Call to Order:
   - Review of voting member agencies
   - Introductions
   - Motion to approve Sept. 20, 2018, meeting minutes – motion made by Larry Preston and seconded by Kyle Overly - approved as written. All in favor.

Work Group Update
   - Randy Linthicum – one-day symposium discussions; Friday, Feb 22, 2019, at Annapolis DoubleTree
     - Topics (possible):
       - Las Vegas/Orlando shootings
       - Last summer’s congressional shooting at a baseball game
       - Speak on recent behavioral health threat assessment report as well as FBI webinar released recently
       - FBI panel discussions on past events in Maryland
       - State/federal/local panels
     - Draft agenda to send out to speakers; put together within the next week (conference planning sub-committee)
   - Suggestions include
     - focusing on the last 2 years of events
     - speaker ideas – survivors of recent events, a speaker from the Gazette
     - get feedback and participation from affected community members
     - E-mail Randy and Marcia with more ideas
   - Doodle Poll for November meeting will be sent out again
• Subcommittee Discussion
  o Reviewed and discussed AAIWG Subcommittee Goals for each group
    • Document of subcommittee goals shared and distributed to group
    • Subcommittees will be tasked to come up with objectives for the next meeting, if no issues with the making of the groups
    • For chairs and co-chairs, copy the active assailant e-mail with any correspondence
  • Planning & Preparedness: listed from initial meeting:
    • Develop a strategy for improved information sharing and situational awareness
      • Current Trends
      • Wound Patterns for EMS (Training?)
    • Better incorporation of behavioral health / CISM for First Responders and Citizens (joint effort)
    • Identify a method to prepare for a coordinated investigation response and be prepared for subsequent collateral investigations
      • Investigator Preparedness
    • Identify methods for risk assessment/mitigation related to active assailant events
  • Changes/recommendations:
    o Will be updating existing guidance document
    o Dr. Alcorta recommended – EMS wound management – wound packing & tourniquets are being highlighted in the protocol. Any evidence to have this built into the curriculum should be forwarded to the EMS Protocol subcommittee.
    o Jim Radcliffe to be added to the Planning and Preparedness group

• Prevention: listed from initial meeting:
  • Identify strategies for active assailant prevention in Maryland
  • Research best practices/strategies from parts of the country/world on active assailant prevention
  • Identify prevention techniques related to active assailant events that are currently used
    o Reporting avenues (tip lines)
• Identify standard prevention methods across jurisdictional boundaries
• Establish communication methods between entities for high-risk persons
  o The relationship between high risk and communication
• Determine how intelligence correlates with the response for potential active assailant events
  o Common indicators for high-risk conditions
• Establish a method to track high-risk individuals capable of committing an active assailant event
  o Risk Matrix

Changes/recommendations:
  o Cal Bowman volunteered to be in this subcommittee
  o To refine their goals to 3-4
    • Focus on
      ● Techniques
      ● Intelligence
      ● Communications
      ● Risk Matrix
    o Look at profiles of assailants/potential assailants (particularly students) – what should be key early warnings communicated to teachers & staff to look for and to encourage reporting.
    o Kristin McMenamin to reach out to BHA for a mental health rep.

• Community Outreach: listed from initial meeting:
  ● Identifying training available for communities (citizen, business) - ALICE, CRASE, Stop the Bleed
    o Helping communities access resources available
  ● Including post-incident as well as during the incident is important
  ● Assess outreach needs across the state - using AAPD’s expertise
    o Example: AAPDGuardianShield.Org - website for the community to access online
  ● Changes/recommendations:
    o focus on the interface with the private sector and community on Stop the Bleed training,
    o public and private partnerships
• Under Armour security interested in co-leading this group.
  ● Willing to allow us to use their location.
    o Identify training – make generic instead of naming specific training
    o Identifying best practices, lessons learned from communities (e.g., religious groups, malls, etc.)
    • Adding Jerry Immel (as 2nd co-chair) and Steve Sheppard (will ask to confirm) to the subcommittee

• Equipment: listed from initial meeting:
  ● Review after action reports as they relate to equipment - what was used during previous events?
  ● Identifying currently utilized equipment throughout the state.
  ● Developing equipment recommendations for first responders.
    o Needs assessment recommended by Lt. Schultz (AAPD) - (e.g., hearing protection, ballistics, first aid, weaponry) - determine priority.
    o Risk assessment recommended by G. Dietrich (DoD) - what is necessary based on anticipated threats?
  ● Changes/recommendations:
    o make recommendations for basic equipment for first responders
    o No additions or changes

• EMS Protocol: listed from initial meeting:
  ● Review the current protocol and make edits or additions.
  ● Review EMS protocols and suggest additions to add wound packing and junctional tourniquets. Possibly under BLS trauma care.
  ● Ensure that existing and future clinical protocols and guidance documents are able to be rapidly referenced in a clear and simple manner.
  ● Review recent AARs as they relate to EMS treatment.
  ● Ensure EMD protocols are adequate (coordinate with Communications Subcommittee).
  ● Changes/recommendations:
    o Dr. Alcorta - how to improve existing protocols to manage such events; looking to add additional education to the protocol
    o No additions or changes

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• **Training & Exercise:** listed from initial meeting:
  - Establish a baseline of current active assailant training programs - survey agencies for what they use and the status of that training to develop recommendations.
  - Develop response plans for organizations beyond first responders - understand their needs
  - Review the original guidance document and expand/update.
  - Develop an exercise and training checklists
  - Changes/recommendations
    - Jim Radcliffe to be second co-Chair for this subcommittee
    - No additions or changes

• **Communication:** listed from initial meeting:
  - Review recent events and AARs as they relate to communications
  - Discuss strategies on how to reduce duplicate calls and false information
  - Collect information on how 911 centers across the state plan to handle active assailant communications. One thought is to do this through the state EMD Committee.
  - Discuss strategies on messaging to schools and others on what specific info to report when they call-in active assailant events.
  - Discuss vertical communications from 911 centers - what should they do with info - report to EMRC, MJOC? Other?
  - **Tactical communications**
  - Changes/recommendations:
    - Strategy for all of Maryland to use the same protocol
    - Goal to add - Interoperability
    - Chief LeCates will interact with Baltimore City in the subcommittee

• **Family Reunification/Patient Tracking:** listed from initial meeting:
  - Patient tracking for patients NOT transported by EMS
  - Patient tracking for out-of-state patients (patients going to an out of state health facility)
  - Access to CRISP for non-DHS personnel
  - Examine lessons learned from other active assailant events
  - Clearer threshold/guidelines for activation of DHS 800 number
  - Collaborative sheltering, investigation, triage & CISM/behavioral health

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Does initial sequestering for information & interviews need to be assigned to an independent group?

- Changes/recommendations:
  - Waiting for confirmation from Bethany Brown to chair subcommittee
  - Mike Wyant, St. Mary’s Co. Public Schools, volunteered to be a part of the group
  - Goals to track patients not transported by EMS and from out of state going to an out of state health facility

**Recovery/CISM/Behavioral Health:** listed from initial meeting:

- Identify initial training needed before an event takes place (CISM) - not just first responders but civilians, as well.
  - Lt. Thomas to forward their AAR for guidance
  - Identify best practices –
    - request to forward any information
    - will reach out to other jurisdictions as well.

- Catalog resources currently available from a behavioral health recovery standpoint (other CIT teams, etc.)
  - Coordinating Local, State & Federal CISM resources

- Develop a community mental health strategy.
- Develop a recovery checklist (e.g., having a COOP, employee programs, etc.) - Planning & Preparedness to work on an inclusive checklist

- Changes/recommendations:
  - Both first responders and the general public for support
  - Reach out to the International Association of Fire Fighters (IAFF) Behavioral health center to be part of the group
  - ICISF as an additional member

**Integrated Response:** listed from initial meeting:

- Establishing a method of quick, unified command
  - Methods to encourage unified command – e.g., exercises focused on unified command

- Integration of hospitals
- An audit of the guidelines section pertaining to integrated response and unified command to determine gaps
  - Performing After Action Reports on previous events
  - Collaborative foundation where leadership in all elements of partnered response are briefed on what the purpose is and obtain buy-in.
● Identify a method for providing an integrated response.
● Establishing an expectation job aide of an integrated response.
● Changes/recommendations:
  ○ Suggestion to include in goals:
    ▪ Address internal security, managing self-dispatch
● Conference Planning: listed from initial meeting:
  ● Establish location, agenda & speakers prior to Thanksgiving
  ● Tentative date: February 5, 6 or 7
  ● Target audience: health, police, fire ems, emergency management
● Changes/recommendations:
  ○ The target audience for Feb 22 conference
    ▪ Send to the target audience and then those agencies can send to an audience that will be relevant to the information?
    ▪ Consider Webex, live stream
    ▪ How to get decision-makers to attend
    ▪ Marcia to come up with a method to decide on the selection process - who should attend
● Action Item Review:
  ○ Try to improve attendance in subcommittees in future meetings
  ○ Recommendation for next subcommittee meetings to get together and review goals
  ○ Next workgroup meeting: Thursday, November 15\textsuperscript{th} at 10:00am, Location: TBD.
● Meeting adjourned – motion by Dr. R. Alcorta, seconded by Larry Preston – all in favor.