



# Northwest Fire/Rescue District TRAINING DIVISION



*“The Mission of NWF D Training is to keep firefighters safe, train for mastery, and serve our customers.”*

---

## Incident Overview & Lesson Learned January 8 2011

### Incident:

- 2<sup>nd</sup> Alarm Medical on January 8<sup>th</sup>, 2011 @ 10:10 am
- 7110 North Oracle Road, Safeway
- Incident # 11-0000507

### Incident Overview

On January 8<sup>th</sup>, 2011 @ 10:00 am, Congresswoman Gabrielle Giffords was hosting a “Congress on Your Corner” event at Safeway supermarket, 7110 North Oracle Road. The event started at 10:00 am. Several members of the community were present and in line to meet their Congresswoman. Shortly after starting, a single, armed-gunman entered the crowd and began firing directly at the Congresswoman and bystanders with a semi-automatic handgun and 32-round magazine. After the gunman emptied the magazine, his handgun jammed as he was reloading a second magazine. Bystanders were able to tackle the suspect at this time, but not before 19 people were shot. Six of those shot died from their wounds. Congresswoman Giffords is believed to have been the main target and she is recovering from her wounds.

Several agencies responded to the incident, including: Pima County Sheriff’s Office, Northwest Fire District, Oro Valley Police Department, Golder Ranch Fire District, Rural Metro Fire Department, Southwest Ambulance, Air Methods, Air Evac, Lifeline, Tucson Fire Department, Department of Public Safety, Marana Police Department. Patients were transported to University Medical Center, Northwest Hospital, St. Joe’s Hospital, and St. Mary’s Hospital. Also included in the incident were the FBI, ATF, U.S. Marshall’s, and Pima County Office of Emergency Management.

Following the event, several high profile dignitaries, including the President of the United States, were in Southern Arizona to support affected families, the community, and attend memorial events. Each of these events required further involvement by the public safety community.

When suspect custody, scene security, patient treatment, patient transport, and patient outcomes are considered, this tragic incident was very successful in terms of incident



# Northwest Fire/Rescue District TRAINING DIVISION



*“The Mission of NWFD Training is to keep firefighters safe, train for mastery, and serve our customers.”*

---

## Incident Overview & Lesson Learned January 8 2011

management and mitigation. Considering the magnitude of the event and the number of agencies that interacted on the scene, it is appropriate that we acknowledge the success of the emergency response system in Southern Arizona and attempt to capture those lessons learned and share them with a broader audience.

### Basic Patient Treatment Timeline

- 10:00- Congress on Your Corner begins
- 10:10- PCSO Dispatch receives first 9-1-1 call
- 10:11- PCSO officers dispatched
- 10:12- Call arrives to Tucson City Communications via PSCO dispatch
- 10:14:48- 1<sup>st</sup> Alarm Medical dispatched: BC331, E330, E331, E377, RT330, EC331
- 10:14:52- Deputy Audetat first PCSO unit on scene. Takes suspect into custody.
- 10:19- 1<sup>st</sup> NWFD Fire unit on scene, staged waiting to be cleared by PCSO.
- 10:20- Sgt. Leonardi confirms shooter is in custody over the radio.
- 10:22- Fire units move into the scene
- 10:26- Second Alarm Medical requested
- 10:35- patient loading begins
- 10:41- first Immediate patient transported
- 10:58- all Immediate patients transported
- 11:04- last Minor patient transported.



# Northwest Fire/Rescue District TRAINING DIVISION



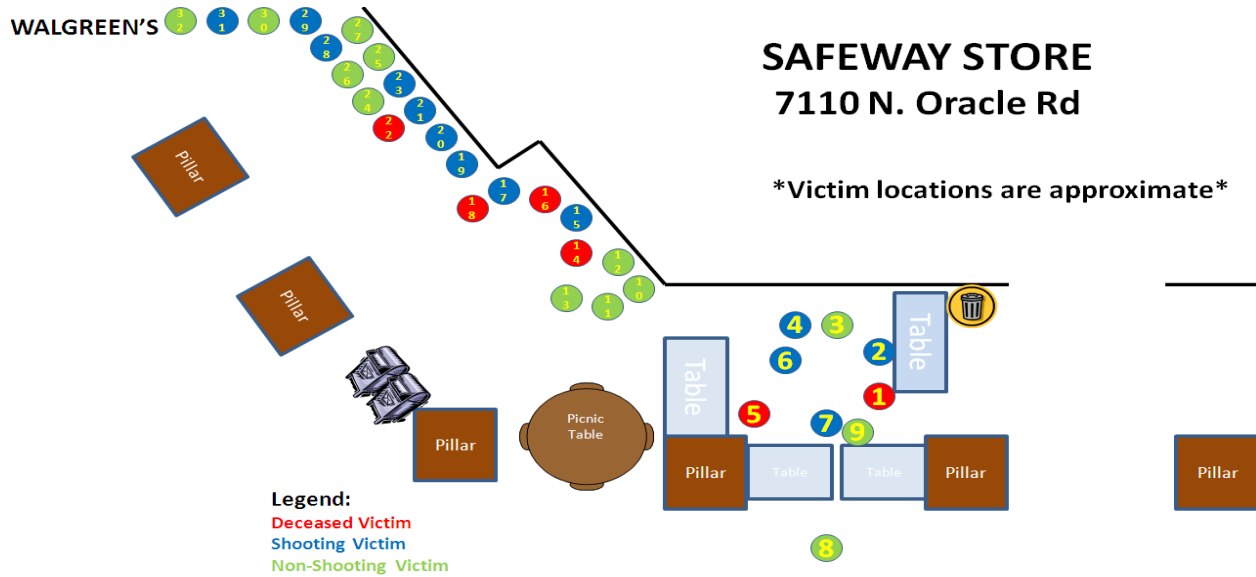
*"The Mission of NWFD Training is to keep firefighters safe, train for mastery, and serve our customers."*

## Incident Overview & Lesson Learned January 8 2011

Incident Map (top of map is North)



Patients (lined up in front of Safeway to meet Congresswoman)





# Northwest Fire/Rescue District TRAINING DIVISION



*“The Mission of NWFD Training is to keep firefighters safe, train for mastery, and serve our customers.”*

---

## Incident Overview & Lesson Learned January 8 2011

### Critical Incident Factors

- Multiple patients
  - Patient transport times
  - Quick Clot
- High profile and young patients
- Security- crime scene
- Resources
- Coordination- interoperability- Command
- Media
- Debriefing- Recovery

### Action Plan

- PSCO- secure the suspect, identify secondary suspects, patient treatment (Quick Clot), secure the perimeter, manage crime scene, continue to provide public safety for community.
- NWFD- rapidly triage, treat, and transport patients to definitive care and maintain coverage in the fire district.

### Challenges Encountered

- Media
- EMS Equipment Retrieval from FBI
- Automatic Aid- system
- Getting back to normal



# Northwest Fire/Rescue District TRAINING DIVISION



*“The Mission of NWF D Training is to keep firefighters safe, train for mastery, and serve our customers.”*

---

## Incident Overview & Lesson Learned January 8 2011

### Incident Command & Group Officers- Lessons Learned

- Through training exercises, companies knew that “treatment” would require a large commitment of personnel and resources and were stocking extra supplies into turnouts and equipment bags while in staging waiting for PD to secure the scene.
- Companies used crew resources management principles to gather information, formulate plans and discuss triage and treatment while responding and in staging.
- All units donned and dressed in appropriate PPE prior to entering treatment area. Therefore there was no reflex time to complete these actions in the treatment area.
- An engine that was not initially dispatched to the call returned to quarters and stocked up on extra EMS supplies, and then repositioned their engine into a “dead” spot within the District.
- Helicopters were placed on standby early in the process. Helicopter EMS flight crews were requested to stay with their aircraft and patients were brought to the air transports and hot-loaded. This saved time and limited more personnel from filling the treatment area than were necessary.
- The incident commander quickly established a basic command structure at the onset of the incident- Medical, Triage, Treatment, Transportation, LZ, and Safety- to match the speed and complexity of the incident.
- Efforts were made to control the media quickly and aggressively. Prior relationships with Westward Look were used to move all media into one location away from the incident.
- Through training and SOP, a division chief assumed the role of “support officer” for the incident commander, helping with incident accountability, communication, and safety.
- Triage Group immediately “cleared” the Minor patients and moved them to a location away from Immediate and Delayed patients. Aggressive efforts were made to separate out the emotionally wounded and Minor patients from Immediate and Delayed patients and move them to a common area away from seriously injured patients.
- Because multiple resources were in staging waiting for PD to clear the scene, the decision to bypass START triage tags was made. Incoming crews were directed to patients based on severity of injury. Head and Chest wounds were Immediate. Extremity wounds without profuse bleeding were Minor.



# Northwest Fire/Rescue District TRAINING DIVISION



*“The Mission of NWF D Training is to keep firefighters safe, train for mastery, and serve our customers.”*

---

## Incident Overview & Lesson Learned January 8 2011

- A formal treatment area was not established, as the decision was made to use the existing location of patients- inside the entry to Safeway- as the treatment area. In essence, the treatment area was already established and there was no need to move patients.
- Initial responders were met frequently by emotionally wounded patients and these patients were directed to the Minor treatment area or were ignored. Weeding out the truly injured from the non-injured was difficult early in the incident.
- Requests for irrelevant tasks by those outside of the incident management structure were ignored.
- Triage was not a onetime event but on-going. Crews described patients in circles- the inner circle of seriously wounded patients (Immediate, Delayed, and Dead), the circle of Minor patients, and then the outer circle of emotionally wounded.
- A request for a second alarm medical was made early in the incident and this facilitated having the appropriate amount of resources on scene to mitigate the emergency.
- Consideration must be given to secondary shooters and devices. Crews worked under cover of several police officers and felt safe in doing so.
- Many of the crews that worked on this scene attributed rapid transport and hospital arrival times to a fundamental truth: patients will do best with definitive care. Early decisions were made to transport patients to definitive care facilities as rapidly as possible and not stay on scene longer than necessary.
- A shift battalion chief was forward deployed and assumed Medical Group (Triage, Treatment, and Transportation). The decision to forward deploy an experienced officer into the warm zone was helpful in managing the incident.
- Much of the communication between Medical, Triage, Treatment, and Transportation was done face-to-face. This face-to-face communication was critical to incident success.
- Decisions were made not to use Northwest Fire District Rescue Companies (two-person ALS, transport capable units) because we did not want to lose rescuers from the scene. At the time, it was more critical to have personnel working on patients, with the understanding that there were other options for transport.
- Several requests by Medical Group to Incident Command and Incident Command to Fire Alarm were made to ensure an appropriate number of transports were on scene or enroute.



# Northwest Fire/Rescue District TRAINING DIVISION



*"The Mission of NWF D Training is to keep firefighters safe, train for mastery, and serve our customers."*

---

## Incident Overview & Lesson Learned January 8 2011

- The IC assumed a stationary, fixed-command location in his vehicle and this decision allowed the opportunity to command the incident in the best manner possible. The IC was not distracted by the emotionally wounded, media, and others. The Support Officer was able to assist with deflecting comments and questions of those walking up to the command vehicle.
- As senior staff officers began to arrive on the incident, they were given assignments to assist with incident management. It was learned that a better method of tracking and accounting for when senior staff arrives on scene needs to be developed and how they "check in" needs to be considered.
- The use of a tactical worksheet by the incident commander was critical to maintaining accountability of crews and patient management.
- The decision to not use START triage did create patient tracking and accountability challenges later in the incident. Regardless of triage, basic patient information must be recorded and logged by Treatment and Transportation Groups. This includes Minor patients.
- Adequate staffing- four person engines and two person rescues- did play a role in the favorable mitigation of the incident. All hands were working to treat patients or facilitate their treatment.
- For those persons who have already been pronounced deceased by PD, a quick patient information card should be completed to gather patient information for documentation purposes.
- After all patients were transported, humor was used to defuse the tension and it was beneficial. Appropriate humor with the right audience (remember public perception and that you are being watched) may be appropriate.
- Consider an alternative to START triage.
- Keep better patient documentation. Create forms that are user-friendly for quick moving incidents.
- Consider dispatching a Type III Incident Management Team (IMT) early in the incident.
- Decisions were made to not say any public figure's names over the radio. This was important.
- Call off-duty battalion chiefs in to duty to begin dealing with the issues that arise, such as



# Northwest Fire/Rescue District TRAINING DIVISION



*“The Mission of NWF D Training is to keep firefighters safe, train for mastery, and serve our customers.”*

---

## Incident Overview & Lesson Learned January 8 2011

staffing, resources, etc.

### **Executive Staff- Lessons Learned**

- It is important to get an overview of the incident, the big picture, before accepting an assignment on the scene.
- Senior officers should carry radios and vests in their vehicles and have proper I.D. to enter and access the scene.
- Prior to this event several fire district senior staff members had limited use of take home vehicles. As a result, chief officers had difficulty accessing the scene and did not have appropriate equipment when they responded to the scene in their POVs. Following this event, key positions were established that need to have take home vehicles.
- It is important to check in with the incident commander and let him know that you are on the scene and available for assignment.
- The incident commander should be supported in the incident. Filling the “support officer” role early on is critical on fast moving, complex incidents.
- Recognize the scope of the incident and request a Type III Incident Management Team early in the incident, taking into consideration the reflex time it will take to dispatch, respond, and set up the team.
- Critical Incident Stress Management, Peer Support, and Recovery should be addressed within the Planning Section. Placing CISM as a “group” under the Operation’s Section limits the scope of recovery to those within the Operation’s section.
- Expect CISM, Peer Support, and Recovery to extend 180 days post incident.
- A proper and well located facility/location for CISM work should be identified early. Many civilians in the area were emotionally traumatized. Civilian witnesses should be removed from the Hot Zone area to decrease “dose exposure.”
- Senior staff officers should identify locations to send traumatized patients. As senior staff have contact with traumatized patients they can direct patients to this location. Location and



# Northwest Fire/Rescue District TRAINING DIVISION



*"The Mission of NWFD Training is to keep firefighters safe, train for mastery, and serve our customers."*

---

## Incident Overview & Lesson Learned January 8 2011

planning should be coordinated with incident command.

- There was an early need for fire department public information officers to coordinate with police department public information officers to release relevant and accurate information, ensuring everyone is on the same page.
- Social media may be used to disseminate accurate information. This information is going to be released by the public via Tweets, texts, and other social media regardless, so it behooves PIOs to use the same media to release accurate information after corroborating with PD.
- Pages sent to chief officers via fire alarm need to be in plain message language. Initial pages were in code and not understood.
- More frequent and realistic training in Type III incident management needs to occur. Members will benefit from frequent training in assuming various roles within the incident command structure. This understanding will lead to greater efficiency and effectiveness on large events.
- An internal incident management team (IMT) should have been established. Establishing an internal incident management team ensures executive staff develops a common understanding of the event and the necessary action steps to quickly recover. An internal IMT would ensure everyone is on the same page organizationally. Many employees of NWFD were out of the information loop, but yet still had frequent contact with the public who were asking them questions. Examples include public educators and fire inspectors who were being asked questions but knew no more of the event than the average citizen. An internal IMT would help address this.
- On complex incidents there are many subject matter experts that arrive on scene. Effective dialogue, teamwork, and cooperation must occur to ensure that expertise is not dismissed or lost.
- Consideration should be given to placing senior officers back on call to minimize operational atrophy.
- Create an accessible cache of equipment - EMS supplies, tools, SCBA, etc. - at Logistics that can be accessed by crews being called in to staff the district. Maintain extra supply of fully stocked ALS/BLS gear bags, heart monitors, and drug boxes that are accessible to operations personnel at all times.



# Northwest Fire/Rescue District TRAINING DIVISION



*“The Mission of NWFD Training is to keep firefighters safe, train for mastery, and serve our customers.”*

---

## Incident Overview & Lesson Learned January 8 2011

- Call in Logistics personnel on overtime to facilitate the staffing of reserve apparatus and equipment.
- Assign a chief officer as a point of contact after major events. This position may manage funerals, public information, and other requests. A central point of contact that is responsible for organizing and briefing the internal IMT is critical.
- Cancel all meetings and training the following week.
- Limit media involvement of shift personnel. Direct media to PIO or point of contact.
- Consideration should be given to allowing first responders the opportunity to go home following the event.
- Immediately lock out the incident reporting system and assign one (1) person to oversee incident report compilation and completion.
- Assign an EMS Captain to oversee the completion and collection of individual patient care reports (PCR's) to include the numbering of patients.
- Maintain HIPPA compliance and operational security relative to information dissemination from scene and ongoing investigational processes.
- Development of a standardized NWFD protocol for communication with all area hospitals during an MCI (a regional protocol does exist, but there are too many options available and too much room for error).
- Development of an NWFD specific MCI and Triage Protocol (again, a regional protocol exists but was developed with a “one size fits all” approach).
- Development of an NWFD “High Profile Incident Response” SOP that details the immediate and ongoing function and actions of command staff (Interagency Liaison, PR/PIO, events scheduling, special requests legal, etc.).
- Incorporate citizen assistants into MCI training scenarios.
- Revise the response configuration for the “major medical” call type that correlates with the actual needs of an MCI (more transports needed than engines, early initiation of MMRS resources).



# Northwest Fire/Rescue District TRAINING DIVISION



*“The Mission of NWF D Training is to keep firefighters safe, train for mastery, and serve our customers.”*

---

## Incident Overview & Lesson Learned January 8 2011

### Factors for Incident Success

- Good training.
- Experienced personnel.
- Taking the time to plan in the cab, talking about actions.
- Understanding what definitive care is, not trying to do too much on scene.
- Good communication at face-to-face level.
- Good resources (staffing) on scene.
- Comfort of working together.
- No egos, faith in crews and commanders. Good cohesion.
- Ability to adapt to a dynamic situation.
- Focused priorities on life (patient treatment) and removed barriers that did not benefit patients.
- Experience and training with ICS (NIMS).
- Very familiar with location.
- Everyone played their position, no mission creep.
- Focus on the task and not get caught up in big picture. When done, request new task or jump in.
- Recognized the enormity of the situation early and requested proper resources.
- Good relationships with PD.