

# Emergency Preparedness and Response to Mass Casualty Events

## Voiceover

00:00

Welcome to *The Beat*—a podcast series from the COPS Office at the Department of Justice. Featuring interviews with experts from a varied field of disciplines, *The Beat* provides law enforcement with the latest developments and trending topics in community policing.

## Deborah Spence

00:16

Hello. I am Deb Spence, your host for this podcast. *The Beat* is on location today at the COPS Office—sponsored Next Generation Active Shooter Training Forum. Kathryn Floyd is the Mass Violence & Terrorism visiting fellow at the U.S. Department of Justice’s Office for Victims of Crime. Having studied mass violence for over 15 years, she focuses on helping emergency managers prepare for and respond to victims of mass violence and terrorism to include sharing best practices prior to an incident occurring. She is deeply involved in the drafting of NFPA 3000, the Standard for an Active Shooter/Hostile Event Response. Dr. Floyd, Kay, welcome to *The Beat*. What, if anything, did I miss in recounting your background?

## Dr. Kathryn Floyd

00:53

I think you’re fabulous. Thank you for having me today.

## Spence

00:56

So for the last few years you’ve been working as the Mass Violence & Terrorism visiting fellow at OVC. What has that been like? What opportunity has that offered that you’re particularly proud of?

## Floyd

01:06

You know, it’s been a real honor, a humbling honor actually to be able to help victims in a number of ways. A lot of my portfolio, as you mentioned, is working with emergency managers and others before an incident occurs to help them plan for recovery and the many different needs of various victim populations. And this has been especially rewarding because so much of our office is focused, understandably so, on providing assistance or compensation after a shooting or other incident that occurs. So I get to help us get a little bit ahead of the curve.

And as part of this and alternatively because of our outreach, responders and people on the ground have in some cases had a person contact me or elements of our office after an incident. And this came to fruition after Ventura with the Thousand Oaks shooting and also Napa with the Pathway Veterans Home shooting. They kind of knew who to pick up the phone to quite quickly. But one of the pieces I’ve

been most proud of has been NFPA 3000 that you mentioned previously and helping really emphasize the various stages of recovery and the importance of planning for victims. And that of course includes traumatized first responders and planning for this in the emergency operations plan from the very beginning.

## **Spence**

*02:13*

And for our listeners, NFPA 3000 is a standard put out by the National Fire Protection Association, right?

## **Floyd**

*02:20*

Yes. As I understand it, it's one of those fun names for the acronym has now morphed into so much more. For the nation, you know, the, the standards and code setting association initially created by Congress, that governs everything related to life safety, fire, EMS when adopted either by Congress or by a jurisdiction.

## **Spence**

*02:37*

So the COPS Office is focused to primarily serve state, local, or tribal law enforcement agencies and personnel. But I think there might be some in that constituency who may not realize that OVC also is an important resource to helping them do their jobs more effectively. What can you tell us about the resources and support OVC can offer law enforcement officers and how they can access those services?

## **Floyd**

*02:59*

Sure. When I highlight the importance of planning for victims, we will help you. And we have tools to walk you through the 9,000 little things that you need to be considering. Prior to an incident, law enforcement officers can access our mass files. It's a toolkit that's online through our website which has a checklist, a compendium of resources and samples to help them plan, develop partnerships, respond and recover without missing key pieces of the equation. For example, if you're exercising an active shooter drill and you've forgotten to include the county victim witness specialist, then that's an oops. That would be a tremendous resource should the incident occur.

Second, we offer a vicarious trauma toolkit also on the website, which goes into impacts of vicarious trauma. It helps you strengthen your agency's response whether in the field of victim services, emergency medical service, fire services, or law enforcement, as well as allied professionals who work with or kind of alongside these agencies. We initially started off by developing training about vicarious trauma and compassion fatigue to help raise awareness about how individuals may be affected and support self-care. And I think compassion fatigue is something we can all identify with.

Then we realized that these issues also affect the field in an organizational level. And departments need to be taking steps to provide an infrastructure to support employees and minimize the burnout, the suicides, the substance abuse, and the other effects of vicarious trauma. So the toolkit is a result of that

effort. Now some great news, we offer free custom training and technical assistance on this through OVC's Training and Technical Assistance Center, or TTAC, to get you ready in the first instance for victims of mass violence and terrorism; and, second to create your vicarious trauma plan to go through how informed and ready you are.

Now for larger projects and future trainings, we can connect law enforcement to our relatively new National Mass Violence Victimization Resource Center at the Medical University of South Carolina. They were established primarily to develop a national victim-centric framework of tools and strategies for organizations to use prior to or even following an incident of mass violence. Part of that is helping our nation better understand the short-term and the long-term needs of victims and ways to support them. You know, long-term is still part of a giant question mark there.

For example, they are looking at the feasibility of telemental health services in instances where there's a lack of trauma counselors in the area. And given the geographic just diversity of the United States, you're not always going to have the wealth of Washington, DC mental health counselors in a rural part of the country. Lastly, following an incident where additional services or resources are needed, we tend to be in touch with the state victims of crime office, the victims of service providers in the community. This happens fairly automatically to discuss how we can support victim services and if additional dollar supplemental funding will be needed for victim assistance and compensation. And this is through our Federal Antiterrorism and Emergency Assistance Program.

We know that police, first responders and others are affected by these instances. We want to encourage and ensure that they have access to peer support groups, critical incident stress management, mental health first aid and other trainings and services if they need them. And just to give you an example this kind of in play, we did recently award supplemental funding to help with victim services following the Las Vegas shooting. And this, by the way, did include funding for responder wellness.

## **Spence**

*06:05*

So in planning for recovery, what are the most important things public safety leaders need to consider? What do you think agencies can be doing that will help them manage both community and employee recovery in the event that they face a tragic incident like this?

## **Floyd**

*06:19*

Planning for victims, putting victims, putting short-term recovery, putting long-term recovery into the emergency operations plan needs to be front and center from the very beginning. This cannot be an afterthought or an optional sideline piece. This must include planning for the mental health services for those who are on the scene, those who are in the staging of the support areas, and those who were assisting no matter the capacity really. I mean you can be nowhere near it and still be deeply impacted because of the people you work with. Everyone is going to feel this event in some way.

And recovering from trauma needs to be planned for, prioritized, normalized, and appropriately addressed if there are going to be continuing issues, again, given the severity of the incident. And this focus on responder well-being and the normalization of traumatic stress management, some might like to say therapy or mental health support, this does need to come from the very top and we've kind of seen this theme in a number of places. You know, the chief or appropriate leader should really lead the way by example and take care of him or herself as well as their team.

Following Sandy Hook, the police chief made mental wellness and health his main focus and motivation. He normalized what he and his officers were absolutely going to need, and this is an example we can point to when others are wondering how on earth do we begin to integrate this into our daily operations. My hope is that people will come to see that seeking ways to manage the effects of being exposed to these, these traumatic events as strength and not a weakness. Of course, this will need to be appropriate to the person and situation. You know what you need is not the same as what I'm going to need.

The other thing that will go a long way in helping manage recovery is, is planning and developing strong partnerships. Know ahead of time who is going to be running that reunification and notification center; who's going to run when it transitions to this family assistance center; who is handling donations of goods, services, and money. Are you prepared for a warehouse full of teddy bears and other items?

Following Sandy Hook, an individual very well-intentioned, donated ponies. Ponies showed up. So then who has the stables and the feed and the care and whatnot? I mean you can't anticipate the outpouring of goodwill on behalf of the population and what that could then mean in terms of management for you. So who's going to coordinate the volunteers, the credentialed ones and the spontaneous ones? Who's going to step up as the public information officer to manage the media separate from that? Who are you going to assign public information, or navigator, or a liaison to each family? Will you do that only for the families of the deceased or also those who have survived? Our office can help you think through the partnerships and the MOUs that need to be in place ahead of the incident for all of those pieces and more.

## Spence

08:49

The COPS Office currently supports training on active shooter response for law enforcement agencies as well as other first responders. So we know a bit about how complex the tactical response to mass casualty events can be to plan and train for. Is it possible to think about training for recovery? Could you talk about what you think that might look like?

## Floyd

09:09

Yes. Please, please train for recovery. But also remember that recovery is a path and there may be many different definitions of what recovery looks like. And in many cases, resilience may be a better term. But that said, we see complex exercises where response is done superbly well. I mean these men and women know what they're doing to neutralize this threat, and then people can perhaps optionally stay for the recovery portion if they want.

That's a mistake in our book. The longest biggest piece of the equation is going to be recovery. It's not the two to five minutes of the acute phase of the shooter or incident. They'll think, goodness, we have amazing first responders who deal with that very efficiently. Recovery is what's going to take days, weeks, and years in some instances. We are still recovering from Oklahoma City. And it will affect the people directly impacted by the event as well as those who are further removed, as I mentioned before. Your population that you need to consider is very diverse and scalable.

So exercise we would recommend with an abbreviated timeline because you can't really exercise 15 years. You know, we got to shrink that up a little bit here. All the pieces that are going to be needed and are going to show up at the reunification-notification center at the family assistance center exercise how the victim witness specialist or the FBI victim specialist is going to liaise with unified command. Don't keep these pieces in separate silos. Write your multi-year recovery plan and make sure your officers and others are going to be part of this. Get the help they need with regular check-ins and checkups. And by the way, when you're planning for all of this, again, we can help you with that free custom training and technical assistance.

And the last piece I'll mention, which is FBI, you might hop online and google We Regret to Inform You. It's a free course that they've developed with Penn State University where they go through how to plan, how to train to do appropriate death notifications which is critically important especially with the higher numbers of victims that might be involved. Because we have very tragically learned that there are more compassionate ways to deliver that horrible news, the worst news the family is ever going to hear and we can help people across the country. They can help people across the country. Again, figure out how to do this best in the worst situation ever by going through that training. Again, that's We Regret to Inform You.

## Spence

11:17

It is probably easier to plan how to handle the visible victims of events, those who are injured who lose immediate family members and friends. But am I correct in thinking that when mass violence event occurs, not all the—quote/unquote—injuries are medically treatable? Could you talk about what officers and agencies might experience or see in their colleagues and communities after a critical incident and how we can help each other adjust to new normals?

## **Floyd**

*11:44*

Those are great points. You know, in general, immediately after an incident your heart rate variability is going to be off. It's going to be impacting your nervous system. The parasympathetic nervous system can be pumping out adrenaline and cortisol. I mean through the roof. And this can be what causes that rapid breathing, the heightened senses that people experience. Lasting different amounts for each person, you're going to see your ability to focus be off, your sleep interrupted, the inability to be calm or at peace kind of separate from that initial shock.

You might experience heightened anxiety, increased fatigue or very commonly some signs of depression, agitation, anger. We can see an increased use of alcohol and other substance misuse. Sometimes, this can play out in domestic violence and relationship issues. In a small percentage of circumstances, if these symptoms don't subside, they could lead to PTSD. This is all to say it's not the individual's fault who's gone in there to risk their life in this situation to save others. It's the physical toll, the body's reaction to stress and trauma following a shooting.

But what's important is to get you back in balance as soon as possible, again, whether it's a shooting, whether it's mass violence, whether it's terrorism so this doesn't cause some real damage and impair your ability to do your job and to kind of function in life. Everyone will react differently. Of course, you are not going to react the same way that I'm going to react. But I think we can be more honest with ourselves, especially the officers who are serving and repeatedly exposing themselves to untold trauma whether it's a single call or a mass violence incident.

After you've seen, smelled, touched the worst things possible, you may need help coming to terms with or getting rid of those disturbing memories. And no training makes it okay that you just carry the body of a child out of a school. We desperately want to prevent officers from leaving the force after an incident or engaging in harmful behaviors, in some instances committing suicide. We anticipate the need for traumatic stress management and mental health services, and we want to work to ensure responders seek the services that they need.

Lastly, we can be open about how we adjust to our exposure to these situations, what we call the new normal. We can talk about what happened. We can anticipate what's going to happen. It's part of the officer's life and narrative now and that's okay.

## **Spence**

*13:54*

In your experience, how are states and communities doing with planning for mass casualty events? Are there any chronic gaps that you've seen where more focus is needed?

## **Floyd**

*14:04*

We see really great work being done on response with more work done for recovery. I know Massachusetts has been developing some really good long-term recovery plans. Recovery isn't necessarily easy to exercise. But if you exercise a complex coordinated attack at a downtown mall, then we need to exercise the hours, days, weeks and months that will go into recovery while planning for that one year mark and how to support continued services.

The biggest gap to your point that we're seeing is that people don't know there are resources out there. So they don't know what they're missing, and that's where our mass violence toolkit can help. In checklist format that you can use, skipping what doesn't apply to you, you can go through all the things that you need to plan for based on best practices and past events. And these are very easy to download forms. I mean you could take the form and stick the COPS label on it if you really wanted to. We'd like you to keep the OVC label. But the point is that these are there for your use. So use them for your county, use them for your state, use them for your fire or police department. Take them and make them your own.

## **Spence**

*15:03*

You've mentioned the mass violence toolkit and some of these other resources on the OVC website a few times. Could you tell us what the OVC website is?

## **Floyd**

*15:11*

So to access our resources, you can head over to W-W-W-dot-O-V-C-dot-G-O-V. [[www.ovc.gov](http://www.ovc.gov)] In that website, you'll have topics A to Z dropdowns. So beyond mass violence & terrorism you can actually see a bunch of our resources and other areas—child and youth victimization, international issues, victim advocacy—but for a lot of what we discuss today, please click on Terrorism & Mass Violence.

## **Spence**

*15:34*

Thank you. One final question, why is it important for all states and communities to have plans in place for mass violence and active shooter events?

## **Floyd**

*15:43*

You know, you think this isn't going to happen in your town but it can. You can just ask the people that had gone through it. I assure you that many of them didn't think it would happen or that it would unfold the way it did. Instances around this nation are increasing in frequency and lethality. We know that prevention won't stop everything, so let's do what we can to end the incident as quickly as possible, to mitigate the negative impacts, and to help communities heal in their new normal.

The legacy of how well you've handled the shooting of a mass violence incident or other thing, what mark it will leave on your town is how well you planned for it and implemented the many phases of recovery—immediate recovery, early recovery, continued recovery. Did you rapidly implement this recovery plan? Did you care for your victims, their families, and your responders today and ten years from now? Victims may not recall all the details of what occurred, but they usually remember how they were treated and who supported them, who was there for them. We also need to make sure that responders have the skills and leadership support they need to get themselves back on their feet and doing their jobs well post-incident. Get them the help too. If I can leave you with one thing, it's that the key to community resiliency is recovery and that takes careful planning.

## **Spence**

16:51

Thank you very much, Kay, for being here today.

## **Floyd**

16:53

Thank you so much.

## **Voiceover: *The Beat Exit***

16:59

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## **Voiceover: Disclaimer**

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