inflict the maximum damage in each attack. Emergency
management leaders and first responders must also learn from each event. Understanding the dynamics of mass violence and realistically planning to leverage all potential assets, including the public, can save lives. It is important to remember that during a crisis, we do not rise to the occasion; we fall to our training. Therefore, training and exercising around complex attack scenarios is a necessity in our current threat environment.


American College of Surgeons. “The Hartford Consensus I-IV.” Last accessed online on November 14, 2016 at: https://www.facs.org/about-acs/hartford-consensus


About Nixle Community Engagement, by Everbridge

Engaged and active communities are built on a commitment to transparency and safety. Our Community Engagement application helps public safety and emergency management agencies to easily create a resident opt-in database, while providing you with control over authoring and publishing your message directly to the public.

Community Engagement enables:

- **Easy Resident Opt-in:** Easily increase resident opt-in’s at an exponential rate. Maintain a robust database of resident contact information to foster a community dialogue or provide effective emergency notifications.

- **A Force Multiplier:** Publish and distribute public information at scale, with the push of one button, via social media, websites, email, text, OneBridge mobile app, and Google Alerts. Leverage residents to act as force multiplier to assist in preventing and solving crime. Ideal when internal resources are limited.

- **Control Public Information Dissemination:** Maintain complete power and control to author messages and disseminate information to the public at will.

- **Precise Neighborhood Targeting:** The most precise neighborhood-level geographic targeting system available. Send messages to specific communities or neighborhoods.

- **Focus on Public Safety:** The most trusted public safety product on the market, as used by over 8,000 public safety agencies. Completely focused on helping agencies keep residents safe and informed.