After-Action Review of the Orlando Fire Department Response to the Attack at Pulse Nightclub

October 2018
Photo Source: Associated Press Photo/John Raoux. Provided to National Police Foundation by Orlando Fire Department on May 18, 2018.
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Introduction

On June 12, 2016, at approximately 2:00 a.m. a gunman entered the Pulse nightclub in downtown Orlando and opened fire on innocent staff and club goers. By the time the incident was over, it was the deadliest terrorist attack in the United States since September 11, 2001. One hundred and two (102) innocent people—at least one out of every three people in the nightclub—were either killed or wounded by gunfire. Forty-nine innocent people were killed and 53 were injured, while another five (5) suffered non-gunshot related injuries.1 The incident evolved from a mass shooting, to a barricaded shooter with hostages, to a scene at which explosive devices were allegedly present. In the end, the United States Attorney and the Federal Bureau of Investigation determined that the incident was an act of terrorism.

This report, requested by the City of Orlando and the Orlando Fire Department (OFD), details OFD’s response to the incident and describes the public safety response more generally, to provide context. The National Police Foundation was asked to conduct the review, in part, because of its experience conducting a critical incident review of the public safety response to the Pulse nightclub attack.2 The current report examines OFD’s preparedness for an event of this magnitude, the Department’s response to the Pulse attack, and its recovery. The after-action review provides guidance and recommendations to inform Orlando Fire/EMS operations as well as Fire/EMS service providers nationwide.

The women and men of the Orlando Fire Department, and their co-responding agencies, demonstrated professionalism, dedication and bravery in response to the Pulse nightclub attack. Their actions saved the lives of innocent club goers and staff. OFD transported approximately 16 of the injured patients to hospitals and treated many others at the scene. The City of Orlando and the Orlando Fire Department should be commended for requesting an objective, in-depth review of the department’s preparedness, response and recovery from this incident.

Scope and Goals of the Review

This report focuses primarily on the OFD’s response to the terrorist attack at the Pulse nightclub on June 12, 2016. Reviewing the decisions made, and the actions taken by the OFD and its partners, allows for a robust discussion of how Orlando-area Fire/EMS agencies prepared, responded, and recovered from the terrorist attack. The review provides information, context, lessons learned and promising practices, as well as opportunities to improve OFD’s response to mass violence events.

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In reviewing the entirety of the Fire/EMS response to the Pulse nightclub attack, the report examines leadership and interagency relationships, command and tactics, training, equipment, policies and standard operating procedures, communications, and post-event responder wellness.

The OFD’s executive staff supported the scheduling of interviews and focus groups, document review, and shared their insights regarding the incident. OFD’s command staff, firefighters and paramedics provided critical insights, as did OFD’s mutual aid partners. We greatly appreciate the professionalism of all those that participated in the assessment, their candor, and commitment to the process.

**About the Agencies**

**Orlando Fire Department**

As of June 12, 2016, the Orlando Fire Department (OFD) had an authorized strength of 596 employees—approximately 515 firefighters, 298 paramedics, and 217 emergency medical technicians (EMTs), with many individuals cross-trained—divided across three bureaus: (1) fire administrative services, (2) fire support services, and (3) field operations. Each bureau is overseen by a deputy chief. The field operations bureau is divided into three shifts, each of which is led by an assistant chief who also supervises the five (5) geographical districts. Each district is led by a district chief, who is responsible for the operations of the department’s seventeen (17) firehouses. The firehouses are supervised by at least one lieutenant who supervises the engineers and firefighters.

As of June 2016, the OFD fleet included 18 fire engines, 11 rescue trucks, seven aerial ladder trucks, one heavy rescue truck, and a number of other specialty units and response vehicles.

The Orlando Fire Department is one of only approximately 150 fire departments in the nation to have achieved an Insurance Services Office (ISO) Class I rating, the highest level fire protection rating that can be attained by a local fire department. OFD is also accredited by the Commission on Fire Accreditation International (CFAI) which indicates that the department has completed a comprehensive and rigorous assessment and evaluation process for fire and emergency service organizations.

OFD serves the entire City of Orlando, which is home to approximately 270,934 people—making it the fourth-most populous city in Florida and the 77th-most populous city in the United States. The City is

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5 National Police Foundation assessment team interview with Orlando Fire Department Assistant Chief. October 24, 2018


spread over approximately 111.2 square miles that covers a total of nearly 71,140 acres. In addition to its resident population, Orlando attracts millions of additional people each year who come for school, business, and vacations. Approximately 41.6 million passengers travel through Orlando International Airport annually, more than 64,000 students attend the University of Central Florida, and Orlando is one of the most popular travel destinations in the United States. The Orange County Convention Center also attracts approximately 1.4 million attendees to more than 230 events each year.

In 2016, OFD responded to approximately 58,342 calls-for-service. Approximately 43,007 of the calls (73.7%) were EMS/Rescue calls; 20,638 of the calls-for-service (35.4%) involved transports to medical facilities; 930 (1.6%) were fire calls; and, 378 calls (less than .01%) were HAZMAT incidents.

**Orange County Fire Rescue Department**

The Orange County Fire Rescue Department (OCFR), “is the largest fire and rescue department in Central Florida,” with over 1,000 sworn fire fighters, 20 paramedics, and approximately 190 administrative personnel. The OCFR serves a resident population of approximately 830,000 and an additional estimated 182,000 daily visitors, and covers nearly 775 square miles. The OCFR fleet includes 46 rescues, 41 pumpers and engines, 12 brush and woods trucks, eight aerial trucks, seven tankers, three squads, and a series of specialty units. In fiscal year 2016, the Field Operations Division responded to 119,101 total calls with approximately 70 percent of the calls being EMS related—resulting in 62,399 patient transports—and approximately 24.2 percent being fire calls. The division also includes Professional Development and Training, which was responsible for conducting 367,354 total hours of training. The Special Operations also provided training to prepare firefighters to respond to incidents that necessitate the use of specialized resources, and responded to 828 total hazmat incidents.

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**Rural/Metro Ambulance of Central Florida**

Rural/Metro of Central Florida (Rural/Metro) is a privately-owned emergency and non-emergency medical transportation service contracted by the City of Orlando to supplement the OFD. On June 12, 2016, Rural/Metro’s first ambulance arrived at Pulse nightclub approximately three minutes after the attack began. During the response, Rural/Metro had eight ambulances transporting patients from the nightclub to the hospital.18

**National and International Implications**

At the time, the attack at the Pulse nightclub was the deadliest terrorist attack on United States soil since September 11, 2001. Since the 9/11 attack, Fire/EMS services have become increasingly engaged in preparedness, response and recovery from terrorist attacks and other mass violence events.19 As a critical component of the public safety response, Fire/EMS leaders participate in intelligence/counterterrorism task forces; integrate command and control with law enforcement; deploy rescue task forces, bomb squads, hazardous material, and technical rescue units; and, triage, treat and transport victims to hospitals. The increasing role that the fire and emergency medical services play in terrorism and mass violence response requires non-traditional policies, procedures, training, and equipment to meet these challenges and ensure an effective response in coordination with law enforcement. This review of OFD’s response to the Pulse nightclub attack is intended to contribute to the growing body of literature that national and international public safety agencies and communities can use to prepare for future terrorist and mass violence attacks.

**Report Organization**

The report begins with an explanation of the methodology employed by the National Police Foundation’s assessment team. The timeline provides a detailed chronology of the fire/EMS response as well as general information about the evolution of the incident. The Analysis section focuses on the issues that impacted OFD’s response to the attack at the Pulse nightclub, including: leadership and relationships; command and tactics; policies, procedures, and training; communications and equipment; and, first responder mental health and wellness. The Findings and Recommendations section provides important observations, recommendations, and promising practices as they relate to OFD’s response to terrorist attacks and scenes of mass violence. The Conclusion summarizes the key themes and the implications for fire rescue departments responding to similar mass casualty incidents.

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Methodology

In September 2017, at the request of the Orlando Fire Department’s (OFD) Chief Roderick Williams, the National Police Foundation (NPF) assembled a team of subject matter experts with extensive experience in fire department and public safety agency leadership, operations, emergency medical service, communications, training, coordination and integration with law enforcement, and response to mass violence/mass casualty events. From October 2017 through August 2018, the National Police Foundation assessment team conducted interviews and focus groups; reviewed materials including 911 call logs, policies and procedures, computer-aided dispatch data, and incident reports; examined open source media related to the OFD response to the incident and the aftermath; researched national and international promising practices and resources; and, studied after action reports from previous mass violence/mass casualty events. Based on the analysis of this body of information, the National Police Foundation assessment team developed the findings and recommendations contained in this report.

The assessment approach involved four methods of information gathering and collection: (1) open source media review, (2) on-site data collection, (3) resource review, and (4) off-site data collection and research. Each method is described in more detail below.

Open Source Media Review

Throughout the life of the review, the National Police Foundation’s staff collected, reviewed and referenced open source media. The assessment team read dozens of news articles, watched videos, and reviewed social media posts related to the incident and the fire/EMS response. This review provided context for the assessment team’s interviews, informed the report writing, and provided direction for additional research.

On-Site Data Collection

The National Police Foundation conducted four site visits to Orlando in 2016 and 2017, while conducting the public safety critical incident review Rescue, Response, and Resilience: A Critical Incident Review of the Orlando Public Safety Response to the Attack on the Pulse Nightclub. Although that review focused primarily on the law enforcement response, it provided a comprehensive understanding of the incident, the response, and its aftermath.

To build on the original report, and to focus on the OFD response, the National Police Foundation assessment team conducted an additional site visit in November 2017. During the site visit, the assessment team conducted semi-structured interviews and focus groups with city and county fire/EMS responders including dispatchers, fire fighters and medics, supervisors, and administrators; city officials; and, other relevant stakeholders. More than 60 individuals were interviewed during this site visit and subsequent phone interviews, including the following:

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After-Action Review of the Orlando Fire Department Response to the Attack at Pulse Nightclub

- City of Orlando Mayor and Chief Administrative Officer
- OFD Chief Williams
- OFD deputy, assistant, and district chiefs
- OFD Office of Emergency Management executives
- OFD lieutenants
- OFD engineers
- OFD firefighters
- OFD dispatchers and call-takers
- OCFR Chief Drozd
- OCFR assistant chief
- OCFR captain
- OCFR lieutenants
- OCFR firefighters
- Orange County Medical Director
- University of Central Florida RESTORES staff

While on site, the assessment team also re-visited the Pulse nightclub area, including many of the specific locations identified in the narrative and timeline, which provided the team with additional context on distance and location for staging areas and other relevant locations.

**Resource Review**

The assessment team collected and reviewed OFD policies, procedures, computer-aided dispatch data, E911 recordings, mutual aid agreements, and other documents and materials provided by the OFD. Each resource was reviewed to better understand the department’s preparation, response, and recovery from the terrorist attack. Materials reviewed include the following:

- OFD policies and Standard Operating Procedure Manual
- OFD communications and computer-aided dispatch records
- OFD communications and images
- OFD internal documents
- OFD training lists
- OFD PowerPoint presentations
- OFD 2015 – 2016 Annual Report
- City of Orlando Incident Action Plans
- Orlando-area public safety agencies’ after-action reviews

The team also reviewed hours of records—including E911 calls and transcripts, transcripts of calls with the suspect, OFD communications, and other records made public by the City of Orlando.

**Off-Site Data Collection**

In addition to the information collected from Orlando, and to ground the incident review in national standards, model policies and best practices, the assessment team researched and reviewed the literature regarding fire and emergency medical response to mass violence attacks. The NPF assessment team also focused on other mass casualty events:
Mass Casualty Critical Incident Reviews:

- 1 October After-Action Report
- Rescue, Response, and Resilience: A critical incident review of the Orlando public safety response to the attack at the Pulse nightclub
- Managing the Response to a Mobile Mass Shooting: A Critical Incident Review of the Kalamazoo, Public Safety Response to the February 20, 2016, Mass Shooting Incident
- Bringing Calm to Chaos: A critical incident review of the San Bernardino public safety response to the December 2, 2015 terrorist shooting incident and the Inland Regional Center
- After-Action Report for the Response to the 2013 Boston Marathon Bombings
- Aurora Century 16 Theater Shooting: After Action Report for the City of Aurora
- Arlington County After-Action Report on the Response to the September 11 Terrorist Attack on the Pentagon

Analysis and Application of Findings and Recommendations

The assessment team used the totality of the information collected to conduct a gap analysis, which focused on identifying key areas to develop a set of lessons learned for the OFD as well as the fire/EMS and public safety community. The team began by reviewing OFD policies, procedures, protocols for active shooter, hostage, bomb and terrorist events. Having these documents as the foundation, the team identified promising practices and challenges in the responses to the attack through interviews and other data collection methodologies. Based on this information as well as on recognized promising practices, model policies, and evidence-based protocols, the team produced a series of findings and recommendations for responding to future incidents. The findings and recommendations are not only intended for Orlando area emergency response agencies, but also applicable to fire/EMS agencies and communities across the nation faced with responding to similar scenarios.
After-Action Review of the Orlando Fire Department Response to the Attack at Pulse Nightclub

Map and Timeline of Events — Sunday, June 12, 2016

* For a sense of scale, Pulse nightclub is located approximately 0.6 miles from the Orlando Regional Medical Center (ORMC).
The assessment team created the map and following timeline of the fire and emergency medical service response to the Pulse nightclub terrorist attack based on information and documents provided by the Orlando Fire Department (OFD) and the Orange County Fire Rescue Department (OCFR); the National Police Foundation’s initial report on the response to the Pulse Nightclub Terrorist Attack – *Rescue, Response, and Resilience: A Critical Incident Review of the Orlando Public Safety Response to the Attack on the Pulse Nightclub*; and, media accounts. The map provides a visual depiction of important places in the response and the timeline provides a chronology of the events. Unless otherwise indicated, the times and descriptions are based on the OFD computer-aided dispatch (CAD) record that has been released to the public. All times are Eastern Daylight Time.

<table>
<thead>
<tr>
<th>Time</th>
<th>Fire / EMS Response</th>
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<tbody>
<tr>
<td>Just before 2:00 a.m.</td>
<td>The suspect parked a rented car in the parking lot of the neighboring car shop, Pro Tint &amp; Detailing, and walked south toward the Pulse nightclub.</td>
</tr>
<tr>
<td>2:02 a.m.</td>
<td>The suspect, armed with a Sig Sauer MCX semi-automatic .223 caliber rifle (military-style rifle) and a Glock 17 (9mm) handgun, entered the Pulse nightclub and began shooting.</td>
</tr>
<tr>
<td>2:03 a.m.</td>
<td>OFD dispatchers radioed an initial message for response to a gunshot wound and recommended an engine and a rescue.</td>
</tr>
<tr>
<td></td>
<td>The lieutenant at OFD Station 5—located across the street from the car shop and Pulse—radioed OFD dispatch that he heard active gunfire and locked down the station.</td>
</tr>
<tr>
<td>2:05 a.m.</td>
<td>OFD dispatchers upgraded the call to a “First Alarm Medical” and dispatched two engines, two rescues, two districts, and a heavy rescue to stage at Gore Street and South Orange Avenue.</td>
</tr>
<tr>
<td>2:10 a.m.</td>
<td><em>No more gunshots were heard being fired by the suspect until the final breach.</em></td>
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<th>Time</th>
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<tr>
<td>2:12 a.m.</td>
<td>An OFD rescue that had just completed an unrelated patient drop off at Orlando Regional Medical Center (ORMC) staged directly behind Station 5.</td>
</tr>
<tr>
<td>2:13 a.m.</td>
<td>After Station 5 was cleared by an OPD officer, OFD implemented Simple Triage and Rapid Transport (START) and mass casualty incident (MCI) tagging protocols. They opened the bay door and began triaging and treating patients.</td>
</tr>
<tr>
<td>2:14 a.m.</td>
<td>OFD personnel at the Gore Street and South Orange Avenue staging location initiated mass casualty incident (MCI) procedures. An OFD assistant chief was dispatched to the call.</td>
</tr>
<tr>
<td>2:16 a.m.</td>
<td>District 1 established the OFD command post at East Kaley Street and South Orange Avenue, behind Station 5. First patient transported by OFD to ORMC.</td>
</tr>
<tr>
<td>2:20 a.m.</td>
<td>After calling OFD dispatch to ask if any assistance was needed, Rural/Metro South called back and OFD dispatch asked for all available units to provide support.</td>
</tr>
<tr>
<td>2:22 a.m.</td>
<td>Two patient triage and treatment areas were established: the primary one behind the Einstein Bros. Bagels and the second near the unified command center behind Station 5. Staging was also moved to Lake Beauty Drive and South Orange Avenue, closer to the two triage and treatment areas.</td>
</tr>
<tr>
<td>2:26 a.m.</td>
<td>OFD requested mutual aid from OCFR. OCFR dispatched all available units and command staff.</td>
</tr>
<tr>
<td>2:33 a.m.</td>
<td>Five rescues, two captains, and a battalion chief from OCFR arrived on scene. An OFD assistant chief went to the OFD command post and the battalion chief was assigned as the staging officer.</td>
</tr>
<tr>
<td>2:35 a.m.</td>
<td>The suspect called 911 and told the call-taker that he “did the shooting in Orlando.” The call lasted 50 seconds.</td>
</tr>
<tr>
<td>2:48 a.m.</td>
<td>During a conversation between the suspect and an OPD Crisis Negotiation Team sergeant, the suspect advised he was wearing an...</td>
</tr>
</tbody>
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28 “Transcripts of Calls with Suspect 6-12-16,” City of Orlando, accessed December 7, 2017, http://www.cityoforlando.net/cityclerk/pulse-tragedy-public-records/. According to the FBI, the call occurred at 2:39 a.m., but the inconsistency could be the result of the time indicated on the suspect’s phone.
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<th>Time</th>
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<tr>
<td>2:56 a.m.</td>
<td>OFD dispatch notified the Office of Emergency Management director of ongoing MCI incident.</td>
</tr>
<tr>
<td>3:25 a.m.</td>
<td>After a report indicated that gunfire was heard in the lobby of Orlando Regional Medical Center (ORMC) the hospital was locked down for approximately one hour and implemented its “code silver” active shooter plan.</td>
</tr>
<tr>
<td>3:28 a.m.</td>
<td>OFD dispatch lifted the lockdown and transports resumed.</td>
</tr>
<tr>
<td>4:08 a.m.</td>
<td>OFD Group 1 (the Arson and Bomb Squad) was paged.</td>
</tr>
<tr>
<td>4:09 a.m.</td>
<td>After the explosive ordnance disposal (EOD) response was initiated and a group page was sent by OFD dispatch to the OFD Bomb/Arson Squad, members arrived and secured the exterior of the nightclub and began to address the suspect’s vehicle.</td>
</tr>
<tr>
<td>4:13 a.m.</td>
<td>OFD command post moved to its original location, behind Station 5, and staging was repositioned to a parking lot at the corner of Cook Avenue and Pennsylvania Street. The triage and treatment location was also relocated two blocks north on South Orange Avenue.</td>
</tr>
<tr>
<td>4:21 a.m.</td>
<td>After calling and paging the on-duty deputy chief, OFD dispatch paged all of Group 2 (the chief and the three deputy chiefs).</td>
</tr>
<tr>
<td>5:02 a.m.</td>
<td>Orange County Sheriff’s Office Hazardous Device Team personnel detonated an explosive charge partially breaching the west wall of the nightclub.</td>
</tr>
<tr>
<td>5:15 a.m.</td>
<td>OPD SWAT team officers exchanged gunfire with the suspect firing.</td>
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<tr>
<td>5:19 a.m.</td>
<td>OFD dispatch radioed that an OPD officer was injured. OFD attempted to respond to the injured officer, but before contact could be made, OPD transported the officer to ORMC in an OPD vehicle.</td>
</tr>
<tr>
<td>5:27 a.m.</td>
<td>OFD command post moved further north on South Orange Avenue.</td>
</tr>
<tr>
<td>5:50 a.m.</td>
<td>OFD dispatch left a voicemail for Chief Williams.</td>
</tr>
<tr>
<td>6:09 a.m.</td>
<td>OFD dispatch begins demobilizing units and instructs all units to report to the OFD command post for debriefing prior to departing the scene.</td>
</tr>
<tr>
<td>6:10 a.m.</td>
<td>Chief Williams en route to Pulse scene.</td>
</tr>
<tr>
<td>6:21 a.m.</td>
<td>OFD assistant chief and two district chiefs met and transitioned incident command to District Chief 2.</td>
</tr>
<tr>
<td>6:22 a.m.</td>
<td>Chief Williams arrives on scene.</td>
</tr>
<tr>
<td>11:15 a.m.</td>
<td>The OPD SWAT, OCSO HDT, and Federal Bureau of Investigation SWAT team officially determined the Pulse nightclub and the suspect’s vehicle were safe.</td>
</tr>
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</table>

Over the course of the incident, Orlando Fire Department firefighters and paramedics provided emergency medical services to individuals in two triage locations near the nightclub. OFD also transported 16 persons to the Orlando Regional Medical Center.

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Analysis

This section details the Orlando Fire Department (OFD) response to the attack at the Pulse nightclub on June 12, 2016 and describes the fire/EMS and public safety response more generally, to provide context. It examines the decisions made and the actions taken by OFD personnel, particularly those related to: leadership and relationships; command and tactics; polices, procedures, and training; communication and equipment; and, first responder mental health and wellness. It is important to note, that the OFD response was reflective of their existing policies and standard operating procedures, as well as promising fire/EMS practices at a national level. The Rescue Task Force (RTF) model—discussed in more detail on page 22—was, and continues to be, an evolving discussion for OFD and fire/EMS agencies nationwide, especially with regard to training, equipping, and deploying fire personnel in “warm” and “hot” zones.

Leadership and Relationships

Leadership is imperative to the execution of a coordinated and effective response to reduce chaos and save lives during a critical incident.36 Regardless of title and rank, leadership is particularly important during an incident as devastating as the Pulse nightclub attack. Examples of leadership can be seen throughout the OFD response. As the incident progressed from an active shooter, to a barricaded suspect with hostages, to the threat of improvised explosive devices (IEDs)—both inside the club as well as in the suspect’s vehicle—OFD personnel on scene and in the communications center led a response characterized by professionalism, dedication, and bravery. As the area immediately around the nightclub transitioned back and forth between a “hot zone” and a “warm zone,” many OFD fire fighters and EMS personnel continued to triage the persons they received from law enforcement, rendered critical emergency care, and provided rapid transport to medical facilities, often disregarding the threat to their safety. Over the course of the response, OFD arson and bomb squad investigators made significant contributions including searching the suspect’s vehicle for IEDs.

First-line and mid-level supervisors made decisions in an urgent, high-stakes, and complex operating environment, in some cases without a presence in the unified command center (UCC) and with little information about the larger response strategy. Likewise, 911 call-takers and dispatchers were able to ignore the commotion in the communications center (as law enforcement personnel negotiated with the suspect) managing calls coming from within the club, dispatching resources, and connecting OFD personnel with command personnel from mutual aid partners.

Mutual Aid Response

Strong relationships between OFD and mutual aid agencies—particularly Orange County Fire Rescue (OCFR)—contributed to the effectiveness of the response. Recognizing that OFD call-takers and dispatchers were overwhelmed, OCFR communications staff deployed resources and then coordinated staging and operations directly with on scene command personnel reducing the demand on the

communications center. This facilitated the rapid deployment and arrival of personnel, equipment, and additional resources on scene.\(^{37}\) Similarly, because of pre-existing relationships OCFR resources seamlessly integrated on scene and backfilled OFD fire stations. For example, an OCFR Battalion Chief was integrated into the OFD command structure upon arriving at the OFD command center and OFD fire fighters and medics took direction from OCFR leadership who had integrated into OFD’s incident command structure. Over the course of the incident, OCFR responded to the scene with an assistant chief, a battalion chief, three captains, 11 rescues, an engine, a rehab unit, the Mass Casualty Incident (MCI) unit, and the mobile command unit (MCU).\(^{38}\)

While OFD personnel on scene—specifically, first-level and mid-level supervisors—quickly established and assumed incident command, OFD’s executive leadership was not aware of the incident until approximately three hours after it began, due to a combination of failures in communication technology, deficient processes, the overwhelming nature of the event, and the demands placed on the communications center. OFD’s executive staff did not arrive on scene until after the subject had been neutralized. As a result, the on-duty assistant chief was the highest-ranking OFD official on scene during the active fire/EMS response. The assistant chief established the OFD command post, but never assumed command of all fire/EMS operations; rather, he oversaw logistics.\(^{39}\) A command officer who was made aware of the incident did not take the initiative to ensure that sufficient higher-level, executive personnel were at the scene, or made aware of the ongoing incident, despite its complexity. The presence of senior-level leaders during the initial stages of, and throughout the event, would have facilitated OFD decision-making and operations, the establishment of unified command, and inter-agency collaboration, particularly with law enforcement.

**Post-Incident Leadership Demands**

The days, weeks, and months following a high-profile critical incident can be overwhelming for city and public safety leaders. Many additional political and community-related obligations and responsibilities follow a critical incident, often taking leaders away from their organizations. OFD and other public safety leaders were asked to attend numerous community and political events in recognition of their leadership and their departments’ performance during the incident. During the post-event phase, executive and senior leaders must perform the difficult task of balancing their external responsibilities with the time they spend communicating with and caring for their personnel.\(^{40}\) Managing the time between external events and internal agency activities can be accomplished by identifying opportunities

\(^{37}\) National Police Foundation assessment team focus group with Orlando Fire Department 911 call takers and dispatchers. November 14, 2017.


to personally recognize agency personnel for their efforts, answer questions, and check on their well-being regardless of the role they played.\textsuperscript{41}

The Chief and his command staff should be commended for requesting an independent review of the department’s response and to learn from national promising practices. However, it is recommended that even in those situations in which an outside review is contemplated, that all agencies conduct an internal after-action review or “hot wash” following critical incidents and ensure that all pertinent records and documents are gathered and maintained.\textsuperscript{42}

**Command and Incident Management**

The initial Orlando Fire Department (OFD) response to the Pulse attack was consistent with the department’s policies, procedures, and protocols, specifically regarding establishing and maintaining unified command. Approximately one minute after the first shots were fired, OFD units were dispatched to the nightclub for a gunshot wound.\textsuperscript{43} The call was quickly upgraded to a first alarm medical incident, after the lieutenant in Station 5—located across West Kaley Street from Pulse—radioed that he could hear shots fired coming from the direction of Pulse and that the firefighters in the station could see injured persons walking to the station for medical assistance. Because the scene was not secure at that point, the station remained locked down. However, OFD units from other stations were dispatched to the area and an OFD rescue that was returning to duty after transporting a patient—unrelated to the incident—to the Orlando Regional Medical Center (ORMC) staged behind Station 5 and began treating victims who had fled from the night club. After an Orlando Police Department (OPD) officer secured the area surrounding Station 5, the bay door was opened and firefighters immediately began treating victims.

**Command**

In accordance with General Order 2001-610-12 “Response to Scenes of Violence,” OFD units initially responded to and staged in a parking lot at the corner of South Orange Avenue and West Gore Street, approximately 0.75 miles from the nightclub (see map on page 9). Once the area around Station 5 was cleared by OPD, the OFD staging area moved closer to the scene, between Lake Beauty Drive and West Miller Street and South Orange Avenue, which was approximately three blocks away from Pulse, and a queue of emergency transport vehicles lined South Orange Avenue between the staging area and OFD Station 5. After receiving information from OPD that the suspect had indicated that he possessed improvised explosive devices (IEDs), the staging area was moved further away from the nightclub on


\textsuperscript{43} Orlando Fire Department. “Lessons Learned from the Response to the Pulse Nightclub Incident.” Provided electronically to National Police Foundation assessment team by Orlando Fire Department lieutenant on November 6, 2017. Reviewed by National Police Foundation assessment team November 2017 – August 2018.
South Orange Avenue. Each of the staging locations was well-established and communicated to responding units, which facilitated the rapid transportation of patients from the triage areas to ORMC.

The OFD Command Post and the OPD Command Post were initially located in the parking lot behind Station 5. At the time that the OFD Command Post was established, an assistant chief, two district chiefs, seven engines, a tower truck, a heavy rescue, and 11 rescue vehicles had been deployed to the scene. From the OFD Command Post, some units were sent to the primary triage area in the Einstein Bros. Bagels parking lot—on the other side of South Orange Avenue—to assist in the triage and transport of victims, while others were kept in the area behind Station 5, which had become a secondary triage area. As more rescue vehicles became available, they lined South Orange Avenue between ORMC and Station 5. While the overwhelming majority of the responding OFD units deployed to the staging areas and waited in the queue, at least one rescue unit responded directly to the scene and redeployed to the scene after transporting victims to ORMC without receiving assignments from the staging area or returning to the queue.

During the course of triaging, treating and transporting victims to ORMC and other local medical facilities, mutual aid from Orange County Fire Rescue (OCFR) arrived at Station 5 and integrated its personnel and units into the OFD response. An OCFR assistant chief joined the OFD Command Post and assisted the OFD district chief who was the incident commander and the assistant chief. An OCFR battalion chief was assigned to serve as the fire/EMS Staging Officer, and three OCFR captains joined the response. Additionally, OCFR dispatched 11 rescues, one engine, a rehab unit, the Mass Casualty Incident (MCI) unit, and the mobile command unit (MCU) to assist in patient care and transport. An OFD heavy rescue assisted OPD SWAT members deploy onto the roof of the Dunkin Donuts on the southern side of the nightclub.

Incident Management

At approximately 3:00 a.m., the Unified Command Center (UCC)—which was led by OPD—relocated to the south side of Pulse. The OFD incident commander kept the OFD Command Post in its location. This decision was counter to OFD General Order 2000-601-23 “Guidelines for Response to Acts of Terrorism” which indicates that the OFD command post “shall have the same location as the City of Orlando Police Department until the alarm is cleared.” As a result, OFD did not have a representative in the UCC. The lack of an OFD representative in the UCC exacerbated communication challenges, reduced OFD’s situational awareness, and impaired coordination between OFD and OPD until after the Fire Chief and other OFD executives arrived on scene. It is important to note that OFD attempted to maintain communication with law enforcement incident command by holding an OPD officer at the fire command post. Unfortunately, that officer was operating on a radio channel that was not the primary law enforcement operations channel, and OFD continued operating with incomplete information on law

enforcement activities. The OPD officer was also using an earpiece, which required information to be verbally relayed to fire/EMS officers.  

After receiving information from OPD that the suspect had indicated that he possessed improvised explosive devices (IEDs), the OFD fire fighters and medics who had been operating in the triage area behind Einstein Bros. Bagels, followed General Order 2004-601-56, “Bomb Threats, Explosive Devices, and Bomb Scenes,” and moved to a secure location.  

With information that the area had now become a “hot zone,” the OFD staging area relocated to the corner of West Miller Street and South Orange Avenue—just in front of ORMC—and the OFD Command Post also relocated north of Station 5. As the OFD Command Post moved further north, the UCC moved further south along South Orange Avenue, placing more distance between the agencies.

This distance, inadequate radio communications, and the lack of unified command continued to impact the OFD response. Although the OFD Arson and Bomb squad assisted OPD and the Orange County Sheriff’s Office (OCSO) in securing the exterior of the nightclub and investigating the possibility that explosive devices were in the suspect’s vehicle, no communication was made with them from either the OFD Command Post or the Unified Command Center. Therefore, when the decision was made to breach the exterior wall on the western side of the nightclub, the OFD Arson and Bomb squad technicians were taken by surprise. Other OFD fire fighters and medics reported that they too, were unaware of the breach until after it occurred, and initially thought an IED had been detonated.

This lack of communication and coordination temporarily stalled the process of having OFD rescue vehicles transport the additional victims that were successfully rescued from the club to the hospital. As a result, OPD underutilized the EMS transport units on scene and relied on officers to transport patients directly to the hospital. Of the 55 persons transported to local hospitals, 40 were transported by Fire/EMS agencies: 16 by OFD, 15 by Rural/Metro Ambulance of Central Florida, and nine by OCFR. OPD also transported 15 persons. It also impacted the ability of OFD incident command to properly track the number of patients, their injuries, and the medical facilities to which they were transported. While the majority of the victims were taken to ORMC—which was less-than-one mile away from Pulse—this quickly overwhelmed the emergency room staff, who were also dealing with victims who had self-presented. An OCFR captain stayed at ORMC to serve as a liaison between the first responders and the emergency room, and to keep track of the victims being transported by emergency transport vehicles. The captain indicated that it was difficult to prepare for the waves of victims and to provide information

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on the patients that were self-presenting or being transported by law enforcement. Additionally, had the incident occurred elsewhere in Orlando, overtaxing the resources of the Level One trauma center in the area for less serious injuries could have impacted patient care.52

At 6:22 a.m., after the suspect was neutralized by OPD and OCSO, the OFD Chief arrived at the Unified Command Center. His arrival helped provide clear leadership and direction for the debriefing and relief of OFD fire fighters and medics still on scene, and more importantly, facilitated information-sharing between OFD and the other responding agencies and government officials. Having Chief Williams in the Unified Command Center also eased the coordination of decisions as the Emergency Operations Center (EOC) was officially activated.

The EOC activated its level one operations in the communications center at approximately 9:00 a.m. on June 12, 2017.53 The EOC was responsible for providing operational coordination and support between OFD, OPD, and citywide operations in a number of critical areas, including: family reunification and assistance; continuing on scene needs for the respective command posts and personnel; facilitating the joint information center (JIC); coordinating dignitary visits, funerals, memorial services, and vigils; establishing an emergency information center and help line; and, receiving donations for survivors. The EOC also developed and distributed daily incident action plans (IAPs) that provided coordinated information to all stakeholders.54 Once the EOC was activated, command and control of all aspects of the response was reported to be much smoother.55

Policies, Procedures, and Training

It is incumbent that all public safety leaders are aware of the increasing number of mass violence events and changes in the national and international threat environment. Leaders must take these developments into account and ensure that policies and procedures are updated accordingly. Equally important for department leadership is to develop training that corresponds to policies and procedures and incorporates promising practices and lessons learned from mass violence events. For example, the suspect in the Pulse attack referenced the November 2015 terrorist attacks in Paris and the use of suicide vests, suggesting that he was wearing a similar device.56 OFD, and public safety agencies more

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generally, must not only train, but also ensure that policies, procedures, protocols and training are put into practice. Additionally, the lack of national-level standards or template memoranda of understanding to address rescue task forces were not created until after the response to this attack, at the request of the leaders of the agencies involved.

Recognizing that the threat of mass casualty attacks represents a continuing, if not a growing, threat requires all public safety agencies to continuously evaluate and adapt training, policies, and strategies. As mass casualty attacks continue and evolve in tactics, it is important that public safety agencies also review and update their policies, procedures, and training to correspond to the threat environment. According to John Miller, the New York City Police Department’s Deputy Commissioner of Counterterrorism and Intelligence: “because terrorism, like technology – and sometimes because of technology – is constantly evolving. If you’re working on the techniques you developed two years ago, you’re way out of date.”

### OFD Policies and Procedures

The OFD response to Pulse was constrained, to some extent, by policies and procedures that were outdated. For example,

- **OFD General Order 2000-601-23 “Guidelines for Response to Acts of Terrorism”** became effective since January 8, 2001, however it has not been updated since that time.  
  
- **OFD General Order 2001-610-12 “Response to Scenes of Violence”** became effective at the end of November 2001, and it also has not been updated. The order’s focus is on staging at a scene of violence, but it does not provide guidance regarding operating at such a scene.


While two of the three policies took into account lessons learned from the 9/11 terrorist attacks, none of them account for promising practices and lessons learned derived from more recent incidents including the bombings at the 2013 Boston Marathon and the 2015 terrorist attack at the Inland Regional Center in San Bernardino, California. Because the policies have not been updated, they do not incorporate national-level promising practices identified by the US Department of Homeland Security

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and associations including the International Association of Fire Chiefs and the National Fire Protection Association.61

The only OFD policy that addressed “hot zones” was General Order 2000-601-23 “Guidelines for Response to Acts of Terrorism.” The policy states, “[t]he hot zone shall be that area that is considered extremely hazardous until monitoring, recon, and intelligence has deemed the area as safe,” indicates that personnel should not, “transmit on portable or mobile radios...hand signals, face-to-face communications, and runners shall exist as the form of communication,” and establishes the hot zone as a minimum perimeter of 1,000 feet including vertical.62

**Rescue Task Force**

In 2012, OPD and OFD conducted an active shooter exercise and OFD obtained information regarding the Arlington, Virginia, Fire Department’s rescue task force (RTF). A concept paper and protocols were drafted by a member of the command staff to create a rescue task force in OFD as was to implement Tactical Emergency Casualty Care (TECC) training. The process of developing a rescue task force stalled and some initial TECC training was conducted prior to the Pulse attack according to OFD personnel interviewed by the assessment team.63

In 2015, an OFD “rescue task force” was incorporated into a regional law enforcement “major terrorism exercise” to serve as a casualty rescue team. Also, during this time, preliminary protocols were drafted and submitted to the Chief and his command staff for review. In addition, recommendations were made to purchase ballistic helmets and vests. While a small cache of equipment was purchased in 2015, it was only used for training purposes while OFD continued to evaluate options for a large-scale purchase and future implementation. Additionally, OFD had not officially developed policies, procedures and/or protocols defining the use of the equipment nor the role of a rescue task force. Additionally, although OFD continued to participate in inter-agency exercises no written policies and procedures related to integrating the RTF into a critical incident was developed, agreed to, and put in place between the OFD and OPD to define rescue task force operations at the time of the incident.64

To accomplish the deployment of fire-based rescue task forces, written policies, procedures and protocols should be in place and practiced among public safety agencies. Deployment protocols and responsibilities should be clearly defined, and the fire service should be represented in the Unified Command Center to coordinate deployment with law enforcement tactical units.65 Furthermore, given

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all of the interaction between the public safety agencies in Orlando and Orange County, a unified policy for active shooter response and RTF deployment should be developed and practiced between OFD, OCFR, OPD, and OCSO.

During the San Bernardino terrorist attack members of the Rancho Cucamonga Fire Department’s rescue task force responded but were not deployed to assist in the removal of victims from the warm zone. It should be noted that several organizations, including the International Association of Fire Fighters (IAFF), the National Tactical Officers Association (NTOA) and the National Fire Protection Association (NFPA) have recognized that Fire/EMS has a critical role to play in mass violence events and are working to define the RTF role, operating policies, procedures and protocols. In that regard, a preliminary standard, NFPA 3000 – Active Shooter/Hostile Event Response, was published in the aftermath of the Pulse attack and offers guidance regarding to what extent fire departments should operate in “warm” and/or “hot zones,” and how best to integrate with law enforcement. Leadership from OFD and OCFR have participated in NFPA 3000, in an effort to ensure that lessons learned from the RTF process prior to, and during, the response to Pulse are addressed in the standard. As of October 1, 2017, OFD deployed ballistic equipment to all field personnel. Ballistic vests have also been assigned to every seat on apparatus and all command vehicles carry extra vests and helmets. The OFD continues to finalize its RTF policies, procedures and protocols.

Training

Fire/EMS departments and their public safety partners, “cannot wait for a complex or novel critical incident before they engage in conversations regarding decision-making and tactics. Rather, they must invest in training opportunities that create highly complex scenarios to build situational awareness, decision-making, and complex creative problem-solving skills.” Regular regional tabletop exercises and larger-scale, scenario-based training exercises should be used to test the implementation of the updated and coordinated policies and procedures, including the Rescue Task Force. To begin with, OFD and OPD personnel should practice implementing the Incident Command System (ICS) and establishing unified command on pre-determined categories of calls that require joint responses, so that both agencies are familiar with the process. Additionally, training exercises that provide opportunities for OFD arson and bomb squad investigators to engage with OPD officers—particularly the SWAT team—and the OCSO Explosive Ordinance Device (EOD) team regarding breaches and specialized responses should be prioritized. These trainings should then be enhanced in scope to include Orange County Sheriff’s Office

(OCSO), Orange County Fire Rescue (OCFR) personnel, and other mutual aid agencies. Leadership from the public safety agencies involved should also leverage opportunities to conduct regular National Incident Management System (NIMS) and ICS trainings. These types of training exercises can prepare agencies and their personnel for critical incidents and facilitate interpersonal interactions and team building between allied agency personnel.

OFD did implement TECC training for all members of the department as well as Swift Assisted Victim Extrication (SAVE) training. Despite the purchase of RTF equipment, OFD’s participation in active shooter exercises, and TECC and SAVE training, a rescue task force was not utilized during the response to the Pulse incident. The leading factor that contributed to this outcome is the fact that the operating environment inside Pulse remained a “hot zone” because of the threat posed by the suspect and the alleged presence of improvised explosive devices.

**Hot, Warm, and Cold Zone Fire/EMS Responsibilities**

**Hot Zone:** “An area where there is a known hazard or direct and immediate life threat.”
- The National Fire Protection Association recommends that no fire or EMS responders “operate in the hot zone without the proper training and equipment to address the hazards that they could encounter.”
- However, fire/EMS personnel who are caught in a hot zone must be able to recognize and communicate the change in the zone delineation, take measures to defend or engage in order to minimize harm, and provide threat-based care.

**Warm Zone:** “An area where there is the potential for a hazard or an indirect threat to life.”
- Fire and EMS personnel who are not part of a specialized team, who are assigned to operate in a warm zone, must be able to: communicate an estimated number and locations of casualties, places for casualty collection points, and additional resources required; continually evaluate the scene for threats; provide threat-based care; and, recognize and communicate the change in the zone delineation if it goes from warm to hot.

**Cold Zone:** “Areas where there is little or no threat due to geographic distance from the threat or the area has been secured by law enforcement.”
- Fire and EMS personnel who operate in a cold zone must be able to: establish command and control, including operating within the Unified Command structure when necessary, and operating as a component within the fire rescue and/or medical branch within the Incident Command System; continually evaluate the scene for threats; provide threat-based care; triage, treat, and transport victims; and, recognize and communicate the change in the zone delineation if it goes to warm or hot.


**Communications**

The computer-aided dispatch (CAD) system that was in place at the time of the attack at Pulse allowed for groups of OFD personnel that were issued pagers to receive alerts, but it did not allow for text
messages to be sent to mobile phones. In accordance with General Order 2000-601-23 “Guidelines for Response to Acts of Terrorism,” the chief, deputy chiefs, assistant chiefs, and members of the arson and bomb squad were notified via their pagers that there was an ongoing incident. However, the CAD system did not provide any acknowledgement that a particular page had been sent, delivered, received, or read and there were no redundancies to ensure that intended recipients of a page received another notification if the page did not go through. The chief and some members of the command staff indicated to the National Police Foundation assessment team that they did not receive the page.

While the OFD communications supervisor sent out an initial page in the early hours of the incident, there were no follow up pages sent or protocols to ensure that the pages were received. Some personnel received the page and called the communications center to receive additional information and verify whether or not they were needed, but others never received the page. Given the number of calls that OFD call takers and dispatchers were answering, they were also unaware of who had responded to the page and were unable to conduct follow up calls to verify that members of the OFD executive leadership were aware of the ongoing incident. While this contributed to the fact that OFD executives did not respond to the incident until after the suspect was neutralized, new communications protocols, including a new alert process was implemented following this incident that requires communications staff to follow up with a phone call three minutes after the initial page alert is sent if they have not received a response.

Another communication challenge during the OFD response to Pulse stemmed from the numerous radio channels used during the incident. While OFD 911 call takers and dispatchers in the communications center can patch all OFD radio stations together, patch the OFD and OPD channels together, or patch other agency channels together, some individuals and groups declined to be patched during the response to the Pulse incident to preserve operational integrity and safeguard tactics. OFD personnel interviewed by the National Police Foundation assessment team indicated that the lack of coordination regarding radio channels among public safety first responders created challenges in integration and communication. While it was understood that a special tactical channel was needed for OPD and OCSO tactical units operating inside the nightclub, some of the OFD personnel interviewed by the National Police Foundation assessment team indicated that channel was not monitored by OFD communications staff nor was important information from that channel relayed to the first responders who did not have

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72 National Police Foundation assessment team interviews with Orlando Fire Department command staff. November 13-17, 2017.
access to that channel. As a result, many OFD personnel were unaware of the decision to breach the western wall of the nightclub and believed it was an explosive detonation initiated by the suspect. There was also limited interaction between OFD and OCFR units. For the most part, the OFD assistant chief on scene, and the district chief who was staged approximately five blocks from the nightclub, resorted to calling the communications center and having them create a patch so that they could talk to OCFR leadership who had been dispatched as part of the mutual aid. This lack of radio communication between OFD and OPD and between OFD and Orange County Fire Rescue (OCFR) impacted the on-scene response. It is also important to note that this lack of communication would have been eliminated or significantly reduced had OFD and OCFR been present in the unified command center and system.

OFD communications staff were also hampered by ongoing negotiations with the suspect. After the suspect called 911 to confess that he was the shooter, law enforcement took over the communications center. Since the OPD Crisis Negotiation Team needed a telephone line that was able to record incoming and outgoing phone calls, OFD communications staff provided a desk on their side of the co-located communications center. Not only did this contribute to an additional amount of noise and people in the communications center, it also impacted the ability of the communications personnel to answer calls and relay important information to OFD responders at the scene. Additionally, because the OFD 911 call takers and dispatchers that were on-duty while the negotiations were ongoing were not trained to answer incoming calls from suspects, they were unprepared when the suspect called back multiple times.77 It is recommended that OPD provide training for OFD communications as to the appropriate protocols to be followed in future events if hostage takers and/or other barricaded suspects call E911 during an incident.

**Equipment**

In terms of on scene equipment, OFD was fully prepared to respond to the incident. Within 15 minutes, seven engines, a tower truck, a heavy rescue, and 11 rescues were staged and began transporting victims from the triage and treatment areas to ORMC.78 Since ORMC—the level one trauma center in Orlando—was less-than-one-mile from Pulse, OFD rescues were easily able to transport victims to the hospital, circle back, and re-enter the queue to transport more victims. Especially after OCFR mutual aid resources arrived on scene—approximately 30 minutes after the incident began—an additional 11 rescues, one engine, one rehab unit, a mass casualty incident (MCI) trailer, and an MCU trailer were available. By that point, the OFD MCI trailer had also arrived at the triage and treatment site.79

In terms of personal protective equipment (PPE), while OFD responders were equipped with ballistic vests and helmets, OFD firefighters and paramedics had not been issued, or trained to use this equipment. When the OCFR Battalion Chief notified the OFD incident commander that there were additional ballistic vests available in OCFR captain vehicles, the OFD assistant chief who was in the command post declined to allow OFD personnel to use them. Given that OFD did not have a policy on

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vest use, this decision was understandable. Some OFD personnel interviewed by the National Police Foundation assessment team noted that in the immediate aftermath of this incident, OFD deployed ballistic equipment to all field personnel. Ballistic vests have also been assigned to every apparatus seat on the department and all command vehicles carry extra vests and helmets.80

First Responder Mental Health and Wellness

Mass violence events take an emotional toll on all involved in the incident, as well as on those watching it play out from around the nation and the world. However, public safety personnel including fire fighters and emergency medical services personnel are often expected to be “tough” and “resilient” and able to bounce back from trauma without much if any mental health treatment or professional attention.81 In addition, call takers, dispatchers, and support staff—who are not at the scene of a critical incident but also play important roles in the response to a critical incident—are affected. It is therefore important that agencies acknowledge and provide mental health support to all personnel. In recognition of the fact that there is no one-size-fits-all wellness strategy that accommodates the needs of every individual involved in the response to a critical incident, it is imperative that an array of mental health and wellness resources are available immediately and, in the days, weeks, and months following.82

Immediate Aftermath

In the immediate aftermath of the attack at Pulse—similar to other mass casualty events, including Boston, San Bernardino, and Kalamazoo—the level of trauma experienced by first responders on scene was not fully recognized.83 As a result, neither mental health practitioners, chaplains or other persons trained to conduct one-on-one or group debriefings were dispatched to individual fire stations or communications prior to personnel being relieved or continuing their shift. Since no precedent or policy was in place for recalling off-duty personnel to relieve fire fighters and medics who had been on scene, treated and/or transported injured persons to the trauma center, multiple units were placed back in service and dispatched to incoming calls-for-service. Persons interviewed by the assessment team further indicated that personnel were released from duty with no mandatory counseling or evaluation scheduled and were permitted to return to work on subsequent shifts before mental health services or official services were provided.84 For example, one OFD employee advised the assessment team that

84 National Police Foundation assessment team focus groups with Orlando Fire Department employees. November 13 – 17, 2017.
they “felt very alone after the incident and had no one to talk to.” Another OFD employee advised that they left their “phone in the truck and missed forty (40) calls from my wife.” The employee urged the OFD and other departments to “do something for their families who are also affected by these events.”

In the days, weeks, and months following June 12, the City of Orlando Human Resources Director provided information regarding post-incident stress and the services that were available, including the Employee Assistance Program (EAP) and benefits available through the employee health benefits plan.

On June 14, an information session was held for all firefighters and paramedics who responded to Pulse nightclub. Chief Williams and the Mayor of Orlando were in attendance at the beginning of the session to meet with the attendees and to explain the process for obtaining mental health assistance.

The Orlando Professional Fire Fighters—the local labor organization that represents fire fighters, engineers, lieutenants, district chiefs, and emergency communications specialists—arranged through the International Association of Fire Fighters (IAFF) for fire department responders to previous attacks in New York City, Boston, and Aurora to meet with OFD personnel to share experiences and offer support. Additionally, the pre-existing peer support team that was created as a grassroots effort under the Orlando Firefighters’ Benevolent Association assisted with the facilitation of group debriefings, used their personal time to go to each of the fire stations to meet with each shift and provide support to their colleagues. They repeated this effort at the one week, one month, three months, and six month anniversaries of the attack. The considerable volunteer time and effort devoted by the OFD peer support group to care for their colleagues is notable.

OFD Administrative Order 43 “Critical Incident Stress Management (CISM) Standard of Operations,” which establishes guidelines for the operation of a CISM team, was not fully implemented. The administrative order explains the purpose of a CISM team is, “to assist members in coping with experiences at certain highly traumatic events, and to provide support and education about critical incident stress.” It requires that the CISM team have no less than two Peer Support Personnel from each Field Operations Bureau shift as well as two from Communications. OFD and its personnel may have benefited from deploying CISM Team Assistants, Mental Health Team Members, and the Clinical Director. Multiple OFD personnel indicated that an official OFD CISM team had not been in place for

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85 National Police Foundation assessment team focus group with Orlando Fire Department employees. November 15, 2017.
86 National Police Foundation assessment team focus group with Orlando Fire Department employees. November 15, 2017.
87 National Police Foundation assessment team focus group with City of Orlando Human Resources Director. October 15, 2018.
88 National Police Foundation assessment team interview with Orlando Fire Department District Chief. October 5, 2018.
decades.\textsuperscript{91} It should be noted that there is not consensus regarding the benefits of CISM debriefings among mental health and public safety practitioners.\textsuperscript{92} This suggests the need for further research regarding the appropriate interventions for victims/survivors of mass violence, and the recognition that there may not be one strategy or intervention that accommodates the needs of every individual involved in the response to a critical incident.

A 2016 Blue Paper published by the Canadian Institute for Public Safety Research and Treatment observed that “most of the reviewed research indicated First Responder personnel who participate in peer support or crisis-focused psychological intervention programs perceive the services as useful; however, perceived utility does not mean the programs are actually reducing symptoms and methodologically rigorous research on the effectiveness of these programs is scarce. The literature reviewed produced very limited evidence that such programs robustly impact operational stress injury symptoms at all, either positively or negatively.” The Institute recommended that programs should focus on evidence-based education, facilitating support, building readiness to cope with work-related stressors, increasing resilience, and reducing stigma.\textsuperscript{93} It is important to note that the leaders of the OFD peer support program advised the National Police Foundation assessment team that, prior to the Pulse attack, a peer support class at the University of Central Florida (UCF) had been offered, and the team had arranged for a contract with UCF to provide trainings for all of the peer support members as well as consultation on policies for association members.\textsuperscript{94} The National Police Foundation assessment team recommends that the peer support team and the City of Orlando continue to build a relationship with UCF Restores and other mental health providers with expertise in psychological intervention following mass casualty/violence events to ensure evidence-based training, supervision and support for personnel involved in implementing and sustaining peer support or crisis-focused psychological assistance programs for OFD personnel.

Following the Pulse attack, primary assistance for OFD personnel was provided by the City-sanctioned employee assistance program (EAP). Some OFD personnel pursued mental health services through UCF Restores, and others sought assistance through private mental health providers, as available through the employee health benefit plan. Regardless of the strategy or strategies in place, the OFD should consider increasing the role of the Department’s Health and Safety Officer to coordinate the provision of mental health services for personnel responding to routine emergencies and crisis events.

In an attempt to recognize the importance of first responder mental health and wellness, as soon as possible and practical after a terrorist attack or other mass casualty event, public safety agencies should consider designating a mental health incident commander. The primary role of the mental health incident commander should be to monitor agency personnel in the aftermath of the event, to coordinate debriefings, to connect individuals to peer support or mental health professionals, to

\textsuperscript{91} National Police Foundation assessment team focus group with Orlando Fire Department peer support members. November 17, 2017.


\textsuperscript{94} National Police Foundation assessment team focus group with Orlando Fire Department peer support members. November 17, 2017.
connect families of those involved in the incident response to support services if needed, and to ensure a continuum of care in the aftermath of the event. This position is also necessary to advise agency leadership regarding operational decisions that impact personnel mental health including work and shift assignments. 

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Findings and Recommendations

Leadership and Relationships

Finding 1: OFD personnel demonstrated professionalism, dedication, and bravery during their response. Many OFD fire fighters and EMS personnel rendered critical emergency care and rapid transport to the trauma center and other medical facilities which saved numerous lives. The bomb squad and arson investigators made significant contributions to the response, searching the suspect’s vehicle, and during the post-incident investigation. Numerous on-scene personnel advised the National Police Foundation assessment team that they sought to enter the Pulse nightclub to assist with victim triage and treatment, however, because of the ongoing threat posed by an armed gunman and the possibility of improvised explosive devices, they were precluded from doing so.

The professionalism and dedication of OFD personnel operating at the incident was evident, from the clear and disciplined radio communications from dispatch, to the instantaneous size-up report from the Lieutenant at Station 5. Operationally, the difficult work undertaken by firefighters assigned to the triage and transport functions should be recognized.

Finding 2: The OFD Chief and executive team are to be commended for requesting an independent review of the department’s response to the Pulse nightclub shooting. In the field of emergency preparedness, the lessons learned approach stands on the assumption that learning from experience, improves practice and minimizes avoidable negative consequences. Thus, the appeal of learning from experience to avoid duplicating mistakes is widely appreciated in public safety agencies, and many organizations have adopted formal procedures for identifying, documenting, and disseminating lessons learned from prior response to emergency situations and simulations. There was an after action meeting held shortly after the event. Knowing a more formal process was forthcoming, this meeting allowed for a review of any policy changes immediately necessary.

Recommendation 2.1: While a formal After-Action Report is a complex and time-consuming undertaking (particularly for an incident of this magnitude), a basic internal review and/or collection of documentation should be completed in real time or shortly after the incident to ease reconstruction of key milestones, and to document personnel and unit activities.

Finding 3: OFD executive staff did not respond to the Pulse nightclub shooting until several hours into the incident. The absence of senior OFD leadership on scene as the incident developed contributed to challenges in decision-making, coordination with other responding agencies, and the fact that unified command was not established until after the suspect was neutralized. It also led to some critical leadership positions in the incident command structure and the unified command center, staging, and transportation areas being filled by Orange County Fire Rescue personnel.

Recommendation 3.1: Agencies should build redundancy into command notification protocols to ensure all appropriate notifications of a critical incident occur in an organized and timely manner. In large part due to failures in communication technology, some OFD executive staff did not receive the message on their pagers and were unaware of the ongoing incident.

Recommendation 3.2: The incident commander or someone in the command post should keep track of personnel and resources on scene as they arrive. More resources were needed to staff
the command function at this incident, but insufficient tracking prevented the incident commander and those in the OFD command post from identifying what was needed. Had they been summoned, it is likely that notification problems for executive staff would have come to light sooner. Additionally, had more command staff been called to the scene, it is possible that unified command could have been established, and that coordination of medical transport and law enforcement operations would have been better integrated.

Finding 4: Mutual aid agreements as well as strong and well-established relationships, specifically between OFD and Orange County Fire Rescue (OCFR), facilitated the arrival of personnel, and equipment and other resources to the scene in a timely manner. Over the course of the incident, OCFR responded to the scene with an assistant chief, a battalion chief, three captains, 11 rescues, an engine, a rehab unit, the Mass Casualty Incident (MCI) unit, and the mobile command unit (MCU).96

Recommendation 4.1: Mutual aid agreements, well-practiced exercises, routine operations and inter-agency after action reviews (“hot washes”) should be continued and provide the foundation for crisis response. As a result of pre-existing relationships that had been developed during responses to previous incidents, OFD and OCFR personnel worked together effectively during this incident. OFD was able to focus on responding to the issues at hand and OCFR personnel seamlessly integrated on scene and backfilled OFD fire stations.

Command and Incident Management

Finding 5: OFD firefighters and paramedics generally followed their Emergency Medical Services Orders (EMSOs) related to rescue responses, the simple triage and rapid transport (START) plan, transport of multiple patients, and emergency medical communication protocols.

Finding 6: Careful attention should be given to properly tracking the number of patients, their injuries, and the medical facilities to which they are transported during mass casualty events. Because a number of patients were transported to medical facilities by law enforcement and other victims self-presented, which undoubtedly saved lives, it was difficult for the OFD to fully utilize triage, Treatment Capability and Patient Accountability Logs consistent with EMSO 230.01 – Major Medical Communications.

Recommendation 6.1: All OFD personnel should receive additional training regarding ICS, the importance of staging, patient accountability, and coordination with hospital officials in mass casualty incidents. Although many of the fire department units deployed to the staging areas and waited for further instruction, at least one unit operated outside of incident command. Additionally, while foregoing documentation and patient tracking during triage and transportation allows for expedited emergency medical care, it can impact patient accountability and quickly overwhelm hospital resources.97

Recommendation 6.2: ICS planning, training, and implementation must involve all public safety first responders and medical facilities. Coordinating available resources and tracking victim transportation facilitates situational awareness across specialties and the effective coordination and use of resources. Additionally, hospitals and law enforcement agencies should be included in joint trainings that focus on implementing and improving patient tracking processes during large-scale and mass casualty incidents.

Finding 7: The lack of unified command and inadequate communication between police, fire and EMS resources reduced OFD’s situational awareness and exacerbated communication and coordination among first responders. Initially, OFD commanders responded to the same location as the OPD command post and established OFD incident command. However, the OFD incident command personnel did not engage directly with OPD commanders to establish unified command. When the OPD moved their command post in response to a threat posed by improvised explosive devices, the OFD command post did not move with it, further exacerbating poor inter-agency communications. Longstanding federal requirements under Homeland Security Presidential Directive 5 (2003), the Orange County Comprehensive Emergency Management Plan, and Orlando Fire Department standard operating procedures (OFD GO 2000-601-23 – Guidelines for Response to Acts of Terrorism) indicates that the OFD command post “shall have the same location as the City of Orlando Police Department until the alarm is cleared.” These requirements recognize the importance of establishing Unified Command, a single incident command post, and the National Incident Management System (NIMS). Interviews of OFD personnel who were on scene during the incident indicated that an effective communications plan was not implemented to facilitate effective voice interoperability between OFD and OCFR units on scene.

Recommendation 7.1: Conducting executive level, multiagency tabletop exercises—including elected and appointed officials as well as department heads from other government agencies—in preparation for a critical incident—can help define roles and responsibilities, identify available resources, and have an agreed-upon incident command system in place. The lack of pre-determined roles, responsibilities and strategies between OPD and OFD coupled with the fast moving, highly charged and dangerous circumstances that an active shooter with possible IEDs posed, precluded optimizing triage and provision of emergency medical assistance to victims inside of the Pulse nightclub. For example, indirect communications between OFD and the OPD hampered the exchange of information as in the case of the wall breach.

Policies, Procedures, and Training

Finding 8: Employees at all levels—including chief executives—who are unaware of the existence of policies and procedures, or actively choose not to follow them because they believed the policies were outdated.  

Recommendation 8.1: The OFD should review, assess, and update its General Orders and Standard Operational Procedures Manual to incorporate promising practices and lessons learned from recent national and international incidents of mass public violence and terrorism. For

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98 Administrative Order 43 (CISM), General Order 2000-601-23 (Guidelines for Response to Acts of Terrorism), General Order 2003-610-57 (Joint Response Procedures (Mutual Aid Agreement), and Communications Policy & Procedure 2004-25 (Procedures for Calling Off-Duty Personnel) were not followed. Additionally, incident action plans (IAPs) were not drafted.
example, no policy or procedure was in place regarding a Rescue Task Force, despite OFD and OPD personnel conducting exercises where one was deployed. Additionally, the OFD policy on operations and extractions in “hot” zones should be clarified. General Orders 2001-610-12 (Response to Scenes of Violence), 2000-601-23 (Guidelines for Response to Acts of Terrorism), 2004-601-56 (Bomb Threats, Explosive Devices, and Bomb Scenes), and 03-610-57 (Joint Response Procedures) should be reviewed and updated. All departmental policies and procedures should be reviewed and updated on a regularly-scheduled timeline to ensure compliance with NFPA standards, best practices and emerging challenges.

Recommendation 8.2: In order to provide clarity and direction, the OFD should consolidate its general orders, administrative orders, EMS orders, policies, and standard operating procedures.

Recommendation 8.3: All OFD employees should be required to sign a document indicating that they have read all OFD policies and procedures, as soon as possible. Employees should be required to review policies and sign a copy of policies and procedures annually, and as they are updated.

Finding 9: While OFD and OPD had trained on joint responses to critical incidents previously, OFD’s policies, procedures, and protocols were not consistent with the trainings. OFD had not officially develop policies, procedures, and/or protocols defining the use of the equipment and/or the role of a rescue task force. Additionally, no written policies, procedures and protocols clearly defining the integration of RTF resources and personnel into a critical incident was developed, agreed to, and put in place by the OFD and OPD to define rescue task force operation at the time of the incident. As a result, confusion regarding whether or not OFD could operate in “warm” and “hot” zones resulted.

Recommendation 9.1: Given the regular joint response of the City of Orlando, OCFR, and OCSO to incidents, the active shooter response policy of the two jurisdictions’ emergency services should be coordinated.

Recommendation 9.2: OFD should develop, implement and prioritize training that accompanies updated policies, procedures, and protocols. To the extent possible, regular training evolutions should be conducted with the Orlando Police Department (OPD), the Orange County Sheriff’s Office (OCSO), Orange County Fire Rescue (OCFR), and other mutual aid partners. Leadership from all public safety and city agencies should conduct NIMS/ICS tabletops to enhance communications and understanding in future responses.

Recommendation 9.3: OFD and OPD should identify a category(s) of routine calls that requires a joint response to implement and practice ICS principles.

Recommendation 9.4: Opportunities for increased training and coordination between the OFD Bomb and Arson Squad, the Orlando Police Department SWAT Team, and the Orange County Sheriff’s Office regarding EOD issues should be identified generally, and the use of explosive breaching materials specifically. The intent in establishing a rescue task force was to provide faster access to life-saving emergency medical care for victims by integrating fire department and EMS personnel into contact teams. While in this incident the OFD personnel did not enter the club with the OPD, this approach to tactical medical response is one example of possible collaborative options.
Communications and Equipment

Finding 10: The lack of coordination regarding radio channels among public safety first responders created challenges in integration and communication. Poor coordination and communication between OFD and OPD led to challenges in the response including the underutilization of EMS transport units on scene. This underutilization led to law enforcement transporting patients directly to the hospital outside of the EMS triage and treatment structure.

Recommendation 10.1: Public safety communication centers should be designed to create situational awareness among dispatchers so that even if police, fire, and emergency medical services (EMS) operate on different systems—radio or paging—all public safety agencies are aware of activities in other disciplines and can act to support those activities if needed.

Recommendation 10.2: OFD and the City of Orlando should consider activating and staffing the Emergency Operations Center as soon as possible to improve situational awareness and coordination among public safety agencies, city resources and mutual aid partners. Once it was established, the EOC provided support to OFD, OPD and citywide operations in a number of critical areas that were essential to the response and recovery. The EOC’s operations were well documented in incident action plans.

Finding 11: The CAD system did not allow for delivery acknowledgement, texting, or other redundancies to ensure that appropriate personnel were notified of the ongoing incident. OFD executives were officially notified of the ongoing incident by the communications center via their department-issued pagers, however, follow-up to ensure that the notifications were successfully received did not happen. At the time of the incident, there were no specific policies or protocols in place in the event that executive and/or other command staff failed to receive notifications, which contributed to the fact that OFD chief executives did not respond until several hours into the event.

Recommendation 11.1: Policies and procedures should delineate a course of action to ensure the Chief and other executive staff members are notified of ongoing critical incidents as soon as possible. Redundancies should be included in any technological notification system and policies and procedures should delineate responsibility for confirming notification of executive staff.

Some of the notification policies and procedures have been revised in the aftermath of the incident.

Finding 12: OFD had purchased some bulletproof vests and ballistic helmets, but they were not entirely deployed and there were no policies, procedures, or trainings regarding their use at scenes of violence prior to the attack at Pulse. Level I universal-fitting bulletproof vests and 40 ballistic helmets were purchased for tower trucks, heavy rescues, and some of the district vehicles prior to the Pulse shooting. However, the equipment was not deployed across the department at the time of the incident. Additionally, policies and procedures had not been developed and implemented to govern the use of this personal protective equipment. The equipment has been deployed and OFD personnel have received training regarding its use at scenes of violence.

Recommendation 12.1: Agencies should ensure that adequate personal protective equipment (PPE) for reasonable expectations of responses is provided to all employees and that there are policies, procedures, and trainings for employees to follow. If OFD employees are going to be
expected to operate in warm—and potentially hot—zones, their PPE should include appropriate-fitting ballistic vests and helmets.

First Responder Mental Health and Wellness

Finding 13: In the immediate aftermath of the incident—similar to previous mass casualty attacks in other jurisdictions—the level of trauma experienced by first responders was not fully appreciated or recognized. Neither the incident commander nor the Health and Safety Officer requested that Communications personnel dispatch a chaplain or persons trained to conduct short one-on-one debriefings or connect persons to mental health services prior to personnel being relieved or continuing their shift.

Recommendation 13.1: Organizational leadership should ensure that all involved in the response are provided access to the physical and mental health resources they may need after a critical incident.

Recommendation 13.2: Jurisdictions and individual agencies should consider whether their traditional EAP and mental health structure will suffice in the aftermath of a critical incident or if adjustments should be made for employees in need of other outside services.

Finding 14: During interviews with the National Police Foundation assessment team, OFD personnel reported that some units were placed in service and continued to respond to calls-for-service after leaving the Pulse nightclub scene. This was highly stressful for personnel who were exposed to the traumatic environment of the scene. Further, personnel were released from duty with no mandatory counseling or evaluation. Personnel were permitted to return to work on subsequent shifts before mental health services were provided. No precedent appeared to exist for recalling off-duty personnel to relieve OFD personnel after their response.

Recommendation 14.1: To the extent possible, personnel responding to large scale events such as a mass casualty incident should be relieved from continued duty during their shift and provided time to debrief, decompress and heal.

Finding 15: The OFD did not have a critical incident stress management (CISM) team. OFD Administrative Order (AO) 43 (Critical Incident Stress Management (CISM) Standard of Operations) identifies guidelines for the formation, activation, and operation of a CISM Team.

Recommendation 15.1: OFD should continue to discuss and research the benefits of CISM debriefings and the establishment of a CISM Team, as well as peer support, in accordance with its administrative order.

Finding 16: In some cases, OFD executives did not adequately balance the post-incident needs of rank and-file OFD personnel with external demands, leaving some members of the department feeling overwhelmed and under-appreciated. On May 4, 2017, more than 300 individual and team awards were given to first responders from all of the agencies involved in the response to the attack at Pulse nightclub. On May 18, 2017, OFD held its own Medal Day, acknowledging many members for their efforts and response to the Pulse event. It should be noted that some individuals interviewed by the National Police Foundation assessment team expressed concern regarding the length of time between
the incident and the recognition. While these feelings are noted, public safety administrators must be balanced in their actions while remaining aware and sensitive to the feelings of not only those who responded to the incident, but also those who were impacted the most by loss or grief due to the same event. Passing out awards or having ceremonies too soon after such an event may be viewed by some as insensitive.

Recommendation 16.1: Responding agency executive leadership should take extra steps to personally acknowledge the efforts of all individuals who played a role in the response in as timely a manner as possible.

Recommendation 16.2: Agencies should create a post-event wellness strategy that, to the extent possible, accommodates everyone, including on-scene responders, support personnel, and other agency employees. This strategy should include the ability to relieve personnel from duty and immediate support services for major incidents.

Recommendation 16.3 Response to post-incident mental health needs for an incident of this gravity and scope is beyond the capabilities of a single agency. Recognizing the need for a larger-scale effort should be built into regional mental health support networks, such as has emerged in the informal partnership between the City of Orlando and UCF Restores program. In August 2018, OFD leadership and other members of Orlando City government attended a session regarding the role of peer support teams at UCF Restores.
Conclusion

In response to the Pulse nightclub attack, OFD personnel operated with professionalism, bravery and dedication. They performed their duties effectively and saved the lives of night club patrons and employees. However, fire/rescue operations were challenged by the extended or delayed arrival of executive leadership on scene, the lack of inter-agency communication, and outdated policies, procedures and protocols.

OFD operated effectively with its mutual aid partners, in particular, OCFR and Rural Metro in staging, patient care and transportation. OCFR brought personnel and resources to the scene which were instrumental in the fire/rescue response and in the care provided to injured persons.

Since the Pulse attack, OFD executive leadership has taken a series of steps to improve the department’s preparedness, response and recovery policies, procedures and protocols. For example, ballistic vests are now assigned to each seat in all OFD apparatus. Ballistic helmets and other equipment is available in command vehicles, on truck companies, in specialized units. All members of the department have received TECC training. OFD internal notification processes have been improved as well as communications with OPD.

The OFD is working to update its policies and procedures regarding terrorism and mass violence events; however, OFD Administration cannot change General, EMS or Administrative Orders without mutual approval of labor. The assessment team encourages leadership and labor to continue to work collaboratively to address policies, procedures and practices in this critical area. It is encouraging that OFD’s leadership has held meetings with UCF Restores and other service providers, is participating in training, and requested this review.

Sadly, mass violence events continue to threaten our communities, demanding vigilance and a commitment to identifying and implementing promising practices and strategies. By calling for this review the Orlando Fire Department has demonstrated its willingness to learn from its response to this tragic event and has demonstrated its desire to move the department forward. The National Police Foundation thanks the City of Orlando and the OFD for the opportunity to assist them in this important endeavor.
About the Authors

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About the National Police Foundation

The National Police Foundation is America’s oldest non-membership, non-partisan police research organization. We were founded in 1970 by the Ford Foundation to advance policing through innovation and science. We integrate the work of practitioners and social scientists to facilitate effective crime control and the progress of democratic policing strategies. We have a wide breadth of projects throughout the U.S. and Mexico. Among other efforts, we conduct scientific evaluations of policing strategies, organizational assessments, critical incident reviews, police data projects and issue timely policing publications critical to practitioners and policymakers. We also have a strong interest in officer safety and wellness, preventable error in policing and helping policing enhance community trust and confidence, especially in the area of police use-of-force.

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- *Bringing Calm to Chaos: A critical incident review of the San Bernardino public safety response to the December 2, 2015 terrorist shooting incident at the Inland Regional Center*
- *2017 Presidential Inauguration First Amendment Assembly Independent Law Enforcement Review*
- *Advancing Charlotte: A Police Foundation Assessment of the Charlotte-Mecklenburg Police Department Response to the September 2016 Demonstrations*
- *Maintaining First Amendment Rights and Public Safety in North Minneapolis: An After-Action Assessment of the Police Response to the Protests, Demonstrations, and Occupation of the Minneapolis Police Department’s Fourth Precinct*
- *Engaging Communities One Step at a Time: Policing’s Tradition of Foot Patrol as an Innovative Community Engagement Strategy*
- *Managing the Response to a Mobile Mass Shooting: A Critical Incident Review of the Kalamazoo, Michigan, Public Safety Response to the February 20, 2016, Mass Shooting Incident*

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