



Hospital Area Command: Glimmers of Hope from Tragedy

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January 28, 2026



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M

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What would happen in your hospital?

- Notified by FD/EMS of a Level III MCI (>25 victims)
- Shooting at a high-school football game (1.5 miles from your hospital)
- Numerous people fleeing from scene carrying wounded 



Overview

- One October Las Vegas Mass Shooting
 - Impact of crowd/victim dispersion
 - Hospitals closest to the incident suffered the most impact
 - Communications- Tsunami/Echo calls
- Glimmers of Hope- Lessons learned
 - Planting seeds of resilience
 - Follow the “River” of Patients- HAC Concept, Development , and Implementation
 - Tools to implement in your community

**Warning: Actual gunfire audio/video and images from One October shooting in this presentation
NO VIDEO OR AUDIO recording please!**



- 3-Day Country Music Festival featuring some of the biggest names in country music.
- Fourth year this event has taken place at this venue site.
- Attendance on the night of the tragedy was 22,000.





GOLUK



GoPro 12 2017-10-01 22:55:36





Challenges for Responders

- Victim Egress
- Expanding footprint
 - 17.5 acres expanded to 3.5 square miles (5,632 square meters)
- Echo (distraction calls)

Excalibur

Tropicana

Desert Rose

Americas Best Value Inn

W Reno Ave

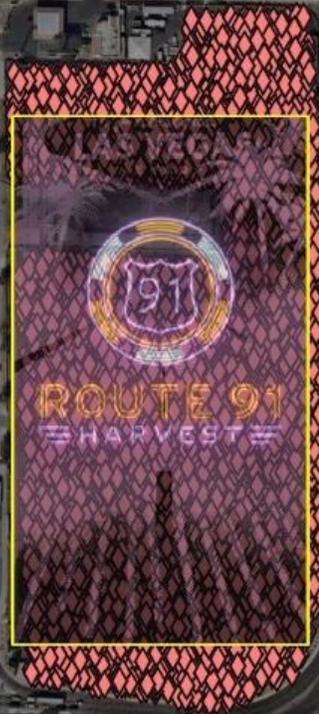
E Reno Ave

Luxor Dr

Luxor

S Las Vegas Blvd

Haven St



Giles St

E Ali Baba Ln

21:56-22:04

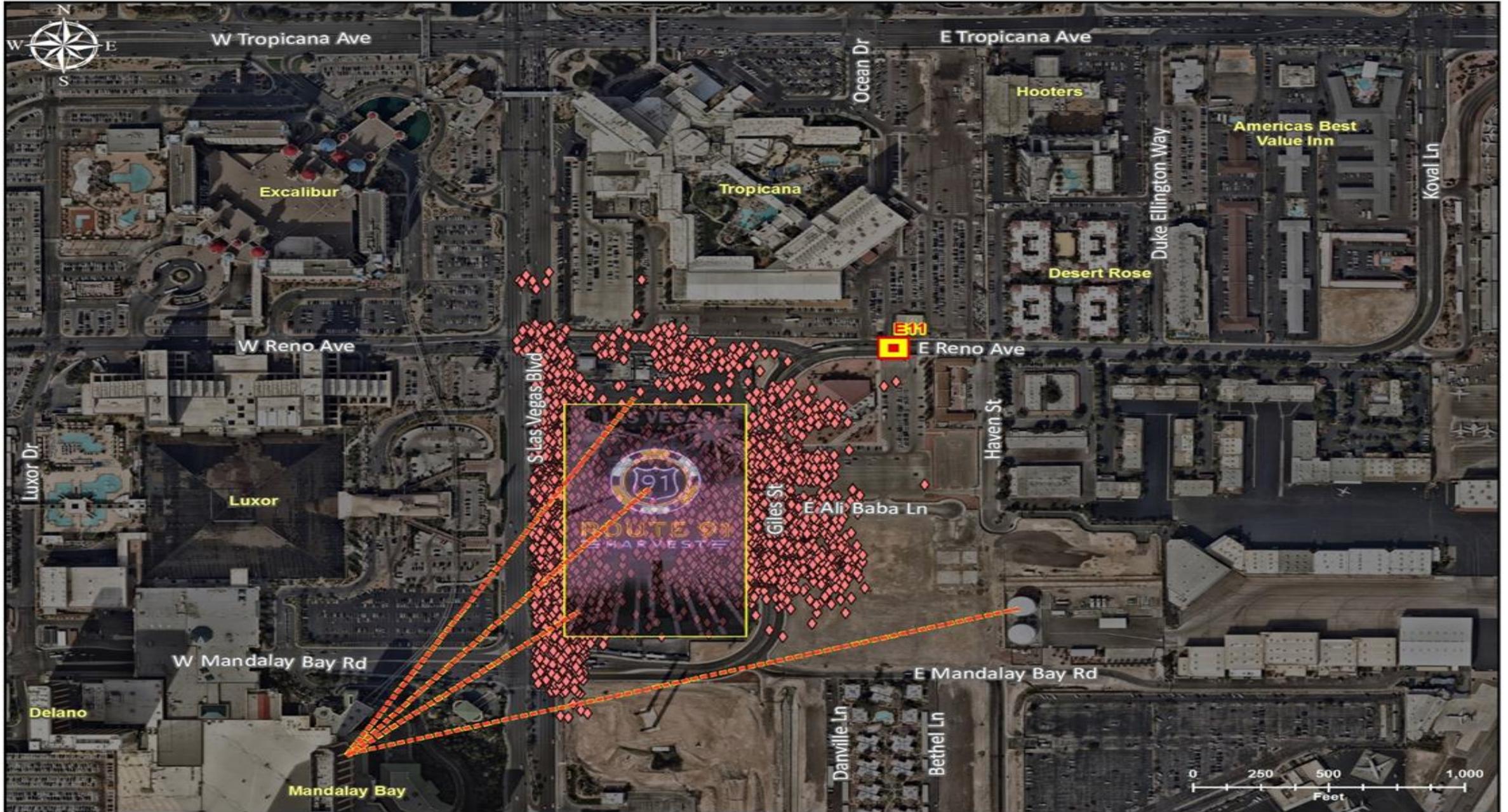
W Mandalay Bay Rd

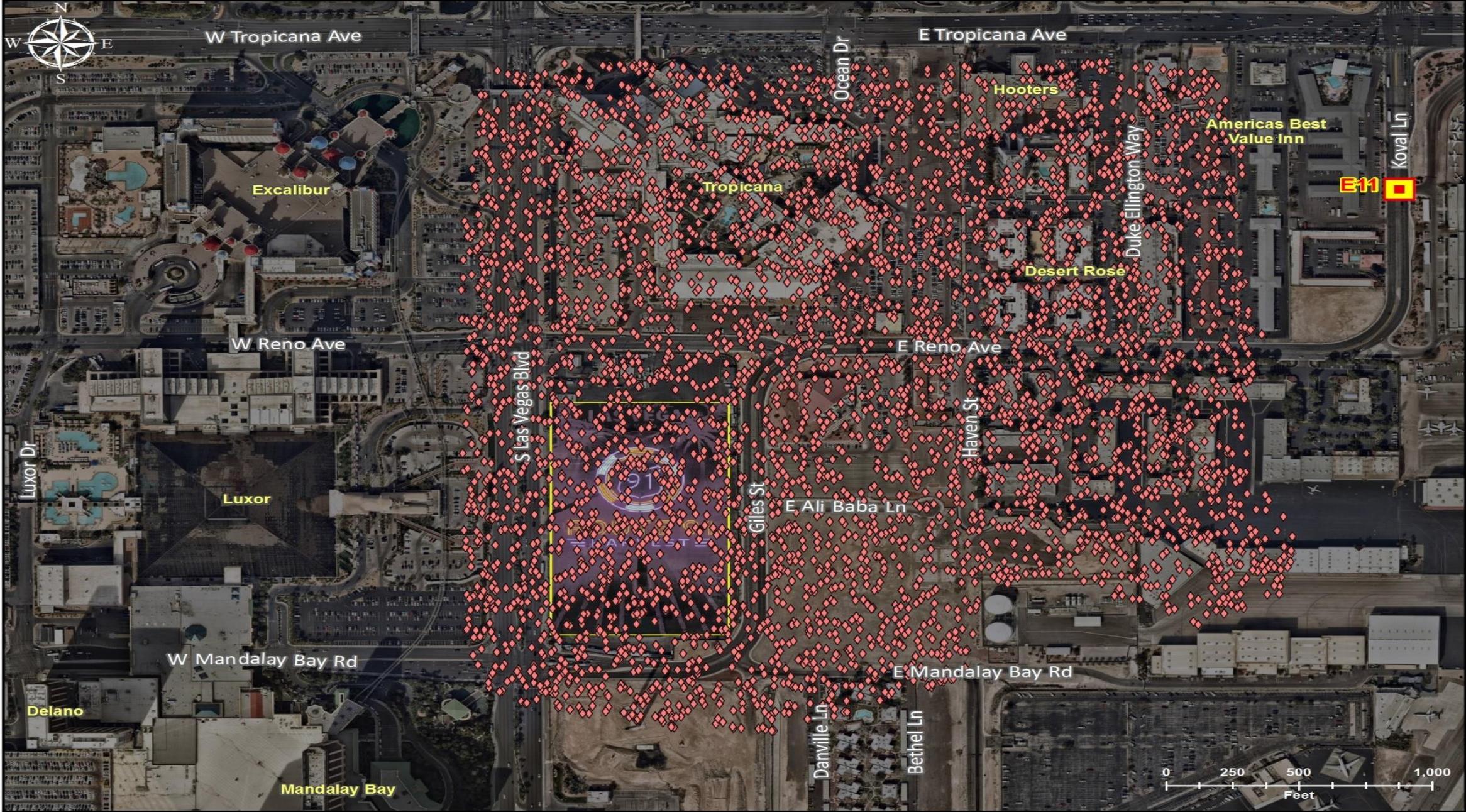
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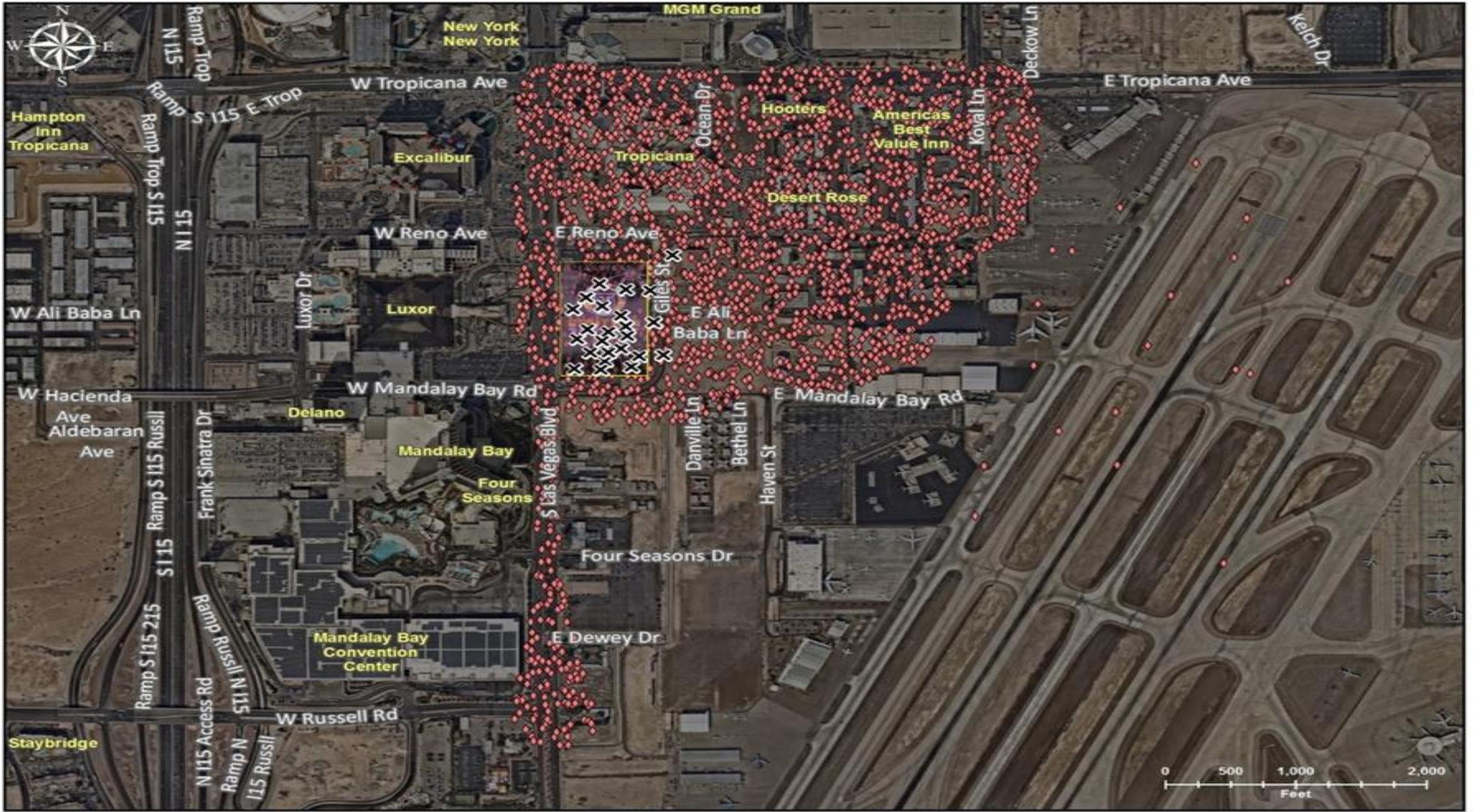
Delano

Duke Ellington Way

Koval Ln







The Communications Tsunami

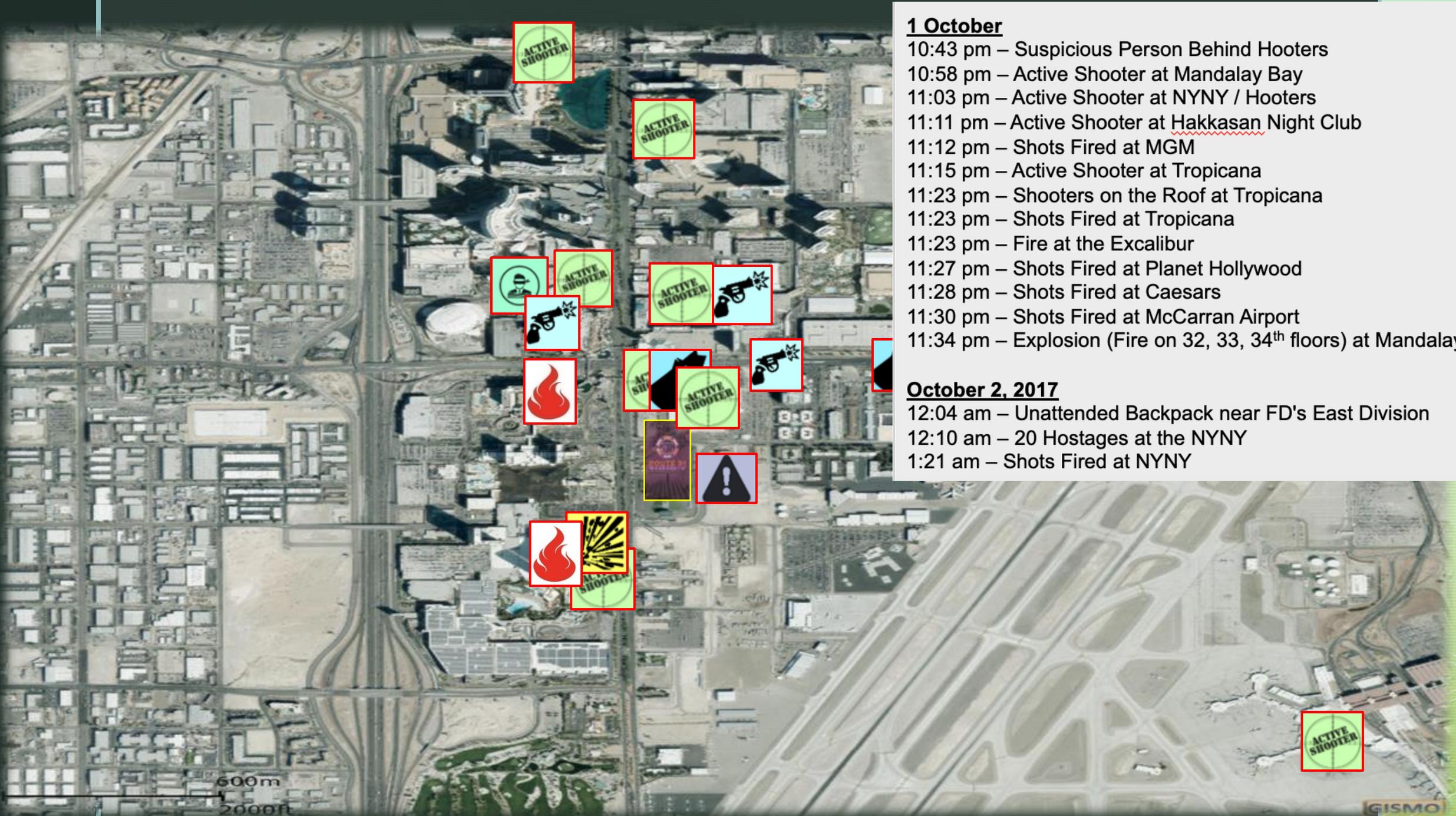


Combined Communications Center



Unique Challenges

- Call takers
 - 60-70 Calls holding
 - Couldn't reassure the caller.... "help is on the way"
 - Calls from Com Center and FD personnel at concert
 - Calls from off duty/on duty personnel
- Dispatchers
 - Requests outside of ICS



1 October

- 10:43 pm – Suspicious Person Behind Hooters
- 10:58 pm – Active Shooter at Mandalay Bay
- 11:03 pm – Active Shooter at NYNY / Hooters
- 11:11 pm – Active Shooter at Hakkasan Night Club
- 11:12 pm – Shots Fired at MGM
- 11:15 pm – Active Shooter at Tropicana
- 11:23 pm – Shooters on the Roof at Tropicana
- 11:23 pm – Shots Fired at Tropicana
- 11:23 pm – Fire at the Excalibur
- 11:27 pm – Shots Fired at Planet Hollywood
- 11:28 pm – Shots Fired at Caesars
- 11:30 pm – Shots Fired at McCarran Airport
- 11:34 pm – Explosion (Fire on 32, 33, 34th floors) at Mandalay Bay

October 2, 2017

- 12:04 am – Unattended Backpack near FD's East Division
- 12:10 am – 20 Hostages at the NYNY
- 1:21 am – Shots Fired at NYNY

600m
2000ft

Proximity to the Incident...

University
Medical
Center
5.9 mi. (9.6 km)



**Sunrise
Hospital**
4.8 mi. (7.7 km)

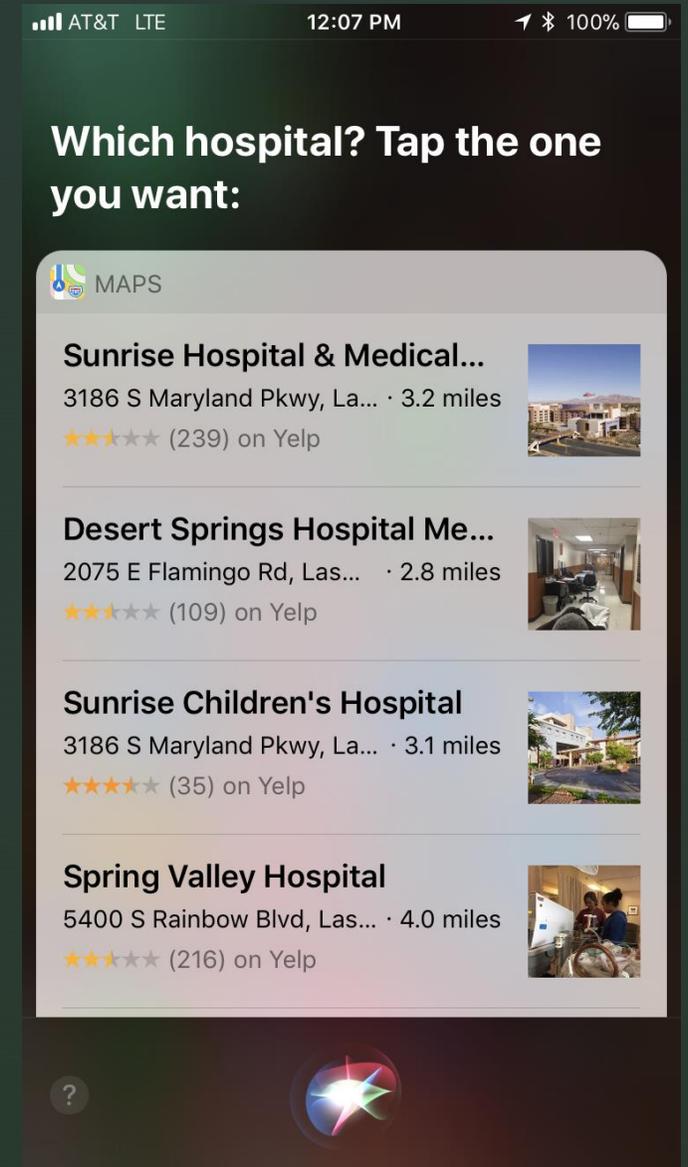
**Desert Springs
Hospital**
4.4 mi.
(7.1 km)

Las
Vegas
Blvd

Site of
MCI

- Support the Hospitals:

- One of our biggest take-a-ways from this disaster.
- They were over run, especially the non-trauma designated, community hospitals.
 - POV arrivals by maps.



Drive-Up Entrance



Video inside one of the hospitals



Route 91 Casualty Statistics

More than **869** injured:

- California, Arizona, Texas

More than **422** people shot:

- Over 500 total gun shot wounds.

60 people killed:

- All deaths resulted from GSW.

16 area hospitals saw patients.

- GSW, trample injuries, fractures, sprains/strains, asthma etc.

More than **250** patients transported by EMS:

- AMR, Medic West, Community, LVFR





Hospital Area Command



▶ Hospital Area Command



- A novel Fire Department Response Model which deploys Fire Department (FD)/EMS assets to hospitals and trauma centers closest to an MCI.
- **Goal: Assist area hospitals experiencing a patient surge in the first moments of a large mass casualty incident.**
- Personnel work with hospital ED leadership to assist with:
 - **Triage**
 - **Treatment**
 - **Patient movement**
- Assets are scalable through the Fire Department's incident command system (ICS) to meet the dynamic needs of the hospital.

**Southern Nevada Fire Operations
STANDARD OPERATING PROCEDURES**

EMERGENCY OPERATIONS

**HOSPITAL AREA COMMAND
DRAFT DATE 8-01-2022**

Effective date: 07/27/2022

Supersedes: 02/22/2022

SOP# SNFO-14

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PURPOSE

The purpose of this procedure is to support area hospitals experiencing patient surge in the initial phases of a large Mass Casualty Incident (MCI).

SCOPE

This procedure will apply to all area fire departments and will be compliant with the policies and procedures of all associated dispatch centers, Clark County Office Emergency Management (CCOEM), the Southern Nevada Health District (SNHD), and local area hospitals.

RESPONSIBILITY

It will be the responsibility of all fire department members to comply with this SOP in the event of a confirmed MCI.

POLICY

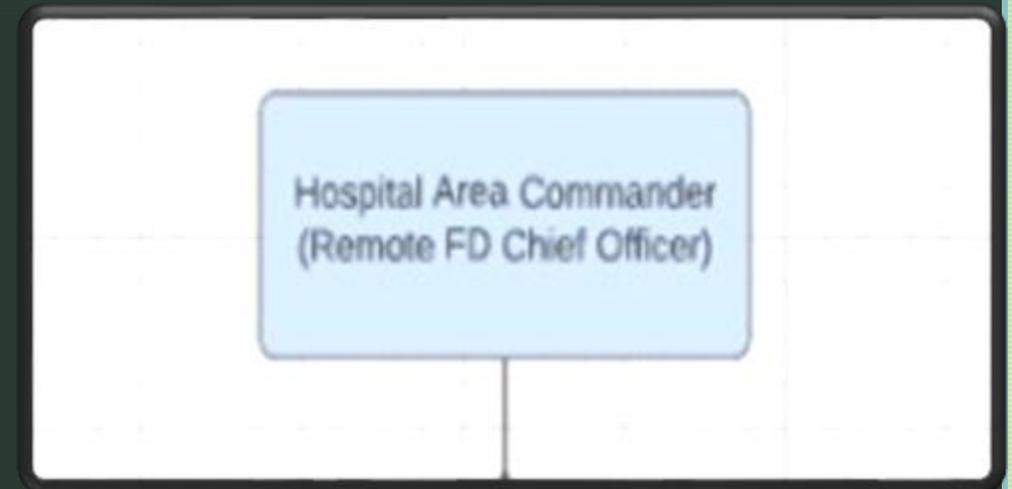
In the event of an MCI Level 3 or larger, one of the responding battalion chiefs will request that dispatch contacts another battalion chief (who is preferably in quarters and far away from the incident site) to establish HAC. Once established, the battalion chief serving as the HAC IC will request the response of an engine/truck company to the closest two hospitals and closest trauma center in relation to the location of the original MCI. HAC will support the needs of those company officers working at these locations.

Triggers for Activating HAC

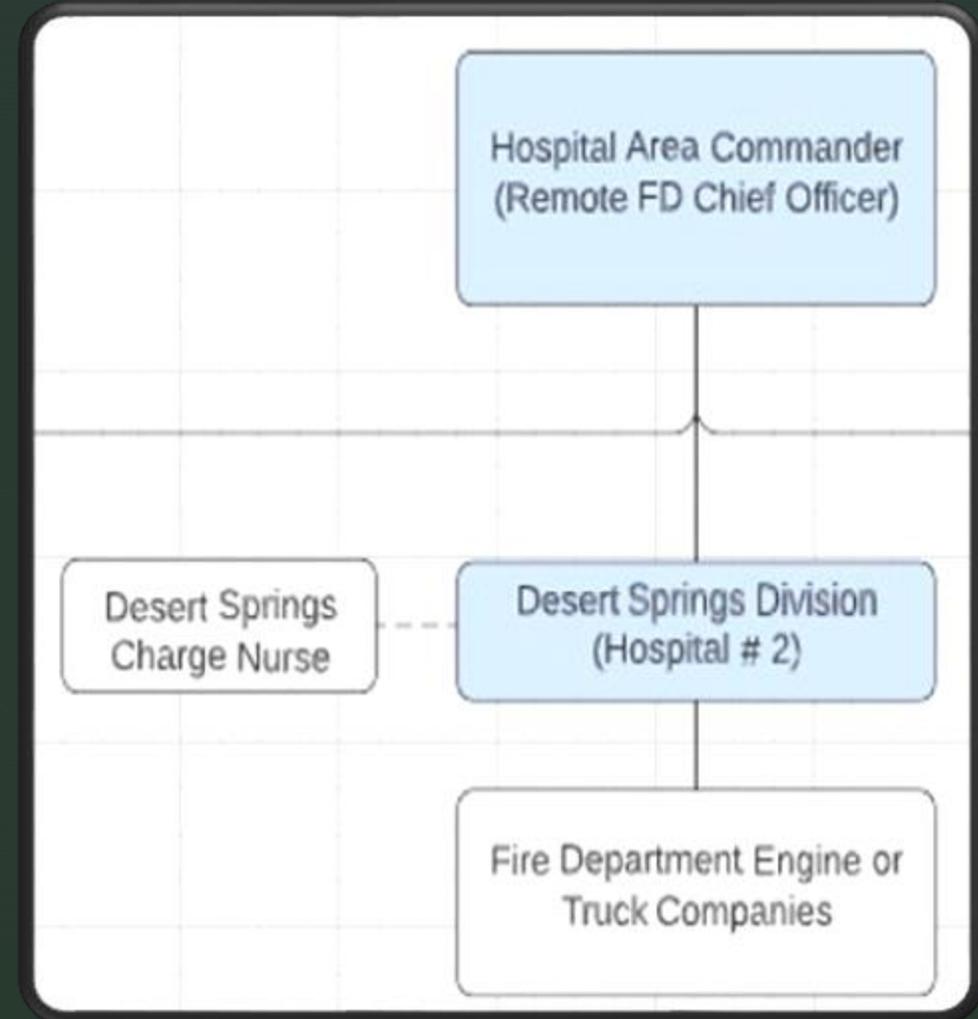
- Confirmation of a Level 3 MCI (>25 patients) or higher
- Request by a hospital
- Request of any fire department Company Officer or Chief Officer

Hospital Area Command - Process

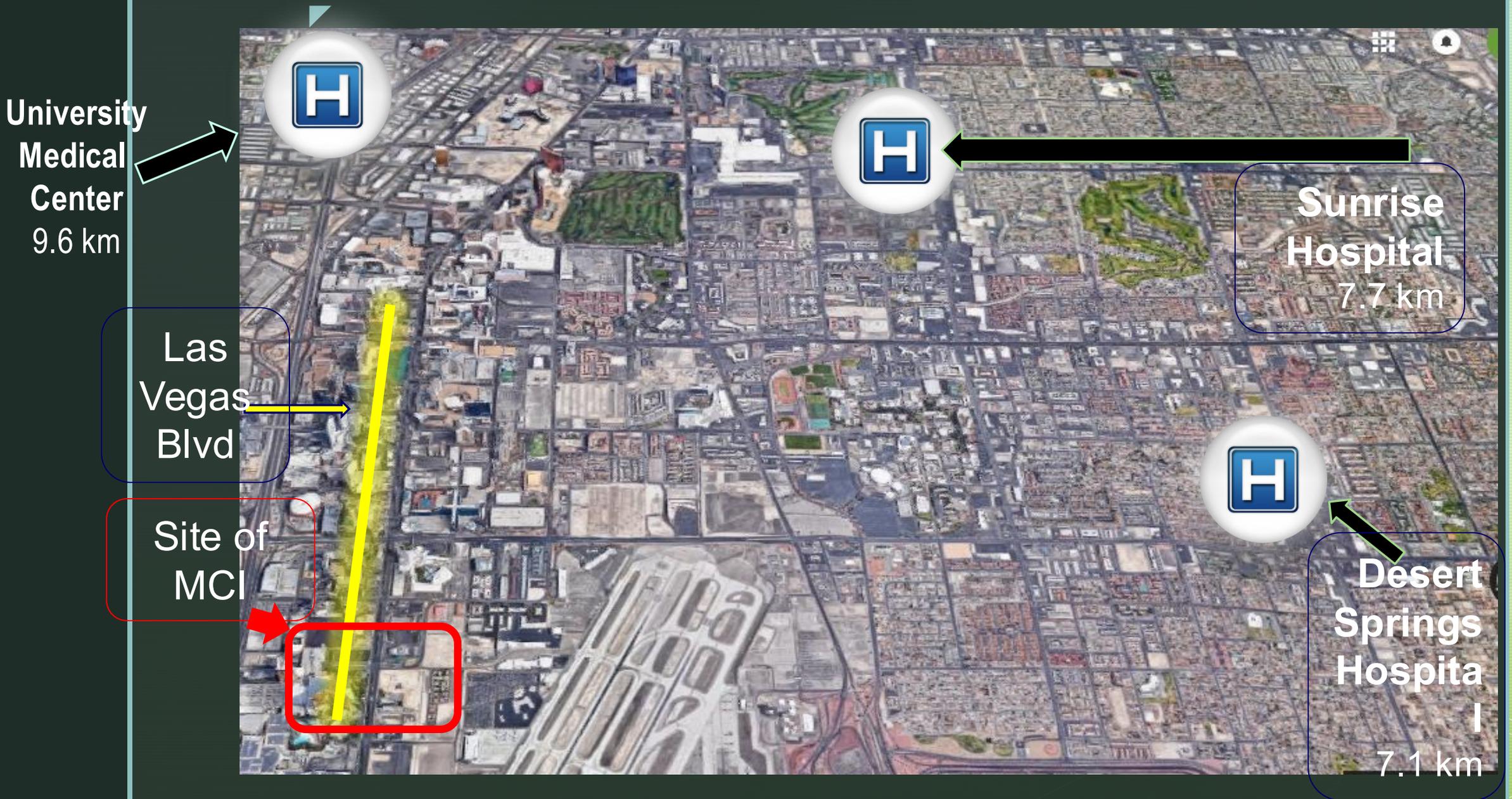
- The assigned battalion chief will establish HAC
- Remote location
- Assigned a Fire tactical channel to manage the needs of the engines/trucks (ladders) headed to the hospitals



- Each engine/truck/ladder company will have at least one paramedic and one captain who will serve as the "division supervisor"
- Division supervisor provide C.A.N. report
 - (conditions/actions/needs)
- They can request additional resources, supplies or anything else needed to help the division and the hospital.

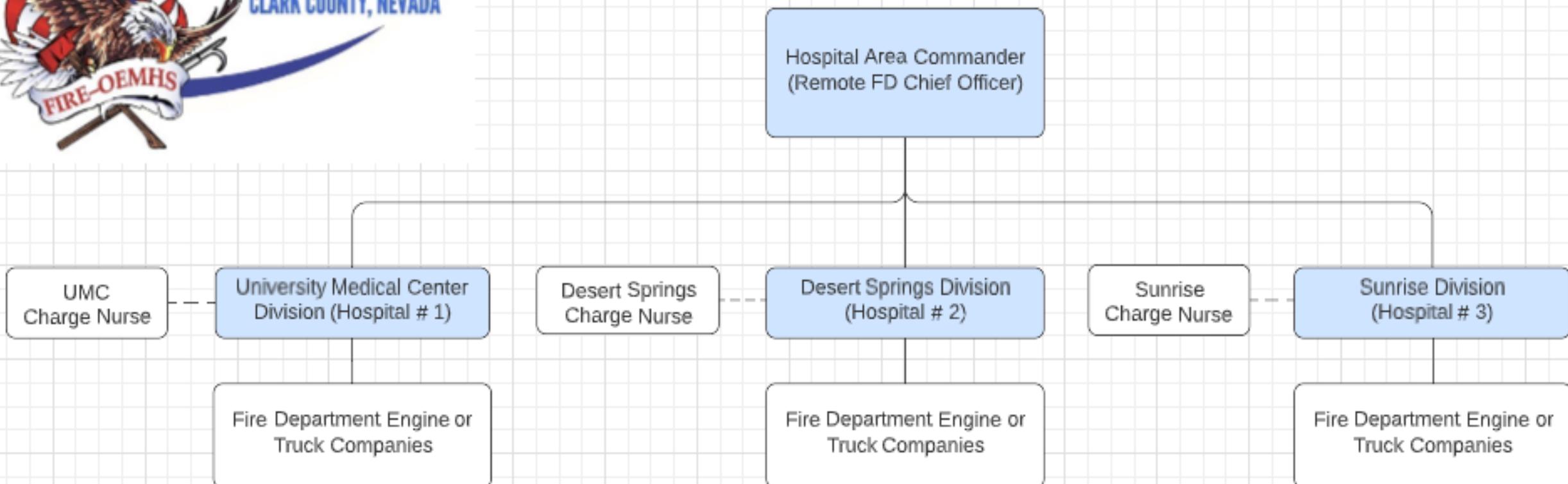


Proximity to the Incident...





Hospital Area Command Example



EMS Regulations Change

Appendix E

replace with

Mass Casualty Incident

Licensed EMS providers who are on duty for a permitted agency may operate within their scope of practice at a receiving facility during a Mass Casualty Incident if that incident is classified as a Level 3, Level 2, Level 1, Extreme MCI or Hostile MCI as defined by the Fire Alarm Office Standard Operating Procedure, M-1 dated 5/09/2016 if requested by an authorized agent of the receiving facility. Further, if the licensed EMS provider is requested through the Incident Commander or Designee to assist with Mass Casualty Incident (as defined above) related patient surge at a hospital to provide triage expertise or act as a liaison with the EMS system they may do so with consideration being made to EMS system needs, status and relevant law.

Revised and approved by MAB 12-05-2018

But.....does it work?



▶ **HAC Full Scale MCI Drill**

- Clark County Office of Emergency Management conducted 2nd full scale MCI Drill
- All Southern Nevada Fire Departments (6) and Hospitals (17)
- All personnel preloaded with 7-minute training video describing the HAC rationale and process.
- Most hospitals were operating at or near capacity
- Total drill time ~1 hour (30 minutes hands-on, 20-30 min hotwash).

What would happen in your hospital?

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- Shooting at a high-school football game (1.5 miles from your hospital)
- Numerous people fleeing from scene carrying wounded



HAC Full Scale Drill

- Hospitals received 1st wave of simulated shooting victims arriving by private vehicle
- HAC established and FD engine/truck company dispatched to hospital.
- 3 Additional waves of simulated shooting victims arrived

Drill was over in **30** minutes.

- Hotwash debrief with survey



Patient # 2
Age: 17
Symptoms/Injuries: GSW to the R chest wall
LOC: Verbal stimuli
Vital signs: HR: 130 BP: 96/40 RR: 40 Skin: Pale/Clammy
Other: N/A

Sucking
Chest
Wound

AAR: Lessons Learned

Many hospital personnel were not aware of

Fire/EMS:

- Equipment
- Capabilities
- Abilities



AAR: Lessons Learned

- FD in a supportive role
- Respect EMTALA
- Hospitals Remain in control.



Fire Captain-Charge RN

Shoulder-Shoulder

Resist temptation to start triaging and treating

Focus on directing others

AAR: Lessons Learned



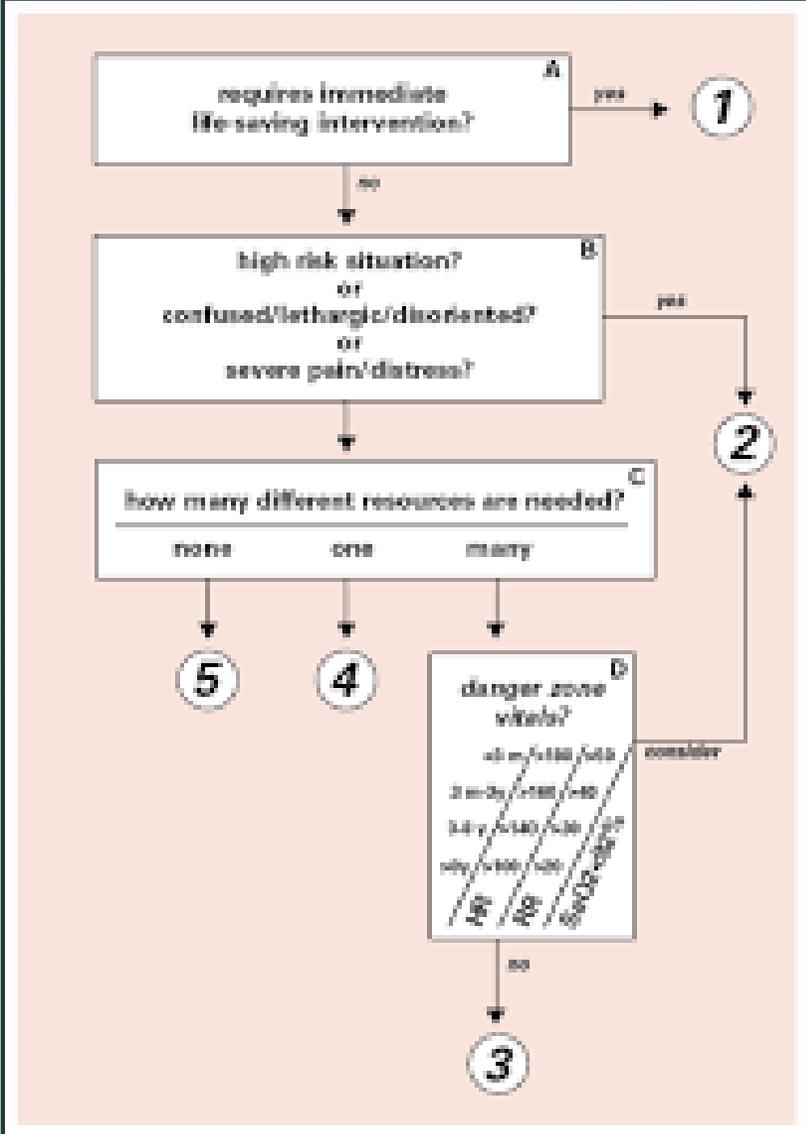
Early Waves



Later Waves

ESI

SALT/START



BACK

Notes

MT-501i (Instructional)

Destination

Major Injuries

Time	BP	Pulse	Resp.	Responsiveness
				A V P U
				A V P U
				A V P U

Not Breathing	DEAD
Not likely to survive	EXPECTANT
Likely to survive given current resources	IMMEDIATE
Obeys commands or makes purposeful movements AND Has peripheral pulse AND Not in respiratory distress AND Major hemorrhage controlled	DELAYED
Minor injuries only	MINIMAL

FRONT

1234567 MEDICAL 1234567

COMPLAINTS & HISTORY

EMT x

Time : Date / /

Male Female Age Weight

TIME	INTERVENTION
	MT-501i (Instructional)

Name

Address

City

Phone

800-425-5397 mettag.com MT-501

DEAD	1234567
EXPECTANT	1234567
IMMEDIATE	1234567
DELAYED	1234567
MINIMAL	1234567

AAR: Lessons Learned
Security at Hospitals
Variable
All Entrances Fair Game



October 2025 Drill

- ~30 patients arriving by POV to multiple entrances
- 4 waves spread over 10-15 minutes
- Wide range of traumatic and burn injuries from a hostile MCI at an outdoor community event.

MCI Hospital Support

Southern Nevada Fire Operations Policy SNFO-14

PURPOSE:

Initial response of fire department resources to assist hospital staff during acute patient surge MCI.

PROCEDURES:

- Upon confirmation of a mass casualty incident (MCI) with 25 or more patients **OR** upon hospital request, the fire dispatcher will initiate a notification to all area hospitals and send resources to hospitals that may be affected.
- Upon arriving at the hospital, the responding Fire Captain will meet with Emergency Department charge nurse for direction.

TRIGGERS FOR HOSPITAL-SUPPORT:

- Mass casualty incident (MCI) with 25 or more patients
- Request by a hospital for support
 - o To make a request for hospital support, **CALL 911**

FIRE DEPARTMENT ASSISTANCE IS DETERMINED BY HOSPITAL STAFF & MAY INCLUDE:

- Requesting additional resources, such as:
 - Fire
 - Ambulances
 - Law Enforcement
- Provide patient triage/treatment **up to the scope of practice allowed by SNHD protocol**
- Assist with patient movement/transfer/transport



Best Practices by Hospitals

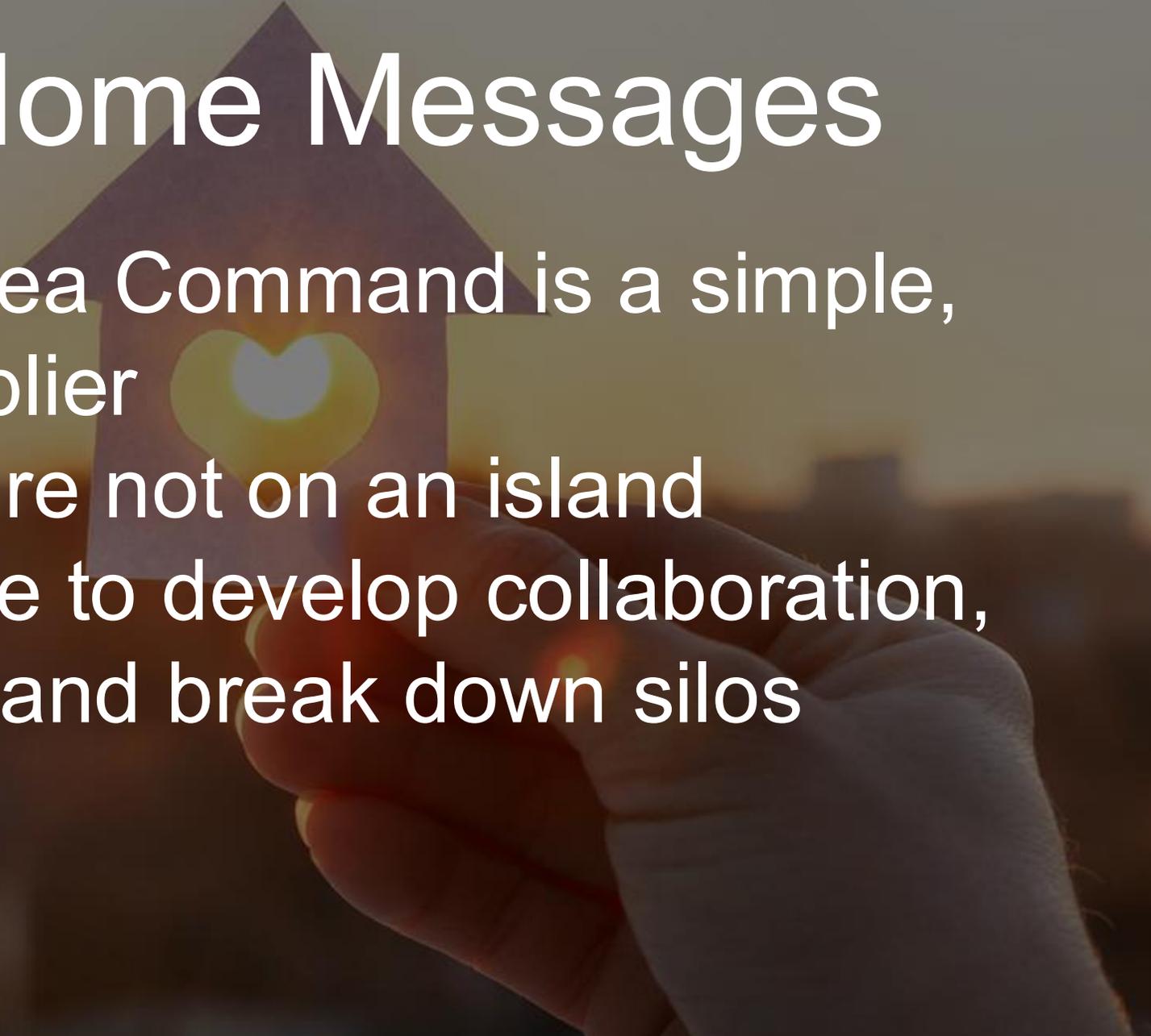


”One Team, One Fight”

#LasVegasStrong



Take Home Messages

A hand is shown holding a small, purple paper cutout of a house. The house has a yellow heart-shaped cutout in the center. The background is a blurred, warm-toned image of a sunset or sunrise over a cityscape.

- Hospital Area Command is a simple, force multiplier
- Hospitals are not on an island
- It takes time to develop collaboration, build trust, and break down silos

Take Home Tools

Link to Training Video



Link to HAC Operations Policy



“Thank God it was a country music concert....”





dslatts@me.com

Link to Training Video



Link to HAC
Operations Policy

