

Incorporation of Mass Care into Active Shooter Training and Exercises

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Abstract

Law enforcement and fire/Emergency Medical Services (EMS) partners frequently conduct active shooter exercises with objectives that place a high priority on stopping the aggressive action or neutralization of the threat; and Triage, Treatment, and Transport of the wounded, while failing to consider objectives that address Mass Care services to family members, as well as non-injured persons.

This lack of accurate exercising often leads to a less than efficient response to a real-world active shooter, with a sometimes-significant delay in activating Mass Care partners. In fact, law enforcement so seldom interacts with traditional Mass Care partners that they are often unaware of which entity to contact to provide services following an active shooter.

What is Mass Care?

Mass Care is not Mass *CASUALTY* Care, which it is often conflated for. Rather, Mass Care refers to provisions of shelter, food and other emergency supplies, and in the context of this research, provision of mental health care and family reunification.

Methodology

1: Examining prior research conducted by students of the National Emergency Management Advanced Academy.

2: Review of response guides from various sources including multiple agencies of the Department of Homeland Security, the American Red Cross; National Voluntary Organizations Active in Disaster (VOAD); and the National Center for Missing and Exploited Children.

3: Review of After-Action Reports/Improvement Plans (AAR/IP) from previous real-world active shooter events. These AAR/IPs were open sourced from various web portals including the Homeland Security Digital Library.

4: Review of seven prior exercises conducted by students in the Master Exercise Practitioner Program.

5: A 17-question survey that was distributed to emergency management and first responder partners, receiving 115 responses.
53.8% of responses were from New Mexico which has experienced multiple real-world active shooter events. Remaining responses were all from colleagues in the other US states and territories.

Results

1: 13 prior NEMAA papers were reviewed. Nine did not mention mass care at all, two papers had one casual mention of reunification; two papers had extensive references to mass care.

2: Multiple recommendations throughout federal guidance to incorporate mass care into active shooter response.

3: Overall significant delay in finding facility and proper personnel to perform Mass Care, with some delays of up to several days to activate Family Assistance Center.

4: Four of seven exercises reviewed had no objectives or mention of Mass Care. Two of the seven casually mentioned reunification. One of seven had reunification as an exercise objective.

5: 70% of respondents (81/115) have NOT included a Mass Care partner during active shooter exercises.
Answers clarified that exercise planners only wanted to focus on law enforcement and EMS response, and/or did not seem to understand the role and need for Mass Care partners in a real-world active shooter event.

Conclusion

“Excluding mass care objectives from our active shooter exercises is selling our constituents short. We should exercise how we practice, so that we’re prepared for all eventualities.”

- Chris Emory, New Mexico State Director of Public Health Emergency Preparedness

“A More Comprehensive and Formalized Family Assistance Plan is Needed”

“Providing Information to Families on the Statuses of Loved Ones was Problematic”

“Mass Care Should Have Been Fully Activated”

“The County Mass Care Incident Plan Should Have Been Implemented”



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