



Maryland Active Assailant Interdisciplinary Work Group

Thursday, October 18, 2018

10:00 a.m. – 12:00 p.m.

**Location: Dept. of General Services (DGS), 100 Community Place, Crownsville,
MD 21032**

IN ATTENDANCE: M. Balog, C. Bowman, D. Cerverizzo, T. Chizmar, G. Dietrich, B. Dousa, L. Dousa, J. Jerome, M. Kiphart, B. LeCates, R. Lewis, R. Linthicum, R. Mueck, T. Nelson, M. O'Connell, D. O'Croinin, K. Overly, J. Ploegman, L. Preston, J. Radcliffe, T. Reddick, J. Reginaldi, R. Ruggieri, J. Scholz, S. Stargel, T. Thompson, K. McMenamin, M. Deppen, K. Parker, Charles Dorsey, R. Alcorta, E. Zagone

- Call to Order:
 - Review of voting member agencies
 - Introductions
 - Motion to approve Sept. 20, 2018, meeting minutes – motion made by Larry Preston and seconded by Kyle Overly - approved as written. All in favor.

- Work Group Update
 - Randy Linthicum – one-day symposium discussions; Friday, Feb 22, 2019, at Annapolis DoubleTree
 - Topics (possible):
 - Las Vegas/Orlando shootings
 - Last summer's congressional shooting at a baseball game
 - Speak on recent behavioral health threat assessment report as well as FBI webinar released recently
 - FBI panel discussions on past events in Maryland
 - State/federal/local panels
 - Draft agenda to send out to speakers; put together within the next week (conference planning sub-committee)
 - Suggestions include
 - focusing on the last 2 years of events
 - speaker ideas – survivors of recent events, a speaker from the Gazette
 - get feedback and participation from affected community members
 - E-mail Randy and Marcia with more ideas
 - Doodle Poll for November meeting will be sent out again

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- Rite Aid event after action discussion will be for November or December; too soon at this time
 - K-12 school shooting database – Naval Academy recently developed for all shooting since 1974
 - Subcommittee Discussion
 - Reviewed and discussed AAIWG Subcommittee Goals for each group
 - Document of subcommittee goals shared and distributed to group
 - Subcommittees will be tasked to come up with objectives for the next meeting, if no issues with the making of the groups
 - For chairs and co-chairs, copy the active assailant e-mail with any correspondence
 - Planning & Preparedness: listed from initial meeting:
 - *Develop a strategy for improved information sharing and situational awareness*
 - *Current Trends*
 - *Wound Patterns for EMS (Training?)*
 - *Better incorporation of behavioral health / CISM for First Responders and Citizens (joint effort)*
 - *Identify a method to prepare for a coordinated investigation response and be prepared for subsequent collateral investigations*
 - *Investigator Preparedness*
 - *Identify methods for risk assessment/mitigation related to active assailant events*
 - Changes/recommendations:
 - Will be updating existing guidance document
 - Dr. Alcorta recommended – EMS wound management – wound packing & tourniquets are being highlighted in the protocol. Any evidence to have this built into the curriculum should be forwarded to the EMS Protocol subcommittee.
 - Jim Radcliffe to be added to the Planning and Preparedness group
 - Prevention: listed from initial meeting:
 - *Identify strategies for active assailant prevention in Maryland*
 - *Research best practices/strategies from parts of the country/world on active assailant prevention*
 - *Identify prevention techniques related to active assailant events that are currently used*
 - *Reporting avenues (tip lines)*



- *Identify standard prevention methods across jurisdictional boundaries*
- *Establish communication methods between entities for high-risk persons*
 - *The relationship between high risk and communication*
- *Determine how intelligence correlates with the response for potential active assailant events*
 - *Common indicators for high-risk conditions*
- *Establish a method to track high-risk individuals capable of committing an active assailant event*
 - *Risk Matrix*
- *Changes/recommendations:*
 - Cal Bowman volunteered to be in this subcommittee
 - To refine their goals to 3-4
 - Focus on
 - Techniques
 - Intelligence
 - Communications
 - Risk Matrix
 - Look at profiles of assailants/potential assailants (particularly students) – what should be key early warnings communicated to teachers & staff to look for and to encourage reporting.
 - Kristin McMenamin to reach out to BHA for a mental health rep.
- Community Outreach: listed from initial meeting:
 - *Identifying training available for communities (citizen, business) - ALICE, CRASE, Stop the Bleed*
 - *Helping communities access resources available*
 - *Including post-incident as well as during the incident is important*
 - *Assess outreach needs across the state - using AAPD's expertise*
 - *Example: AAPDGuardianShield.Org - website for the community to access online*
 - *Changes/recommendations:*
 - focus on the interface with the private sector and community on Stop the Bleed training,
 - public and private partnerships



- Under Armour security interested in co-leading this group.
 - Willing to allow us to use their location.
- Identify training – make generic instead of naming specific training
- Identifying best practices, lessons learned from communities (e.g., religious groups, malls, etc.)
 - Adding Jerry Immler (as 2nd co-chair) and Steve Sheppard (will ask to confirm) to the subcommittee
- Equipment: listed from initial meeting:
 - *Review after action reports as they relate to equipment - what was used during previous events?*
 - *Identifying currently utilized equipment throughout the state.*
 - *Developing equipment recommendations for first responders.*
 - *Needs assessment recommended by Lt. Schultz (AAPD) - (e.g., hearing protection, ballistics, first aid, weaponry) - determine priority.*
 - *Risk assessment recommended by G. Dietrich (DoD) - what is necessary based on anticipated threats?*
 - Changes/recommendations:
 - make recommendations for basic equipment for first responders
 - No additions or changes
- EMS Protocol: listed from initial meeting:
 - *Review the current protocol and make edits or additions.*
 - *Review EMS protocols and suggest additions to add wound packing and junctional tourniquets. Possibly under BLS trauma care.*
 - *Ensure that existing and future clinical protocols and guidance documents are able to be rapidly referenced in a clear and simple manner.*
 - *Review recent AARs as they relate to EMS treatment.*
 - *Ensure EMD protocols are adequate (coordinate with Communications Subcommittee).*
 - Changes/recommendations:
 - Dr. Alcorta - how to improve existing protocols to manage such events; looking to add additional education to the protocol
 - No additions or changes



- Training & Exercise: listed from initial meeting:
 - *Establish a baseline of current active assailant training programs - survey agencies for what they use and the status of that training to develop recommendations.*
 - *Develop response plans for organizations beyond first responders - understand their needs*
 - *Review the original guidance document and expand/update.*
 - *Develop an exercise and training checklists*
 - *Changes/recommendations*
 - *Jim Radcliffe to be second co-Chair for this subcommittee*
 - *No additions or changes*
- Communication: listed from initial meeting:
 - *Review recent events and AARs as they relate to communications*
 - *Discuss strategies on how to reduce duplicate calls and false information*
 - *Collect information on how 911 centers across the state plan to handle active assailant communications. One thought is to do this through the state EMD Committee.*
 - *Discuss strategies on messaging to schools and others on what specific info to report when they call-in active assailant events.*
 - *Discuss vertical communications from 911 centers - what should they do with info - report to EMRC, MJOC? Other?*
 - *Tactical communications*
 - *Changes/recommendations:*
 - *Strategy for all of Maryland to use the same protocol*
 - *Goal to add - Interoperability*
 - *Chief LeCates will interact with Baltimore City in the subcommittee*
- Family Reunification/Patient Tracking: listed from initial meeting:
 - *Patient tracking for patients NOT transported by EMS*
 - *Patient tracking for out-of-state patients (patients going to an out of state health facility)*
 - *Access to CRISP for non-DHS personnel*
 - *Examine lessons learned from other active assailant events*
 - *Clearer threshold/guidelines for activation of DHS 800 number*
 - *Collaborative sheltering, investigation, triage & CISM/behavioral health*



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- *Does initial sequestering for information & interviews need to be assigned to an independent group?*
 - **Changes/recommendations:**
 - *Waiting for confirmation from Bethany Brown to chair subcommittee*
 - *Mike Wyant, St. Mary's Co. Public Schools, volunteered to be a part of the group*
 - *Goals to track patients not transported by EMS and from out of state going to an out of state health facility*
 - **Recovery/CISM/Behavioral Health:** *listed from initial meeting:*
 - *Identify initial training needed before an event takes place (CISM) - not just first responders but civilians, as well.*
 - *Lt. Thomas to forward their AAR for guidance*
 - *Identify best practices –*
 - *request to forward any information*
 - *will reach out to other jurisdictions as well.*
 - *Catalog resources currently available from a behavioral health recovery standpoint (other CIT teams, etc.)*
 - *Coordinating Local, State & Federal CISM resources*
 - *Develop a community mental health strategy.*
 - *Develop a recovery checklist (e.g., having a COOP, employee programs, etc.) - Planning & Preparedness to work on an inclusive checklist*
 - **Changes/recommendations:**
 - *Both first responders and the general public for support*
 - *Reach out to the International Association of Fire Fighters (IAFF) Behavioral health center to be part of the group*
 - *ICISF as an additional member*
 - **Integrated Response:** *listed from initial meeting:*
 - *Establishing a method of quick, unified command*
 - *Methods to encourage unified command – e.g., exercises focused on unified command*
 - *Integration of hospitals*
 - *An audit of the guidelines section pertaining to integrated response and unified command to determine gaps*
 - *Performing After Action Reports on previous events*
 - *Collaborative foundation where leadership in all elements of partnered response are briefed on what the purpose is and obtain buy-in.*



- *Identify a method for providing an integrated response.*
- *Establishing an expectation job aide of an integrated response.*
- Changes/recommendations:
 - Suggestion to include in goals:
 - Address internal security, managing self-dispatch
 - Conference Planning: listed from initial meeting:
 - *Establish location, agenda & speakers prior to Thanksgiving*
 - *Tentative date: February 5, 6 or 7*
 - *Target audience: health, police, fire ems, emergency management*
 - Changes/recommendations:
 - The target audience for Feb 22 conference
 - Send to the target audience and then those agencies can send to an audience that will be relevant to the information?
 - Consider Webex, live stream
 - How to get decision-makers to attend
 - Marcia to come up with a method to decide on the selection process - who should attend
- Action Item Review:
 - Try to improve attendance in subcommittees in future meetings
 - Recommendation for next subcommittee meetings to get together and review goals
 - Next workgroup meeting: Thursday, November 15th at 10:00am, Location: TBD.
- Meeting adjourned – motion by Dr. R. Alcorta, seconded by Larry Preston – all in favor.