

Shootings put city to the test

EMS care meets challenge

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Denver Business Journal

Apr 25, 1999

When tragedy struck Columbine High School April 20, bullets and bombs left 14 students and one teacher dead, their bodies strewn across a library floor amidst tables, chairs, books and shrapnel.

By the end of the day, more than 23 injured were treated at Denver-area hospitals. A handful lay fighting for their lives in intensive care units.

But from an emergency medical standpoint, what is being called the worst school massacre in U.S. history couldn't have happened at a better place at a better time in metro Denver.

It was mid-day on a weekday and Denver's notoriously bad rush-hour traffic jams had abated. And because it happened in a southwestern suburb, the incident triggered emergency response teams from both Littleton and Jefferson County.

Among small suburban communities, Littleton has been a leader in working towards high-quality emergency services.

Also nearby were the teams of Jefferson County's West Metro Fire and Rescue District, viewed by many experts as the best trained, best equipped crews in suburban Denver.

Meanwhile, at major hospitals that would receive the wounded, major changes have been afoot in the way disasters are handled.

Since late 1997, Colorado hospital administrators, emergency physicians, nurses and public officials have been working to create a statewide trauma network to quickly and seamlessly get victims with the most serious injuries to the medical care they need.

That action plan meant emergency surgical teams were ready to go when the first Columbine students arrived at their emergency departments and no hospital was overwhelmed with the injured.

"We were prepared to take any type of patient," said Dr. Mark Maertins, a trauma surgeon who treated shooting victims at HealthOne Swedish Medical Center. "Once we heard this was going on, we were well mobilized."

"You don't want the disaster at the scene to become a disaster at the hospital," said Dr. Steve Cantrill, a Denver Health Medical Center emergency physician. "Could we have handled another 20 patients? Yes, and we could have handled them well."

Four gunshot victims were treated at Denver Health, four were transported to Swedish, two went to St. Anthony's Central, and the less seriously injured were treated at Lutheran Medical Center in Wheat Ridge and Littleton Adventist Hospital.

At press time, all of the students who were extricated from Columbine High School and taken to hospitals were alive. Surgical teams at Denver Health worked three hours to save a young boy with life-threatening head and neck injuries.

"It's a good testament to the paramedics that got him here that they got him here alive," said Dr. Jim Denton, a trauma surgeon who treated multiple victims. "I think everything went quite smoothly and a lot of credit goes to the teams in the field triaging patients."

A lot of credit for saving lives amidst the chaos of what Dr. Chris Colwell described as "a war zone" goes to an unprecedented show of solidarity by fire and rescue teams from all over Denver. The city's emergency medical safety net was untested by a mass casualty incident and no one knew if it would hold.

But more than a dozen communities pulled together, pooling their resources along with those of for-profit ambulance providers like Rural Metro, Pridemark Paramedics and American Medical Response.

"It didn't matter what color the ambulance was, they just lined up and loaded patients," said Mike Shabkie, Rural Metro's director of operations. "All the barriers drop when there is an incident like this. AMR is sitting next to Rural Metro, sitting next to Pridemark and everybody's talking on the same level."

Following a procedure pioneered by fire service officials in California, Littleton fire officials quickly established a chain of command and a series of on-site stations to treat wounded students and to coordinate movements of vehicles

throughout the area. Much of the credit goes to Littleton Fire Chief Bill Pessemier, people on the scene said.

"We went to Swedish" with one of the rescue crews and a seriously wounded student, said Lynne Greenburg, operations manager for AMR. "They had all their trauma surgeons in and all of their on-call doctors. They were ready.

During the course of an afternoon, paramedics helped treat or transport 130 students. The biggest problem was that law enforcement officials were extremely cautious about sending medical rescue personnel into the shooting zone for fear of more injuries -- this time to the rescuers.

At one point an injured student helped load a more seriously wounded schoolmate into an ambulance because police wouldn't let anybody else into the firing zone to lend a hand.

"There were kids helping," said Tom Cribley, paramedic supervisor for Denver Health. "One of the most difficult issues was to wait" until the firing abated, knowing victims were inside the school.

"Most of us are in this business to help people and when we're prevented from doing that" it causes frustration, he added. "Clearly there were some instances where we couldn't help."

Part of the problem was confusion about damage done by gunshots and homemade pipe bombs. Pessemier said that within the first 10 to 15 minutes, "three or four" victims were transported from the firing zone to the hospital. But later, student Nick Foss, said, efforts weren't so successful. When he tried to emerge from an air duct, he heard officers enter the building and then pull back after an explosion. "We thought it was safe, but it wasn't. There were more bombs," he said.