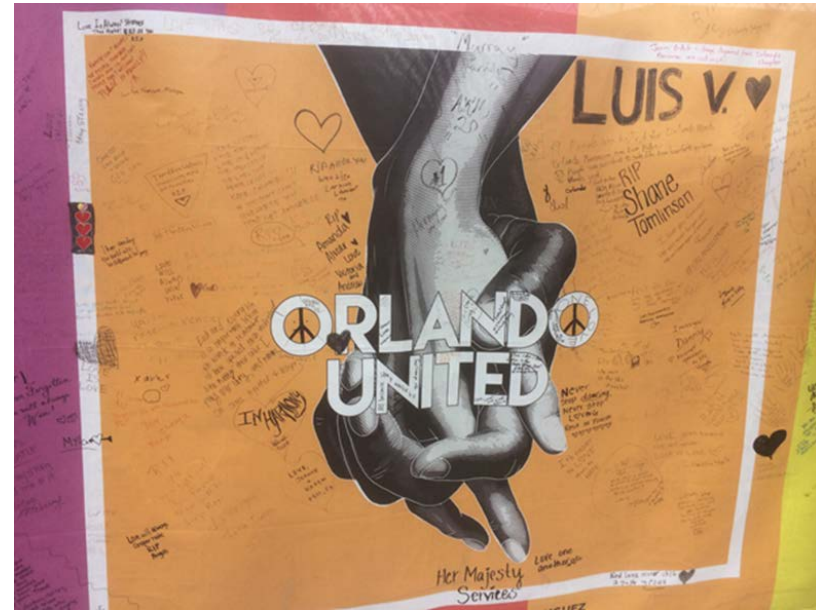


Pulse Night Club Mass Fatality Response

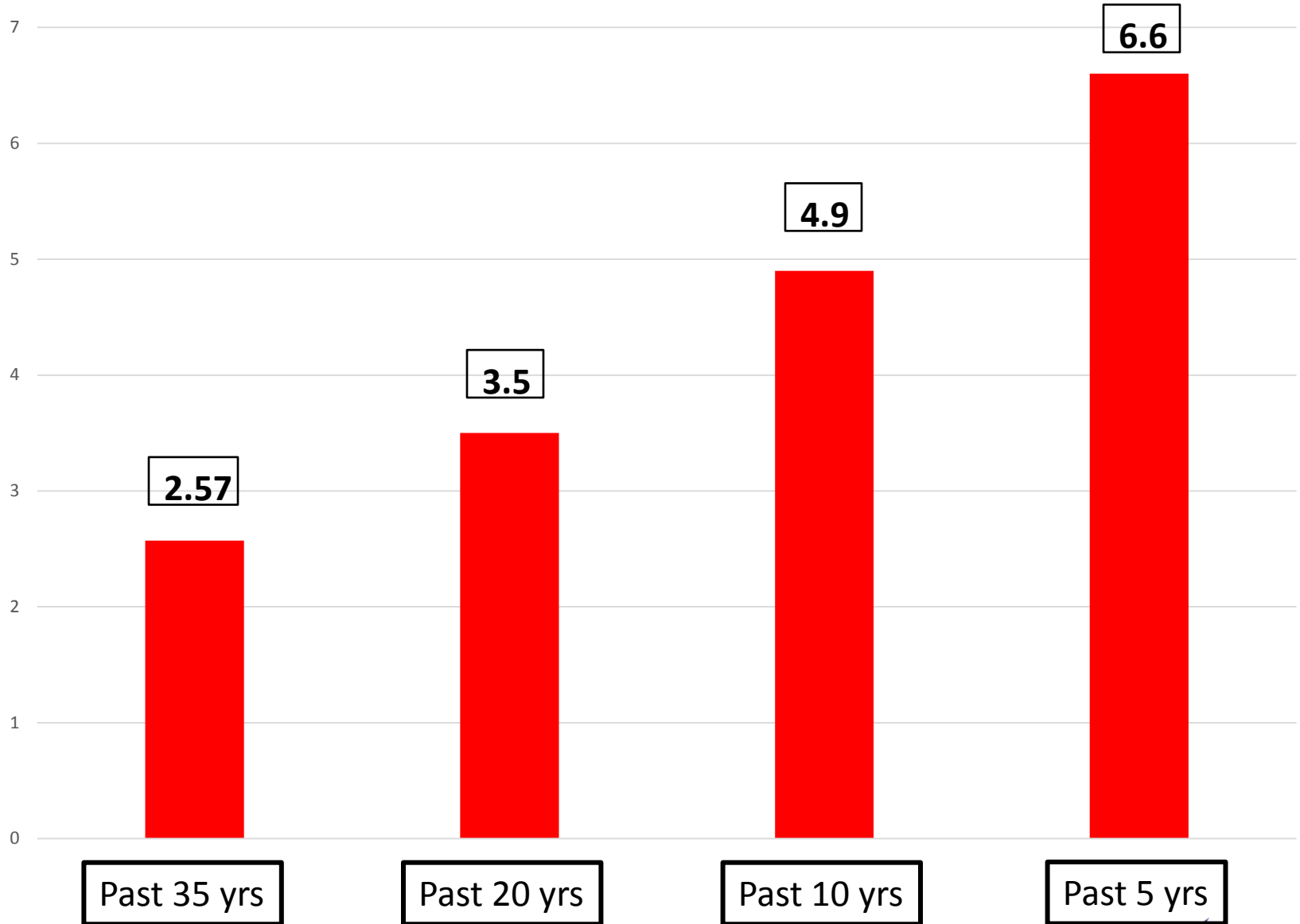


OBJECTIVES

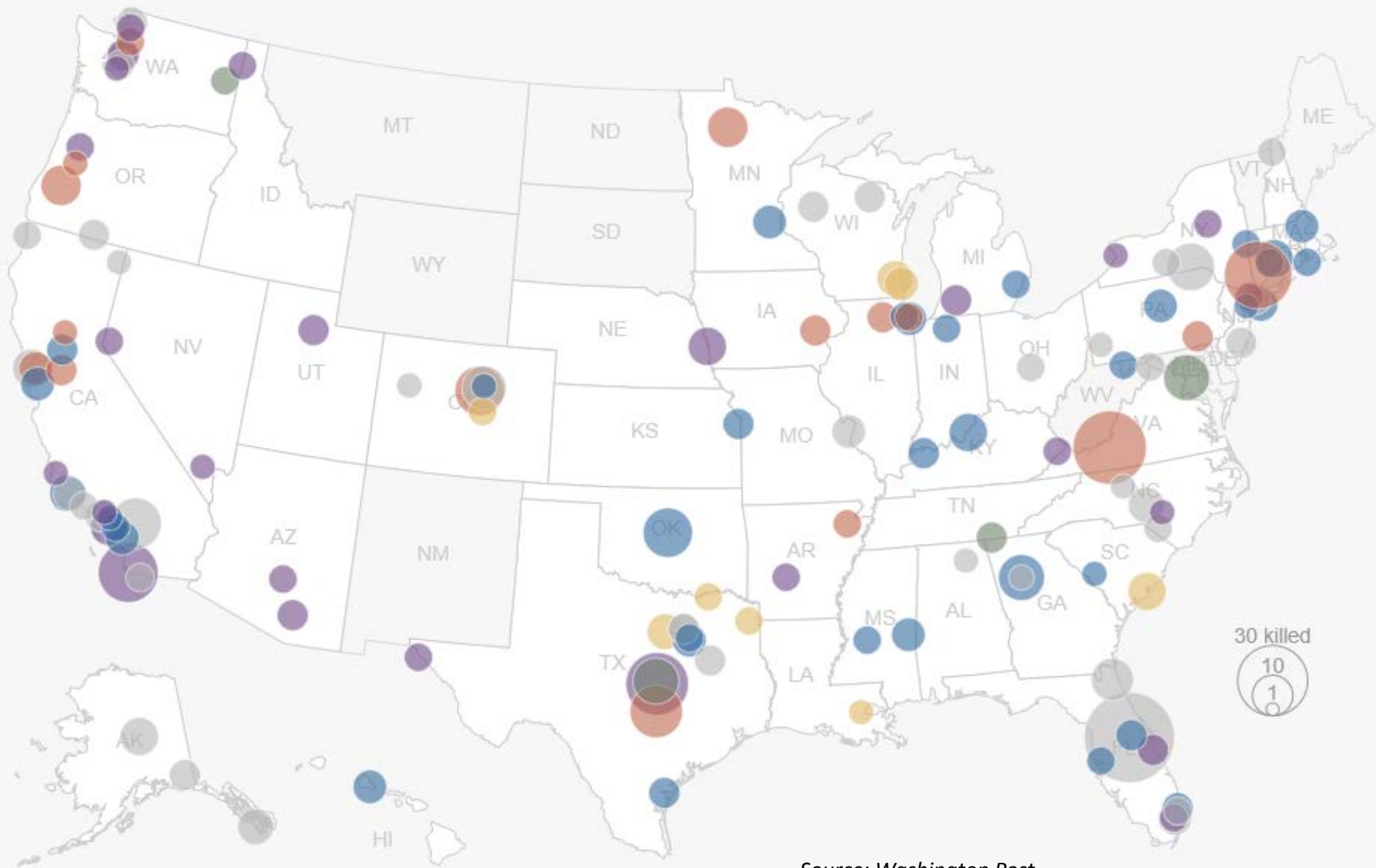
- Background
- Overview of the area and the incident
- On-scene response
- Hospital response
- Fatality management response
- Interagency coordination
- Key lessons



Average mass shooting incidents per year in the U.S.

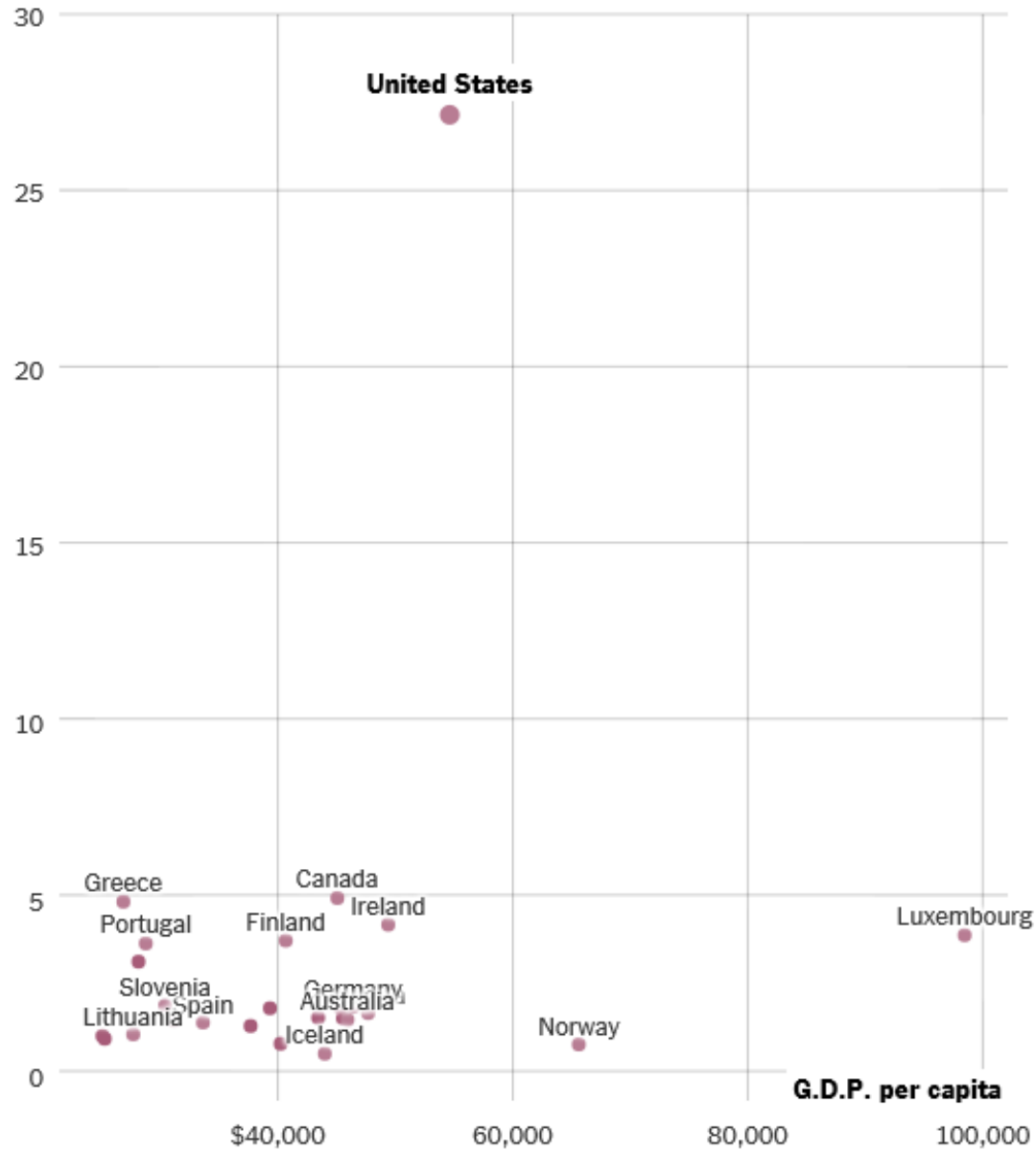


Source: MotherJones.com



Source: Washington Post

Gun homicides per day if each country had the same population as the U.S.

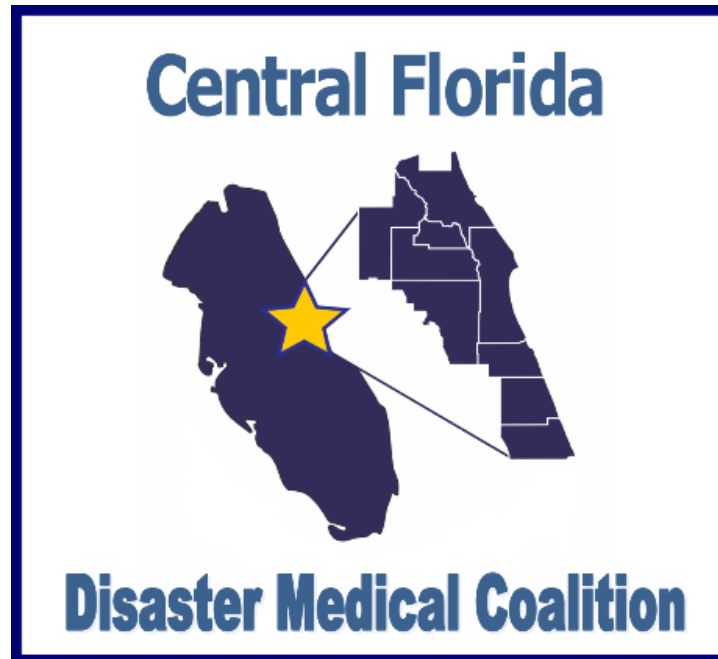


Source: NYTimes

Shown are Western countries that have G.D.P. per capita over \$25,000 and that make statistics on gun homicides available.

Central Florida Region

- 9 counties, including Orlando
- 3.9 million people
- High vulnerability to hurricanes, wildfires, severe weather
- One Medical Examiner District (limited capacity outside Orlando)
- Centralized Health Department (State Level)
- Multiple funding sources for preparedness

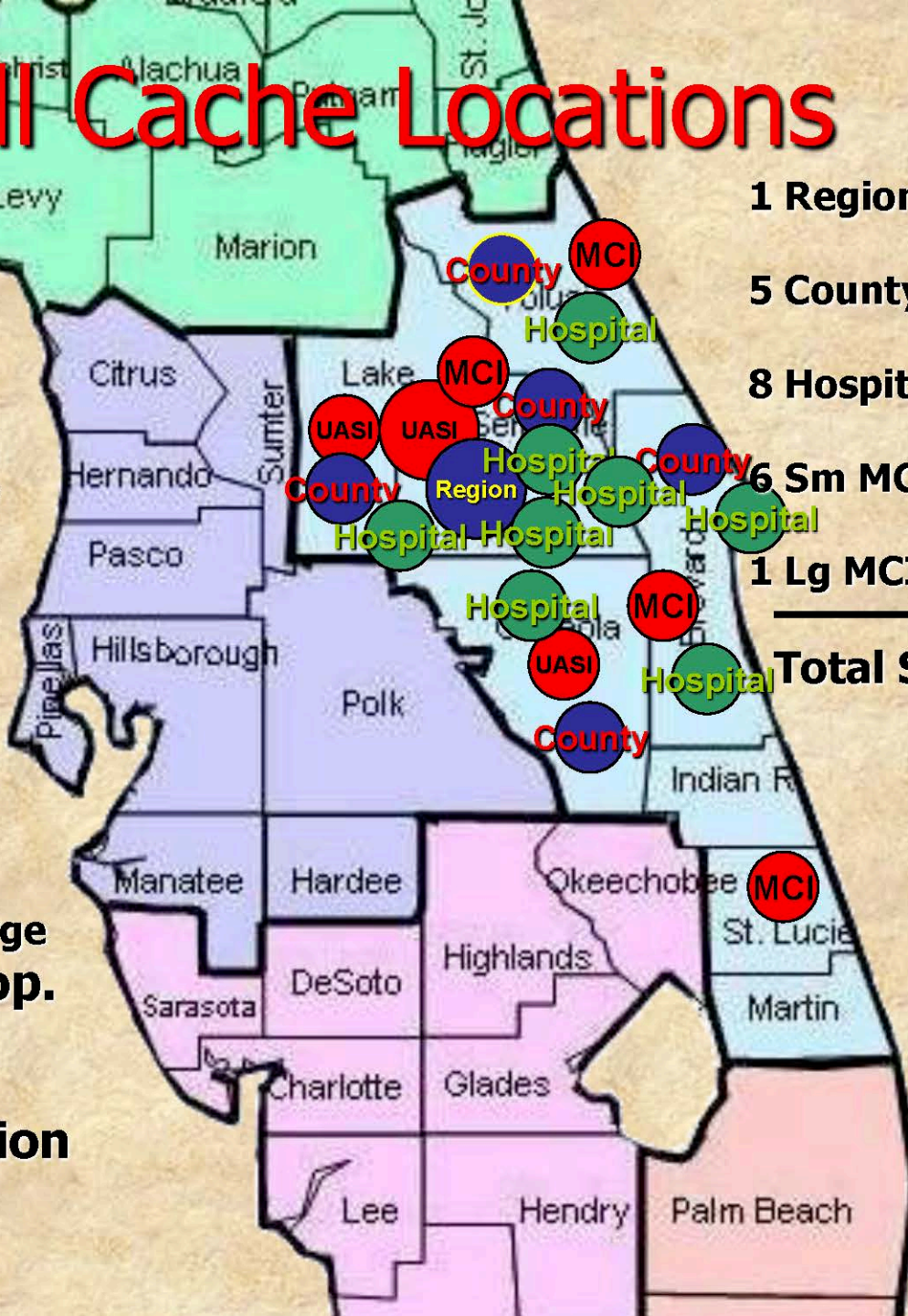


All Cache Locations

Region 5 Medical Surge Strategy

Required Capacity Surge
500 Pt / Million Pop.

Regional Population
≈ 3 million population
1500 Pts.



- 1 Regional Cache – 500 pt
- 5 County Caches – 100 pt
- 8 Hospital Caches – 100 pt
- 6 Sm MCI Caches – 100 pt
- 1 Lg MCI Cache – 250 pt

- Total Surge – 2,650 pt**



State
Medical
Response
Team

SMRT 5



State Medical Response Team Set-up



Central Florida Region



Orlando Regional Medical Center

doc: sebastianhr.com

Only Level 1 Trauma Center in Central Florida

Part of a five-hospital system - two of which are across the street

Easy access to supplies and additional staff

Pulse Night Club Incident

Incident began at 2:00 A.M. on June 12, 2016

200+ patrons inside; quickly became a hostage situation

5:00 A.M. SWAT stormed the club, killed shooter, rescued survivors



On-Scene Response

Health and medical incident with two phases

Most public health incident response was managed from the scene

Extremely complex:

- Hospital notification
- Patient routing decisions
- Mass fatality coordination
- Family Reunification Center
- State DOH coordination, including requests for resources
- Behavioral health response
- Responder rehab, and the logistics supplies to support this
- Managing federal involvement



ABCNews.com

Healthcare Response

Proximity of Level 1 Trauma Center to the scene

- benefit for EMS, difficulty for the hospital

Hospital did not have an effective staff notification system

- late hour of the incident posed notification challenges

Slow night, beds available, lots of staff already there

- no medical surge needed within the hospital
- no transport to other facilities needed



Healthcare Response

No patient tracking system existed

- not useful from the scene
- could help track between facilities



ABCNews.com

Difficulty sharing patient data

- took longer to ID patients than fatalities

Hospital became initial family reunification center

- established in small conference room
- quickly overwhelmed – jeopardized hospital functions
- needed an off-site center for families

Fatality Response

Medical Examiner: completed all autopsies and ID within 24 hours

- Rapidly reunified families with loved ones
- Used fingerprints, personal effects, other characteristics – did not use DNA for ID
- FBI took jurisdiction of personal effects (huge benefit to locals)

Scene location was very close to morgue – greatly reduced response time

Brought in therapists, therapy dogs for their own staff

Fatality Response

State Mortuary Team Deployed (FEMORS)

- Governor declared a state of emergency to address costs (prohibitively expensive)
- Staffed by local MEOs, funeral home directors (temp state workers)
- Team co-located with Orlando MEO, integrated into the local structure (had immediate impact)
- Great attitude of team members



Fatality Response

Family Reunification - The biggest challenge during response

- No local or state plan in place
- No prior experience for local responders
- No prior agreement that this function falls to ESF 8 during disasters
- The Reunification center was moved 5 times
- Positive attitudes helped greatly, especially when different ideas arose on how to run the facility



Interagency Coordination

Trust between local agencies was extremely high

- Rapid access to resources
- Innovative solutions in the moment
- Face-to-face coordination on-scene

Examples:

- MEO sits on the Board of the regional HCC
- Two full scale drills annually – 4 counties, 15 hospitals
- Transport 600+ patients
- Exercise design is a multi-regional team effort



ABCNews.com

Interagency Coordination

Working with federal responders was challenging

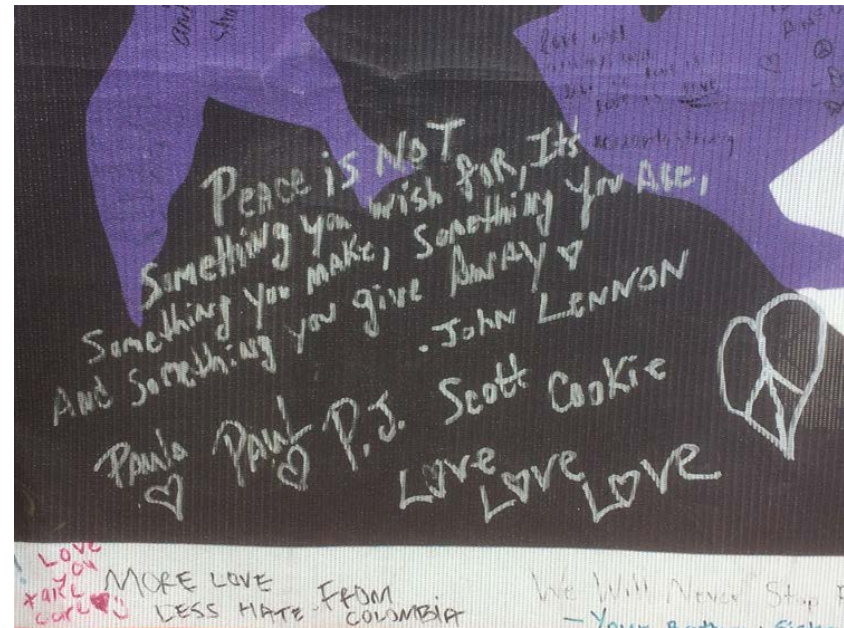
- Limited coordination between FBI and MEO in addressing families of victims
- Local ESF 8 lead was expected to provide respite care, tents, logistical support to federal responders on-scene
- Managing dignitary visits during recovery was a challenge



Newsday.com

Key Lessons

1. Trust
2. Prepare to jettison your assumptions
3. Some burdens are too heavy
 - Family Reception Center too difficult for locals - should be a state capability
4. “A smooth sea never made a skilled sailor”
 - Realistic, challenging, expensive drills



Key Lessons

5. Embrace unexpected partners
 - Orlando Shakespearean Theater

6. Luck vs. foresight
 - Proximity, slow night in the hospital, several facilities co-located
 - Building new morgue, planning and drilling together, investing in large-scale disaster resources

7. Community recovery is long term, organic



Questions?

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