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A Case Study Report: Pulse Nightclub Shooting

Introduction

In the early morning of June 12, 2016, a gunman entered a gay nightclub in Orlando, FL and proceeded with an attack that killed 49 people and injured 53.^[1] This singular event was one of the deadliest shootings by a singular person in American history.

Facts of the Case ^[2]

It was just after 2:00 AM when an off-duty police officer who doubled as security engaged in a gun battle with the shooter. The shooter had too much firepower upon entry for the officer to combat and as result, the officer retreated and requested additional assistance. Police and emergency personnel arrived shortly after and began triaging victims that were accessible.

Approximately 10 minutes after the shooting started, a group of police officers proceeded to enter the club through a window and engaged gunfire with the shooter. Unfortunately, within these 10 minutes dozens were either dead, wounded, or trapped inside the club. Around 35 minutes after the shooting started, the shooter called 911 and professed his "allegiance to Abu Bakr al-Baghdadi of the Islamic State." Police had reported that they were able to confine the shooter to the bathroom area of the club. The situation evolved from an active shooter situation to a hostage situation. In the next 60 minutes, law enforcement spoke with the shooter three times for a total of 28 minutes.

At 4:21 AM law enforcement removed an A/C unit from a club dressing room, which allowed some survivors to escape to safety. Some survivors explained to law enforcement that the shooter was going to place bomb vests on four hostages. SWAT and hazardous device teams prepared for an infiltration

At 5:02 AM police initiated the first of controlled detonations, eventually using an armored vehicle to smash through a wall. Some hostages were able to escape during that time and the shooter was killed after a gun battle with police.

Epidemiological aspects of the event

There are not many epidemiological aspects of this mass shooting. After reviewing information about the case, it would seem very unlikely that there are major biases or threats to validity. Missing data was collected by conducting interviews, video surveillance, and the obtainment of medical records.

Management of the event ^[1]

The primary hospital that took the most critical patients from the scene was Orlando Regional Medical Center. The hospital is a Level 1 trauma center which allows for the best care for life threatening occurrences. The hospital was three blocks away from the scene which allowed for quick transport of critical patients. After triage by onsite personnel, patients who were not as critically injured were taken to one of two local community hospitals.

Within their first hour of injury 36 victims were transported to ORMC. The second wave of 26 victims were transported to local hospitals due to the stability of the injuries. Law enforcement anticipated a third wave of 40 patients to eventually be transported to the three hospitals, however these victims succumbed to their injuries being trapped in the nightclub.

A retrospective review was performed of all known victims injured in the Pulse Nightclub shooting who either presented to one of three Orlando hospitals for treatment or died following the event. Autopsy reports for all victims who succumbed to their injuries were obtained from the District Nine Medical Examiner's Office.^[1]

The proximity of Pulse Nightclub to the Level I trauma center and the two local community hospitals increased the likelihood of patient survival. Patients who were bleeding internally or externally in hemorrhagic shock were able to receive rapid hemorrhage control because of their proximity to medical care. As the hospitals gathered more data on casualties, the surge capabilities of each hospital were implemented. At the Level I trauma center, operating room staff from the adjacent pediatric Level I trauma center and women's hospital were brought to Orlando Regional Medical Center to rapidly staff additional operating rooms.^[1] From my experience as an Emergency Room Nurse, the response seemed appropriate. Law enforcement assessed the need for medical personnel as there was a possible uptick in severe injuries. The information was relayed to the proper authorities in hospital leadership so they can prepare staff, operating rooms and gather necessary equipment. Staff floated from different disciplines in preparation for critical patients after initial triage by on-site personnel.

Communications of the Event ^[2]

Communication between law enforcement and all other stakeholders such as the victims and the Orlando hospital system seems to be adequate. As soon as a threat was noticed, an off-duty officer tried to combat the situation and notify others for further assistance. Unfortunately, the injuries to the victims were very severe, however, hospitals were ready and anticipated an influx of new patients. After the tragedy in 2016 President Obama and Vice President Biden visited both survivors and families of those whose lives were lost in the ordeal. They used the tragedy to create legislative momentum for gun reform.

Summarize & “Take Away” Message

Mass shootings are a major issue in the U.S and with influences from the NRA and other special interest groups, effective legislation has not been passed to fully address this issue. Hospital systems in population-dense areas have action plans in place for such emergencies, however, there needs to be a stoppage “upstream” to mitigate the risk of a mass shooting. With the information law enforcement had, they acted appropriately and as timely as possible. Gun manufacturers need to be held accountable with civil lawsuits and practice changes to ensure the safety of the public. Ammunition capacity and lock mechanism should be implemented on newly manufactures guns to allow law enforcement and others to have the ability to deter a heinous event like this from happening again.

References:

^[1] Smith, C. P., Cheatham, M. L., Safcsak, K., Emrani, H., Ibrahim, J. A., Gregg, M., ... & Levy, M. S. (2020). Injury characteristics of the Pulse Nightclub shooting: lessons for mass casualty incident preparation. *Journal of trauma and acute care surgery*, 88(3), 372-378

^[2] Ray, M. (2022, June 5). *Orlando shooting of 2016*. *Encyclopedia Britannica*.
<https://www.britannica.com/event/Orlando-shooting-of-2016>