

WARM ZONE CARE - Lessons Learned From Large-Scale Active Shooter Training Prior to the Stem School Shooting

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BACKGROUND: Denver SMFR coordinated a series of hyper-realistic active shooter simulation drills involving multiple agencies with 910 participants, "Operation Next 9 Minutes" was one of the largest active shooter drills performed to date. Lessons learned were used to save lives at the Colorado Stem Shooting.



METHODS: 910 including dispatchers, law enforcement, firefighters, paramedics, emergency departments and operating room staff trained in 18 events at 3 churches and schools. The active shooter drill was then initiated at the point of injury with 7 injured simulated patients all wearing a "CUT-Suit". Evaluators were present at all stages, from initial extraction and triage to transport to definitive care in the Operating Room, thus giving a evaluation of real time and system logistics. **A weekly total of 112 patients received a total of 480 procedures such as needle decompressions; cricothyrotomies, tourniquets, wound packs, and chest tubes were performed.**



RESULTS: Central to this exercise, law enforcement established a "WARM ZONE" from the initial shooting. As a result of this designation, EMS was able to move into the facility, locate casualties, **extract the first victim within five minutes and move them to a casualty collection point and transported to safety within seven minutes.** This is the first known training of civilian first responders in the warm zone. **Six months later "The Real" event happened at Stem School (9 victims) one mile away. There the first care was give at 2 minutes and all significant injuries were out by 16 minutes.** *By comparison it was 47 minutes before the first fireman entered Columbine in 1999.*



DISCUSSION: Strengths and weaknesses were identified among the participating groups, both pre-hospital and in-hospital care (Think Logistics). These include **what roles agencies play if a true event and specific timing in establishing areas such as the warm zone itself, casualty collection point, transportation and everything at the accepting hospitals themselves.** Only after the barriers to success were identified and addressed did the timing of casualty movement drastically improve. This in-situ immersion training should be practiced as a whole system.



