Purpose:

The intent of this Policy is to provide direction for performance of the correct intervention, at the correct time, in order to stabilize and prevent death from readily treatable injuries in the event of an Active Shooter / Mass Casualty Incident (AS/MCI).These incidents require close coordination between law enforcement, fire, and EMS responders due to the threat complexity. These incidents often involve the identification of zones (Hot, Warm and Cold) that indicate the level of threat in a given location.

Policy:

It is the policy of the San Diego County Fire Chiefs' Association that the following protocols be used during an AS/MCI. However, involved personnel must remember that these situations are extremely volatile and unpredictable. These protocols serve as general guidelines. They are not to supersede the policies and procedures of an individual agency, nor are they intended to override one's ability to exercise good judgment in the fluid response to an unfolding tragedy.

Definitions:

ASHER:

Active shooter/Hostile Event Response (ASHER) an NFPA approach to addressing this type of incident response.

Active Shooter/MCI:

One or more assailants participating in a random or systematic shooting spree, demonstrating their intent to continually harm others. Their overriding objective is to kill and injure as many people as possible. The assailants may also utilize other weapons (e.g. explosive devices, edged or blunt-force trauma weapons, weapons of mass destruction, etc.).

Barricaded Subject:

This is a Special Weapons and Tactics/Special Enforcement Detail (SWAT/SED) operation that is well planned and slowly carried out. Tactical Medics assigned to teams will enter the Hot Zone only for these operations. An active shooter event may transition into a barricaded subject and therefore the Law Enforcement agency shall determine the Warm Zone that will allow Fire and EMS resources to enter under Force Protection.

Body Armor:

Body armor is protective clothing intended to protect personnel from gunfire and is graded according to effectiveness.

Casualty Collection Point:

A secure location where casualties are held or moved to until they can safely be moved to a medical treatment area.

Concealment:

Concealment is anything that hides you from suspect observation and can be natural or man- made. Concealment does not protect personnel from suspect(s) gunfire.

Contact Team:

A group of officers/deputies (average size consisting of two to five) deployed using Immediate Action Rapid Deployment (I.A.R.D.) techniques to address an active shooter(s).

Cover:

Cover gives protection from bullets, fragments of exploding rounds, flame, nuclear effects, and biological and chemical agents. Natural cover includes such objects as logs, trees, stumps, ravines, and hollows. Manmade cover includes such things as vehicles, trenches, walls, rubble and craters. Build or locate (cover) such as shielding behind vehicles, walls and/or natural barriers.

Force Protection:

Actions taken by law enforcement to prevent or mitigate hostile actions against personnel, resources, facilities, and critical infrastructure. These actions allow the operational ability of fire and EMS resources so they can be applied as needed.

Immediate Action and Rapid Deployment (I.A.R.D.):

This is the swift and immediate deployment of law enforcement personnel in a crisis situation where delays could result in additional death or injury to innocent person(s). Rapid deployment is intended to control, contain and neutralize threats.

Improvised Explosive Device (IED):

A device placed or fabricated in an improvised manner incorporating destructive, lethal, noxious, pyrotechnic, incendiary or chemicals designed to destroy, incapacitate, harass or distract.

SWAT/SED:

Special Weapons and Tactics Team (SWAT)/ Special Enforcement Detail (SED) There may be other names utilized by law enforcement for tactical response teams.

Soft Target:

A person or thing that is relatively unprotected or vulnerable to terrorist attack. Something that is easy to attack or get an advantage from. Examples of “Soft Targets” are shopping malls, sports arenas, hotels, restaurants, bars, nightclubs, movie theaters, housing complexes and schools.

Tactical Medic:

The Tactical Medic is assigned to a SWAT/SED team who has received specific tactical training. The primary mission of the Tactical Medic is to provide emergency medical care in the field, in accordance with the Tactical Medic’s local EMS policies and protocols.

TCCC / TECC:

Tactical Combat Casualty Care (TCCC) is the standard of care in the prehospital battlefield environment. Tactical Emergency Casualty Care (TECC) is the civilian equivalent of TCCC. Both focus on hemorrhage control techniques, including use of tourniquets, pressure dressings, and hemostatic agents as well as the use of occlusive dressings and chest seals for penetrating trauma to the torso.

Rescue Task Force:

A team of Fire/EMS/Law Enforcement, incident specific in size and number, formed to move into hostile or potentially hostile environments to potentially triage, treat, and remove victims to safe areas.

Staging:

Careful consideration should be taken into staging locations based on the size of the incident, location and number of threats, type of occupancy, and number of evacuating/fleeing the scene.

Consider multiple staging locations based on the size of the incident. Position fire apparatus in accordance with multi-alarm procedures.

Ambulances should be staged to facilitate the effective and efficient movement of patients.

Consider LE assistance in establishing traffic flow pattern to assist in civilian eviction and emergency response into the scene.

Zones and Perimeters:

Hot Zone

The area where a direct and immediate threat exists. Fire and EMS personnel will not operate in this zone unless assigned to a SWAT team as a Tactical Medic.

Warm Zone

The area where a potential threat exists, but the threat is not direct or immediate. Fire department resources may be requested to enter into warm zones for treatment and transport, but this should only be done with Force Protection and approved PPE. Body Armor is recommended, but not required, PPE to work in this zone.

Cold Zone

The area where no significant danger or threat can be reasonably anticipated. This could be achieved by distance, geographic location or inaccessible areas from the incident. The cold zone is the location for staging of resources, Incident Command Post (ICP), and the treatment and transportation of patients.

Procedure:

Refer to the ASHER Incident Checklist as a quick reference guide to procedures listed in detail below.

Initial Dispatch Considerations

- Confirm type of incident; active shooter, barricaded suspect, hostage situation.
- Verify scene security.
- Determine the number of victim(s)/hostage(s), and their status.
- Don appropriate personal protective equipment (PPE)
- Identify hazards, threats, and/or intelligence.
- Identify Incident Command Post (ICP) location and Staging Areas
- Identify control points and perimeter.
- Determine appropriate access and response routes.
- Identify communications plan.
- Determine protective actions status and needs.
- Identify law enforcement contact person or Liaison with phone number.
- Determine overhead and resource needs.

Incident Command

The public, Fire/EMS, law enforcement, medical transportation, and medical treatment facilities must be engaged cooperatively, in order to maximize survivability and minimize deaths due to AS/MCIs. Accordingly, Fire/EMS and LE should establish a single Incident Command Post (ICP) and establish Unified Command (UC) using the Incident Command System (ICS).

Initial Briefing

- Obtain briefing from law enforcement and establish a Unified Command.
- Establish and communicate Leader's Intent.
- Determine level of "Force Protection" action required to be taken.
- Coordinate with local law enforcement to confirm type and location of threat.
- Obtain current incident status and threat assessment.
- Determine resources currently assigned, requested, and their locations.
- Determine the number of suspects/threat and their status.

- Determine the number of victim(s)/hostage(s), status.
- Identify incident potential.
- Identify zones and perimeters. (Hot, Warm, Cold)
- Identify Incident Objectives.
- Determine to “shelter in place” or “evacuation”
- Determine number and location of sorting areas for evacuees.
- Confirm Incident Communications Plan.
- Establish and communicate appropriate Escape Route(s).

Medical Resource Management / Casualty Collection Points

- Determine appropriate location for staging of medical resources and Casualty Collection Points.
- Identify patient treatment area.
- The Staging Area should provide rapid access to the incident location.
- Verify ambulance transport capability.
- Notify the appropriate medical authority.
- Determine status of local medical facilities, drawdown or diversion.
- Provide rapid egress of patients to pre-designated extraction points.
- Identify and secure Landing Zones (LZ’s) in coordination with Law Enforcement.
- Develop ambulance loading ingress/egress traffic plan.

Fire Suppression Considerations

- Evaluate scene safety before making entry.
- Determine fire attack strategy (Offensive vs. Defensive).
- Determine if force protection is necessary.
- Determine location and status of occupants.
- Assess risks with ammunition or explosives under fire conditions.
- Consider and/or coordinate the use of unmanned master stream appliance(s).
- Consider applying water to fires from cover.

- Assess the need for decontamination of victim's and/or fire personnel
- Consider multiple staging locations.
- Pre-plan water sources and routes into incident for water supply.
- Consider the need for Hazardous Materials resources.

NFPA ASHER Approach Incident Checklist

- Consider safe approach route
- Size-Up/Initial Radio Report
- Establish IC- *consider cover/concealment/secondary devices*
- Identify Staging Location- *consider cover/concealment/secondary devices*
- Unified Command with law enforcement
- Identify Hot, Warm, and Cold Zones.
- Establish Rescue Task Forces- force protection, RTF staging manager- (1-Fire Officer/1 LE Officer/Deputy)
- Identify casualty collection points
- Establish Medical Group- Triage, Transport, MedCom, Ambulance Staging, Treatment Unit

LZ Locations

Rescue Task Force

A standard LE response for an active shooter is to have the first four or five responding Law Enforcement personnel quickly form an initial contact team and enter the building. The contact team moves quickly to the sound of the shooter, bypassing wounded victims and other threats in an attempt to eliminate the most immediate threat. In addition, they relay important reconnaissance information back to command. These officers will not provide direct assistance to the wounded, but will identify the need and call for the Rescue Task Force (RTF).

Once this need is identified and communicated to Unified Command, RTF's are formed with LE officers providing security for Fire Department/EMS personnel as they move into the Warm Zone. Once inside the building, the RTF police officers are directed by the incident commander to move the medics to the injured victim(s) identified by the initial contact teams.

Within the RTF, it is paramount that the LE and Fire/EMS sides of the team clearly communicate throughout the mission, ensuring they have a clear understanding of team movement, threat areas, patient treatment or movement, etc.

RTF's may operate on two different radio channels:

The RTF Law Enforcement officers will communicate with LE Commanders, giving such information as location of the team within the building, and receiving updates on location of the injured, and possible threat.

The RTF medics will communicate with fire commanders to report the number of victims and injuries. This dual communication allows for accountability and effective use of the teams as, well as for planning and management of the external casualty collection point and the need for EMS resources.

The first one or two RTF teams that enter the building should move deep inside to stabilize as many victims as possible before any victims are evacuated. As victims are reached, the RTF Law Enforcement officers will provide security while the medics treat the victims. Using the concepts of TCCC (Tactical Combat Casualty Care), they stabilize only the immediately life-threatening wounds on each patient they encounter, but leave these patients where they are found and move on.

The number of victims that can be stabilized by the initial RTF teams is limited only by the amount of supplies carried in. Once out of supplies, teams start moving back out of the building, evacuating patients they've treated. At the same time, additional RTF teams are formed as personnel become available; these teams are brought in with the primary mission of evacuating the remaining stabilized victims. They can also be tasked to move further into the building in a "stabilizing but not evacuating" mode to take over for the initial RTF teams that have run out of supplies and begun evacuation.

A supply point is set up near the entry point to the area of operations to allow for quick re-supply and turnaround for RTF teams. If needed, an internal casualty collection point will be set up near a secure entry point, where casualties can be grouped to allow for faster and more efficient evacuation by non-RT EMS personnel. Multi-Casualty Incident (MCI) or Multi-Patient Incident (MPI) protocols may be activated during an active shooter response.

SWAT/SED

Responding SWAT/SED personnel should prepare for a rapid deployment entry. In the event that a rapid deployment entry is necessary, SWAT/SED personnel should form as complete a team as possible, supplementing with other officers as needed, and deploy

into the location with the expressed purpose of locating the threat(s), isolating the threat(s), mitigating/negotiating the threat(s), and if necessary neutralizing the threat(s).

Once the threat(s) is isolated and/or neutralized, SWAT/SED and assisting officers will assist with medical evacuation/aid to the wounded and evacuation of those who can be safely led to a secured area.

Tactical Medics

Primary assignment is in direct support of SWAT/SED and depending on complexity, multiple tactical medical teams may be needed. For injuries to Law Enforcement Personnel the Tactical Medic will accompany and act as the patient advocate during their medical evacuation and transport.

Secondary assignments, due to their skillsets, could include implementing them into RTF's to assist with casualty triage and treatment as well as facilitate communication between LE and Fire/EMS personnel.

References

- Committee for Tactical Emergency Casualty Care (TECC)
- Committee on Tactical Combat Casualty Care (TCCC)
- FIRESCOPE (Emergency Response to Tactical Law Enforcement Incidents)
- FEMA (Operational Considerations and Guide for Active Shooter and Mass Causality Incidents)
- IAFF (Active Shooter Position Statement and Rescue Task Force Position Statement)
- NFPA 3000: Standard for an Active Shooter/Hostile Event Response (ASHER) Program