An Operational Guideline for Winchester and Clark County's Response To Active Shooters.

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CERTIFICATION STATEMENT

I hereby certify that this paper constitutes my own product, that where the language of others is set forth, quotation marks so indicate, and that appropriate credit is given where I have used the language, ideas, expressions, or writings of another.

Signed: _________________________________
Abstract

The problem was Winchester Fire - EMS, with other local agencies, did not have a guideline for mitigating active shooter incidents. The purpose of this research was for Winchester Fire - EMS to develop and implement a guideline, with other local agencies, to mitigate active shooter incidents. The research questions were (a) what should be considered for communications personnel upon receiving information and the dispatch of agencies to an active shooter, (b) what should be considered for law enforcement personnel responding to an active shooter, (c) what are the tactical options for fire and EMS personnel working with law enforcement at an active shooter incident, and (d) what should be considered for fire and EMS personnel responding to an active shooter? An active research method was utilized to develop a multiagency, multijurisdictional guideline.

A comprehensive literature review was performed and interviews with department heads conducted to understand their expectations for the operation. Guidelines from other agencies around the county were reviewed providing a foundation for current practices. Key leaders were interviewed, specifically those with a relevant background with military and/or law enforcement experience.

The results were unique perspectives on ballistics protection, operating in a hostile environment, combat casualty care, and determining best safe practices to develop a guideline that would work for our agencies.
Recommendations were for all agencies involved to implement and train the guideline together, specifically to practice communications and operating within a unified command.

Communications personnel would train to provide them an understanding of the scene operations and what intelligence gathering is crucial to the incident. Law enforcement personnel would train as part of the rescue task force to provide protection for the medical personnel. Fire and EMS personnel would train as part of the rescue task force on their ballistics protection and tactical emergency casualty care.
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An operational guideline for Winchester and Clark County's response to active shooters

INTRODUCTION

In this age of terrorism and the frequency at which persons acting alone or in a group are preying upon the innocent by way of mass shootings, the emergency service agencies of Winchester and Clark County, Kentucky have been contemplating how they would handle such an event. The problem is Winchester Fire - EMS, with other local agencies, does not have a guideline for mitigating active shooter incidents. The purpose of this research is for Winchester Fire - EMS to develop and implement a guideline, with other local agencies, to mitigate active shooter incidents. The research questions are (a) what should be considered for communications personnel upon receiving information and the dispatch of agencies to an active shooter, (b) what should be considered for law enforcement personnel responding to an active shooter, (c) what are the tactical options for fire and EMS personnel working with law enforcement at an active shooter incident, and (d) what should be considered for fire and EMS personnel responding to an active shooter? An active research method will be utilized to develop a multiagency, multijurisdictional guideline.

BACKGROUND AND SIGNIFICANCE

Winchester Fire - EMS was formed in October 1990 with a merger of the Winchester/Clark County Ambulance Service into the Winchester Fire Department. Located in Central Kentucky, approximately 20 miles East of Lexington, Winchester Fire - EMS provides fire and rescue services to eight square miles of the City of Winchester, and advanced life support emergency medical services to all 254 square miles of Clark County. Winchester Fire - EMS is a career department with 58 full-time firefighters, all of which are cross-trained for emergency medical care. Winchester Fire - EMS is an all hazards agency providing fire
suppression, medical services, technical rescue, and hazardous materials as part of the Bluegrass Emergency Response Team; a regional asset covering eleven counties. Clark County has a residential population of approximately 35,613, of which approximately 18,368 are within the city limits (United States Census Bureau, 2010).

Almost everyone is familiar with the high profile cases involving active shooters at Columbine High School, Virginia Tech University, Fort Hood in Texas, and Sandy Hook Elementary School, but there are many more that resulted in loss of life in recent years that did not get as much publicity. Thankfully our community has not yet had an active shooter incident requiring this level of response. We have had incidents that could have escalated, most recently in August 2013 with an estranged couple going through a divorce. The husband shot his wife, then as emergency personnel were responding shot himself thereby ending the threat. In September 1995 a male student at George Rogers Clark High School held another student hostage. He had been in a fight earlier that day, went home, and returned to the school with two guns.

This study aligns with the Executive Fire Officer Program’s Executive Analysis of Fire Service Operations in Emergency Management course that focuses on the administrative functions necessary to manage the operational component of a fire and rescue department effectively. This study also aligns with the United States Fire Administration’s Operational Goals #1: Reduce risk at the local level through prevention and mitigation; #2: Improve local planning and preparedness; #3: Improve the fire and emergency services' capability for response to and recovery from all hazards; and #4: Improve the fire and emergency services' professional status, specifically through the interagency cooperation, planning, and training for operational readiness for an active shooter incident.
LITERATURE REVIEW

Sanders and Klaene (2013) report that in April 2013 representatives from law enforcement, fire, emergency medical services, and the federal government met at an event, "Responding to Mass Casualty Shootings - Strengthening Fire/Law Enforcement/EMS Partnerships", sponsored by the International Association of Chiefs of Police, International Association of Fire Chiefs, Department of Homeland Security, Federal Bureau of Investigations, International Association of Firefighters, Metropolitan Fire Chiefs Association, and the Fraternal Order of Police. The purpose of this gathering was to discuss the various considerations of the police, fire, and emergency medical services disciplines, bringing them together in planning and training; the use of the National Incident Management System for all disciplines and improving interoperability with communications; emphasizing the importance of an aggressive response to active shooter incidents and to ensure that the best equipment is made available to all responders.

There are some minor differences in the definition of an active shooter, or active shooter incident, but ultimately they are the same. "An 'active shooter incident' is commonly defined as an incident in which one or more people use deadly force on other people and continue to do so while having unrestricted access to additional victims" (Smith, Iselin, and McKay, 2009). Another is: "An active shooter can be defined as 'an armed person who has used deadly physical force on other persons and continues to do so while having unrestricted access to additional victims'" (Smith, 2007). The most comprehensive and best description found was in "The active shooter: a significant threat to homeland security":

The term "active shooter" can be defined several ways. In its basic definition, an active shooter is defined as an individual or a small group actively engaged in killing or attempting to kill people in a confined space or populated area. The "active" component refers to the shooter's continuing use of violent physical force while having unrestricted access to as many additional victims as possible. He controls life and death until he stops at his leisure or is stopped by law enforcement. He usually does not take hostages or
intends to negotiate, often takes his own life, and while attempts at escape are unlikely, some shooters do surrender when confronted by law enforcement (Sinai, 2013).

As Dobesh (2013) points out these incidents can and do happen anywhere and being prepared is the key to a successful outcome. Ertl (2010) and Rielage (2009) explain that an active shooter threat assessment should be considered for community events, large gatherings, entertainment and sporting facilities, shopping areas, churches and schools, banks, landmarks, and businesses with recent layoffs or cutbacks. Baldanza (2005) adds the weapon may not only be a gun, but a knife or explosives as well. And there are many more examples, not just public places with high occupancy loads. This relates to the purpose of this research as evidenced by a case in Lexington, Kentucky in February 2004 when a fire lieutenant and firefighter had been shot while on an EMS call in the front yard of a single family residence. The lieutenant died from blood loss behind a tree while pinned down from gun fire. Kimbrough, Lowe, and Lowe (2012) describe the biggest factor in mitigating these incidents, other than the shooter, is time. Rielage (2009) explains a five second rule that predicts the shooter will select another target and shoot a victim every five seconds.

From the initial calls to 911 and even after the establishment of a unified command post, it is known the communications center will be overwhelmed. In the article "Shots fired! Police dispatch considerations in active shooter incidents" the author wrote:

Early warning signs of an active shooter call include: An onslaught of calls; Open line calls with muffled sounds; Shots being fired without a caller speaking; Seemingly unrelated explosion or fire calls that begin to form a pattern on the mapping system; Suspicious person calls with possible weapon sighting; and Fire alarms - the latest strategy is to pull an alarm inside to drive victims outside to a waiting sniper (Ertl, 2010).

Furey (2012) writes about the importance of dispatchers collecting as much intelligence as possible. Some vital information may be the location of the shooter and how many are there; what do they look like and do you know who they are; what type and how many weapons do
they have; are there hostages or victims with injuries; are the injured in one location or spread out; and if the shooters left the scene, how did they leave and which direction? A description of suspects and vehicle should be given over the radio as soon as possible in case someone were to notice them while responding to the scene. Ertl (2010) mentions in addition to the sheer number of calls to 911, they will be coming in almost simultaneously. Dispatchers should practice the art of silence and listening. Furey (2012) explains how subsequent calls to 911 may provide additional intelligence about the incident, so dispatchers should not dismiss receiving multiple calls from the scene. This relates to considerations for communications personnel, as well as other response personnel being disciplined on the radio and monitoring for and receiving intelligence first hand. On top of everything else, Smith (2007) points out the normal amount of calls to the dispatch center doesn't stop either. He mentions the practice of closed loop communications or echo traffic is beneficial as well. Additional dispatchers should be called in during these and other large incidents and we should not forget about those behind the radio when we are doing post-incident analysis and stress debriefings (Furey, 2012). This also relates to the considerations for communications personnel as to their staffing capabilities and the need to provide dispatchers with some follow up information for closure.

The traditional tactic for law enforcement to contain shooters while waiting for response teams to arrive has been identified as a contributing factor in the additional loss of life. This was one of the lessons learned in the wake of the Columbine High School shooting in 1999. "Since Columbine, it is no longer acceptable to wait for a 'safe scene' to evacuate patients", (Dobesh, 2013). As Weiss and Davis (2009) report, this tactic has changed into the modern law enforcement priorities of engaging and eliminating the threat, getting medical care to victims, and extraction. Baldanza (2005) and Morrissey (2011) documented the widespread, law
enforcement term for engaging the shooter is called Immediate Action Rapid Deployment. The article refers to this as a contact team. In the article "First responders active shooter intervention" the author wrote:

To take on the often cumbersome task associated with the introduction of new tactics into existing Police Officer Standard of Training programs, trainers have elected to "develop" tactics that are based on existing pre-approved SWAT procedures. Tactics such as the "Diamond Formation" follow the principal that members of a responding team should "stack up" and remain in physical and visual contact with one another. The main reason for the use of these tactics is officer safety. Although sound in principle, the use of such tight formations and slow, methodical approach actually reduce officer safety and undermine intervention capabilities during an active shooter or a terrorist attack in a high-density environment (school/mall/airport). This is due to the fact that such formations are very difficult to maneuver through an agitated crowd and represent a very large and obvious target for the adversary (Stivi, 2006).

Smith (2007) describes how these incidents are fast, constantly evolving, and usually over within a matter of minutes. "Analysis of such incidents has clearly shown that most casualties occur within the first ten minutes, and that to be effective First Responders need to intervene and engage the threat/s without delay" (Stivi, 2006). Ertl (2012) points out unlike other incidents involving shooting, the contact team may not be giving a verbal command to drop their weapon. They would be returning fire to eliminate the threat. Kimbrough, Lowe, and Lowe (2012) note how shooters in the past have either surrendered or killed themselves at first contact with active resistance. These facts are the driving force relating to law enforcement agencies' considerations of making entry as quickly as possible to engage and neutralize the threat, as well as the considerations of fire and EMS personnel working with law enforcement to gain access to victims as quickly as possible to treat any life threatening injuries.

As Dobesh (2013) describes, incidents like these require a unified command. Obviously, all agencies training together is a must so all personnel know what is being done and how. And Ertl (2010) includes the dispatchers so they can get a mental picture and better understanding of
the on scene operations. Smith, Iselin, and McKay (2009) emphasize how common terminology is a must for clear communications, such as identifying the different sides of a building as alpha, bravo, charlie, delta, with alpha being the address side. As well as personnel reporting to dispatch, or to the command post once it is established, vital intelligence about routes of entry, location of victims, personnel location and actions. Communications between fire and EMS assets and law enforcement assets should be kept separate. The separate frequencies allows for better accountability and effective use of personnel. It also allow for better management of the formal treatment, triage, and transport with the additional EMS resources that may be needed. As additional law enforcement arrives on scene the task of securing the perimeter is important. Smith (2007) discusses how vital this is for the purposes of protecting those that are fleeing the immediate area, while maintaining control of those persons until they can be questioned by law enforcement for their potential involvement as a shooter, or to obtain any intelligence about the situation they may have. This obviously relates to the need for all agencies involved to train together for this type of incident and we certainly don't want to allow the shooter to escape by mixing in with the victims or evacuees.

As already documented, time is not on our side for this type of incident. Morrissey (2011) reports the longer it takes for medical care to reach the victims, morbidity and mortality will increase. There are basically three options. The first option is to deploy with your medical gear to the victims' location as quick as possible without police protection to start the triage, treatment, and extraction of the wounded. This is obviously dangerous and could put you in the hot zone, an area of high threat, and unless the medical crews are trained and carrying their own weapons, leaves you vulnerable to an attack. The second option is the traditional procedure of medical crews staging in a safe area until such time law enforcement can render the scene safe and allow
medical crews to enter. It is well known that this tactic, while ultimately the safest for fire and EMS personnel, has cost lives in the extended time it takes for law enforcement to determine the scene is safe. The third option is while law enforcement is entering and searching for the shooter they are creating a warm zone, an area of reduced threat. Medical crews under the protection of additional law enforcement can enter to begin the triage, treatment, and extraction of victims. This tactic requires a level of trust and mutual respect between medical and law enforcement personnel that can only come from training together. It is crucial law enforcement that are assigned to the medical team understand their role is to stay with the medical team and provide protection in case they encounter a threat. As a point of clarification, this is not the same as having a Special Weapons and Tactics (SWAT) medic or tactical EMS. SWAT medics train as part of the law enforcement team to take care of that team, not the victims. They are usually not prepared for the mass casualty of the active shooter incident. What agencies have to figure out, usually through training, is the numbers of medical and law enforcement personnel they have available to configure their teams. As Smith, Iselin, and McKay (2009) emphasize, the objective is to treat patients within minutes of being wounded while limiting the threat to medical personnel. This relates to the concern of risk to fire and EMS personnel using this approach; just as we calculate the risk of structural firefighting trying to make the operation as safe as possible with proper personal protective equipment, training, and tactics.

So what medical supplies should be carried in to perform the triage, treatment and extraction of the victims. Again this will take some preplanning and most likely go through revisions with training. Morrissey (2011) describes the use of belt packs or small back packs with medical gloves, triage supplies, trauma shears, a stethoscope, a light, tourniquets, chest seals, airway adjuncts, gauze with clotting agents, regular gauze and trauma dressings. Also there
should be roll up type tactical stretchers for the extraction of the non-ambulatory. In addition, a larger kit with additional supplies such as advanced airways, intravenous fluids and supplies, and other necessities should be available in case an internal casualty collection point needs to be established. Smith, Iselin, and McKay (2009) talk about how a supply depot should be set up at the point of entry to allow for a quick resupply and turnaround of the medical team. As Fletcher (2010) describes, their guideline calls for an engine company, with only a driver who can also serve as one of the medical components of the entry team, be positioned at the point of entry. An ambulance, also with only a driver who can also serve as one of the medical components of the entry team, drops off the personnel who are going to make entry, then retreats with the driver of the engine company until recalled by the entry team to resupply, change out personnel, and/or transport victims to the external casualty collection point or formal triage, treatment, and transport area. If it is determined that an internal casualty collection point is needed, the ambulance can return with its crew and addition law enforcement to enter the building. One crew can establish and work the internal casualty collection point while the other continues to move though the building for triage, treatment, and extraction. He also emphasizes if through these efforts we can save even one person who would have died from their wounds then we have succeeded. This relates to the considerations of fire and EMS personnel in the formulation of a response guideline.

**PROCEDURES**

After reviewing all the available literature I could find and determining what was pertinent to this research, I made a list of the department heads and key leaders I wanted to meet with and discuss the options for a response guideline and the necessary equipment to use. Those individuals being Chief of Fire - EMS Eric Hunter; Chief of Police Kevin Palmer;
Communications Supervisor Rhonda Rogers; Police Captain Shannon Stone; Firefighter - EMT Matthew Blose; and Firefighter - Paramedic Eddie Barnes. From the literature review I discovered Captain William Fletcher at the Hebron Fire Protection District in Boone County, Kentucky which is only about an hour drive from Winchester. Upon making contact with him I was able to schedule a meeting to discuss how they came up with their guideline and to look at what equipment and supplies they carry. From that meeting I was able to obtain a copy of their guideline for reference. With assistance from Mr. Blose, we made contact with and was able to obtain a copy of the guidelines from Arlington County, Virginia Fire Department and Littleton, Colorado Fire Department to use as reference.

I met with Chief Hunter and in that meeting explained the research I was conducting. I asked what his expectations were for mitigating an active shooter incident and how he thought fire and EMS personnel could achieve a successful outcome. The ensuing discussion included what tactical options we had staying within the parameters of our available resources; what level of ballistics protection would we need, where would we get it, and how would we fund it; the need to train side by side with our law enforcement counterparts; the differences between tactical EMS and tactical emergency casualty care; what medical gear and supplies would we need, where would we get it, and how would we fund it. Next, I scheduled a meeting with Chief Palmer. In that meeting I explained the purpose of my research. I asked for his expectations for mitigating an active shooter incident and what his understanding was for the role fire and EMS personnel would play. This discussion included the tactical options for law enforcement while staying within the parameters of available resources as well as the tactical options for getting medical assistance to the wounded; ballistics protection being worn by response personnel and weapons characteristics; the need for law enforcement to be assigned to the medical team for
entry and how they would be utilized; and the need for joint training with all agencies. I then scheduled a meeting with Rhonda Rogers to get an understanding of what considerations needed to be given to the communications personnel. After explaining the purpose of my research we discussed the staffing levels in the Winchester communications center; how quickly they would become overwhelmed; what frequencies were available for operations; what pertinent information would need to flow to and from the scene; and what training the communications personnel need to be included in attending. I then met with Captain Stone and after explaining the purpose of my research, as well as information I had obtained from Chief Palmer, I asked for his expectations for mitigating an active shooter incident. I also asked him what his understanding was for the role fire and EMS personnel would play. This discussion also included what tactical options law enforcement had; what training police officers receive on the National Incident Management System while attending the Department of Criminal Justice Training Academy; and the need for all agencies involved to train together for this type of response.

After meeting with these department heads and key leaders, I asked Firefighter Blose and Firefighter Barnes to join me in discussing how we should proceed. To begin I explained to them what the expectations were from those persons in leadership positions to establish some objectives in forming a response guideline for our department. This discussion prompted thoughts of what would be the compliment of the Rescue Task Force; would this role be a required expectation of Winchester Fire - EMS personnel or voluntary; what would be the type and level of ballistics protection worn by Winchester Fire - EMS personnel and would they carry any type of weapon; what type of medical gear and supplies would the Rescue Task Force use; and what additional training would Winchester Fire - EMS personnel have. Finally, the task of drafting the standard operating guideline for Winchester Fire - EMS was completed.
RESULTS

What should be considered for communications personnel upon receiving information and the dispatch of agencies to an active shooter?

Rhonda Rogers has been the Winchester Communications Supervisor since 2005 and has been a dispatcher for over 20 years. In beginning our conversation Ms. Rogers informed me she and some of the other dispatchers had just returned the week prior from the 2013 Kentucky Emergency Services Conference in Louisville, Kentucky where Maureen Will, the communication's supervisor in Newtown, Connecticut, gave a presentation of their experiences with the Sandy Hook Elementary School shooting. Ms. Rogers believes the policies currently in place at Winchester would provide for the need to handle a large scale event such as an active shooter incident. Current staffing has two dispatchers on duty except for a few hours in the early morning. During the day Ms. Rogers may be available to come from her office and assume some of the dispatcher responsibilities, as well as the administrative assistant for Winchester Police may be called upon to help with telephone traffic. Dispatchers also have a current guideline for calling in off duty communications personnel at times of increased load. Already in place is a mutual aid agreement with the Montgomery County, Kentucky Communications Center that their personnel can come to Winchester to supplement staffing, and/or the capability exist to transfer 911 service from Winchester to Montgomery County to allow both communications centers to work together in managing the crisis while keeping up with the routine calls for emergency services. Ms. Rogers did express a concern for radio traffic, especially that of law enforcement, needing to be on one operational frequency. Currently Winchester Police operate on a different frequency than does the Clark County Sheriff's Department. In this type of incident law enforcement from both agencies are going to be responding and multiple personnel from
both agencies are going to be on their respective channels asking for information; many times the same information that has already been given numerous times over both frequencies. This adds to the load of the dispatchers and ties up air time needlessly. Ms. Rogers recognizes the importance and need for law enforcement to better utilize the concepts of incident command, especially after a formal command post has been established, for all communications to and from the incident to go through command. This again would reduce some of the needless repetition and provide for a better management of resources. Response personnel should practice radio discipline, provide short but detailed information about their actions and observations, and listen to what information is being shared by others. She does understand the concept of unified command and the need for law enforcement communications to be on one frequency while fire and EMS communications would be on another. Currently neither law enforcement agency utilize a tactical frequency, but if all incident traffic went to one law enforcement frequency all other law enforcement traffic could be put on the other. This would be the same for Winchester Fire - EMS sharing frequencies with the Clark County Fire Department. Ms. Rogers' only other concern was the need for dispatchers to be present whenever the agencies train together. If a dispatcher can see the tactics to be performed they can get a mental picture of what is happening from the radio traffic during an incident. Dispatchers also need not to be forgotten during a post incident analysis. Providing them with feedback and follow up information helps relieve some of the mental stress and provide for closure.

*What should be considered for law enforcement personnel responding to an active shooter?*

Kevin Palmer has been the Chief of Winchester Police since 2008 and has been in law enforcement over 15 years. Chief Palmer is certified as an instructor with the Kentucky Department of Criminal Justice Training and has trained with emergency response teams. Our
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conversation started with how aggressive police officers and sheriff’s deputies would be upon arrival at an active shooter incident. The first thing Chief Palmer pointed out is the fact that there is not a hard and fast instructional manual for these types of incidents. Rather there is a lot of literature and courses being taught based on opinions. This is why any tactics performed by law enforcement are to be based on best safe practices taking into account the limitations of the resources available at various times of the day or night. Chief Palmer points out that while the literature mentions a single officer arriving at an active shooter incident may enter to engage to shooter, the guideline for Winchester and Clark County call for law enforcement personnel to obtain a tactical advantage. He emphasizes that a single officer against a lone gunman, let alone multiple gunmen, is not a tactical advantage. As two, three, or four law enforcement personnel arrive they will don whatever ballistics protection they have available and deploy as a contact team with their hand gun and possibly a semi-automatic rifle if available. As additional law enforcement personnel arrive they too will do the same in forming additional contact teams to engage the shooter, search for additional shooters or threats, and begin to clear the entire building. At some point the additional law enforcement personnel arriving would need to not commit to entering the building. Some will be needed to secure a perimeter and detain persons fleeing the area and to screen victims being removed from the building as a potential threat. Until discussed, Chief Palmer did not understand that the medical personnel who would be preparing to enter the building for triage, treatment, and extraction would require at least two law enforcement personnel to provide protection to the Rescue Task Force and under no circumstance would the Rescue Task Force enter a hot zone. After sharing with Chief Palmer some of the discussion I had already had with Captain Fletcher at the Hebron Fire Protection District about the guidelines used in Boone County by law enforcement personnel, he again
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referred to best safe practices and matters of opinion. Boone County has the manpower to deploy four law enforcement personnel with the medical crew for entry and they maneuver in a "T" formation rather than a diamond. More interesting was the fact that Boone County law enforcement personnel only deploy with hand guns, supposedly to provide them better maneuverability and ease of returning fire from a concealed position. Chief Palmer again referred to having a tactical advantage. A person has better aim and distance with a rifle, and in the hands of law enforcement may be what gives them that tactical advantage. This sentiment was echoed in a conversation with Firefighter Blose from his military experience. He emphasized that to win a fire fight you need violence of action and overwhelming fire superiority. Chief Palmer did express a few concerns, one of which stemmed from a training session with his officers where it was demonstrated how a round from a high powered rifle can easily penetrate a concrete block wall with victims hiding on the other side. This needs to be taking into consideration when choosing what type of ammunition to deploy in this scenario. Another point Chief Palmer made was in relation to the relay of intelligence information to and from dispatch. He recognizes the communications center is going to become overwhelmed quickly. He recommended that on the initial dispatch Winchester Fire - EMS command personnel monitor the law enforcement frequency to obtain any vital pieces of information that is coming from the scene rather than the information having to be relayed through dispatch. As an end result, Chief Palmer seemed very open and encouraged with the Rescue Task Force concept and agreed for our agencies to train together on the operation guideline being developed.

Shannon Stone has been the Winchester Police Training Captain since 2009 and in law enforcement over 15 years. Captain Stone is also an emergency medical technician, firearms instructor, police patrol rifle instructor, and has trained with emergency response teams including
active shooter training from the Federal Bureau of Investigations. Captain Stone echoed all of what Chief Palmer had said. In addition, we came to an understanding of how law enforcement is trained on the National Incident Management System and the need for Winchester Police and Clark County Sheriff's Department to practice using the concepts of incident command and the need for common terminology so that when we are trying to share vital pieces of information from an active shooter scene we are all talking the same language. Even though it has been discussed in the past, our agencies are missing prime opportunities to practice in a unified command structure during various events and festivals in our community. Captain Stone too was encouraged about the concept of a Rescue Task Force for mitigating an active shooter incident.

*What are the tactical options for fire and EMS personnel working with law enforcement at an active shooter incident?*

Winchester Firefighter - EMT Matthew Blose has been in fire and EMS for 15 years and was a Navy Corpsman for seven years serving in Iraq, Afghanistan, and Africa assigned to the 1st and 4th Marine Divisions and has instructed tactical combat casualty care. Winchester Firefighter - Paramedic Eddie Barnes has been in emergency services for over 25 years with law enforcement, fire, and emergency medical services. Mr. Barnes is a firearms instructor and has training in response to active shooters. These two gentlemen were instrumental in helping me understand the different tactics being employed by departments across the country, the various pieces of equipment to consider, and helped make decisions on how to move forward with this project. We reviewed the guidelines we had received from other departments to determine what would work for Winchester Fire - EMS personnel to respond and deploy the Rescue Task Force concept. The tactical options for Winchester Fire - EMS to respond to an ongoing threat right now without the proper equipment or training is to do what EMS agencies have been doing for
years which is to stage apparatus at a safe distance and stand by for law enforcement to make the scene safe and allow fire and EMS responders to approach the scene. It has already been proven that while this tactic is the safest it takes too long to render the scene safe at the cost of the lives of the victims. Our job is inherently dangerous but we calculate the known risk and mitigate the hazard to reduce the threat. Doing so in the case of the active shooter leads us to a more aggressive response and expanded role of today's fire and emergency medical services. In an active shooter training with Winchester Police in February 2013 it was discussed that law enforcement entering the building could extract victims back out to where EMS could safely intercept. With the limited law enforcement personnel available, again we felt like this approach would take too long to get care to the wounded. It was agreed upon for Winchester Fire - EMS to provide the best chance of survival for victims of an active shooter incident we needed to be able to deploy a Rescue Task Force in ballistics protective equipment and under law enforcement protection into an area having already been searched by law enforcement. Even the option to enter without law enforcement protection does not account for the risk involved and would leave the medical crew vulnerable to the threat. Some asked about the medical crew having their own weapons, but this would not be a viable option due to the availability of weapons and the need to train and qualify with said weapons.

What should be considered for fire and EMS personnel responding to an active shooter?

Eric Hunter has been the Chief of Winchester Fire - EMS since 2009 and has been a paramedic in the fire service for over 25 years. Chief Hunter is a fire and EMS instructor and has training in tactical EMS. He already had knowledge of the Rescue Task Force concept as it is performed by the Arlington County, Virginia Fire Department. Chief Hunter understands and agrees that if we are to make a difference in the chance of survival for the victims of an active
shooter incident, medical personnel, with law enforcement protection, need to be able to access the victims within the first few minutes after being wounded. Winchester Fire - EMS cannot afford to wait for law enforcement to secure and clear the entire building to deem the scene safe for EMS to enter or people will die that otherwise may have survived. Having been trained in Counter Narcotics and Terrorism Operational Medical Support (CONTOMS), Chief Hunter stressed the differences between tactical EMS and that of Tactical Emergency Casualty Care (TECC), which is the civilian version of Tactical Combat Casualty Care (TCCC) taught to the military. In tactical EMS, the medical person of an entry team is part of the law enforcement component with the primary mission of taking care of the other members of the team, not civilian casualties. They carry a limited amount of medical supplies for the team, as well as being armed as part of the offensive. TECC has taken what has been learned from the combat theater and applied it to the public safety arena for mass casualty events where there is an ongoing threat. Chief Hunter knows that Winchester Fire - EMS personnel can and will step up to this challenge; his biggest concern was that of ballistics gear and how we would fund it. Reviewing other department's guidelines we found there are many different approaches to PPE. Some department's medical personnel wear no ballistics protection, while some wear level II or IIA with or without a ballistics helmet. Some wear a level IIIA vest and helmet, and some wear level III or IV. For a better understanding of the levels of ballistics protection from the National Institute of Justice, see Table 1 below. It only makes sense that if we are going to ask our personnel to make entry into this area of potential threat, even with law enforcement protection, that they be provided with a level of threat protection against a common weapon from known active shooter incidents. That choice being a ballistics helmet and level III vest to protect against
the use of a high powered rifle. Even still, assignment to the Rescue Task Force would be voluntary. No one would be forced to perform a task they were not comfortable doing.

### Table 1

<table>
<thead>
<tr>
<th>Armor Type</th>
<th>Weapon</th>
<th>EMT Ammunition</th>
<th>Nominal Bullet Mass</th>
<th>Pad &amp; Bullet Length</th>
<th>Required Bullet Velocity</th>
<th>Required Weight Per Armament</th>
</tr>
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<tbody>
<tr>
<td>I</td>
<td>22 LHVH Lead 30 Special RN Lead</td>
<td>2.8 g 10.2 g 16.2 g 40 gr 158 gr</td>
<td>16 to 16.5 cm 6 to 6.5 in 15 to 16.5 cm 6 to 6.5 in</td>
<td>232 ± 12 m/s 1900 ± 40 ft/s</td>
<td>253 ± 15 m/s 223 ± 40 ft/s</td>
<td>5</td>
</tr>
<tr>
<td>II-A</td>
<td>357 Magnum JSP 9 mm FMJ</td>
<td>12 g 158 g 124 g</td>
<td>10 to 12 cm 10 to 12 cm 4 to 4.75 in</td>
<td>381 ± 18 m/s 1200 ± 50 ft/s</td>
<td>332 ± 12 m/s 1000 ± 40 ft/s</td>
<td>5</td>
</tr>
<tr>
<td>II</td>
<td>357 Magnum JSP 9 mm FMJ</td>
<td>12 g 158 g 124 g</td>
<td>15 to 16.5 cm 6 to 6.5 in 10 to 12 cm 4 to 4.75 in</td>
<td>425 ± 18 m/s 1395 ± 60 ft/s</td>
<td>384 ± 12 m/s 1175 ± 40 ft/s</td>
<td>5</td>
</tr>
<tr>
<td>III-A</td>
<td>44 Magnum Lead SWC 9 mm FMJ</td>
<td>15 g 249 g 124 g</td>
<td>14 to 16 cm 5.5 to 6.25 in 9.5 to 10.25 in</td>
<td>420 ± 15 m/s 1400 ± 50 ft/s</td>
<td>420 ± 15 m/s 1400 ± 50 ft/s</td>
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<tr>
<td>III</td>
<td>7.02 mm 308 Winchester FMJ</td>
<td>9.7 g 150 g</td>
<td>56 cm 22 in</td>
<td>838 ± 15 m/s 2850 ± 50 ft/s</td>
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<td></td>
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<tr>
<td>IV</td>
<td>30-06 AP</td>
<td>10.8 g 160 g</td>
<td>84 cm 22 in</td>
<td>838 ± 15 m/s 2850 ± 50 ft/s</td>
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Chief Hunter suggested we may not be able to equip all our apparatus with the gear due to funding, as well as making room to store it on apparatus. It would need to be maintained at the station and deployed as needed. If the gear was on all the apparatus it would be a requirement for personnel to wear when responding to any potential hostile incident. As an example, if EMS were staged waiting on police to secure a domestic violence call the crew could don just the vest without plates (level IIIA) for their added protection on scene. Chief Hunter also requested we roll this project in with our existing mass casualty incident capabilities. He would like the medical supplies and gear to also be functional for incidents of a more common occurrence. A proposal was submitted during negotiations for the 2014 fiscal year budget session. Chief Hunter explained to city officials that Winchester Fire - EMS was working in conjunction with the Winchester Police to prepare for an active shooter event. He explained the Rescue Task Force concept and the need for our personnel to have ballistics protection equipment. When the 2014 fiscal year budget was passed Winchester Fire - EMS was granted $11,000 toward this project.
Additional sessions with Mr. Blose and Mr. Barnes led to discussions of weapons characteristics and how the different levels of threat protection are applied in deciding what type of ballistics equipment to purchase, we came to a consensus to have level IIA protection that crews could wear during incidents of a lesser threat as was discussed with Chief Hunter, with the capability of inserting ballistics plates to make the vest level III protection when needed for the active shooter event. Mr. Blose made some contacts for pricing of ballistics helmets, operator vest versus plate carriers, and scheduled with a vendor a demonstration of such equipment at Winchester Fire - EMS for late October 2013. From my meeting with Captain Fletcher at Hebron Fire Protection District in Boone County, Kentucky I was able to see what gear they carry for their team's medical supplies. They use a thigh bag and rolled up, plastic litter for each medical crew member and a backpack carried in by one of the entry team with more advanced supplies in case they need to set up a casualty collection point. In sharing this with Mr. Blose and Mr. Barnes we did like the rolled up, plastic litter. It allows for easier extraction of victims, especially if you need to move up or down steps. Mr. Blose shared from his military experience he did not believe the thigh bags would be the best for us due to the fact we would not have as many personnel on the Rescue Task Force and the limited space in a thigh bag. We agreed to evaluate a belt pack that is large enough for supplies to treat approximately twelve (12) victims depending on their injuries, and can be carried either around the waist, over the shoulder with a strap, or attached to a ballistics vest. A larger drop bag would be put together containing advanced supplies to treat up to twenty (20) victims if the need arises to set up an internal casualty collection point. We did take from the Boone County, Kentucky guideline the use of positioning a fire pumper at the Rescue Task Force point of entry to use as a tool box if needed and using an ambulance to transition the Rescue Task Force from the staging area to the point of
entry. As the end result of this research a standard operating guideline for Winchester Fire - EMS was drafted entitled Rescue Task Force (Appendix D).

DISCUSSION

Clark County, Kentucky, the City of Winchester, its department heads, and key leaders in emergency services know we have been fortunate to not yet have a mass shooting incident and the aftermath that comes from such an event. Thankfully these same people don't have blinders on either suggesting it won't happen in our community. Just as Dobesh (2013) reports: "These events can happen anywhere and preparedness is the key". Table 2 shows some active shooter situations from the late 1990's prior to the Columbine High School shooting that really got everyone thinking about mass shootings (Baldanza, 2005). Even in our own community in 1995 a student at George Rogers Clark High School took two hand guns into the school after being involved in a fight and held another student as a hostage for a short time. Even before I attended my last class at the National Fire Academy and decided to do this research to create a standard operating guideline for Winchester Fire - EMS on response to active shooter incidents, the law enforcement agencies had already begun considering how our law enforcement, fire, and emergency medical services would mitigate such an event. The concerns Winchester Communications Supervisor Rhonda Rogers has about becoming overwhelmed quickly by calls

<table>
<thead>
<tr>
<th>Date</th>
<th>Place</th>
<th>Population</th>
<th>Victims Killed/Wounded</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/20/99</td>
<td>Littleton, CO</td>
<td>200,000</td>
<td>12/20</td>
</tr>
<tr>
<td>5/21/98</td>
<td>Springfield, OR</td>
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<td>131,723</td>
<td>2/1</td>
</tr>
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<td>4/24/98</td>
<td>Edinboro, PA</td>
<td>7,736</td>
<td>1/3</td>
</tr>
<tr>
<td>2/13/98</td>
<td>Hoboken, NJ</td>
<td>33,397</td>
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<tr>
<td>12/1/97</td>
<td>West Paducah, KY</td>
<td>27,000</td>
<td>3/5</td>
</tr>
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</table>

Table 2
to 911 and radio traffic from responders, in addition to the normal everyday traffic is validated by Ertl (2010) as she reports about a shooting in West Vail, Colorado when five dispatchers received calls for hours without a break. And not only were there a lot of calls, but the calls were all coming in at the same time. One thing that helped the dispatchers remain calm and focused was that the dispatchers had knowledge of scene operations from their training. This was a point Ms. Rogers made that our dispatchers need to be present so they can develop a mental picture of what is happening from the radio traffic they are receiving, and having additional personnel in the communications center is going to be a necessity. As Furey (2012) points out the additional people will be needed just as call takers. With all the additional calls coming from the scene, dispatchers cannot dismiss them as there may be some vital pieces of intelligence about the shooter or the incident itself as conditions will be constantly changing. Also emphasizing the need for debriefing communications personnel and counseling as needed from the stress of the incident. This too has been a concern of Ms. Rogers for the personnel in Winchester's communications center to be included in post incident analysis.

Weiss and Davis (2009) recognize these incidents require a lot of decisions to be made in a rapidly changing hazardous environment in a short amount of time. Current law enforcement priorities are not to wait for a secure perimeter, but to engage and neutralize the threat, and allow for aid to get to and extract victims. Whether it is a Winchester Police Officer or Clark County Sheriff's Deputy their clear thinking and ability to act is going to set the stage for the rest of the incident.. Winchester Police Chief Palmer emphasized in their guideline an officer or deputy should not act alone, rather to wait for at least one additional to obtain a tactical advantage. It is well known all agencies will need to work in a unified command structure and Dobesh (2013) talks about the need for common terminology. Unlike Winchester Fire - EMS, Winchester
Training Captain Shannon Stone recognizes law enforcement does not routinely train or use a formal incident command system. Their officers do not consider command until a supervisor arrives on scene. They still use codes and signals for radio traffic and do not use the terminology that would help identify the side of a building or point of entry. They should be identifying points of entry, reporting their position, and reporting the number of victims encountered while continuing to move toward the shooter as is discuss by Smith, Iselin, and McKay (2009).

Additional law enforcement from Winchester, Clark County, or even Kentucky State Police will be used to secure the perimeter. As Smith (2007) describes people fleeing the scene will need to be interviewed for potential involvement for possible intelligence about the incident.

Winchester Fire - EMS Chief Eric Hunter, from his training in tactical EMS, pointed out the differences between tactical EMS or what SWAT medics do as compared to the triage, treatment, and extraction of the Rescue Task Force concept. This is echoed by Morrissey (2011) that SWAT medics train and equip to take care of their law enforcement team, not the victims. They are usually not prepared to handle a mass casualty event. Since most of what is being applied by medical teams for these scenarios, Winchester Firefighter - EMT Matt Blose's knowledge and experience of combat casualty care from his time as a Navy Corpsman while deployed with Marines in Iraq, Afghanistan, and Africa was invaluable. As Morrissey (2011) described the use of belt packs with recommended supplies and equipment for victim extraction, as well as a larger kit for the establishment of an internal casualty collection point, Mr. Blose could add some perspective on having used similar setups in the field while in combat. He described how he has worked out of thigh bags, but felt like they would not have the capacity to do what we want to do. Therefore, he recommended we consider a belt pack that can be carried a few different ways and can treat up to 12 persons depending on the extent of their injuries. From
meeting with Captain William Fletcher and reviewing the guideline from Hebron, Kentucky Fire Protection District, we did like the use of an ambulance to transition the Rescue Task Force to the point of entry and the use of an engine company to be positioned at the point of entry as a tool box. This is consistent with Smith, Iselin, and McKay (2009) who recommend a supply depot being set up at the point of entry to allow for a quick resupply and turnaround of the Rescue Task Force.

RECOMMENDATIONS

All agencies involved should train together and operational guidelines based on best safe practices within the capabilities of the agencies should be followed. From the first call to 911 an active shooter event has occurred dispatchers should use what resources that have to get additional personnel in to handle the increased volume of phone calls and radio traffic while maintaining the normal everyday operations. All responding agencies should monitor the primary law enforcement frequency and practice radio discipline while listening for available intelligence being transmitted to or from the scene. The same information should not have to keep being repeated. Once law enforcement form their contact teams of two, three, or four officers and go toward the sound of shooting, they should be giving clear messages back to dispatch until a unified command structure and command post is established. Winchester and Clark County needs to take advantage of events such as the Pioneer Festival, the Beer Cheese Festival, the John Michael Montgomery Country Music Festival, Christmas and Labor Day parades, and any other events to practice a unified command structure. Law enforcement should remain on one frequency while fire and EMS are on another so as not to interfere with each other's operational communications. Law enforcement should train with the weapons they would use in these scenarios and consider the penetration capabilities of their ammunition through
concrete block, potentially wounding a victim hiding on the other side. Additional contact teams should begin to search for additional threats and/or clear the rest of the building.

Law enforcement should secure a perimeter and interview any person from the scene for their involvement as a potential threat or for any intelligence they may have about the shooter. Responding apparatus should stage in a safe location while command establishes hot, warm, and cold zones for operations. Additional resources, including air medical for transport of the wounded, should be requested as needed. Once victims are found, command should begin assigning law enforcement, fire, and EMS resources to form a Rescue Task Force ready to deploy with level III ballistics vest and helmet, four belt packs with medical supplies, and two rolled up, plastic litters for extraction to the designated point of entry. Fire and EMS personnel should train in and maintain this equipment the same as they would their usual equipment and personal protective ensembles. The law enforcement component of the Rescue Task Force should move to secure the point of entry and call for the medical component when ready. The medical component should approach in an ambulance that has been prepared for victim extraction by removing the stretcher and stretcher mount. An engine company should be positioned at the point of entry to be used for its tools and equipment as needed by the Rescue Task Force, as well as may provide some additional cover from the threat. The driver of the engine company and the driver of the ambulance, both of which are also wearing ballistics protection and can deploy as an additional Rescue Task Force, should return to a staged position and wait to be recalled by the primary Rescue Task Force.

At no time should the Rescue Task Force enter a hot zone or area that has not already had a primary search performed by law enforcement. The Rescue Task Force should enter with one law enforcement at the point and one law enforcement at the rear with medical in between. As
they approach a victim the law enforcement at the point should do a threat assessment. If determined not to be a threat law enforcement should position on either side while medical begins their assessment, initially looking for a weapon. If a weapon is found they announce the threat and allow law enforcement to secure the victim. Otherwise they should triage and treat any life threats based on Tactical Emergency Casualty Care guidelines. Any fire and EMS personnel who may be deployed with the Rescue Task Force should attend a Tactical Emergency Casualty Care course. The Rescue Task Force should continue to move to other victims until all victims have been triaged or they run out of supplies. Then they should prepare those victims they have treated, as well as anyone able to walk, for extraction back to the point of entry while staying between the law enforcement officers for protection. The ambulance should be recalled to the point of entry to move the victims to a formal triage, treatment, and transportation area as established by command. The Rescue Task Force should then resupply or change out with the other Rescue Task Force and reenter to continue triaging victims. If there is a large number of wounded victims concentrated in an area the Rescue Task Force may choose to recall the second Rescue Task Force to enter with a larger drop bag with more advance equipment and supplies to establish an internal casualty collection point. While the primary Rescue Task Force continues to triage, treat, and extract back to the internal casualty collection point, the second Rescue Task Force law enforcement should secure the area while medical begins treating the wounded until such time they can be moved out to the formal triage, treatment, and transport area.

Use any opportunity to train to determine what configuration of personnel, tactics, gear, and supplies work for your agencies. Take advantage of empty buildings to perform scenarios and run active shooter drills with all emergency service personnel, especially communications personnel so they can see how the operations are performed.
REFERENCES


AN OPERATIONAL GUIDELINE FOR WINCHESTER AND CLARK COUNTY’S RESPONSE TO ACTIVE SHOOTERS


APPENDIX A

Operations

Safety – Response to Violent Incidents

Policy #

Issued/Reviewed:

Subject:
Response to Violent or Potentially Violent Incidents

Purpose:
The purpose of this SOP is to establish guidelines for the safe response to potentially violent incidents and management of violent or potentially violent incidents by LFR personnel.

Scope:
This procedure refers to all sworn personnel in LFR.

Definition:
In today’s world the possibility of first responders being exposed to a violent incident is greater than in the past. Traditionally violent acts were rarely directed at First Responders, who were allowed to enter scenes and render aid with minimal risk. Our working environment has changed and now includes individuals and groups with different value systems may place their needs over the impact to innocent human lives. Examples of groups or incidents that may pose an increased threat to our members and the community include:

- Suicidal Patients
- Domestic Violence Calls
- Assaults in Progress
- Domestic and International Terrorist Groups
- Human Trafficking/kidnapping Rings
- Violence Related to Immigration Issues
- Increasing Gang Violence and Networking
- Gang/group Members with Military Backgrounds and Combat Experience (Paramilitary)
- Organized Drug Trafficking
- Home Invasions
Emergencies are often chaotic and emotionally charged events. Any situation has the potential to turn violent. The individuals encountered may be or become agitated, desperate, motivated by criminal or other hostile beliefs, or their judgment may be impaired by drugs/alcohol.

The goal of this SOP is to allow members of LFR to utilize their training, education, and experience, combined with the circumstances around each particular incident, to evaluate the need to “stage” LFR resources in a location away from the incident scene, or proceed to the dispatch location. The way members can minimize the risks when responding to and operating at these events are:

- Making a size-up of the situation based on the information available
- Make a standard risk management decision based on the information gathered
- Identify and communicate the appropriate deployment of resources based on the risk assessment
- Communicate and Coordinate with Law Enforcement thru joint command interaction at all incidents
- Follow the Department’s SOP’s/Policies
- Continually assess the situation to determine if your deployment model is appropriate for the conditions

Policy:
Division of Fire responses to violent or potentially violent incidents will be broken down into four (4) Level, with the level of restraint increasing with each additional Level (Level-One being the least restrictive, and Level-Four being the most restrictive).

LEVEL ONE RESPONSE
In a Level-One response, the first due Officer has the authority, using the information at hand, to either approach the scene as circumstances allow based on size-up information, or stage in a Level-Two status and await for law enforcement to arrive on scene.

Level-One response includes (but are not limited to):

- Calls of Domestic Violence where the violence is known to be over
- Assault calls where the assailant has left the scene
- Any incident where children have been injured (less than 13)
- Accidental cuttings/shootings
- Suicidal subjects without deadly weapons
- Shootings/stabbings where the assailant has fled the scene
- Any Patient that has consumed a mind altering medication or recreational drug (ETOH)

It is always appropriate for Company Officers to choose to stage based on size-up. Company Officers will communicate and coordinate with Police Officers to improve safety and promote consistent inter-agency actions. Company Officers will maintain “situational awareness” of crews and environment.

LEVEL-TWO RESPONSE
In a Level-Two response, the crews shall position and await the arrival of law enforcement before proceeding to the scene. If law enforcement is on scene, the Company Officer shall then utilize size-up information to determine if the crew may approach the scene or should wait and allow police further time to stabilize the scene.

Level-Two responses include but are not limited to:

- Calls of suicidal subjects with a deadly weapon
- Calls of domestic violence in-progress
- Assaults in progress
- Shootings where a subject is reported to have actually been shot and the location of the shooter/assailant is not known
When law enforcement presence is on scene and based on size-up information the first in company may then move up to the scene. All other companies need to stage at least one block (or sheltered location) and await further instructions from the Incident Commander (IC). Only companies requested to approach by the IC shall move up to the scene.

When law enforcement presence is NOT on scene and size-up information indicates the situation should be handled as Level-Two, then the first in company shall stage and continue size-up information gathering and notify by radio all other responding companies. As Police arrive and stabilize the scene, the IC will determine if approach is warranted, and may move up to the scene. All other companies need to stage at least one block away (or sheltered location) and await further instruction from the IC. Only companies requested to approach by the IC shall move up to the scene.

If size up information indicates that the approach is not warranted even after arrival of Police, then the companies may choose to remain in Level-Two staging and should have communications relay this to the Police Officers on scene.

Staging should be in a sheltered position with an established means of egress from the area. Remember it is NEVER wrong to stage and wait for law enforcement.

LFR personnel will always comply with specific law enforcement instructions to wait or stage if their on-scene size-up indicates risk above a Level-Two response.

Company Officers will communicate and coordinate with Police Officers to improve safety and promote consistent inter-agency actions. Company Officers will maintain “situational awareness” of crews and environment.

LEVEL-THREE RESPONSES
Level-Three response procedures shall be followed when an incident or location poses an imminent risk of actual violence towards firefighters, or an act of violence has occurred to firefighters or first responders. Such incidents may include but are not limited to:

- Potential civil disorders
- Crowd disorders with shots fired that are not stabilized
- Barricaded subjects with threat of violence to others

For these types of incidents with a perimeter should be identified a minimum of two blocks (or out of sight) in each direction from which the act occurred. A Battalion Chief or higher ranking officer shall be dispatched or requested after dispatch to all these types of incidents, as well as a TEMS notification as an operational resource with law enforcement personnel. If a first responder arrives prior to the BC, they shall conduct size-up and compile information from the staging area and update the BC upon their arrival. The BC may call for additional resources to respond to a designated safe staging area as appropriate.

Once law enforcement has arrived on scene in a safe number to reasonably ensure the safety of the fire crews, the BC shall proceed into the incident location and make contact with Police. They will determine which units are needed on the actual incident scene. ALL others SHALL remain in the stage area unless requested to respond in by the IC. These scenes may rapidly become unstable and rapid egress may be required by fire companies. This is more rapidly accomplished with fewer units directly at the incident scene.

In the event there is no law enforcement presence on scene and the BC makes the tactical decision to proceed into the incident scene for size up the BC should take a second firefighter/fire officer into the area for team safety.
BC’s will communicate and coordinate with Police Officers to improve safety and promote consistent inter-agency actions. BC’s will maintain “situational awareness” of crews and environment.

LEVEL-FOUR RESPONSES
Level-Four response procedures shall be followed when actual acts of violence or a series of events have occurred in a specific area of the City. Such incidents may include but are not limited to:

- Active shooting scenarios where the assailant is still on the scene
- Active civil disorders
- Active gang/crowd violence
- Hostage situations
- Barricaded subjects with weapons
- Unrelated set fires in an area of potential civil disturbances
- Area specific looting

In these situations a perimeter encompassing ½ square mile or more should be established around the area. A Command Post shall be established well outside that perimeter. When possible, a joint Command Post should be established with the Police Department. If this is not possible, a ranking Police Officer should be requested to report to the fire department Command Post. A TEMS response will be added to the Level-Four response as an operational and tactical resource.

All units responding into the perimeter will be grouped (no single company responses) and shall have Police escorts. Responding units will communicate with the IC. Request for additional assistance by a company/unit shall be directed to Command, utilizing the appropriate channel. NO ENTRY into the area of disturbance is allowed without the approval of the responding BC or a higher level ranking officer. Entry will be made ONLY with a police escort of at least two (2) Police Officers.

TEMS
SEE TEMS SOP

SORT Response- Special Operations Rescue Team (this should not be a TEMs Team that is actively working with law enforcement in the potential “hot zone”)

The SORT team will be trained to respond to a rapidly changing environment and will be able to expedite the removal of victims from a potential warm zone to a staging area for immediate transport. The SORT team will work with the TEMs team and allow the TEMs medical to operate with the law enforcement personnel in the hot zone.

A SORT team shall be comprised of a minimum of four (4) firefighters with a designated officer in charge. These four crew members shall remain in contact by voice or direct visual contact at all times. The apparatus operators shall remain staged at their trucks for security of the apparatus and to assist in providing raid egress from the scene if necessary. The IC should consider requesting additional police officers to aid in securing the apparatus while in the area of unrest.

If at any time the Level-Four entry team loses contact with the Police escort, the team shall affect an immediate exit from the incident area. Team members shall maintain “Company Integrity” as a team at all times inside the perimeter and not become separated. When operating in a Level-Four situation, emphasis must be placed on stabilizing the incident as rapidly as possible, if safe to do so, and then pulling out.
There may be certain circumstances (i.e.; mass casualty incidents with an active shooter) where members of the LFR could be asked to make entry into a non-secured area of a scene to affect a rapid extraction of wounded persons. The decision to make this type of entry shall only be made by a BC/Chief Officer and at the direction and approval of the Police IC. The number of personnel utilized shall be limited to the minimum number needed to affect the rescue.

Personnel making such an entry would only enter areas previously “cleared”, but not “secured” by law enforcement. It is important to remember that the security of these areas cannot be guaranteed and situations can rapidly change. Those personnel making such an entry will be voluntary and shall be provided with body armor and may respond to a “warm zone” of operation, but will not proceed into a “hot zone”. Personnel shall only proceed into the non-secured area if escorted by armed law enforcement officers. Advancement into any “cleared” area should be made only with the permission of the on scene law enforcement IC.

Upon completion of the call, the companies shall leave the area as a group and return to the Command Post or designated staging area, be accounted for, and return to Level-Three Staging.

Command will request that Communications monitor all radio traffic via a dedicated dispatcher on the assigned Channel. Command should consider rotating units from throughout the District into the Level-Four staging area to respond. This can help reduce tension and maintain alertness of crews.

During the duration of the shift, (unless otherwise ordered by the Fire Chief or his designee), fire department companies shall not respond into that area without a police escort and shall follow the requirements of the SOP. Future emergency responses shall not occur into or through the area during the restricted time period and companies shall stay clear of the area when returning from other calls. Non-emergency runs shall not be made into the area unless authorized by the Fire Chief or his designee. Fire Companies from stations located adjacent to the perimeter area will return to their stations except to respond to and return directly from calls and remain in their stations. These companies shall go into a “Lockdown” mode for security reasons. All doors will be closed and locked. Members will remain indoors at all times. Any fire stations located inside the established perimeter shall have their resources reassigned to a station outside the perimeter.

SAFETY CONSIDERATIONS

- No single company responses will be permitted in Level-Three and Level-Four situations
- Police escorts will be required in Level-Four. Police presence is required in Level-Three
- All fire department personnel will respond to and from all emergencies in Level-Four in protective clothing (helmet, bunker coats, etc.) for protection and ease of identification
- Use of sirens and air horns within the perimeter should be avoided. Emergency lights may be used if the Company Officer in charge determines it’s necessary
- When responding to any “Level” situations, apparatus **must** be placed in a manner that will allow for rapid, unobstructed retreat from the area. Apparatus must also be parked in a manner that best protects the crew. This may require backing apparatus down a dead end street in order to ensure rapid egress, or avoiding dead end streets entirely
- When operating in Level-Four mode, all tools and equipment located on the exterior of apparatus must be removed and placed in interior compartments
- Crews should be careful about what is said over the radio. Outside speakers on apparatus (if so equipped) may broadcast all messages (to the public). MDT’s or cellular phones should be used as much as possible for sensitive communications
- Our members must control their behavior. We should back off in most potentially violent situations so that we don’t fuel a major disturbance when it could have been avoided with the use of discretion
- Any civil disturbance has the potential of escalating into a major situation
TACTICAL CONSIDERATIONS

- Establish joint command interaction with law enforcement at all incidents to coordinate actions and improve communication.
- Patients may be more effectively treated in a potentially violent situation if the patient is rapidly removed from the scene to an exterior treatment area (scoop and run).
- When no lives are at stake, emphasis will be on protecting savable property. Buildings, vehicles, etc. that are fully involved with no or little exposure problem may be left to burn at the discretion of the IC.
- Emphasis will be fast attack, heavy streams to rapidly control and extinguish the fire and then to get out of the area. Routine salvage, ventilation and overhaul practices may be discontinued. Use of hand lines should be limited.
- All fire units will enter the perimeter as intact groups, travel in groups, operate in groups, and return in groups. In Level-Four responses, a “team” shall constitute four (4) firefighters operating as one unit.

This position statement supports the National Fallen Firefighters Foundation’s Life Safety Initiative #6, mutually developed and agreed upon by all North American fire service organizations and associations.

Appendix B

Littleton, Colorado

Rules of Engagement

1. If your initial size-up assesses a threat of confrontation, do not insert yourself into the situation, wait for police assistance.
2. If you find yourself in a confrontation where you can remove yourself to wait for police assistance, do it!
3. If you find yourself in a confrontation that you cannot remove yourself from:
   a. If confronted with a non-lethal force (no weapons) defend yourself and attempt to control the situation using non-lethal force.
   b. If confronted with lethal force use whatever means is necessary to eliminate the threat or get out of the way. At times this could mean not doing anything at all that would provoke the attacker as when a gun is pointed at you.

Fire Chief
A. PURPOSE

To establish policies and procedures for the use and dispatch of the Rescue Task Force.

B. DEFINITION

1. The Rescue Task Force (RTF) is a set of teams deployed to provide point of wound care to victims where there is an on-going ballistic or explosive threat. These teams treat, stabilize, and remove the injured while wearing Ballistic Protective Equipment (BPE) in a rapid manner under the protection of the Arlington County Police Department (ACPD). An RTF team must include at least one ALS provider to perform ALS interventions if needed. They can be deployed to work in, but not limited to, the following:

   • Active shooter in a school, business, mall, etc.
   • Any other scene that is or has the possibility of an on-going ballistic or explosive threat.

C. GENERAL

2. Arlington County Police Department (ACPD) will have command of the scene and will work through unified command with ACFD to rapidly deploy RTF teams. One of ACPD’s primary goals is to eliminate or confine the threat and establish threat zones so that RTF teams can be deployed. RTF will not deploy into the Hot Zone.

3. Prior to deploying an RTF team, threat zones must be established by unified command:
   • **Hot Zone**: Area where there is known hazard or life threat that is direct and immediate. An example of this would be in any uncontrolled area where the active shooter could directly engage an RTF team.
• **Warm Zone**- Areas where ACPD has done a rapid primary search and there is minimal or mitigated threat. This area can be considered clear but not secure. This is where RTF teams deploy with security to treat victims.

• **Cold Zone**- Areas where there is little or no threat, either by geography to threat or after area has been secured by Police (i.e. Casualty Collection Points). An area where ACFD will stage to triage, treat, and transport victims once removed from the warm zone.

**D. Operations**

RTF Dispatch: If not originally dispatched an EMS Taskforce will be placed or added on the call

- 2 Battalion Chiefs
- 1 Command Aide
- 2 EMS Supervisors
- 2 Suppression Units
- 5 ALS Transport Units

1. The first arriving unit should identify a staging area for all initial units.

2. The first arriving Battalion Chief and Command Aide:
   - Meet with ACPD to start unified command
   - Work with ACPD to create the RTF working zones
   - Call for additional units if needed and consider an MCI Alarm for patient treatment and triage
   - Consider moving primary staging to a larger or safer area if needed
   - Create RTF teams from deployed units, typically the first dispatched Medic units
   - Once unified command has declared the working zones, RTF teams must be informed of their working limits
   - Use the command boards to label and keep track of RTF teams

3. Second Battalion Chief:

   EMS Branch
   - Medical Group
     - Treatment Unit
     - Triage Unit
     - Any other group or unit needed to accomplish the mission
   - Transportation Group

4. First arriving EMS Supervisor:

- Medical Group Supervisor
  - Triage Unit
○ Treatment Unit
○ Equip RTF Teams with tactical gear and equipment contained on Supervisor vehicle

5. Second arriving EMS Supervisor

- Meet with EMS Branch
- Establish the Medical Communications Coordinator position or based on the needs of the incident may become the Treatment Unit Leader
- Equip additional RTF teams with tactical gear and equipment contained on their vehicle needed.
- Any other assignment as needed including establishing a resupply for extended RTF operations

6. First arriving Engine

- Triage Unit Leader and crew should assist with and direct waking wounded

7. Second Engine

- Assist first due engine and wait for additional orders from command
- Due to the possibility of multiple patients at several locations the officer may take Triage Unit leader assignment at an alternate location (Division)

8. First four arriving Medic Units

- Secure and abandon apparatus
- Equip with the appropriate Ballistic Protection Equipment and other equipment from the EMS Supervisor vehicle; proceed to the RTF staging area.
- Be of mindful of radio discipline. The entry teams will work on a different radio channel than Command or the EMS Branch.

9. Fifth arriving Medic Unit

- Establish the Treatment area

10. Mutual Aid Apparatus

- These units cannot become RTF teams and ACFD members from original dispatch will be used to fill RTF Teams.

E. Equipment

The equipment needed for the individual RTF members are located on EMS111, EMS112, and CA114. The EMS Supervisors have three individual sets containing three helmets, three ballistic protective vest, and two extra treatment bags. The Command Aide has two helmets,
two ballistic protective vests, and a treatment bag. Each vest contains enough equipment to treat approximately eight victims, depending on injuries, and the extra equipment bags have enough equipment to treat an additional sixteen victims.

1. Each RTF member should equip themselves with a minimum of a Kevlar helmet, body armor, flash light, and exam gloves.

2. Remote microphones are required to ease communication with teams.

F. Deployment

Once unified command has agreed to RTF deployment, teams will deploy to the warm zone to begin victim care.

1. Command will dispatch RTF teams by numbers, ie, RTF Team 1. RTF Teams are not to deploy unless they have two personnel from ACPD as security. Do not self deploy into the warm zone.

2. The first RTF team to make entry should notify the EMS division of possible number of injured.

3. When teams make entry, they will treat the injured using Tactical Emergency Casualty Care (TECC) guidelines. (EMS Protocols Appendix 12 Section 4).

4. The first two RTF teams will enter the area and treat as many patients as possible until they run out of equipment to use or all accessible victims have been treated. Once this point has been reached, these RTF teams start the evacuation of injured. Additional RTF teams that enter the area should be primarily tasked with extrication of the victims treated by the initial two teams. If needed, additional RTF teams may be sent into area unreached by the initial teams or to other areas with accessible victims.

5. During RTF operations, no triage will be conducted. All patients encountered by the RTF teams will be treated as they are accessed. Any patient who can ambulate without assistance will be directed by the team to self-evacuate down the cleared corridor under Police direction, and any patient who is dead will be visibly marked to allow for easy identification and to avoid repeated evaluations by additional RTF teams.

6. To coordinate RTF teams inside a warm zone, a single ACFD officer may deploy into the warm zone under ACPD custody. This will help guide the RTF teams and allow ease of communications with the EMS branch.

7. Depending on the size of the location and the incident, injured victims may need to be placed in a Causality Collection Point (CCP) before transition to the cold zone. This will be predetermined by unified command, secured by ACPD, and relayed to the RTF teams. As this area will be secure, it may be considered a Cold Zone and may be staffed with non-RTF ACFD EMS personnel.
8 RTF can be deployed for the following reasons.

- Victim treatment
- Victim removal from warm to cold zone
- Movement of supplies from cold to warm zone
- Any other duties deemed necessary to accomplish the mission

9 RTF teams will work within their security at all times

APPENDICES: 10. RESCUE TASK FORCE
Revised 3-1-2012 IV – APPENDICES

1. PURPOSE

A. To delineate the standing medical orders for Fire/Rescue individuals functioning as members of the Unified Police/Fire response to the active shooter scenario.

2. DEFINITIONS

A. **Hot Zone:** Any area in the area of operations in which there is a direct and immediate threat to persons or providers. Tactical paramedics will not primarily operate in the Hot Zone, but may be required to operate in this zone as various critical circumstances dictate.

B. **Warm Zone:** Any area in the area of operations where there is a potential hostile threat to persons or providers but is not direct and immediate. This is the main zone of operations and for staging for tactical paramedics. The Echelon 2 casualty collection point will be located in the Warm Zone.

C. **Cold Zone:** Any area within the area of operations where the tactical paramedics, along with the tactical commanders, do not reasonably anticipate a significant danger or threat to the providers or patients. The Echelon 3, or main, casualty collection points, Command assets, staged non-tactical Fire/EMS personnel and Fire/EMS and police apparatus are located will be located in the Cold Zone.

D. **Active Shooter:** Any armed person who uses or has used deadly physical force on other persons and continues to do so while having unrestricted access to additional victims

E. **Patrol Officer:** Standard uniformed police officers assigned to monitor specified geographic areas in Arlington County.

F. **Contact Team:** Initial teams of up to 4 patrol officers who form immediately on arrival to scene of active shooter and immediately deploy into building moving rapidly with the goal of initiating contact to contain/eliminate the active shooter to prevent further injury or loss of life.
G. TEMS: Tactical Emergency Medical Support team. ACFD paramedics who are detailed to work specifically with Arlington Police SWAT in a medical support capacity.

H. SWAT team: Special Weapons and Tactics team. ACPD officers specially selected and trained to perform high-risk operations that fall outside of the abilities of regular patrol officers.

3. JUSTIFICATION

A. The designated TEMS medics in Arlington County are not always readily available.
   1) Adequate medic response in mass casualty ballistic trauma requires multiple teams working at once to avoid delay to any one patient.
   2) Number of TEMS medics are too few to adequately cover large area or number of injured patients
   3) TEMS medics have a designated role to assist the SWAT team with completion of the immediate tactical goal.
      a) Providing care to large number of injured patients will prevent TEMS medics from completing their immediate goal of supporting the Arlington Police SWAT team.
B. The number and need for immediacy in medical response requires that every street medic in the County be trained to be able to function as an RTF member
   1) Similar paradigm shift to new active shooter police response utilizing street patrol officers instead of waiting for SWAT.
C. ALS providers tasked with providing immediate care to injured persons during an active shooter scenario must operate under dangerous conditions with unconventional hazards.
   1) The purpose of the Rescue Task Force is to mitigate provider risk while rapidly forward deploying stabilizing medical resources to assist in treatment and evacuation of the wounded despite hazardous conditions that might otherwise delay treatment.

4. ELIGIBILITY AND RESPONSIBILITIES

A. Certification as a Virginia State ALS provider

B. Completion of ACFD training program and operational medical director approval to operate as a medic in Arlington County.

C. Completion of annual 4-hour CME on Rescue Task Force operations, procedures, and equipment.

5. EQUIPMENT

A. RTF medics will have a full complement of all usual ACPD ALS supplies and equipment staged in the external casualty collection point in the “cold” zone.

B. RTF medics will carry combinations of approved equipment in special packs designed for deployment into “Warm” zones as predetermined and authorized by the ACFD operational medical director.
C. Below is a list of equipment that may be carried including that beyond current ACPD Medical Treatment Protocols
   1) Military Emergency Tourniquet (MET)
   2) Bolin Occlusive Chest Seal
   3) Hemostatic granules or impregnated gauze
   4) 3¼ inch 14ga chest decompression needles
   5) Nasopharyngeal airways
   6) King LT-D airways
   7) H-bandage pressure bandage
   8) Z-pak or other compressed gauze roll
D. Below is a list of Personal Protective Equipment that each medic on the RTF will be outfitted with prior to deployment into the Warm Zone to mitigate any potential ballistic injury
   1) Level IIIA Ballistic Tactical Vest with Level IIIA bicep protectors
   2) Level IIIA Ballistic Tactical helmet

6. STANDARD OPERATING PROCEDURES

A. Upon notification of Active Shooter scenario, initial responding patrol officers will form contact teams and enter building to contact and contain the active threat according to current police doctrine.

B. As contact teams as they move through the building will identify need for the Rescue Task Force by noting and communicating locations and estimated numbers of injured persons

C. Upon request by the initial contact teams deployed into an active shooter scenario, Rescue Task Force teams will be formed consisting of 2 medics and 2 police patrol officers.
   1) Role of the Police Officers
      a) The police officers role is one of security and movement of the team only. They will not assist in lifting, carrying, or treatment of any patient.
      b) One police officer will have 180 degree front security and one officer will have 180 degree rear security.
      c) The front security officer will communicate with Police Command and all movement in the building will be directed by Police Command. This allows for accountability of each RTF team.
      d) At no time will the patrol officers assigned to the team leave the medics further than close direct line of sight.
   1) Patrol officers must be able to provide effective defensive fire cover for the team at all times.
   2) Role of the ACFD Medics
      a) The RTF medics, when functioning in the WARM Zone, will only provide stabilizing treatment in sequence and according to the pneumonic SCAB-E explained in the following section. Standard ACFD patient treatment protocols are suspended during RTF operations.
   1) RTF Ingress and Egress corridors will be designated
      1) RTF team will move in and out of the building only through entrances and corridors primarily cleared by the initial contact teams.
E. Resupply
1) A resupply depot of RTF supplies and equipment will be established by Fire Command near the entrance through which the RTF teams ingress and egress from the building.

F. Casualty Collection Points will be designated
1) If appropriate, RTF teams may establish an internal CCP in a hardened area approved by Police Command.
a) 1 or 2 RTF teams will be designated to operate this CCP
2) A temporary Casualty Collection Point ‘way station’ will be designated at the location of the external RTF supply depot.
a) This is the destination to which RTF teams will evacuate non-ambulatory casualties.
b) Non-RTF Fire/EMS personnel will be tasked with immediately evacuating non-ambulatory patients from this temporary CCP to the fixed External CCP in the Cold Zone
3) Fire Command will establish an External Casualty Collection Point in the Cold Zone
   a) Care will be provided by non-RTF ACFD medics as well as mutual aid assets
   b) Transport assets will be staged at this location

G. Emergency Evacuation Procedures
1) If the Zone in which the RTF is operating changes from Warm to Hot due to a direct and immediate threat, immediate evacuation of the RTF to appropriate cover will occur.
a) This may include partial or complete evacuation of the team from the building.
2) If any member of the RTF is injured during operations, immediate evacuation of the RTF will occur.
a) This may include partial or complete evacuation of the team from the building.

7. STANDARD MEDICAL TREATMENT PROTOCOLS

A. Situation(s) – Maintain situational awareness:
1) Medic will be aware of surroundings, potential threats such as IEDs, and open routes of rapid egress.
2) All patients within a reasonable geographic area, not more than earshot of a quite voice and direct line of sight from the Patrol officers, should be rapidly triaged using START triage.
3) Ambulatory patients should be directed to evacuate area down corridor used for RTF ingress
4) Non-ambulatory patients should be medically stabilized and either evacuated or placed in proper position while awaiting evacuation

B. Circulation – Assess for and treat life threatening extremity bleeding
1) Direct pressure in the proximal artery, brachial or femoral, should be immediately applied by kneeling on the artery with body weight. This allows for both hands to be free to apply the intervention.
2) Tourniquets are to be placed immediately on the following extremity wounds:
a) Total or near-total amputations
b) Large vessel arterial bleeding
c) Massive large vessel venous bleeding
d) Any wound that cannot be adequately controlled with a pressure dressing
e) If any doubt whether the wound requires a tourniquet
3) Tourniquets are to be initially placed as proximal as possible on the limb regardless of injury location for rapid control of bleeding; essentially “high and over the clothes.”
4) Mechanical pressure dressing may be applied for anatomically amenable extremity wounds.
a) Deep wounds should be packed with hemostatic agent and gauze to transmit pressure deep into the wound to site of bleeding.

C. Airway (A) - Assess for airway patency.
1) Basic airway maneuvers are emphasized
2) Any occluded airway or any patient with altered mental status will have a nasopharyngeal airway placed.
3) Casualty will be allowed to assume any position that best protects the airway, to include sitting up.

D. Breathing (B) - Assess for any open or sucking chest wounds.
1) Place the designated occlusive chest seal to any trunk wound anterior or posterior from the umbilicus to the trapezius muscles.
The purpose of this standard operating procedure is to provide structure and guidance to employees of the Hebron Fire Protection District (HFPD) when responding to incidents involving mass casualty shootings, hostage situations, barricaded subjects or other crisis situations involving assembly occupancies. It specifically covers initial dispatch assignments, unified incident command, scene control, student evacuation procedures, casualty management, media issues and termination procedures. The situations contemplated in this plan are primarily a law enforcement responsibility. However, to effectively manage a crisis incident, the response of fire service, emergency medical service (EMS), hazardous materials, explosive ordinance device (EOD), coroner, public works and emergency management personnel will be required. These agencies will assist law enforcement personnel with the following functions: scene control, treatment and transportation of injured persons, accountability and evacuation of students and faculty, incident mitigation and long-term operations and recovery.

The initial fire service dispatch should consist of a first alarm school crisis deployment of the HFPD. A fire service supervisor should respond to the Primary Response Point, if identified, for the purpose of establishing a unified incident command post. In addition to the first alarm deployment, five additional ambulances should be the incident staging area. A fire service supervisor should respond to the staging area to assume responsibility for managing fire service and EMS resources in the staging area. Communication between the command post and the staging area will be critical.

- The initial fire/EMS deployment should respond to a pre-designated assembly and collection area. These companies will initiate an EMS Triage, Treatment and Transport Area (T3 Area) and law enforcement and facility management with personnel accountability. Fire service and law enforcement personnel will maintain an accurate log of persons processed through the assembly area and EMS Triage and Transport Area.

- The first engine company and first ambulance crew may be assigned to the S.A.V.E. group. This group, as described earlier, will be responsible for entering the inner perimeter to locate, treat and evacuate casualties. The Fire/EMS personnel assigned to this group must have completed S.A.V.E. training and should equip themselves with the necessary S.A.V.E. equipment and personal protective equipment.
Once formed, the S.A.V.E. group will approach the inner perimeter and/or the building. The majority of the Fire/EMS personnel comprising the S.A.V.E. group will travel in the inner perimeter in the ambulance. One Fire/EMS member will drive the engine into the inner perimeter and park near the entry point into the building. Three Fire/EMS personnel will join the four LEO members of the S.A.V.E. group and enter the building. The two remaining Fire/EMS personnel deployed all needed equipment (S.A.V.E. equipment bag, patient movement equipment, etc.) from the S.A.V.E. transport ambulance at the entry point and then will withdraw the ambulance away from the building to a safe staging area within the inner perimeter.

The S.A.V.E. group will perform their required functions. As the S.A.V.E. group evacuates casualties from the inner perimeter or the building, then the S.A.V.E. transport ambulance will approach the entry point for the purpose of transporting the casualties to the T3 area. If the S.A.V.E. group deems it necessary, a forward casualty collection point (CCP) may be established within the building or near the initial entry point. The establishment of a forward CCP may require the rotation of the Fire/EMS personnel within the S.A.V.E. group or the establishment of a second S.A.V.E. group to enter the building for casualty treatment, evacuation and/or transportation to the T3 area.

- An EMS transportation corridor should be established. This corridor must be maintained so that incoming ambulances from the staging area can proceed to the EMS T3 Area and then onto definitive care facilities.

- Depending on the number of persons injured, several hospitals may be chosen to receive patients. The health care facilities should be notified by the transportation officer as soon as possible concerning the number of patients that are being transported and the severity of the injuries. Aeromedical resources should be placed on stand-by upon initial dispatch.

- The transportation officer should maintain accountability of the patients treated and where they have been transported. This information should be communicated to the command post.

- A minimum of one ambulance should be dispatched to any facility that is identified for the purpose of medical screening and surveillance of individuals evacuated from the facility involved in the crisis event.

- Depending on the nature of the situation, initial dispatch information or subsequent tactical considerations, the law enforcement or fire service supervisor at the command post should consider having the Cincinnati Fire Department Bomb Squad and/or the Northern Kentucky Regional Hazardous Materials Response Team respond to the incident staging area.
• Additional strategies and tactics to be utilized by fire service personnel will be developed by fire service supervisory and command staff and will be consistent with other standard operating guidelines of the departments.
A. PURPOSE

For WFEMS personnel to be deployed to provide point of wound care to victims where there is an on-going ballistic or explosive threat. Personnel would triage, treat, and extract victims while wearing ballistic protective equipment in a rapid manner under the protection of law enforcement. A RTF team must include at least one ALS provider to perform ALS interventions as needed. They may be deployed to work in, but not limited to, the following:

- Active shooter in a school, business, mall, etc.
- Any other scene that is or has the possibility of an on-going ballistic or explosive threat.

B. GENERAL

1. From the onset of this type of incident Winchester Dispatch will be overwhelmed with calls coming from the scene on top of the routine daily phone and radio traffic. Additional dispatch personnel should be requested to assist with the increased load. A critical part of what they will be doing is listening to callers to gather intelligence and relay what is important to law enforcement.

2. Law enforcement officers will be arriving on scene quickly and deploying in an effort to isolate and neutralize the threat. Upon dispatch, WFEMS should monitor the law enforcement frequency for vital intelligence about the shooter's location, types of weapon or hazards, routes of entry officers are making into the building, location and number of victims, and other crucial pieces of information.

3. The lead law enforcement agency will be in command of the scene and through a unified command structure with WFEMS may deploy RTF teams. Law enforcement's primary goals is to eliminate or confine the threat and establish threat zones so RTF teams can be deployed. RTF teams will not deploy into the Hot Zone. Communications for operations will remain on law enforcement's and WFEMS' respective frequencies.

4. Prior to deploying an RTF team, threat zones must be established by unified command:
   - **Hot Zone** - Area where there is known hazard or life threat that is direct and immediate. An example of this would be in any uncontrolled area where the active shooter could directly engage the RTF team.
• **Warm Zone**- Areas where law enforcement has performed a rapid primary search and there is minimal or mitigated threat. This area can be considered clear but not secure. This is where RTF teams deploy with security to triage, treat, and extract victims.

• **Cold Zone**- Areas where there is little or no threat, either by geography to threat or after area has been secured by law enforcement. This is where responders will stage and a formal triage, treatment, and transport (T3) area will be established for victims extracted from the warm zone.

**C. OPERATIONS**

1. A first alarm assignment shall be requested and a second alarm assignment may be added on the call to make resources available. A minimum compliment of the following should respond:

   - Fire - EMS Chief or Battalion Chief (off duty)
   - Battalion Chief (on duty)
   - Staff Officer (EMS Officer, Fire Marshal, or Training Officer)
   - 3 Engine Companies
   - 3 ALS Ambulances

2. Once a staging area has been established, the first arriving engine company officer should assume the role of staging area manager.

3. The first arriving chief officer or staff officer should:
   - Meet with law enforcement to establish a unified command structure
   - Work with law enforcement to create the RTF threat zones
   - Develop an incident action plan relative to the RTF and EMS operations
   - Call for additional resources as needed and consider a MCI Alarm
   - Consider moving primary staging to a larger or safer area as needed
   - Create RTF teams from available personnel, typically the first arriving EMS crew
   - Once command has identified the threat zones, RTF teams shall be briefed on the incident action plan
   - Maintain personnel accountability of RTF and EMS operations

4. The second chief officer or available staff officer should be assigned the role of Medical Group Supervisor:
   - **Triage Unit**
     - Morgue Manager
   - **Treatment Unit**
   - **Patient Transport Unit**
5. Command should request an air medical response as necessary and assign an individual the role Air Operations Group Supervisor to establish and secure landing zones as needed.

6. The first and second due EMS crews should:
   - Don ballistic protection equipment, prepare their RTF gear, and await an assignment from command.
   - Monitor communications and practice radio discipline.

7. The third due EMS crew may be assigned to the Medical Group Supervisor to assist with establishing the formal T3 area.

8. Engine companies and mutual aid apparatus shall be directed to report in to staging and the Staging Area Manager.

D. Equipment

1. The equipment for an individual RTF team member shall be a ballistics helmet, a ballistics vest with plate inserts (level III) that clearly identifies the wearer as "MEDICAL", a rolled up, plastic litter, and two (2) belt packs; each containing supplies to treat approximately 12 victims, depending on their injuries.

2. Each RTF member should equip themselves with ballistics protection equipment, medical gear, and don multiple pairs of exam gloves.

3. A larger drop bag with additional supplies the same as the belt packs, as well as advanced airways, IV fluids, and supplies shall be available for situations when an internal casualty collection point needs to be established. The drop bag should be capable of treating approximately 20 victims, depending on their injuries.

4. An engine company, apparatus only, shall be selected to deploy with the RTF team. This apparatus can be utilized to provide additional cover for protection at the point of entry, as well as a tool box to forcible entry, fire extinguishers, or other equipment that may be needed by the RTF team.

5. An ambulance shall be selected and prepared to deploy with the RTF team. The stretcher and stretcher mount shall be removed and set aside. This will provide for as much open floor space for the victims as they are extracted from the scene. The drop back will be stored in the patient compartment and deployed if an internal casualty collection point is requested.

F. Deployment

1. Once command has agreed to RTF team deployment, two law enforcement officers with ballistics protective equipment and weapons should move to secure the selected point of entry as determined by command from the available intelligence. **RTF Teams are not to deploy into a hot zone.**
2. An individual RTF team member shall drive and position the engine company at the selected point of entry.

3. Another individual RTF team member shall drive the ambulance with the primary RTF team onboard to the point of entry. There the primary RTF team will join their law enforcement component and prepare to make entry.

4. RTF team members shall secure their rolled up, plastic litter and one (1) of their belt packs to the back of their law enforcement counterpart's ballistics vest by the molle straps.

5. The RTF team member driving the engine company shall enter the ambulance with its driver and return to a safe area to await further orders. They may be recalled to the point of entry for the extraction of victims, to resupply or change crews with the primary RTF team, or to make entry with two (2) additional law enforcement officers to establish and work an interior casualty collection point.

6. When the RTF team makes entry, they will remain in line between their point and rear law enforcement officers. Upon encountering a victim, the officer at point will make a threat/no threat assessment. Once determined the victim is not a threat, the law enforcement officers will position on either side of the victim while the RTF team begins their assessment.

7. The initial head to toe assessment performed by the RTF team shall be for the presence of a weapon on the victim as a potential threat. If found, they should announce "THREAT" and allow law enforcement to secure the victim. Otherwise, the RTF team should triage and treat the wounded using Tactical Emergency Casualty Care (TECC) guidelines.

8. The RTF team will enter the warm zone to triage and treat as many victims as possible until they run out of supplies or all accessible victims have been treated. At that time, the RTF team will start extracting the victims. Additional RTF teams that enter the area may be primarily tasked with extraction of the victims treated by the initial RTF team. If needed, additional RTF teams may be sent into area unreached by the initial teams or to other areas with accessible victims.

9. Any patient who can ambulate without assistance will be directed by the team to self-extract with the RTF team under law enforcement protection.

10. Any patient who is dead will be visibly marked to allow for easy identification and to avoid repeated evaluations by additional RTF teams.

11. All victims extracted by the RTF team shall be screened by law enforcement upon arrival in the formal T3 area to determine if they had involvement as part of the threat, or for any intelligence they may have pertinent to the operation.

12. Since the formal T3 area is secured and within the Cold Zone it may be staffed with any available personnel.