

# Active shooter training increases comfort level of emergency responders

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Emergency Medical Service (EMS) responders felt better prepared to respond to an active shooter incident after receiving focused tactical training according to a new study in the journal *Prehospital and Disaster Medicine*. This is the first study to specifically examine the EMS provider comfort level with respect to entering a scene where a shooter has not yet been neutralized or working with law enforcement personnel during that response.

Incidents such as the Columbine High School shooting, the Virginia Tech campus shooting, the 2009 Fort Hood shooting, the movie theater shooting in Aurora, Colorado, and more recently, the Sandy Hook elementary school shooting remind us of the relative frequency of these events compared to most other mass casualty incidents for which EMS trains and prepares.

For this study, EMS providers responded to an anonymous survey both before and after a four-hour [training](#) session on joint EMS/police active shooter rescue team response. Survey questions focused on individual provider comfort level when responding to active shooter incidents compared to conventional HAZMAT incidents; comfort with providing medical care in an active shooter environment; perception of EMS provider role in an active shooter incident; and the appropriate timing of EMS response at the scene.

The survey results showed that more participants felt adequately trained to respond to an active shooter incident after focused training (87

percent) compared to before the training (36 percent) regardless of a providers prior tactical experience. Additionally, more EMS providers felt more comfortable working jointly on rescue operations with law enforcement personnel in response to an active shooter incident after training participation (93 percent) compared to before the training (61 percent).

According to the researchers, despite rapid deployment of law enforcement to neutralize an active shooter, it is not uncommon for a significant amount of time to pass before [law enforcement](#) has rendered the scene "safe." "Unfortunately this unintentionally prolongs the time before victims can receive life-saving care on the scene, as well as at a definitive care facility," explained lead author Jerrilyn Jones, MD, a clinical instructor of emergency medicine at Boston University School of Medicine and EMS Fellow at Boston EMS. "Our study showed that after receiving appropriate training, EMS providers felt better equipped to work on joint rescue operations even if an active shooter was still present," added Jones, who also is an emergency room physician at Boston Medical Center.

The researchers recommend further studies be undertaken to determine the significance of such training as well as the mortality impact on patient outcomes.

Provided by Boston University Medical Center

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