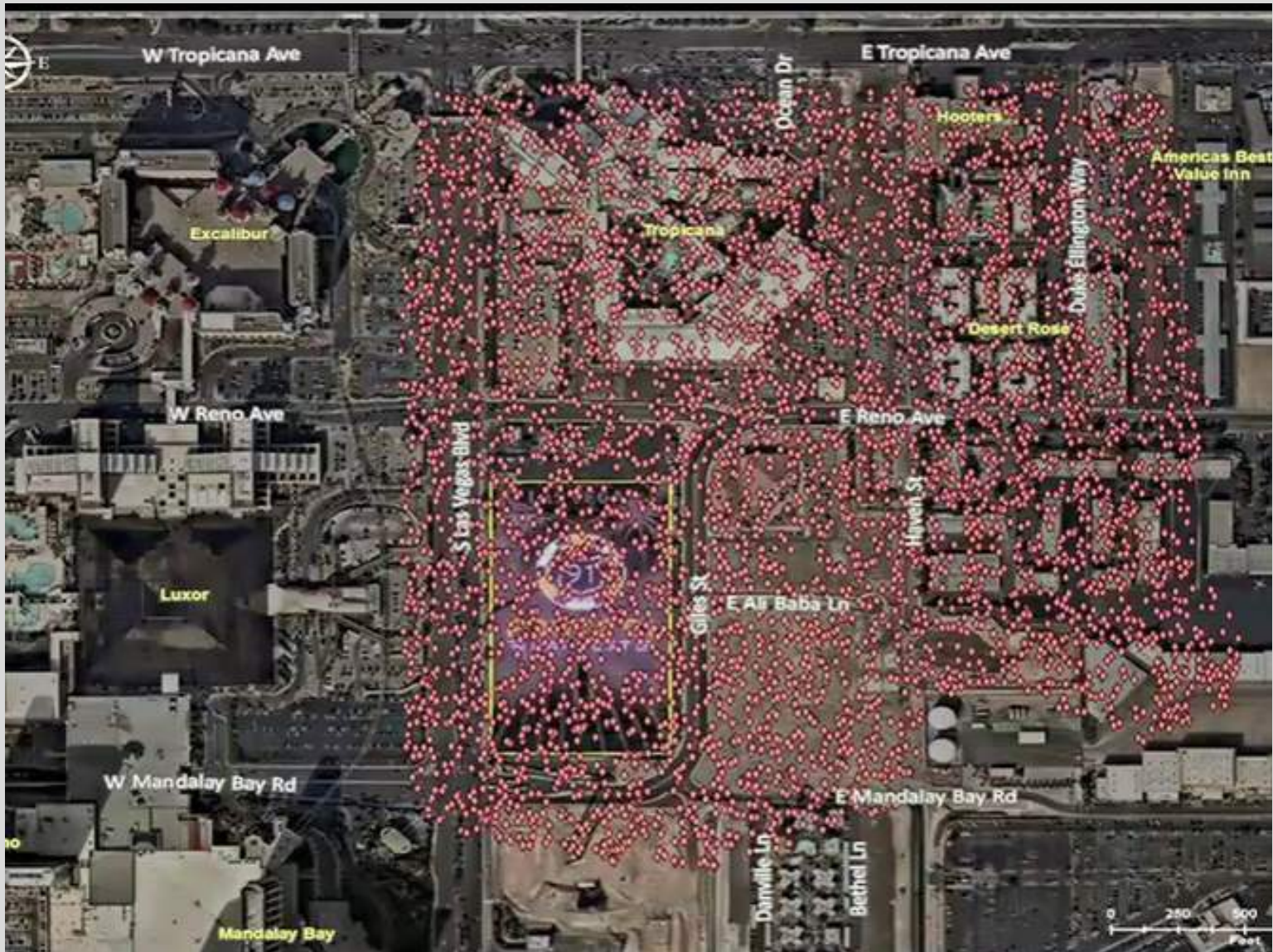




**Route 91 Harvest Music Festival
Mass Shooting
Las Vegas, NV
October, 2017**

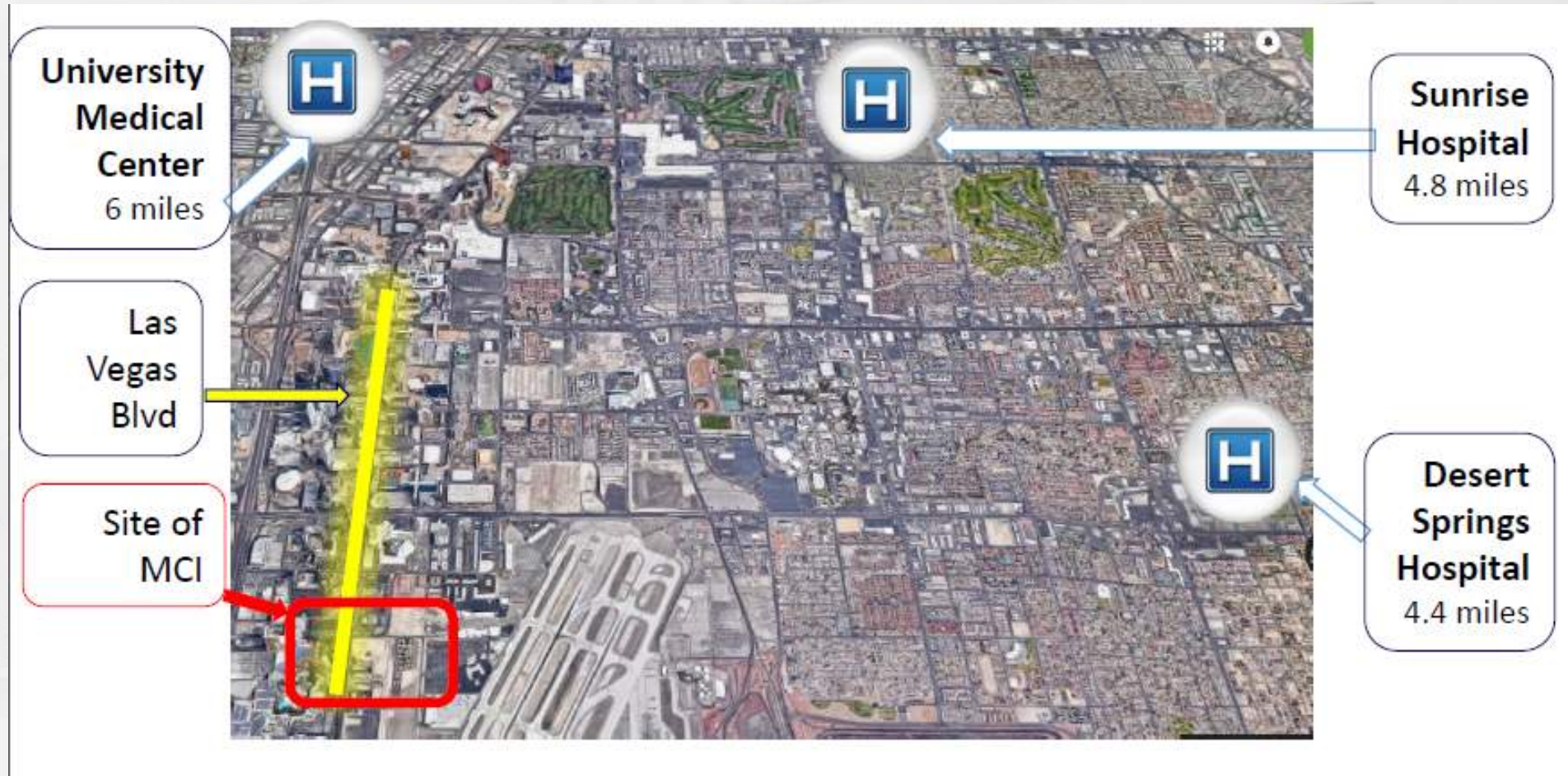








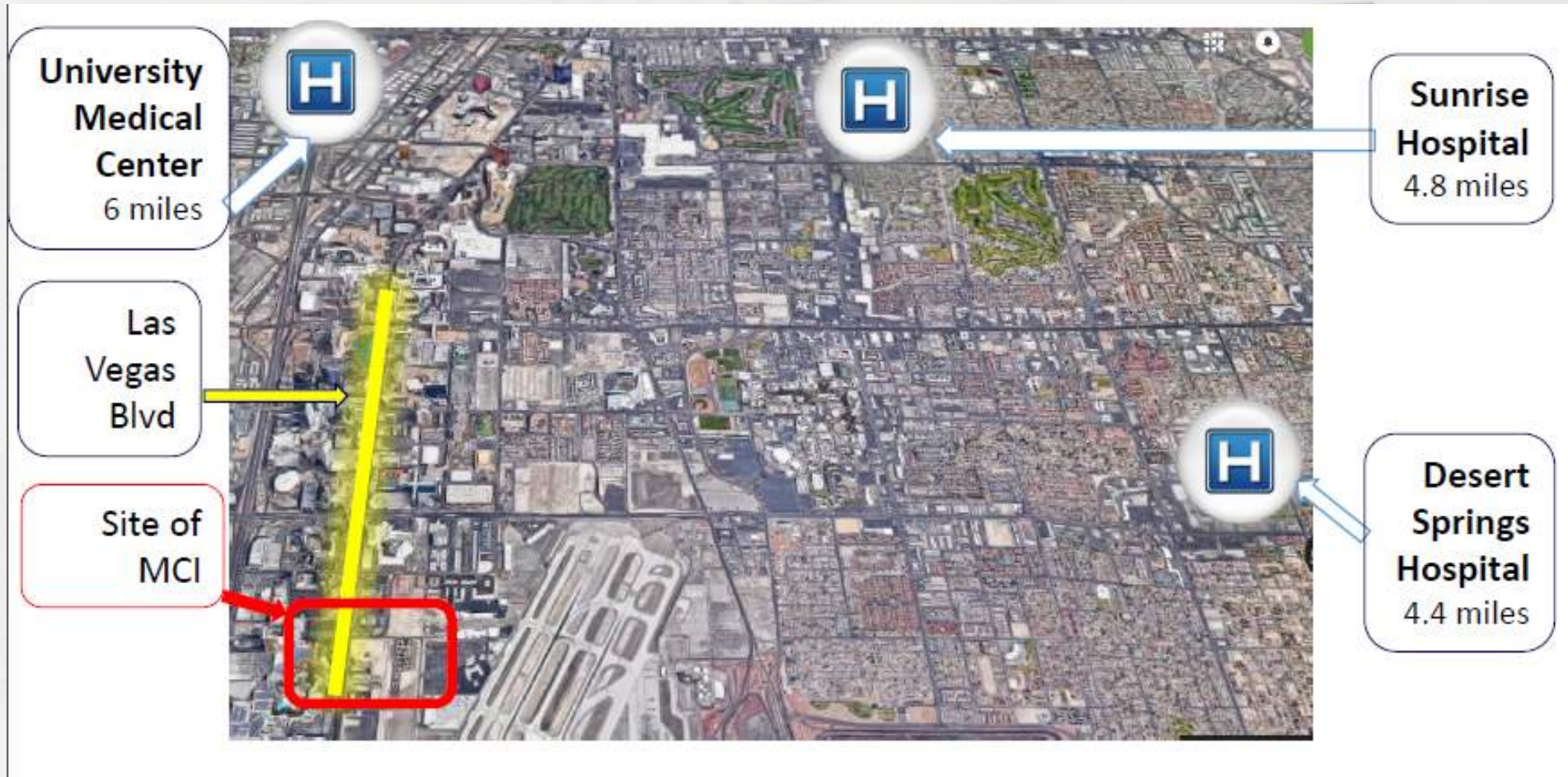
The Hospitals



Observations – Desert Springs Hospital

- Closest hospital to the incident
- 290 beds, community hospital (Level 3 trauma), 34-bed ED
- Approximately 90% of Desert Springs Hospital patients arrived by private vehicle, ride sharing, or city bus
- Patients arrived singularly and in groups
- ED waiting room became casualty collection point

Sunrise Hospital



Observations – Sunrise Hospital

- 690 beds with attached Children’s Hospital. Level 2 trauma center, 23 operating rooms, 170,000 ED visits annually
- Received approximately 212 patients plus approximately 30 that were treated but never registered
- Received 120 GSW patients in 2 hours
- 92 patients had no identification
- “Truckloads” of GSW patients arrived to ED entrance

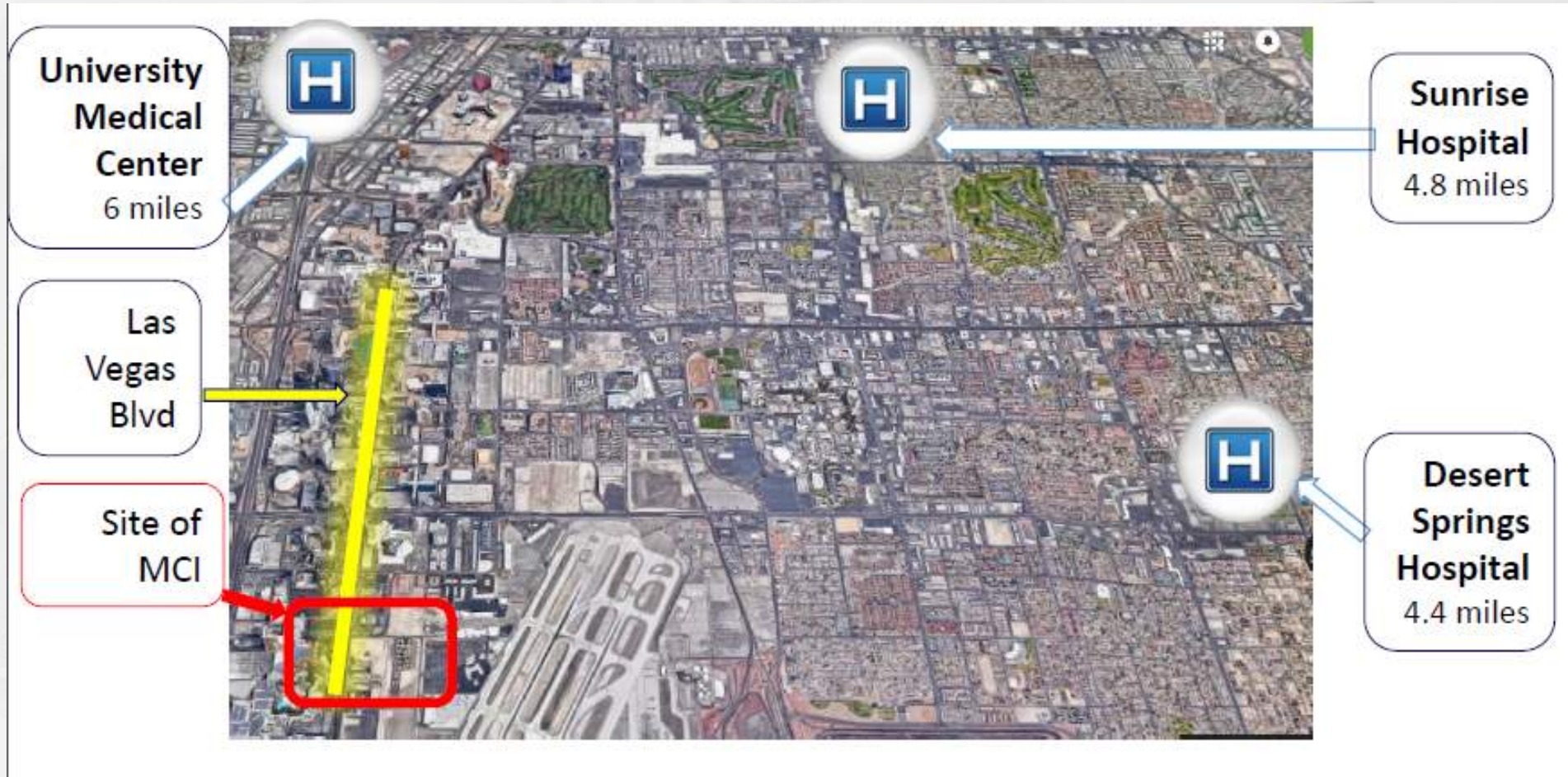
Observations – Sunrise Hospital

- Each ICU established a triage team to reassess the patients arriving to their unit and prioritize for surgery
- Surgeons and Residents directed to perform “damage control surgery” only
- Two or three patients per ICU room

Observations – Sunrise Hospital

- 80+ surgeries performed in first 24 hours
- Phone systems were inoperable for a couple hours
- SWAT team deployed to hospital entrance
- Contract security service brought in for exterior patrols
- Handwritten notes on tape affixed to patient's chest
- Converted Endoscopy Suite to temporary morgue

University Medical Center



Observations – University Medical Center (UMC)

- Freestanding trauma hospital; 11 ED bays with attached trauma ICUs
- Treated 104 victims, 83 initially and 21 transferred in
- Staged all available stretchers and wheelchairs
- All charting done on paper
- Used “Sharpies on the forehead” for triage
- 40-50 unidentified patients. Used the alphabet for aliases but ran out; needed to duplicate

Observations – General

- Truly a no-notice event for hospitals
- Victims went to closest hospitals, regardless of capabilities (Google, Siri)
- Over 600 patients in total; fewer than 25% were transported by EMS
- Private vehicles, mass transit, and ride-sharing played a significant role in victim transport
- Each hospital had law enforcement perimeter

Observations - General

- Very active healthcare coalition and MACC
- Alias nomenclature was a problem
- All hospitals struggled with families and visitors and utilized Family Assistance Centers (FAC)
- Centralized FAC established by multiple agencies
- Some patients difficult to identify
- Casualty figures difficult to provide and proved confusing

Observations - General

- Crime victim advocates, Trauma Intervention Program, VA Outreach very helpful
- Could not overstate the importance of disaster mental health services
- Some medical and pharmaceutical supplies were challenged
- Emphasized value of tactical emergency and military care
- Donation management was significant



**Mass Fatality Incident
Schoharie, NY
October, 2018**

Incident Overview

- On Saturday, October 6th at 2:00 p.m. in the Town of Schoharie (~40 miles west of Albany), an extended Ford Excursion limousine crashed into two parked cars, into a ravine, and finally into some trees
- There were 17 passengers plus the driver in the limo

Incident Overview

- One passenger transported to Albany Medical Center via LifeNet helicopter with massive traumatic injuries
- That patient expired later in the evening
- The remaining 16 passengers, the driver, and 2 pedestrians who were struck in the parking lot were all declared deceased on scene

Incident Overview

- Early that evening, Schoharie County Emergency Management requested a refrigerated tractor-trailer to transport the 19 bodies to Albany Med for autopsies
- NYS OEM regional rep on-scene used the State request process to secure the tractor-trailer from NYS DOH

Incident Overview

- NYSOEM contacted NYSDOH OHEP director who approved the truck
- Driver was established and OHEP Logistics team prepared truck for the mission
- Truck arrived in Schoharie at approximately 9:30 p.m. and bodies were placed in the trailer and transported to Albany Med



Incident Overview

- Truck arrived at Albany Med at approximately 4:30 a.m. on Sunday
- Bodies were transferred to the Albany Med morgue; required use of the storage racks from the trailer

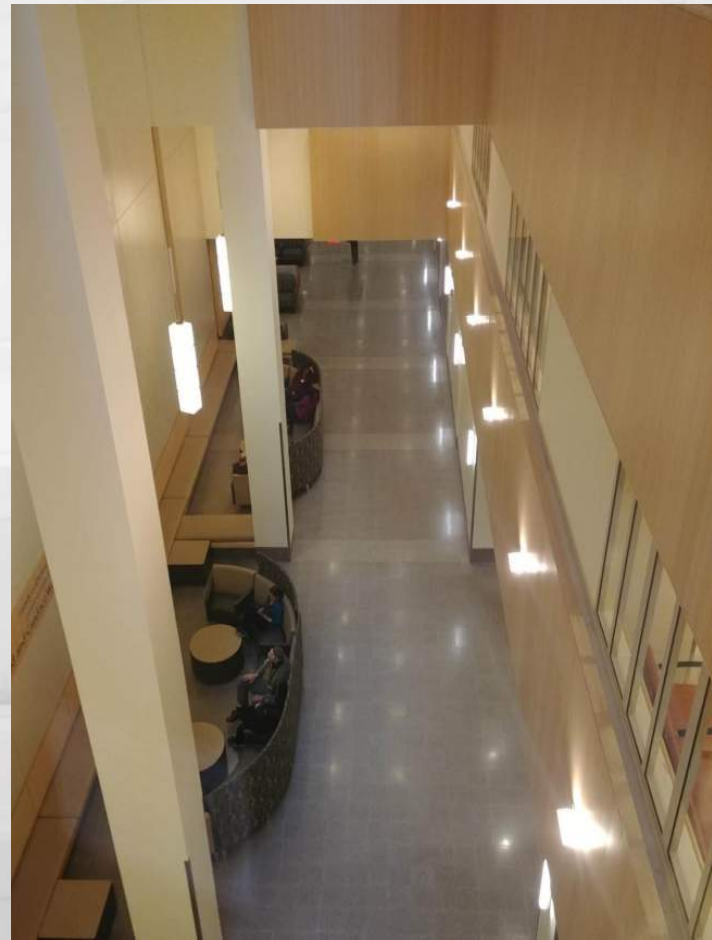


Albany Med's Involvement

- NYSP Emergency Manager on-scene contacted Albany Med Emergency Manager; left a message regarding the potential need for “grief counselling services”
- NYSP called again to provide details including the number of fatalities and the impending arrival of families

Albany Med Activation

- Albany Med Administrator-on-Call contacted; decision made to activate incident command and the EOC
- Plans put in place to establish Family Assistance Center (FAC)
- Large atrium entrance chosen due to capacity, location, and ease of access



Albany Med Activation

- Provided significant support to morgue staff
- Albany Med PIO coordinated activities with NYSP PIO
- Demobilized approximately 4 hours later
- Established FAC again on Monday for anticipated arrival of families to assist NYSP with identification.
None arrived

Observations and Lessons-Learned

- Late and minimal notification to Albany Med (external and internal)
- Significant issues with initiation of internal emergency notification
- Existing FAC plan would have been challenging to maintain, had the original number of families actually arrived

What We Learned

- No-Notice events will challenge even the best-prepared hospital or response system
- Self-arrivals WILL occur. Are we ready?
- Organizational response is required. Not just an ED problem
- Even “small” events can create huge challenges
- Take care of your staff
- Plan, train, drill....then drill some more!

Questions?

