THREAT SUPPRESSION, INCORPORATED

THREAT SUPPRESSION®

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Hostile Mass Casualty Wounding Patterns and Medical Best Practices

Executive Summary:

Active shooter and hostile events (ASHEs) produce wounding patterns that differ from those seen in non-mass-casualty events, even when the same weapons are used. This presentation compares those patterns using national and international research, data from significant hostile mass-casualty events, and firsthand accounts from ASHE responders that have not been previously released. Its second part reviews prehospital medical best practices for these events and tests common EMS treatments against published clinical evidence, including triage, airway management, IV therapy, and the choice between basic and advanced life support. It is designed for public safety responders at every level of medical training.

THE CHALLENGE: Active assailant after-action reports repeatedly identify gaps in responder preparation for asymmetric threats that fall outside a conventional active shooter response model. These incidents may involve barricaded subjects, fire-as-a-weapon, explosives, hostage situations, multiple or mobile attackers, secondary attack locations, denial of entry, or other tactics designed to delay, divide, or confuse the response.

Course Overview:

Length	Four hours.
Format	In-person or virtual.
Audience	Public safety responders, including EMS, fire, and law enforcement personnel, at all levels of medical training, hospital personnel, emergency management, 9-1-1 communicators.
Class Size	Determined by the host and Threat Suppression depending on the course delivery method.
Prerequisites	None.
Cost	$3,000 plus travel for in-person, $2,500 for virtual. Recording options are available for cost.

Active shooter and hostile events (ASHEs) produce wounding patterns that differ from those seen in non-mass-casualty events, even when the same weapons are used. This presentation compares those patterns using national and international research, data from significant hostile mass-casualty events, and firsthand accounts from ASHE responders that have not been previously released. Its second part reviews prehospital medical best practices for these events and tests common EMS treatments against published clinical evidence, including triage, airway management, IV therapy, and the choice between basic and advanced life support. It is designed for public safety responders at every level of medical training.

The Challenge

Responders are typically trained on wounding patterns drawn from combat casualties and from ordinary violent crime. Hostile mass-casualty events produce different injury patterns, even when the weapon is the same. A firearm, a knife, or a vehicle used against a crowd injures differently than the same weapon used against one person. This course examines how wounding differs by mechanism (firearms, mass stabbing, vehicle-as-a-weapon, pedestrian strikes, explosives, and fire) and what those differences mean for triage, treatment, and transport.

About This Course

Active shooter and hostile events typically target civilians and result in large numbers of dead and injured. ASHEs include active shooter events, vehicle-as-a-weapon events, mass stabbings, explosives, and fire used as a weapon. The wounding patterns in these events differ from those in non-mass-casualty events, even when similar weapons are used.

Much of the published wounding data on mass-casualty events comes from combat research. Recent published data indicates a significant difference in wounding patterns when civilians are the target. This presentation compares the wounding patterns at hostile mass-casualty events with the same weapon used in a non-mass-casualty event, and it draws on research conducted nationally and internationally.

Rethinking Prehospital Trauma Care

Prehospital trauma care in the United States has changed significantly over the last 25 years. Many EMS providers still use legacy treatments, and the presenter reviews research indicating that some prehospital trauma treatments may be harmful to patients. The presentation examines these treatments directly and presents the clinical evidence for and against each one.

The presentation addresses the Golden Hour concept. Its core principle, that prompt definitive care improves survival, is widely accepted. The literal one-hour window, however, is disputed. Critics have argued that the concept lacks a scientific basis, and different injuries have different critical periods. The presentation also identifies what it calls time thief procedures: those with no proven benefit to the patient that delay arrival at definitive care.

Command and Control at Hostile Events

Responders repeatedly make the same command and control mistakes at ASHEs. The presentation examines those mistakes and explains why standard mass casualty incident training, which has focused on disasters, does not fully prepare responders for hostile events.

The presenter reviewed numerous ASHEs and identified 10 predominant patient care assumptions that the review found to be inaccurate. For each assumption, attendees review the published clinical evidence that supports or disproves the treatment.

Learning Objectives:

At the conclusion of the program, participants will be able to:

1. Define asymmetric attack tactics and explain how they differ from a conventional active-assailant response problem.
2. Describe wounding patterns seen in active shooter events, mass stabbings, vehicle-as-a-weapon events, and explosive events.
3. Describe how standard mass casualty incident training has focused on disasters and not hostile events.
4. Discuss the command and control mistakes that responders continue to make at ASHEs.
5. Discuss legacy MCI procedures that most EMS agencies use and that the evidence shows are ineffective at ASHEs.
6. Discuss the "10-30-45" goal for treatment and transportation of patients at hostile mass casualty events.
7. Discuss the advantages and disadvantages of casualty collection points.
8. Discuss the debate regarding triage best practices.
9. Discuss treatment best practices for trauma patients in urban settings.
10. Compare the medical considerations at hostile mass-casualty events with those at non-hostile mass-casualty incidents.
11. Describe the "time thief" concept and identify prehospital procedures that may delay arrival at definitive care.
12. Explain the evidence supporting and challenging the Golden Hour concept, and distinguish its core principle from its one-hour window.
13. Evaluate the published clinical evidence for common prehospital trauma treatments, including IV therapy and advanced airway management.
14. Identify the recurring command and control mistakes at hostile events and describe how to avoid them.
15. Explain how the 10 patient care assumptions reviewed in the presentation were tested against the clinical evidence.

Host Agency Requirements:

The host should provide a classroom or suitable training location with seating for all participants, a computer, a projector and screen, and audio equipment. For webinar delivery, the host should provide a video conferencing platform that supports screen sharing and audio for all participants. A designated point of contact should coordinate scheduling and logistics with Threat Suppression, and the schedule should be confirmed well in advance of the presentation.

About Threat Suppression:

Threat Suppression, Incorporated is a research-driven safety, security, and public-safety training and consulting firm founded in 2012. The company is a leading provider of integrated active assailant training for the Department of War, providing more than 165 classes at 45 major installations. The company has invested more than 50,000 hours in internal active assailant research. Threat Suppression serves as a principal member of NFPA 3000 and participates in multiple state and federal ASHE workgroups that shape national active assailant preparedness standards and policy.

The company's leadership has commanded multiple active assailant events. Members of the company’s leadership have commanded active-assailant events and served as lead authors of the 2021 Oxford High School mass-shooting after-action report, one of the most comprehensive analyses of an active-assailant incident response. Threat Suppression provides active assailant preparedness, rescue task force training, emergency management support, behavioral threat assessment and management, exercises, after-action reviews, and physical security services to federal agencies, military installations, public safety organizations, healthcare systems, schools, and private organizations. Our work combines operational experience, applied research, and field-tested instruction.

To Schedule or Learn More:

Phone: 1-800-231-9106
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Course Page: www.threatsuppression.com/hostile-wounding
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