



CONCERT ATTENDEE
FIRST RESPONDER/SURVIVOR

In
memory
of the
"58"
who lost
their
lives



HISTORY OF BLOODSHED



Disclosure(s)

- None

Objectives

- Nursing/EMS Background
 - Stop the bleed class
 - Active shooter class
- Stress Response
- First Responder
- CISM — Counseling — EMDR—PTSD
- Lessons Learned

Professional Background

- Nursing/EMS/Current Position
- Stop the bleed class
- Active shooter class
- Sons Trauma Story

Kolter

- High School Graduate
- Swear in with Army
- Waiting to go to boot camp
- Motor Vehicle Crash
- No Seat Belt Ejected
- T12 Paraplegic



Moving Forward



Active Shooter Training

#vegasstrong



Active Shooter Class

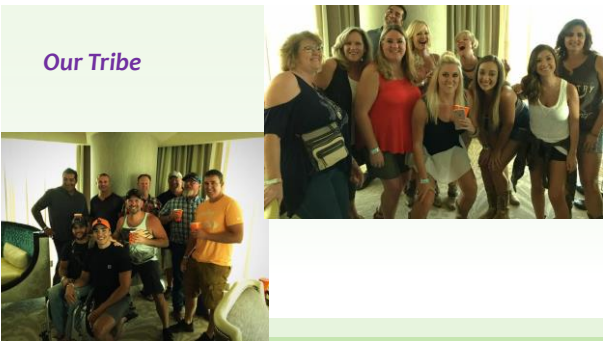
- Recognize a shooting situation
- Class elicits a rapid heart rate and real life experience
- Learn Run—Hide—Fight
- Learn who you are in a stressful situation
- What I learned about me and used in this situation



Day 3 of Concert

- 22000 people attended
- 32nd floor of Mandalay Bay Hotel overlooking venue
- 58 people die
- >500 injuries
- Group of 20 from Missoula and California
- Including my husband and son

Our Tribe



Family





Under VIP Tent During the shooting



Stress Response During the Event—VIP tent/Exit

- **Most people in denial**—friends walked toward shooting
- **Recognize Automatic Gunfire**—act
- **Heightened auditory acuity**—argue with son about bullets coming through overhead tarp
- **Tunnel vision**—active shooter training
- **Time distort Slow Motion**—Loss of time

Escape Route



Phone call "They are all dead!"

- Stopped first time—Feeling some-what safe
- Hiding between 2 cars
- US Marshall called wife
- Crying and argued with son and friend—people running by us yelling that the shooter was advancing towards us
- Pull self together and run again

Concert Goes Carried Victims off Site

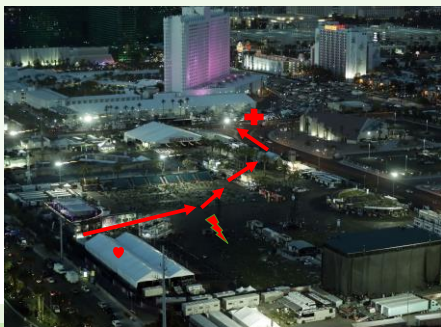


Decision to return to venue

- Encounter first victim female
- Argue with son—left him with friend
- Daughter called begged us to not go back
- Not a conscious decision but **"reaction"** to return to venue
- We (husband also RN) return
- Triage area with ambulance set up in parking lot behind Tropicana



Shooters View and Triage Area



Triage Patients

- Comfort Zone
- How triage works—Our contribution
- Multiple shooters reported
- Transport patients inside

Lock Down Tropicana Conference Room

- **“Shell Shocked”** (Origin World War I: with reference to exposure to shellfire)
- Reports of multiple shooters reported from other hotels
- Phone call that Son got separated from friend he was all alone on the streets lost his cell phone
- Cell service interrupted
- Chills—Extreme thirst
- Shock symptoms

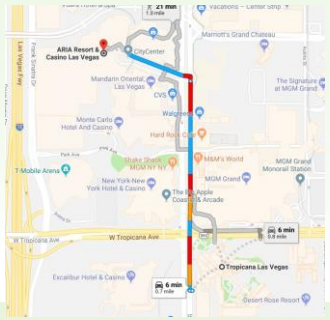
Acute Stress Response—Conference Room

- Nausea/headaches
- Hyper arousal
- Chills
- Cloudy brain
- Numb
- Crying
- Fear for safety
- Extreme thirst



Aria

- Released from Tropicana at 0330
- 21 min walk from Tropicana to Aria
- Strange quiet streets
- Able to talk to family
- Son lock down Luxor alone until 0600



Aria

- Watching news first time
- Hearing the shooting was **"overwhelming"**
- Some slept
- Some sat and cried
- Very emotional reunion with friends/son



Return to Four Seasons—Mandalay Bay

- Shooter in our hotel
- Could not leave soon enough
- Returned to our room packed and headed to airport approx 0800



View from airplane window

- Leaving morning after
- Concert goers had void blank look stairs on faces
- Numb during flight back





- News reporters present upon landing—questing us
- Held debrief following day at our house (**Best Action**)
- All our friends came with their families
- Remember not only concert goers affected



- 7-phase
- Small Group
- Supportive Crisis Intervention Process
- 3 Objectives
 - 1) Mitigation of the impact of a traumatic incident
 - 2) Facilitation of the normal recovery processes and a restoration of adaptive functions in psychologically healthy people who are distressed by an unusually disturbing event
 - 3) Screening opportunity to identify group members who might benefit from additional support services or a referral for professional care
- Timing typically 24-72 hours after incident

www.info.trauma.org, Jeffrey T Mitchell, Ph.D. Critical Incident Stress Debriefing (CISD)

Acute Stress Response for Weeks Following

- Nausea/headaches
- All over muscle fatigue
- Problems with concentration/Cloudy brain
- Loss of appetite
- Insomnia
- Isolation
- Crying
- Survivor guilt
- Fear for safety
- Irritable

Acute Stress Response → Consider

- Was I Broken? → NOT yet PTSD (long term diagnosis after 6 mo)
- How to respond; Debrief, talk, exercise, sleep/eat
- Avoid alcohol/drugs
- Counseling (EMDR)
- Keep in mind the very real affect that crisis events have on responders
- Empower responders to understand and process what is ultimately "**a normal response to an abnormal event**"
- Advocate for resources/understanding for those that need support after a crisis event

EMDR—Eye Movement Desensitization and Reprocessing

- Psychotherapy treatment originally designed to **alleviate and distress associated with traumatic memories**
- Affective distress is relieved, **negative beliefs are reformulated** and **new associations** are thought to result in complete information processing
- Focus on emotionally disturbing material in brief sequential doses while simultaneously focusing on an external stimulus
- **Use external stimulus or a variety of other stimuli including hand-tapping** and audio stimulation are often used

(Shapiro, 1989a, 1989b). Shapiro's (2001) www.emdr.com

EMDR—Three pronged protocol:

- 1) **past events that have laid the groundwork** for dysfunction are processed, forging new associative links with adaptive information
- 2) **Current circumstances that elicit distress are targeted**, and internal and external **triggers are desensitized**
- 3) **Image templates of future events** are incorporated, to assist the client in acquiring the skills needed for adaptive functioning

Return to Vegas Healing Garden



Walking Venue

Return to back of Tropicana



Lessons Learned

- Seek out the medic tent when arriving at any event
- Know **all** your possible exits
- Be aware of your surroundings
- Teach others “Stop the Bleed”
- Encourage “Active Resistance Training”
- CISM and encourage first responders to seek help

Active shooter training lessons learned

- Understand Cover and Concealment
- Consider moving when there is a lull in the shooting (reload)
- **Communicate** with law enforcement and EMS to get a picture of the magnitude of the situation
- Early recognition gun fire with early decision to act
- Run—Hide—Fight
- Shootings usually lasts on average 3-5 min

Be Prepared as a first responder:

- Gloves
- Flashlight
- Tourniquet
- Quick clot gauze
- Have cell phone charged and on you

Movement means life, life means survival, survival means to keep moving forward. If you want to succeed and survive then keep moving forward and don't let anything stop you...
-KRB T12 Paraplegic



Son Showing His Resilience

- Attended "Active Shooter" class *(now an instructor)*
- Attended "Stop the Bleed" class *(now a trainer)*
- Attended EMT training *(Emergency Medical Technician)*
- Future Plans to attend TCCC *(Tactical Combat Casualty Care)*
- Currently a local business owner

Road to Resilience

- Teach Stop the Bleed training;
 - Teachers
 - Businesses
 - Airport security
 - University police and security
 - Public education
- Hospital Mass Casualty Drill with the military Vigilant Guard;
 - Surge of 40 patients self presented
 - August HERT Hospital Emergency Response Training
- Sharing our story—educating

Resources in your area:

- CISM
- Trauma specific counselors
- Active Resistance Training
- Stop the Bleed—Train the Trainer Class
- Community mass casualty drill

Empower Others

This educational program is the product of a cooperative effort by:



The Hartford Consensus



The American College of Surgeons Committee on Trauma



The Committee on Tactical Combat Casualty Care



The National Association of Emergency Medical Technicians

BLEEDINGCONTROL.ORG

