FLORIDA FIRE CHIEFS' ASSOCIATION

Model Response Guidance to Active Shooter Hostile Event (ASHE)

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INTRODUCTION

The increase in Active Shooter Hostile Events (ASHE) over the past decade has prompted first responders from fire departments, emergency medical transport agencies and law enforcement to begin a conversation and planning on the response methodology to such incidents. Significant ASHE incidents, such as the Columbine School shooting, the Aurora, Colorado movie theater shooting and the Sandy Hook School Shooting are evidence that these type of incidents are unpredictable, unfold quickly and in most cases are over before first responders arrive. Moreover, the lessons learned from these events emphasize the need for a more cohesive response and communication plan between fire/ Emergency Medical Services and Law Enforcement personnel. Inter-agency communication, pre and post incident, as well as ongoing joint training are imperative to the success of a community's ASHE plan. This ASHE implementation plan hopes to address some of these challenges and give agencies guidance in response planning, medical treatment and extraction of victims and developing appropriate joint standard operating procedures.

EXECUTIVE SUMMARY

FBI data shows that most active shooter events are over before first responders arrive; however, the very nature of the event requires public safety personnel to use a systematic approach when responding to any ASHE incident. According to the FBI, between 2000 and 2013 there were 160 ASHE incidents that resulted in 486 persons killed and 557 wounded. This data is not all encompassing as it does not include shootings as a result of gang or drug related incidents; however, it highlights the unpredictable nature of such incidents in both incident locations and shooter motives. Moreover, there has been an increase in ASHE incidents over the past two years with 20 incidents occurring both in the years 2014 and 2015. The increase in ASHE events has pressed both Fire/EMS and law enforcement first responders to take a better look at how they respond to ASHE incidents as well as how they treat and extract victims from potentially hostile environments.

Noted challenges that have resulted from after action reviews of previous ASHE incidents include, lack of Unified Command between Fire/EMS and law enforcement, communication challenges in both relaying information and the difference in common terminology or radio codes used by some agencies, reluctance to respond into warm zones with a properly trained and equipped rescue task force and lack of asset/ resource knowledge from surrounding jurisdictions.

In all ASHE incidents, communication becomes imperative for responder safety, perpetrator apprehension, and victim extraction. A Unified Command (UC) should be established as soon as multiple jurisdictions arrive at an ASHE event or as soon as feasible once agency Command Officers arrive in a safe location. Common terminology and Unified Command structures as advocated under the National Incident Management System's (NIMS) Incident Command System (ICS) creates a more streamlined response that will increase responder safety, allow for quicker access to injured victims, and ultimately increase survivability. Incident Action Plan (IAP) implementation should include input from both Fire/EMS and LE command staff to ensure tactical objectives are both attainable and within the scope of each agencies job functions.

Extraction of ASHE victims from a potentially hostile area using the Hartford Consensus recommended Tactical Emergency Casualty Care (TECC) guidelines decreases transport times to definitive care facilities increasing survivability. Rescue Task Forces (RTF's) made up of tactical police response teams and firefighter/ emergency medical personnel will be able to extract victims from warm zones using intelligence from forward contact teams or information provided to the unified command post.

Fire/EMS and LE agencies will not be able to predict nor stop all ASHE incidents; however, they can increase the survivability of ASHE victims with proper joint training, using common terminology, and planning.

DEFINITIONS

Active Shooter/Assailant – An individual or individuals actively engaged in killing or attempting to kill people in a confined and/or populated area. In most cases, firearms are the weapon of choice during mass casualty incidents but any weapon (such as a knife, etc.) can be utilized to harm innocent individuals and typically there is no pattern or method to the selection of victims.

ASHE – Active Shooter Hostile Event

ASHE PPE – Specific equipment designed to protect both law enforcement and fire/emergency medical services personnel from penetrating trauma as well as blood borne contaminants.

Ballistic Protection Equipment – Equipment designed to provide protection from projectiles and blunt force objects. Minimally consists of ballistic helmet and vest.

Casualty Collection Point (CCP) – A safe location within the "warm" zone where fire rescue or law enforcement personnel may bring victims to begin triage. Would be considered the treatment area if in the cold zone.

Contact Team – Law enforcement term used to designate a team of properly trained law enforcement officers that will make entry for the sole purpose of neutralizing the active shooter hostile event.

Cover – Law enforcement term that represents an object or area that responding personnel can move to that will provide protection from an immediate threat.

Disaster Medical Assistance Team (DMAT) /State Medical Response Teams (SMRT) - Are a team of volunteer medical professionals and support staff who provide medical care when activated by the federal government as a DMAT or the State of Florida as SMRT team.

EMS – Emergency Medical Services

FAST – Florida Advanced Surgical and Transport Team

Florida Emergency Mortuary Operations Response Team (FEMORS) - The investigative and identification process in a mass fatality situation is a multidisciplinary endeavor requiring multiple forensic and medical specialists to come together rapidly often under adverse conditions.

Forward Collection Point (FCP) – See Casualty Collection Point

IAP – Incident Action Plan

ICS – Incident Command System

Improvised Explosive Device (IED) – Per the Department of Defense (DOD), it is a device placed or fabricated in an improvised manner incorporating destructive, lethal, noxious, pyrotechnic, or incendiary chemicals and designed to destroy, incapacitate, harass or distract. An IED may be made with military or nonmilitary components.

LEO – Law Enforcement Officer

National Incident Management System (NIMS) – Defined by FEMA as a systematic, proactive approach to guide departments and agencies at all levels of government, nongovernmental organizations, and the private sector to work together seamlessly and manage incidents involving all threats and hazards – regardless of cause, size, location or complexity in order to reduce loss of life, property and harm to the environment.

Rescue Task Force (RTF) – Fire or EMS personnel that are partnered with Law Enforcement personnel to enter the "warm" zone for immediate extraction of victims. Only lifesaving emergency medical care using TECC guidelines should be performed in the "warm" zone.

Tactical Medic – Differs from a member of the RTF in that a tactical medic has specialty training necessary to support law enforcement SWAT teams and trains with them.

Tactical Emergency Casualty Care (TECC) – Best practice treatment guidelines for trauma care in a high threat hostile environment. These guidelines were adapted for emergency medical first responders from years of lessons learned from military forces.

THREAT – Acronym from the Hartford Consensus highlighting the importance of initial actions to control hemorrhaging.

T – **T**hreat suppression

H – **H**emorrhage Control

RE – **R**apid **E**xtrication to safety

A – **A**ssessment by medical providers

T – **T**ransport to definitive care

Unified Command (UC) – Defined by NIMS as incident management performed by representatives of several agencies to assure that a consistent response plan is developed and deployed and that all actions are performed in a safe, well-coordinated manner.

Zones as they relate to Active Shooter Hostile Events:

Hot Zone – Area that has not been cleared by law enforcement personnel and has a direct high potential threat that the perpetrator is in this area. Rescue Task Force's (RTF's) should NOT be deployed in this area.

Warm Zone – Area of indirect threat where the perpetrator is not believed to be and is available for entry by a trained RTF to treat victims and extract them to the FCP/CCP.

PLANNING CONSIDERATIONS

The goal of an ASHE Standard Operating Procedure (SOP) is to increase survivability of the victims involved. The multi-jurisdictional response requires coordination between all public safety personnel on multiple fronts to be effective. A July 2016 report from the Active Shooter/ Hostile Event Summit II recommends that public safety personnel engage multiple jurisdictions in the planning of an ASHE program to establish their capabilities and identify their resources. This includes active participation between Fire/ Emergency Medical Services (EMS) and Law Enforcement (LE) to establish common tactics, communication capabilities and common terminology. Research data shows that most ASHE events are over before first responders arrive or shortly thereafter, however, the unpredictability of a perpetrators intentions warrant a methodical plan to response. A proactive interagency approach to planning, mitigation and response offers the community the best chance of survival for all those involved. Below are suggestions for planning and implementation of agencies ASHE SOP.

- It is essential to the outcome of the event that Fire/EMS and LE personnel have interoperable communication capabilities and use common terminology or plain language.
- Consider using NIMS ICS and adopt common terminology to ensure first responders are aligned in the plan. NIMS and ICS are interchangeable between agencies and makes for a seamless response in the likelihood that multiple agencies respond to assist in and ASHE event.
- RTF's should include a minimum of 2 PM/EMT's and 2 LEO's and be equipped with the minimum ASHE PPE of Kevlar helmet, Kevlar vest, eye protection, exam gloves, trauma sleeves, a radio with ear piece and a flashlight
- ASHE response plans should include the capabilities and resources available from each agency to ensure response is seamless during the incident.
- Consideration should be given to notify surrounding jurisdictions if a crucial resource is out of service or unavailable so agencies can consider alternate planning.

- Consideration should be given to the possibility of secondary or diversion devices which are intended to move people to a particular area or harm first responders who gather at the incident site. Special attention should be made for location of staging, triage and treatment with this in mind.
- Early notification and activation of Emergency Operations Center to coordinate State and Federal resources.
- Frequent joint training using both table top and practical exercises to validate joint protocols.

When developing policy or planning for ASHE, the InterAgeny Board (IAB) recommends jurisdictions considers the following:

- Incorporate Multi-Agency Participation in the Planning Process
    - Consider all agencies, jurisdictions and disciplines that could provide mutual aid during such an event in planning development.
    - Create pre- incident relationships with inter-agency personnel to enhance the success if an ASHE incident.
- Engage Senior Leadership When Developing Policy and Agreements
    - Senior leadership needs to understand and support ASHE incident planning efforts as well as be informed of the planning progress.
    - Senior leadership must understand the importance and value that a multi-jurisdictional/ multi agency response plays in the total outcome of the ASHE incident.
- Document Agency Agreements
    - Agency to agency agreements should be detailed and describe roles/ responsibilities of each agency
    - Must detail how incident/unified/area command will be established and maintained throughout the incident
    - Describe the capabilities and resources of each responding agency, including both monetary and non-monetary contributions such as personnel time, office space and training sustainment funding.

- Plan for Multi-Jurisdictional Operations
    - Develop flexible plans that incorporate the all hazards approach and are complementary to other plans and procedures within the organizations.
    - Develop common terminology and communicate in plain language following the NIMS recommendations.
    - Develop a unified management strategy that begins at the onset of the ASHE incident.
    - Validate joint plans through training.
- Share Information
    - Share information both from past events and current intelligence to ensure readiness.
    - Conduct After Action Reviews for all ASHE or high risk incidents and include all jurisdictions that responded.
- Identify Additional Funding
    - Consider funding from local, state and federal sources. Seek out community partners as well as federal grant programs such as, Urban Area Security Initiative (UASI) or Homeland Security Grant Program (HSGP).
    - Take into consideration other jurisdiction resources to avoid duplication.
    - Consider including surrounding jurisdictions in training and planning events to reduce funding costs.
- Establish Policy for Training and Education
    - The ASHE training policy should include coordination and cooperation from all jurisdictional agencies.
    - Should include realistic training events to highlight and evaluate resources and capabilities of responding agencies.

MEDICAL RESPONSE CONSIDERATIONS

As with any emergency medical situation, the goal is to get the patient to a definitive care facility as quickly as possible. ASHE incidents present additional challenges and may require an alternate approach to pre-hospital care. Initial pre-hospital care should follow the Hartford Consensus THREAT actions and following Tactical Emergency Casualty Care (TECC) guidelines and Simple Triage and Rapid Transport (START) triage protocols. If an ASHE incident results in a Mass Casualty Incident (MCI) then additional personnel may be required to assist with command and control functions and to staff. Additionally, consideration should be given to establish Medical Communication Coordinator who will facilitate patient transport with the appropriate hospitals. It may be advantageous depending on the MCI level to have a representative at the receiving facility to coordinate patient off-load and transport unit returns.

- Early establishment of staging, triage, treatment and transport in conjunction with MCI protocols as established in *Florida Field Operations Guide 10B – Mass Casualty* is imperative to a successful operation.
- Use caution in committing personnel to walking wounded as more severe immobile victims may need immediate assistance.
- RTF teams should treat victims in the warm or cold zone using THREAT and Tactical Emergency Casualty Care guidelines and fatalities clearly marked using the triage tag system. Consider using colored ribbon for rapid triage of patients in the warm zone.
- Early requests for state resources such as State Medical Response Teams (SMRT), Disaster Medical Assistance Teams (DMAT), Metropolitan Medical Response System (MMRS), or Florida Emergency Mortuary Operations Response Team (FEMORS).
- Consider community education provided to business and community first responders to provide external hemorrhage control using TECC guidelines in the absence of emergency responders.
- Assign personnel when available to the document group to track patient information and movement.
- Training on TECC and quick extraction to Casualty Collection Points (CCP) for quick transport.

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