

Medical Response



Special Agent Randy Camp
Special Agent Chuck Massucci
Sergeant John Sues

1

Mass Casualty Incident (MCI)

1. The procedures for defining, assessing and treating patients at a MCI has been defined on a national level by the National Fire Protection Association (NFPA)
 - a. A **mass casualty incident** (often shortened to **MCI** and sometimes called a **multiple-casualty incident** or **multiple-casualty situation**) is any incident in which emergency medical services resources are overwhelmed by the number and severity of casualties. (NIMS)
 - b. Examples are: acts of terrorism, mass-shootings, bombings, building collapses, plane crashes, train/bus collisions, hurricanes, earthquakes, or any other large-scale emergency with mass casualty.



2

Mass Casualty Incident (MCI)

The responding medics will make the initial assessment of the patient based on visual/auditory observation and by performing a quick review of the vital signs

- a. Breathing
- b. Pulse
- c. Pupillary response



3

Mass Casualty Incident (MCI)

Patients should be tagged in MCI incidents with the following tagging system (this is a national standard)

- **Immediate:** Patients who have major life-threatening injuries, but are salvageable given the resources available
- **Delayed:** Patients who have non-life-threatening injuries, but are unable to walk or exhibit an altered mental status
- **"Walking wounded":** Patients who are able to ambulate out of the incident area to a treatment area
- **Deceased or expectant:** Used for victims who are dead, or whose injuries make survival unlikely



4

Mass Casualty Incident (MCI)

1. Guidelines state that a medic should dedicate no more than 60 to 90 seconds on any patient at a scene of a MCI. (10 – 15 seconds on deceased victims)
2. These National guidelines are well established and engrained in the training
3. EMT/Paramedics and TAC medics can make extensions/modifications based on conditions and circumstances
4. All of the TAC medics make a practice of **re-checking** patients



5

Mass Casualty Incident (MCI)

1. First Responders provide initial emergency care. They include:
 - a) Police
 - b) Fire/EMT/Paramedics
 - c) Search and rescue
2. The skills include; cardio-pulmonary resuscitation (CPR), bleeding control, use of an automated external defibrillator (AED), positive pressure ventilation, supplemental oxygen administration, suctioning, manual stabilization of fractures, and assisting in the administration of basic medications such as epinephrine auto-injectors, oral glucose, and inhalers.
3. First responders are trained in moving and transporting patients.
4. First responder training has different skill levels, expertise, and expectations.
5. Most police agencies and Sheriff's departments require that every patrol officer/deputy study and pass first responder training during their academy program.



6

TAC-Medic/Paramedic Considerations

1. For this incident at MSDHS, TAC Medics were exclusively utilized inside of building 12 to provide the advance medical assessments.
2. In Broward County a Rescue Task Force (RTF) program has been established to facilitate a quicker medical response to patients in areas identified as “warm zones.”
3. Many first responders were on scene and a RTF was considered. The RTF was not utilized based on the scene conditions and the criteria established for utilizing these units.
4. The primary difference between a tactical-medic (TAC) and other EMS/Paramedics is their position on the SWAT team and their ability to operate in “hot zones.”



7

Responding Tactical (TAC) Medics:

BSOFD Bradley, Gareth	(BSO Team Training Coordinator)
BSOFD Franklin, Sarah	
BSOFD Hunter, Justin	
BSOFD Mormelo, Thomas	
BSOFD Noland, Thomas	
BSOFD Lasseter, Tom	(BSO Team Leader)
CSPD Ceciliano, Ivo	
CSPD Parinello, Justin	
FLFD Bohan, Jason	(FLFD Team Leader/Chief)
FLFD Pardo, Rick	



8

Mass Casualty Incident (MCI)

The investigative interviews demonstrated that the BSO TAC Medics understood and adhered to the established National Standard and a uniformed perspective of their duties and requirements at a MCI:

Several of the medics remarked that they may have to make difficult decisions when they arrived at MSDHS.

- a. "...work those who you feel you can save as quickly as you can and move on from the ones you know you can't."
- b. "...remember, you may have to step past a dead or dying child to save the life of another who has a better chance."

Based on the known intelligence and information each officer/deputy/medic entered building 12 expecting it to be a "hot zone."



9

TAC Medic training and responsibility

- All TAC-medics are firefighters, EMT's, and Paramedics. They are trained and certified in Advance Life Saving
- The BSO members apply for the TAC-medic program and then try out for the tactical medic slot
- All TAC-medics are assigned to a firehouse or other primary duties and they respond to tactical operations based on need or exigence
- When TAC-medics are placed on the SWAT teams they receive additional training related to SWAT operation and the application of their medical training in high risk situations (Hot Zones)
- All TAC-medics (BSO, CSPD and FLFD) train once a month with the SWAT teams



10

TAC Medic training and responsibility

- BSO and FLFD TAC-medics carry firearms for the purpose of self-defense
- CSPD TAC-medics are unarmed



11

TAC Medic training and responsibility

- All TAC-medics train as a unit with their SWAT teams. But, they also train to respond to events such as mass casualty incidents (MCI)
- Tactical medicine is a specialized and highly discriminating endeavor that requires intensive training, discipline and a unique relationship with law enforcement. Tactical medics have the primary responsibility of providing medical care to the SWAT team and members of the community requiring aid in times of high risk situations

Jim Morrissey



12

Timeline

The medical response began with law enforcement personnel, prior to arrival of the medics, and continued through the transportation/arrival to hospitals.

- 2:21:16 Cruz entered the east end of building 12
- 2:21:38 Cruz fired his first shots
- 2:23:25 Cruz entered the west stairwell and completed the spree on the first floor



13

Timeline

- Cruz spent approximately 2 minutes 9 seconds on the first floor:
 - He fired approximately 70 rounds
 - 24 victims were shot
 - 11 victims received fatal wounds
 - 13 victims received non-fatal wounds
 - Every victim on the 1st floor was “attended to” by a first responder



14

Timeline

In approximately two more minutes Cruz moved through the 2nd and 3rd floors

- 2:23:35 Cruz entered the 2nd floor and discharged six rounds yet no students or teachers were shot on this floor.
- 2:24:32 Cruz entered the 3rd floor from the east stairwell and began to shoot toward the west.
- 2:25:35 Cruz stopped shooting victims and entered the teacher's lounge. Cruz discharged several rounds through the south and west windows, presumably to become a sniper. He was unsuccessful.



15

Timeline

- On the third floor, in approximately one minute Cruz fired 61 rounds before entering the teacher's lounge.
- An additional 10 victims were shot:
 - 6 victims received fatal wounds
 - 4 victim's received non-fatal wounds
 - 1 of the non-fatal victims escaped the building prior to LE response and was treated by first responders outside of building 12.
- All other victims on this floor were "attended to" by first responders.



16

Timeline

- 2:27:54 Cruz exited the building
- 2:32:42 The first members of law enforcement enter building 12 from the west; a second team entered the east side shortly thereafter.
- **Cruz fired all rounds in less than four (4) minutes.**
 - The first “first responders” entered building 12, 4 minutes and 48 seconds after Cruz had fled.
 - When law enforcement entered, they presumed that the shooter was still inside of the building.
 - 33 victims remained inside of the building and suffered injuries ranging from minor to fatal.
 - Numerous students and teachers were “locked down” in classrooms within the building.



17

Timeline – Medical Response to Building 1200

- 2:33:56 The first victim was removed from the 1st floor of building 12 through the west door. This victim was transported to the triage site on a golf cart but did not survive his injuries.



18

Timeline – Medical Response to Building 1200

2:39:08 Law enforcement removed a victim from the hall of the first floor. He was taken to the triage area but did not survive his injuries.



19

Timeline – Medical Response to Building 1200

2:39:58 Members of law enforcement entered the west end of the second floor hall.

2:40:17 Classroom 1216 (first floor) was evacuated (*simultaneous activity*). Four injured students were evacuated with other uninjured students. Most of these injuries were less-severe.

- 1st Evacuation of a classroom. 7 minutes after law enforcement entered the building and 19 minutes after shooting began.

2:40:39 Another student from classroom 1216 was escorted out by law enforcement. This student's injuries were serious to life-threatening but he survived.



20

Timeline – Medical Response to Building 1200

- 2:41:03 An injured student was assisted out of classroom 1214 by law enforcement and she survived.
- 2:41:16 An injured student was assisted out of classroom 1216 by law enforcement and she also survived.
- 2:42:24 All remaining students were evacuated from classroom 1214 by law enforcement. Two of these students suffered less-severe injuries.



21

Timeline – Medical Response to Building 1200

- 2:43:22 A student suffering a serious injury was carried out of classroom 1213 by law enforcement. He was taken to emergency medical personnel and transported to the hospital. He survived his injuries.
- 2:43:49 Another injured student suffering a serious injury was carried out of classroom 1213 by law enforcement. She was taken to emergency medical personnel and transported to the hospital. She survived her injuries.



22

Timeline – Medical Response to Building 1200

- 2:44:01 All uninjured students were evacuated from 1212 and 1213.
- 2:45:58 A student suffering a serious injury was carried out of classroom 1210 by law enforcement and placed on a golf cart.
A tourniquet was applied while driving to the triage area. She was turned over to emergency medical personnel, transported to the hospital and survived her injury.



**The rescue efforts had been ongoing for
approximately 14 minutes (2:32 to 2:46 hours)**

23

Timeline – Medical Response to Building 1200



24

Timeline –
Medical Response to Building 1200



25

Timeline –
Medical Response to Building 1200



26

Timeline – Medical Response to Building 1200

- By 2:46 p.m., 15 victims were removed from the 1st floor.
 - 14 minutes after law enforcement entered building 12
 - 25 minutes after the shooting began
 - 13 of these 15 victims survived



27

Timeline – Medical Response to Building 1200

- | | |
|---------|---|
| 2:56:11 | The first BSO TAC medics entered building 12 through the east door. |
| 2:56:17 | Medic Bradley assessed two victims located on the floor of the first floor hallway. |
| 2:57:25 | Both victims were pronounced as deceased and black tags were placed on their right wrists. |
| 2:57:32 | Medic Bradley entered classroom 1213 and re-checked the victim who had been checked by law enforcement and left in the classroom. Medic Bradley determined this victim was still alive. Approximately six minutes later a victim was brought out by law enforcement and the medic followed. The victim was treated and survived the injuries. |



28

Timeline – Medical Response to Building 1200

3:03:43 BSO SWAT deputies and additional TAC medics began to go up the west stairwell.

- 3 TAC-medics had made it deeper into the “Hot Zone” (Bradley, Franklin, Noland).
- Law enforcement had located a victim on the third floor landing and assessed her vital signs.
- They located another victim in the middle of the third floor hall and were pulling him to safety on the third floor landing.
- Medics Noland, Franklin went up the west stairs toward the third floor landing and were joined shortly thereafter by Medic Mormelo (4 medics in hot zone).



29

Timeline – Medical Response to Building 1200

3:04:22 Noland and Franklin arrived on the landing; one conscious victim was being worked on by BSO Detective Polo and other law enforcement personnel.

A second officer identified a female victim as deceased. Noland checked the female and Franklin treated the male victim.

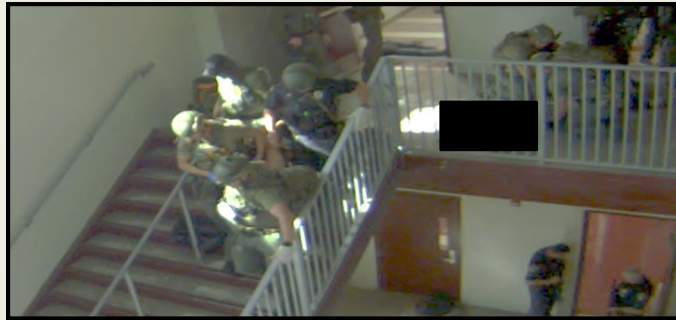
3:04:26 After confirming the female victim was deceased, Noland moved to assist Franklin. The medics and law enforcement applied tourniquets and other blood stopping applications to the conscious victim who had been pulled from the 3rd floor hallway to expedite his removal.



30

Timeline – Medical Response to Building 1200

3:06:52 Medic Mormelo arrived on the 3rd floor landing and was advised by Noland to perform yet another assessment on the female victim. Mormelo went on to complete an assessment of the female victim.



31

Timeline – Medical Response to Building 1200

3:07:15 The male victim was carried from the third floor landing by Medics Franklin, Noland and law enforcement to a golf cart. The victim was transported to a hospital. He survived serious injuries.

3:08:31 Two additional TAC medics entered the east doors of building 12 (six medics in the hot zone).

3:08:45 The female victim was moved from the 3rd floor landing to the 1st floor by Medic Mormelo and a deputy and the medic confirmed she was deceased.



32

Timeline – Medical Response to Building 1200

- 3:09:19 Medics continued the process of re-assessing the victims on the first floor.
- 3:11:47 Medics Mormelo, Bradley and Ceciliano left the 1st floor.
- 3:12:30 Medics Mormelo, Bradley, and Ceciliano moved into the 3rd floor hallway.
- 3:19:30 Medics completed assessing the five remaining victims in the 3rd floor hallway and all were deceased.



33

Timeline – Medical Response to Building 1200

- By 3:20 medics had located and evaluated all victims on **all floors** of building 12.
 - 48 minutes after law enforcement entry into building 12
 - 59 minutes after the shooting began
 - The victims still inside building 12 at this point had been declared deceased.
 - Medics went on to conduct additional checks of these victims.



34

Transportation Considerations

All Patient Transportation was performed by Advance Life Care Vehicles from the campus to one of two local hospitals that have been designated as Level 1 Trauma Centers.

- Broward County has a Regional Protocol where all trauma patients are brought to one of three trauma centers
- Two of the three trauma centers accept pediatric patients (under 16)
- For MSDHS, which was coordinated with Medcom – all of the trauma centers offered to accept the juvenile patients
- Based on the number of patients, staffing, and number of beds, the dispatch centers did not have to deviate from the protocol or divert patients to other facilities.



35

Critiques of Emergency Medical Care



36

Critiques

The following concerns were raised about medical care at MSDHS:

1. Coral Springs Fire Department (CSFD) questioned the timeliness of BSO establishing a unified command system.
2. The Coral Springs Fire Department criticized the response due to a Rescue Task Force (RTF) not being utilized and deployed into building 12.
3. A question was raised that victims may have been left inside of building 12 for too long a period, based on the observations of the victim removal at 3:40 p.m.



37

Critiques of Emergency Medical Care

- CSFD and an ER physician have expressed concern that the medical response was inadequate and resulted in unnecessary deaths.
- The individuals expressing these concerns were interviewed and their concerns were investigated.



38

Critique:

Victims were left inside too long

- **2:56:49** - Female victim in the first floor hall was assessed by a BSO medic. The victim was pronounced deceased and a triage tag was placed on her wrist identifying her as deceased.
- **3:16:41** – This same female victim was assessed again by another BSO medic. The victim was left in this location by the medic.
- **3:21:50** – This same female victim was assessed a third time by a BSO medic. The victim was left in this location by the medic.
- **3:36:32** – FLFD medics assessed this same victim for the fourth time. One of the medics believed he felt a pulse. The second FLFD medic did not feel a pulse but in an abundance of caution, they removed the victim from the scene.



39

Critique:

Victims were left inside too long

- The victim was taken to the triage area where a CSFD physician was assisting in treating victims. The CSFD physician was not able to determine whether the victim did or did not have a pulse.
- The victim was treated by the physician and transported to the ER where she was pronounced deceased.
- The autopsy determined that this victim sustained a contact wound to her chest.
- This injury was non-survivable, and would have caused an immediate death. It is impossible that the victim would have had a pulse 1 hour after being shot.



40

Critique:

Victims were left inside too long

- An ER physician who came to MSDHS to assist witnessed this victim being taken out of building 12 over an hour after she was shot.
- The ER physician learned that a FLFD medic believed he felt a pulse on this victim.
- This resulted in the ER physician contacting MSD-PSC to express his concerns that wounded victims were left inside too long.
- Upon learning of the severe nature of the victims multiple injuries, the physician immediately conceded the injuries would not have been survivable.



41

Critique:

Victims were left inside too long

- This victim had been checked on three occasions by at least two different BSO SWAT Medics.
- The victim had a triage tag on her wrist indicating she was deceased.
- The FLFD SWAT Medics self-deployed into the building without checking-in with the scene commanders or BSO SWAT Medics.
- This resulted in an inaccurate assessment of a victim which led to misinformation that law enforcement had not provided adequate emergency medical care.



42

Critique: RTFs were not used to get medics inside bldg. 12

- Deputy Chief McNally of the CSFD arrived on scene at approximately 3:16 p.m. – at the earliest – and responded to the BSO command bus located north of the Sawgrass and Pine Island. The unified command structure was not established at this time.
- BSO had not established a Command Post (CP) and BSO Command Personnel were split between the CP area and the Tactical Operations Command (TOC), impeding communication with fire department command staff.



43

Critique: RTFs were not used to get medics inside bldg. 12

- At approximately the same time the BSO command bus was being set-up (3:16), Colonel Polan assumed the role of Incident Commander and responded to the TOC (on-campus).
- Chief McNally discussed the use of RTFs with Captain Jordan at the command bus. However, Captain Jordan was not the incident commander and did not have the authority to direct a RTF response.
- Captain Pumariega (Margate FD) was at the TOC and engaged the incident commander(s) regarding the use of RTFs.



44

Critique: RTFs were not used to get medics inside bldg. 12

- Colonel Polan determined that building 12 was a hot zone and a RTF would not have been an appropriate response. Colonel Polan was fully briefed on the BSO SWAT response, to include the number of TAC Medics being utilized inside of building 12.
- Upon being interviewed, Chief McNally stated that he had no knowledge of any victim who did not receive appropriate medical care. Chief McNally was unaware that TAC medics were actively treating victims in the hot zone.



45

Conclusions

- The Radio communication problems affected the tactical operations inside of building 12.
- The FLD TAC-medics self-deployed into building 12 without dispatch or briefing.
- The officer at the door did not direct the medics to a BSO TAC-medic or brief them on security conditions, time since shooting, previous medical activities, etc.
- The Medics began to conduct their assessments and apparently did not see the black tags on the victim's appendages.
- The assessment of "feeling a pulse" has to be determined as incorrect.
- The removal of this patient was unnecessary and created a false perception that emergency medical care was untimely.



46

Final Evaluation

- The first responding law enforcement officers utilized their first responder skills to treat and remove victims who were (primarily) verbal and/or conscious.
- Law enforcement and TAC Medics combined efforts to address the patients who were less verbal and suffering from the critical and potentially survivable injuries.
- The TAC-medics followed the standard procedures of a MCI to identify, assess and tag the patients within building 12.

