The One October Shootings in Las Vegas
A summary of events and lessons learned

John Fildes, MD, FACS, FCCM, FPCS (Hon)
Chair, Department of Surgery at the UNLV School of Medicine
Medical Director of the Trauma & Burn Center at UMC of Southern Nevada
Timeline of events on One October

- The Route 91 Harvest Festival was three days country music festival on a 7 acre site in the middle of the Las Vegas Strip
- Jason Aldean was performing for 22,000 people
- At 10:08 pm automatic weapons fire began
- At 10:21 pm the shooting stopped
- In 13 minutes more than 1,100 rounds of military grade ammunition were expended
- The crowd evacuated the venue on their own
Timeline of events on One October

- At 10:15 pm EMS began transporting the injured from an active crime *tactical* scene.
- By 10:28 pm UMC received the first shooting victims.
- Bystanders rescued the injured and used improvised tourniquets.
- 58 people died.
- More than 550 people were wounded or injured.
- Approximately 80% of these patients were ‘self-directed’ to medical care.
- More than half of the dead and injured were visitors.
Distance to UMC Trauma Center
6 miles – Approximately 12 minutes away
Jet fuel tanks at McCarren International Airport
Hospital System Assets:

- There are 17 hospitals with emergency departments capable of caring for injured patients depending on the extent of the injuries.
- There are 3 Trauma Centers within this group:
  - University Medical Center is a Level 1, Pediatric Level 2, and Burn Center
  - Sunrise Hospital Medical Center is a Level 2
  - St. Rose Dominican Hospital is a Level 3
Our 3 Trauma Centers
Patients Arrive

• In the span of just five minutes, 40 patients arrive at UMC, including more than 20 self-transports

• Patients arrived in ambulances, pick-up trucks, cars, Uber & Lift vehicles and Yellow taxicabs.

• Team members utilize a triage area set up outside of the Trauma Center
The challenges to the surgical services

• No-Notice event abruptly increased demand on surgical services
• Call in staff, a *technology solution* helps
• Be prepared to staff these services for 12/12 hours on/off for as long as it takes to care for these patients
• Immediately cancelled elective surgery for the next day
The challenges to the surgical services

- Expand into ambulatory surgery for preop
- Expand into the PACU for postop
- Concentrate the surgical patients by specialist
- Use abbreviated surgery and damage control when possible
- Triage and delay non-life threats until the next day
The challenges to the surgical services

• Control blood use
• Restock and resupply in real time
• *Create new capacity with faster through put*  
  – you never know if you will get one surge or multiple surges
• And remember... appendicitis, free air, and C sections keep coming!
104 Total Patients

More than 20 surgeries within the first 24 hours

60 Patients Admitted

12 Critical Patients

21 Patients transferred from area hospitals to UMC.

21 Patients transferred from UMC to area hospitals

44 Treated and Released within the first 24 hours

70 Blood Units
- 33 packed red blood cells
- 29 units of fresh frozen plasma
- 3 units of single donor platelets
- 5 units of cryoprecipitate

3 Fatalities

No one who arrived alive died
Surgical services in non-trauma center hospitals

• Treat what you can and shelter the patients in place
• Stabilize and transfer patients that you cannot treat
• Many surgical specialist do not do trauma surgery...
  – but all of them know how to STOP BLEEDING and CONTROL CONTAMINATION
• Seek an order from the Governor to allow all credentialed providers to exercise their privileges in all hospitals
The trauma centers were over accessed
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Redistribution is an important lesson learned

• The science of disaster predicts that only 10–20% of the injured will require surgical services and/or critical care support
• EMS is requires to transport GSWs to Trauma Centers
• The majority of the injured were ‘walking wounded’
  – Many could be treated in Emergency Departments
• Redistributing of self delivered patients is a new concept and challenge that must be met
Challenges that were identified

- Las Vegas is an isolated metropolitan city
- The accuracy of the radio communications
  - Mitigating the threat of an organized attack
  - Updating hospital status
- Engaging EMS in transports from the scene and then between hospitals
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The MOST IMPORTANT strengths associated with this response are...

- PREPARATION !!
  - Plan your response
  - Practice your response
  - Execute your response

- COLLABORATION !!
Summarize the Lessons Learned

- It’s not *if*, but *when* you will have a mass casualty incident!
- Practice your disaster plan - county wide!
- Have effective security protocols in place at your hospital
- Triage arriving patients in a controlled area and then transport them to specific areas of your hospital
Summarize the Lessons Learned

- Have a plan to expand into all the clinical and non-clinical space in your hospital
- Move triaged patients to pre-determined areas in your hospital
- Concentrate patients with similar injuries
- Create new *upstream capacity* by increasing your *downstream patient movement* along a one way path
Summarize the Lessons Learned

- Have a plan to call in additional staff at every level
- Have a cache of emergency supplies on hand
- Develop a ‘DOE’ naming system
- Use abbreviated documentation
- And *be prepared* for the unpredictable...
Managing the media

BREAKING NEWS
AT LEAST 59 DEAD, 527 INJURED IN LAS VEGAS MASSACRE
Dr. John Fildes | Trauma Medical Director, University Medical Center

LIVE CNN
4:59 AM PT

RIGHT NOW
MIAMI 79° ORLANDO 76° TAMPA 81°

ABU KHAJAH FACES 18 CHARGES, INCLUDING MURDER OF INTERNS
Managing the community response
The MOST IMPORTANT Lessons Learned

- Realize that this changes everyone permanently.
- Start counseling early.
- Spread resilience to your colleagues, neighbors, and friends.
- And know that seeing the worst that man can do will bring out the best in mankind...
The Team

VEGAS STRONG