

Developing an Active Shooter Incident Standard Operating Guideline for the Elgin Fire

Department

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Certification Statement

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

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### **Abstract**

The problem is that the Elgin Fire Department does not have a procedure in place to deal with active shooter incidents. The purpose of this applied research project was to research and develop a draft procedure for handling active shooter incidents. The primary method of research for this applied research paper is action. The research approach will be surveys, interviews, and literature review. The research questions are: What is an active shooter incident? What deployment models are currently in place? What treatment models are in place? Have any other departments developed a response procedure?

The procedures involved the analysis of over 200 feedback responses from fire departments around the United States, as well as a survey of Elgin Fire Department personnel to gauge their knowledge, preparedness, and the departments perceived preparedness to handle an active shooter.

The results indicated that there are multiple definitions of what an active shooter incident encompasses. Additionally, there were multiple deployment models available that ranged from staging until the scene was secure to sending fire department personnel into a warm zone under the force protection of law enforcement officers. A survey of numerous fire departments as well as the membership of the Elgin Fire Department helped identify what other departments are doing, but also gave insight into the training, understanding and knowledge the members of the Elgin Fire Department have responding to an active shooter incident.

The recommendation was to develop a Standard Operating Guideline (SOG) for the Elgin Fire Department that will utilize the rescue task force method of deployment, under the force protection of Elgin Police Department SWAT members. The medical care will be given at the point of patient contact and will utilize the Tactical Emergency Casualty Care system that is

recommended to treat common injuries found at active shooter incidents. In order for this SOG to be successful it will require an extensive training plan and in conjunction with the Elgin Police Department, and fire department members. The key to success is a Unified Command system where everyone operating on the incident scene is operating with the same terminology and tactical understanding.

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## **Introduction**

According to the Federal Bureau of Investigations, between the years of 2000 and 2013, there have been 160 active shooter incidents (ASI) across the country (United States Department of Justice, 2014). The statistics not only show incidents involving an active shooter are on the rise, but they are occurring in different venues; schools, places of worship, workplace, courthouses, and places of assembly. These incidents are also occurring across the United States with no one geographical area more susceptible than another. Predicting the location of these types of incidents is difficult as they may occur in virtually any location.

These types of incidents require having law enforcement and fire departments to operate from the same “playbook” in an effort to enhance successful implementation of an incident action plan. This is not the type of incident where it is the first time police officers and/or firefighters are hearing terms or carrying out the tactical mission (J. Lalley, personal communication, January 5, 2015). This continuity runs through the entire command structure of the incident, beginning at the Unified Command post all the way down to the care being given to the injured.

Research conducted by the Police Executive Research Forum shows slightly lower numbers of active shooter events based on the same years evaluated (Police Executive Research Forum, 2014). However, the information regarding the demographics of where incidents geographically occurred as well as the types of occupancies remains consistent to other reports.

The problem is that the Elgin Fire Department does not have a procedure in place to deal with an active shooter incident. The purpose of this applied research project was to research and develop a draft procedure for active shooter incidents. The primary method of research for this applied research project is action. The research approach will include surveys, interviews,

literature review, and a historical analysis, to show where the Department and city currently stand at. The research questions are: What is an active shooter incident? What deployment models are currently in place? What treatment models are in place? Have any other departments developed a response procedure?

### **Background and Significance**

Elgin, Illinois is located approximately 40 miles northwest of Chicago, along the banks of the Fox River. The city was incorporated in 1854, and the Fire Department's incorporation followed shortly thereafter in 1867. The current population is 108,188, making it the 8<sup>th</sup> largest city in Illinois (U.S. Census Bureau, 2010). The city covers approximately 35.2 square miles, and the land use consists of: 43% undeveloped, 30% residential, 10% parks/open space, 9% industrial, 5% public/institutional, and 3% commercial (R. Sessions, personal communication, January 7, 2015). There are approximately 37,000 housing units (U.S. Census Bureau, 2012), as well as 3,200 commercial occupancies within the city limits (Elgin Fire Department, 2014b). Elgin is home to the second largest school district in the state of Illinois with 4 preschools, 17 elementary schools, four middle schools, and two high schools ([http://www.edline.net/pages/SDU46/Our\\_Schools](http://www.edline.net/pages/SDU46/Our_Schools)). School District 301 also has two school buildings, a middle school and elementary school. There are also 23 private schools and 8 college or university facilities.

The Elgin Fire Department is a career department with 133 sworn members and 3 civilians. Elgin is an all-hazards fire department that provides responses for: fire suppression, EMS with ALS transport, hazardous materials, water rescue, technical rescue, and fire investigation. In addition, fire prevention, public education, and apparatus fleet services are also carried out by department personnel. The current Insurance Services Office, Inc. (ISO) rating for

the department is 3. In 2014 the department responded to 11,534 incidents. The number of responses has been consistently at or above for the last 5 years (Elgin Fire Department, 2014b).

The Elgin Fire Department is also a member of the Mutual Aid Box Alarm System (MABAS) Division 2. The state of Illinois has 69 divisions within the state-wide system consisting of over 1,000 fire departments. In the event of a large-scale incident, resources can be requested through the MABAS division dispatch center. The resources are pre-determined on box alarm cards that are established for each type of incident; fire, mass casualty, water rescue, hazmat, or technical rescue.

The Elgin Police Department employs 190 sworn officers working out of seven different divisions, staffing three, eight hour shifts. The Elgin Police Department also has a Special Investigation Division which has a tactical response team (TRT), also known as a special weapons and tactics team (SWAT). The team is staffed by 1 commander, 1 logistics officer, and 22 operators, one of which is also a paramedic. The TRT is utilized to execute search warrants, hostage situations, barricaded subjects and would play a key role in an active shooter incident.

The city of Elgin has had the unfortunate experience of dealing with an active shooter incident on Good Friday in 2001. An intoxicated bar patron was forcibly removed from a lounge-type establishment due to his harassment of patrons, specifically women. The patron went home and returned to the establishment with a handgun and shotgun and began firing at whomever he could (Rodriguez & Heinzmann, 2001). As the gunmen stopped to reload, bar patrons were able to subdue him until the arrival of the police. This incident presented significant challenges for both the police and fire department as triage concepts were not understood by the police officers resulting in criticism of the fire department's handling of the incident. Due to the number of victims, a mutual aid request went out for 12 additional

ambulances from surrounding communities. Due to the seriousness of some injuries, the police officers transported injured people to area hospitals in their squad cars. This action caused difficulties in determining how many patients each hospital had and could receive.

Another incident, which did not result in violence, underscored the need to take a unified approach and begin training with the police department. The incident involved a student bringing a shotgun to a high school for at-risk youths and placing it in his locker. Fortunately, another student saw the gun and notified school officials (Zalusky, 2013). Seeing the potential threat for violence, it was mutually agreed upon by both departments that something needed to be done.

This applied research project is linked to multiple units of the National Fire Academy course titled “Executive Leadership” (National Fire Academy, 2013). The adaptive challenge that is associated with this issue is getting the members of the Elgin Police and Fire Departments to change the way active shooter events are handled (Heifetz, Grashow, & Linsky, 2009). This is an adaptive challenge because hearts and minds truly need to be changed, especially on the fire department’s side.

This applied research project attempts to meet the following United States Fire Administration’s operational goals: “Reduce risk at the local level through prevention and mitigation,” “Improve local planning and preparedness,” “Improve the fire and emergency services’ capability for response to and recovery from all hazards,” and “Improve the fire and emergency services’ professional status”(United States Fire Administration [USFA], 2010, p. 13).

### **Literature Review**

What is an active shooter incident? In order to create a response procedure, the concept of what an active shooter incident is must be defined. A clear definition and understanding of the situation needs to be had by police, fire and 9-1-1 employees. If research dictates creating a unique police and fire response to these types of incidents, then answering this question is key to generating a proper response. Depending on the organization, the definition of an active shooter incident varies. According to the federal government, it's defined as "an individual actively engaged in killing or attempting to kill people in a confined and populated area" (United States Department of Justice, 2014, p. 5). The federal agencies include; White House, Department of Justice, Federal Bureau of Investigations, Department of Education, Department of Homeland Security and the Federal Emergency Management Agency. The FBI goes on to note that they remove the term "confined" from their definition, because this would eliminate incidents that may occur in an open area (United States Department of Justice, 2014).

The Police Executive Research Forum describe it as "the event had to involve one or more persons killing or attempting to kill multiple people in an area or areas occupied by multiple unrelated individuals" (Police Executive Research Forum, 2014, p. 4). They further go on to describe that at least one victim is not related to the shooter and they also excluded gang-related shootings. The New York City Police Department concurs with the Federal Government's definition, but refines it down to any incident that goes beyond the original target/victim to other individuals (New York City Police Department [NYPD], 2012). The International Association of Police Chiefs characterize an active shooter incident to be similar to a hostage or barricade subject where the shooter has enclosed him or herself in an area with

potential victims (International Association of Police Chiefs, 2014, p. 3). How they differ from hostage or barricade incidents is that they develop and end very rapidly with deadly results.

The International Association of Fire Chiefs as well as the International Association of Firefighters identically defines an active shooter incident as “an event involving one or more suspects who participate in an ongoing, random, or systematic shooting spree, demonstrating the intent to harm others with the objective of mass murder (International Association of Fire Fighters [IAFF], 2013, para. 2). Although the FBI document reported that their definition was also shared by FEMA, FEMA’s technical report actually shares the same definition as the IAFC and IAFF (United States Fire Administration, 2013).

What deployment models are currently in place? In an effort to determine what deployment options were available to implement, the first determination should be what the current options are. The deployment model that was utilized during Columbine High School essentially did not allow medical personnel to enter until the threat was over (United States Fire Administration, 1999). It is reported that one victim bled to death from a survivable wound due to the delay in medical care. “This practice is seen in EMS curricula, standards, protocols and policies which have dictated that EMS providers wait until the scene is "safe" before entering the scene” (“Active Shooters: DHS’ OHA looks to paradigm shift in EMS,” 2013, para. 4). As was evidenced at Columbine, the delay in care may have a negative impact on a treatable injury. The committee findings from the Sandy Hook Elementary shooting reported that hemorrhage control should be a core function of law enforcement operating at an active shooter incident (Frazzano & Snyder, 2014).

In their document, FEMA takes a neutral approach by simply reporting that an agency needs to locate, treat and remove the victims to a safe location (United States Fire

Administration, 2013). Each action is very specific and could individually be carried out by different agencies. The International Association of Fire Chiefs position paper recommends the deployment of a Rescue Task Force (RTF) to treat and remove the injured (International Association of Fire Chiefs [IAFC], 2013). They further go on to suggest the following; ballistic equipment, law enforcement force protection and at least one paramedic in the group. If the RTF is to be deployed it is designed for the warm zone and not the hot zone (Police Executive Research Forum, 2014). The idea behind the concept is that the law enforcement contact teams, while in search of the threat, are clearing areas and turning them from hot zones to warm zones. As casualties are located within the warm zone, the RTF is requested to deploy to begin treatment of the injured. Some organizations specify that the law enforcement portion of the RTF can only be staffed with SWAT officers (Elgin Police Department, 2012). While others do not specify whether the RTF deploys with SWAT officers or patrol officers, they simply state the officers must be qualified (Rancho Cucamonga Fire Protection District, 2013). This qualification typically involves previous RTF training and force protection for fire and medical personnel.

The use of ballistic protection for the fire department portion of the rescue task force varies very little, either it's required or it is not. The IAFC calls for members of the rescue task force to be outfitted in ballistic helmets and vests (IAFC, 2013), while the Charlotte, NC fire department does not utilize ballistic equipment for their rescue task forces (Charlotte Fire Department, 2014). The logic behind not using ballistic protection for fire or medical personnel is because it is felt that the law enforcement portion of the rescue task force actually serves as body armor, placing themselves between a threat and fire or medical personnel.

Another option is to have the law enforcement personnel locate, treat and remove the injured victims. Training in the use of tourniquets, occlusive dressings and chest seals would be required (Police Executive Research Forum, 2014). There are instances when the patrol officers can stop and render aid while still in pursuit of the threat. Simple medical care or providing the victim with equipment so they can provide “self-aid” may save lives (Clark, 2014).

The City of Atlanta Fire Department utilizes a rescue task force concept that is slightly different than others. Atlanta’s RTF consists of four members of the fire department and five members of the Atlanta police department. When deployed, the RTF is directed straight to a Casualty Collection Point (CCP), where they remain throughout the incident. The members of the Atlanta Police Department and Fulton County Sheriff’s Police will treat and remove victims to the CCP, where the RTF begins more definitive care.

Some organizations prefer to utilize the Tactical Emergency Medical Support (TEMS) concept to provide patient care and removal at active shooter incidents (Kammeyer, 2014). This arrangement provides embedded, tactical medical support to the SWAT team. The TEMS team adheres to the standing medical orders of the medical system which they operate under (San Mateo County, 2013). The members of TEMS are typically either highly trained paramedics or law enforcement officers who are also paramedics. If the members are paramedics, they are held to the same rigid physical fitness standards as the members of the SWAT team (Duplin County EMS, 2012, Moody, 2010, Atwater, 2012).

The International Association of Police Chiefs suggest a rescue team of four to six officers begin medical care of the injured once the contact team has deployed in search of the shooter. They recognize the fact that fire and EMS may not be able to enter the building, even

warm zones, but they do recommend firefighters and medical personnel be assimilated into the team as quickly as possible (International Association of Police Chiefs, 2014).

What treatment models are in place? In order to understand the treatment models the cause of injury and death must be examined. The number one cause of preventable death in active shooter victims is penetrating trauma (The Hartford Consensus, 2012). The Hartford Consensus examined military operations and determined that injuries and death would be very similar to combat operations. Based on research, the top three causes of death in an active shooter incident are; extremity exsanguination, tension pneumothorax and airway obstruction (Smith, Iselin, & McKay, 2009, p. 51). The standard medical care is not effective in this environment and even mass casualty protocols do not always address the victim's needs (United States Fire Administration, 2008). The methodology of airway, breathing and circulation needs to be set aside in favor of the proper procedure being performed at the proper time. A patient may bleed to death from an arterial wound faster than if they had a compromised airway (Smith et al., 2009). As it relates specifically to hemorrhage control, the Hartford Consensus has developed a protocol acronym called THREAT which is based on a logical order to follow during an active shooter incident (The Hartford Consensus, 2012, United States Fire Administration, 2013).

T	Threat suppression
H	Hemorrhage control
RE	Rapid extrication to safety
A	Assessment by medical providers
T	Transport to definitive care

Because of the similarities in injury patterns between combat injuries and active shooter injuries, the military medicine model called Tactical Casualty Combat Care (TCCC) is being utilized. During the Vietnam War 7.9% of soldier deaths were due to extremity exsanguination wounds, which was the leading cause of preventable deaths (Butler & Blackbourne, 2012). A review of deaths from the wars in Iraq & Afghanistan found that 25% of the fatal injuries to soldiers could have been prevented with the application of a tourniquet. During this time, combat medics also reported that the Advanced Trauma Life Support they had been taught was not practical on the battlefield, as it was designed for the back of an ambulance or an emergency room (Callaway & Smith, 2014). Autopsy data and wound data was reviewed to determine preventable causes of death for the purposes of developing an optimized care to be rendered to the soldiers. In August 1996, TCCC was finalized and rolled out initially to the Navy SEALs and the Army Rangers (Butler & Blackbourne, 2012). After seeing the successful results, TCCC was readily accepted in the remaining military branches.

In May 2011, Tactical Emergency Combat Care (TECC) was developed and modeled after TCCC, but due to inherent differences between military victims and civilian victims, some modifications were needed. The first difference is the patient, the military patient is typically a young male, physical fit, but the civilian victim can range from an infant to a geriatric patient (Callaway & Smith, 2014). Underlying medical conditions as well as medications can also have an impact on the care given and the patient's outcome. Additional differences included wounding patterns and barriers to evacuation and care. There are three phases affiliated with TECC; Direct Threat Care/Care Under Fire, Indirect Threat Care/Tactical Field Care, and Evacuation/Tactical Evacuation (Callaway et al., 2011). These phases provide direction for the rescuer providing care to the victim. For example, during Direct Threat Care, the focus is on life

saving measures, if practical and attempting to neutralize the threat. The Indirect Threat Care allows for more care to be rendered including intravenous fluids.

Have any other departments developed a response procedure? The Arlington County Fire Department's plan is to immediately develop a Unified Command structure with the appropriate police department. The procedure dictates the assignment of ICS positions upon the arrival of Chief Officers as well as fire apparatus. The policy also directs on the deployment of the RTF as well prevents the use of mutual aid companies from participating in the actual RTF deployment (Arlington County Fire Department, 2013). The procedure also explains what constitutes the make-up of an RTF, the medical equipment to be utilized as well as indicating where the RTF will operate.

The Oak Creek Fire Department has an active shooter policy in place that details roles and responsibilities for members of the department. Oak Creek is somewhat unique in that they have a Tactical Emergency Medical Support (TEMS) team, but acknowledge that it is unrealistic for the team to be on scene for at least 30 minutes. The policy also details the equipment to be carried, the hierarchy of whom the rescue task forces report to and also initial assignments for the first two rescue task forces who deploy. Oak Creek also accounts for the possible deployment of the rescue task force supervisor, under armed guard, would operate out of the casualty collection point (CCP) (Oak Creek Fire Department, 2014). Direction is also provided for the removal of injured with a hierarchy of vehicles that would transport from the warm zone to the cold zone. The policy also has in place emergency actions in the event of a life threatening situation involving the members of the rescue task force.

The Rogers Fire Department has a policy in place for active shooter or any incident where there's an on-going ballistic or explosive threat. The policy details that a Unified

Command structure must be in place prior to the initiation of a rescue task force. The rescue task force deploys ballistic gear prior to entry to the warm zone and provides point-of-wound care to victims. The RTF also provides evacuation of the patients to the casualty collection point and eventually the triage, treatment, and transport areas (Rogers Fire Department, 2015).

Seven fire departments within Illinois were chosen because each department is part of an informal group within the State of Illinois called the Big 7. These are the seven largest Fire Departments outside of Chicago, who meet on a regular basis to discuss challenges and opportunities that face these similar sized communities. The seven communities include; Aurora, Elgin, Joliet, Naperville, Peoria, Rockford, and Springfield.

The Aurora Fire Department currently does not enter a building or other affected area for the purposes of patient care until it has been cleared by the police department. The fire department remains staged in a cold zone until such time as they're authorized to enter. The fire department takes its direction from the SWAT team commander. It is unknown if the police department would bring the victims out to the fire department in the cold zone or if the fire department would treat the patients where they lie after the building is cleared (J. Spanu, personal communication, February 24, 2015).

The Joliet Fire Department currently has no policy or procedure in place as it relates to active shooter incidents. After attending a recent conference the fire chief understands the importance of having a plan in place and his staff is beginning to look at the options for policy development.

The Naperville Fire Department currently has no policy in place to respond to active shooter incidents. However, they are in the planning process to develop a Tactical Emergency

Medical Support (TEMS) team for later in 2015 (M. Puknaitis, personal communication, February 24, 2015).

The Peoria Fire Department currently has no active shooter policy or procedure in place, but is currently working with their local school district. Their plan is to review other department's policies and craft a policy with the input from the school district as well.

The Rockford Fire Department also currently has no plans in place for an active shooter incident. Deputy Fire Chief Joe Corl reports that the fire department is in the early stages of policy development. He further reports that should an active shooter incident occur within their jurisdiction prior to the policy development, the incident would be treated like a mass casualty incident (J. Corl, personal communication, February 23, 2015).

The Springfield Fire Department currently has no policy or procedure in place as it relates to active shooter incidents. They report they are actively involved with the Springfield police department in the development of such a policy (B. Marfell, personal communication, February 23, 2015). An additional challenge for Springfield is that it is the Capital for the State of Illinois. Because of that, there are numerous law enforcement agencies; state and federal, which will have to be brought into the plan. The additional challenge is that many of these law enforcement officers routinely wear plain clothes, making it difficult to discern them from an active threat. They have plans for an exercise in April at Camp Lincoln to test the procedure that they are developing with the Springfield police, U.S. Army and the National Guard.

The Lockport Fire Department currently has one of the most in-depth guidelines in place. They will utilize rescue task force for initial operations and will be supplemented with Tactical Emergency Medical Support members. The guideline also provides details regarding the medical equipment that the RTF's will carry and procedures for treatment. The command

structure requires a unified command presence that is initiated by the fire department and the police integrate in as additional supervisors arrive. The guideline also states the rescue task forces reports to the medical group and injured victims are evacuated to a casualty collection point where they are removed when a vehicle is available. The preference of vehicles is an armored vehicle followed by a law enforcement vehicle and the last choice is an ambulance. They list two concerns with utilizing an ambulance; the first is that it's a precious commodity on the scene and should be used for transport. The second concern is the pressurized oxygen cylinder in the vehicle, which could be a target if armed assailants are not apprehended prior to the evacuations beginning (Lockport Fire Protection District, 2014).

### **Procedures**

This Applied Research Project (ARP) utilized the Descriptive Research Method to research and locate the factors that are needed to implement an active shooter guideline. In order to obtain the knowledge needed there was a review of numerous sources. These different types of sources needed to be read, evaluated, organized and finally analyzed to obtain a solution.

The process of gathering research material began at the National Fire Academy in the Learning Resource Center located in Emmitsburg, Maryland in April 2014. While there a review of previous Applied Research Projects on active shooter incidents was conducted along with journal articles and magazines that characterized a wide range of concepts on this topic. The research conducted was accomplished through a review of books, journals, technical reports and websites.

What is an active shooter incident?

The description of active shooter incidents was easy to locate but the descriptions varied based on the organization who wrote the definition. Some organizations broadened the

definition to include spree killing, while others attempted to introduce the broad term of active threat. Websites were searched in an effort to locate the variety of applicable definitions of active shooter incidents. Because of the variety of answers that would be received and difficult to compile or group, this question was left off of both surveys (Appendix A & Appendix B).

What deployment models are currently in place?

The criteria for determining what deployment models were in place was discovered by a literature review, the reviewing of survey results and informal discussions with local fire officials. The literature review revealed a variety of procedures that were in place at fire departments around the country. The online survey (Appendix A) was reviewed to determine if models were in place, but also what some of the components of the deployment model were.

What treatment models are in place?

Literature review, a review of survey results and informal discussions with local fire officials was utilized to determine treatment models. The literature review revealed several different treatment models and information was also gathered on who provided the treatment. The online survey (Appendix A) was utilized to help determine the amount of fire departments carrying equipment for treatment and the type of equipment that was carried.

Have any other departments developed a response procedure?

An in-depth literature review was conducted to help determine what, if any response procedures were in place. The response procedures found dealt with active shooter incidents in more general terms and did not get into specifics. The online survey was also utilized to compile data on response procedures. Several participants of the online survey voluntarily offered assistance and copies of policies, which proved to be more effective because they were more detailed and informative.

The information that was gathered during the research process was used to develop a questionnaire (Appendix A) that was distributed to fire departments around the country. It was sent out on January 19<sup>th</sup>, 2015 and had a cover letter that explained the ARP. This questionnaire was conducted on SurveyMonkey.com and provided the respondent complete privacy when answering all questions. All respondents were asked to complete the survey by February 1<sup>st</sup>. The survey consisted of fifteen questions and was used to gain useful insights on how other fire departments viewed an active shooter incident and if they had a policy. The content of the questionnaire focused on the following areas: a) If the respondents had an active shooter policy. b) Each respondent was asked to identify if they've had an active shooter incident in their community. c) Each respondent was asked to identify if they've trained on active shooter incidents. d) Each respondent was asked if they're familiar with Rescue Task Force and ballistic equipment.

The overall design of this questionnaire provided the author with a baseline of what other fire departments utilized for their active shooter policy/procedure, training, and rescue task force use, if any. Providing each respondent with the ability to answer questions without consequence could provide valuable information for the fire department in the future if they decide to implement an active shooter incident procedure. To obtain information from Fire Department's regarding the active shooter incident procedures, a request to participate in the survey was sent out via the United States Fire Administration's Training, Resources and Data Exchange Network (TRADENET).

The next questionnaire (Appendix B) was used to determine the feelings and knowledge of the Elgin Fire Department members regarding an active shooter incident. This questionnaire was distributed to all members of the Elgin Fire Department. All recipients were informed of the

confidentiality of the survey and encouraged to complete in a timely manner. It was sent out on January 19<sup>th</sup>, 2015 and had a cover letter that explained the ARP. This questionnaire was conducted on SurveyMonkey.com and provided the respondent complete privacy when answering all questions. All members were asked to complete the survey by February 1<sup>st</sup>. The questionnaire focused on the following topics a) The value that each member placed on an active shooter incident and the risk to be taken. b) Each member was asked to about their knowledge of rescue task forces and tactical emergency casualty care. c) Each member was asked to offer their opinion on the department's preparedness to handle an active shooter incident. d) The ranks of the members were gathered to help indicate the level at which a focus would need to be placed.

### **Limitations**

The amount of material that is available on active shooter incidents is rapidly becoming somewhat extensive. There were also multiple definitions of an active shooter which could impact statistics that are published.

While society believes that e-mail is considered to be the one of the easiest methods of communicating with multiple people in a relative short amount of time, it was actually a limiting factor in this research paper. Examples include following up with survey recipients, both internal and external, to confirm the survey would be completed on time. The deadline was imposed in the interest of completing the paper, but also turned out to be a limiting factor for some individuals. Of the fire departments nationwide that were informed only 240 responded. The same factors that hindered the responses from other fire departments also potentially impacted the Elgin Fire department survey, as there was a 51% return. Not having all the responses available has the ability to significantly impact the findings in one particular direction or another.

Lastly, there was no way to be assured the responses given to the surveys were accurate and without bias. A disinterest in the subject matter coupled with personal subjectivity could have ultimately influenced the responses.

### Results

This research was conducted through a comprehensive review of literature, and two different surveys (Appendix A) and (Appendix B) that embodies two different workgroups; fire departments from around the country and the Elgin Fire Department.

As at least one incident and another near miss incident have shown that the city is truly vulnerable, the staff members began to look into the development of an active shooter procedure.

Three questions that were posed in the survey dealt with demographics of respondents. The purpose was to show that this is an obvious issue around the country, regardless of state, population or type of agency.

Table 1

#### *Fire Department Survey Questions*

In what state or U.S. territory do you live?		
Answer Options	Response Percent	Response Count
Alabama	0.4%	1
Alaska	0.8%	2
American Samoa	0.0%	0
Arizona	1.3%	3
Arkansas	0.8%	2
California	3.0%	7
Colorado	5.5%	13
Connecticut	1.7%	4
Delaware	0.0%	0
District of Columbia (DC)	0.4%	1
Florida	6.3%	15
Georgia	2.1%	5
Guam	0.0%	0
Hawaii	0.0%	0
Idaho	1.3%	3

Illinois	12.2%	29
Indiana	0.4%	1
Iowa	0.8%	2
Kansas	0.4%	1
Kentucky	0.4%	1
Louisiana	1.7%	4
Maine	0.4%	1
Maryland	3.4%	8
Massachusetts	1.7%	4
Michigan	2.5%	6
Minnesota	0.4%	1
Mississippi	0.0%	0
Missouri	3.8%	9
Montana	0.0%	0
Nebraska	0.4%	1
Nevada	0.8%	2
New Hampshire	2.1%	5
New Jersey	1.3%	3
New Mexico	1.7%	4
New York	3.8%	9
North Carolina	2.5%	6
North Dakota	0.4%	1
Northern Marianas Islands	0.0%	0
Ohio	3.4%	8
Oklahoma	0.0%	0
Oregon	2.1%	5
Pennsylvania	3.8%	9
Puerto Rico	0.0%	0
Rhode Island	0.8%	2
South Carolina	2.1%	5
South Dakota	0.0%	0
Tennessee	3.0%	7
Texas	4.6%	11
Utah	1.7%	4
Vermont	0.8%	2
Virginia	3.0%	7
Virgin Islands	0.0%	0
Washington	6.3%	15
West Virginia	0.0%	0
Wisconsin	3.0%	7
Wyoming	0.4%	1
<i>answered question</i>		<b>237</b>
<i>skipped question</i>		<b>0</b>

What type of Fire Department do you work in?		
Answer Options	Response Percent	Response Count
Career	56.0%	130
Combination	36.6%	85
Volunteer	7.3%	17
<i>answered question</i>		<b>232</b>
<i>skipped question</i>		<b>5</b>

What level of medical care does your agency provide"		
Answer Options	Response Percent	Response Count
ALS	19.0%	42
ALS Transport	47.5%	105
BLS	19.0%	42
BLS Transport	2.7%	6
1st Responder	8.6%	19
Other (please specify)	3.2%	7
<i>answered question</i>		<b>221</b>
<i>skipped question</i>		<b>16</b>

The information in Table 1 shows that the survey reached a large portion of the country, 79 percent. The majority of the departments were career departments with combination departments coming in second. The majority of the respondents worked for an agency that provided ALS transport services to their citizens, while only a very small percentage 3.2 percent offered something other than ALS, BLS or first responder care (Smith et al., 2009).

Table 2

Has your Fire Department ever experienced an Active Shooter Incident?		
Answer Options	Response Percent	Response Count
Yes	22.8%	53
No	73.3%	170
Unsure	3.9%	9
<i>answered question</i>		<b>232</b>
<i>skipped question</i>		<b>5</b>

Table 2 shows that nearly 25 percent of the respondents have experienced some type of active shooter incident in their jurisdiction (United States Department of Justice, 2014). While this percentage is not large, it is somewhat alarming based on the number of respondents to the survey.

Table 3

<b>Which method best describes how you currently would respond to an Active Shooter Incident (ASI)?</b>		
<b>Answer Options</b>	<b>Response Percent</b>	<b>Response Count</b>
Stage until entire scene is secure	37.1%	85
Police bring casualties to "Cold Zone"	15.7%	36
Tactical Emergency Medical Support (TEMS) (Ex: SWAT Medic)	14.0%	32
Rescue Task Force (RTF)	26.6%	61
Other	6.6%	15
<i>answered question</i>		<b>229</b>
<i>skipped question</i>		<b>8</b>

<b>Following the Fire Service's Risk Management Model, where do you feel Active Shooter Incidents belong?</b>		
<b>Answer Options</b>	<b>Response Percent</b>	<b>Response Count</b>
Risk a lot to save a lot	75.3%	168
Risk a little to save a little	17.0%	38
Risk nothing to save nothing	7.6%	17
<i>answered question</i>		<b>223</b>
<i>skipped question</i>		<b>14</b>

<b>Does your Fire Department currently have any policy/procedure in place for an Active Shooter Incident</b>		
<b>Answer Options</b>	<b>Response Percent</b>	<b>Response Count</b>
Yes	54.5%	122
No	45.5%	102
<i>answered question</i>		<b>224</b>
<i>skipped question</i>		<b>13</b>

Do you feel your Fire Department is prepared to handle an Active Shooter Incident?		
Answer Options	Response Percent	Response Count
Yes	44.9%	101
No	32.9%	74
Unsure	22.2%	50
<i>answered question</i>		<b>225</b>
<i>skipped question</i>		<b>12</b>

Table 3 data depicts the current capabilities as well as the perceived readiness to handle an active shooter incident. There is significance in the response of data in table 3, because it potentially indicates a mixed message. 75 percent of the respondents indicated that active shooter incidents belong in the “risk a lot to save a lot” category of the risk management matrix, yet 37 percent indicated that they stage until the entire scene is secure ("Active Shooters: DHS' OHA looks to paradigm shift in EMS," 2013). The other interesting response is that over 50 percent indicate that their agency has a policy in place, yet 32 percent do not believe their agency is prepared to handle this type of incident and another 22 percent our unsure (IAFF, 2013).

Table 4

Has your Fire Department ever conducted or participated in an Active Shooter Exercise?		
Answer Options	Response Percent	Response Count
Yes	73.3%	165
No	26.7%	60
<i>answered question</i>		<b>225</b>
<i>skipped question</i>		<b>12</b>

What type of exercise has your Fire Department participated in? (select all that apply)		
Answer Options	Response Percent	Response Count
Live Training	67.1%	151
Tabletop Exercise	48.4%	109
Virtual Based Training	7.6%	17
Classroom Instruction	59.6%	134

Have Not Participated in Any Training	17.3%	39
<i>answered question</i>		225
<i>skipped question</i>		12

How often do you train?		
Answer Options	Response Percent	Response Count
Monthly	23.1%	51
Quarterly	9.0%	20
Annually	54.8%	121
Never	13.1%	29
<i>answered question</i>		221
<i>skipped question</i>		16

Does your Fire Department currently train with local Law Enforcement on Active Shooter Incidents?		
Answer Options	Response Percent	Response Count
Yes	65.9%	147
No	34.1%	76
<i>answered question</i>		223
<i>skipped question</i>		14

The data in Table 4 relates to training for an active shooter incident. It is encouraging to see that 73 percent of those surveyed have had their agency participate in an active shooter exercise. The majority, 67 percent, have also appeared to have participated in an actual live training, with another 54 percent participating in a classroom exercise. Nearly 66 percent also actively participate with their law enforcement partners (Kammeyer, 2014).

Table 5

Are you familiar with the Rescue Task Force (RTF) concept?		
Answer Options	Response Percent	Response Count
Yes	66.4%	148
No	20.6%	46

Unsure	13.0%	29
<i>answered question</i>		<b>223</b>
<i>skipped question</i>		<b>14</b>

<b>Is Ballistic equipment available for Fire Department personnel who operate in the warm zone?</b>		
<b>Answer Options</b>	<b>Response Percent</b>	<b>Response Count</b>
Yes	26.5%	59
No	62.3%	139
If No, do you believe it should be?	42.6%	95
<i>answered question</i>		<b>223</b>
<i>skipped question</i>		<b>14</b>

<b>Does your Fire Department carry any type of medical gear that could be utilized for an Active Shooter Incident? (Ex: tourniquets, pressure dressings (Olaes, Israeli battle dressing) , hemostatic agents (Celox, QuikClot), occlusive dressings</b>		
<b>Answer Options</b>	<b>Response Percent</b>	<b>Response Count</b>
Yes	73.4%	163
No	23.4%	52
If yes, what items?	40.1%	89
<i>answered question</i>		<b>222</b>
<i>skipped question</i>		<b>15</b>

Table 5 questions related specifically towards the Rescue Task Force (RTF) concept and indicates the majority, 66 percent, has heard of the concept. As expected, 62 percent report that they did not have access to ballistic equipment and more than half of them, 42 percent believed it was necessary (IAFC, 2013). 73 percent indicated that they carried medical equipment that could be utilized for an active shooter incident.

Table 6

*Elgin Fire Department Survey Questions*

<b>Do you believe that time is of the essence when it comes to medical care at an Active Shooter Incident?</b>
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Answer Options	Response Percent	Response Count
Agree	95.6%	65
Disagree	4.4%	3
<i>answered question</i>		<b>68</b>
<i>skipped question</i>		<b>0</b>

Following the Fire Service's Risk Management Model, where do you feel Active Shooter Incidents belong?		
Answer Options	Response Percent	Response Count
Risk a lot to save a lot	82.4%	56
Risk a little to save a little	11.8%	8
Risk nothing to save nothing	5.9%	4
<i>answered question</i>		<b>68</b>
<i>skipped question</i>		<b>0</b>

The data in Table 6 shows that the overwhelming opinion of the fire department, 95 percent, feels that time is of the essence when it comes to active shooter incidents. The majority also believes in the “risk a lot to save a lot” mentality when it comes to risk taken at an active shooter incident (Atwater, 2012).

Table 7

Are you familiar with the Rescue Task Force (RTF) concept?		
Answer Options	Response Percent	Response Count
Yes	82.4%	56
No	14.7%	10
Unsure	2.9%	2
<i>answered question</i>		<b>68</b>
<i>skipped question</i>		<b>0</b>

Are you familiar with the concepts & treatments of Tactical Emergency Casualty Care (TECC)?		
Answer Options	Response Percent	Response Count
Yes	55.2%	37

No	7.5%	5
Somewhat	37.3%	25
<i>answered question</i>		<b>67</b>
<i>skipped question</i>		<b>1</b>

Have you ever been involved in an Active Shooter Incident?		
Answer Options	Response Percent	Response Count
Yes	9.1%	6
No	90.9%	60
<i>answered question</i>		<b>66</b>
<i>skipped question</i>		<b>2</b>

The responses in Table 7 indicate that the majority of the personnel were familiar with the Rescue Task Force Concept, while slightly more than half were familiar with the treatment methods of Tactical Emergency Casualty Care. The last response is potentially telling in the lack of complete understanding in what is deemed an active shooter incident. The majority of personnel who responded to the incident in 2001 are still working but responded no in this survey. Another potential option is their definition of an active shooter incident differs from the Department of Homeland Security’s definition (Department of Homeland Security [DHS], 2008, p. 2).

Table 8

Which do you feel is the best method to conduct formal Active Shooter training? (select all that apply)		
Answer Options	Response Percent	Response Count
Target Safety	19.4%	13
Classroom Training	38.8%	26
Multi-Company Training with EPD	98.5%	66
Virtual / Computerized Training	38.8%	26
Tabletop Exercises	34.3%	23
Other (please specify)	7.5%	5
<i>answered question</i>		<b>67</b>
<i>skipped question</i>		<b>1</b>

The data in Table 8 shows an overwhelming opinion of personnel that the preference is to train with the police department, over 98 percent. The next closest response was a tie between classroom training and some type of virtual or computer-based training. The successful training that has been completed with the police department contributed to such a high percentage feeling that training is the most effective.

Table 9

7. What do you believe is the optimal model for EFD personnel operating at the scene of an Active Shooter Incident		
Answer Options	Response Percent	Response Count
Stage and not enter until the entire area is cleared	0.0%	0
Operate in "cold zone" and have PD bring casualties to medical treatment area(s)	17.9%	12
Utilize Rescue Task Force (RTF) where EFD members operate in "warm zone" with ballistic gear under the protection of a SWAT team	71.6%	48
Utilize TEMS (SWAT Medics) only to enter the "warm zone" with ballistic gear	10.4%	7
<i>answered question</i>		<b>67</b>
<i>skipped question</i>		<b>1</b>

What preparedness level do you feel the EFD is at for an Active Shooter Incident?		
Answer Options	Response Percent	Response Count
Very prepared	20.9%	14
Somewhat prepared	73.1%	49
Not prepared	6.0%	4
<i>answered question</i>		<b>67</b>
<i>skipped question</i>		<b>1</b>

Please rank your preparedness for the following roles						
Answer Options	Medical Branch Officer	Rescue Task Force member	Triage officer	Treatment officer	Transportation officer	Response Count
Prepared	27	31	36	34	37	47
Somewhat prepared	25	31	19	21	18	46
Not prepared	15	5	12	12	11	18
<i>answered question</i>						<b>67</b>
<i>skipped question</i>						<b>1</b>

The data in Table 9 related to the preparedness of the Elgin Fire Department. It is encouraging to see that no one person believed in staging until the entire scene was secure. Over 71 percent believe that operating in the warm zone with ballistic equipment is the way to handle an active shooter incident. The role that most respondents felt comfortable fulfilling was the transportation officer while the role they felt least comfortable fulfilling was the medical branch officer (Arlington County Fire Department, 2013).

Table 10

What is your current rank?		
Answer Options	Response Percent	Response Count
Chief Officer	7.4%	5
Captain	10.3%	7
Lieutenant	23.5%	16
Firefighter	58.8%	40
<i>answered question</i>		<b>68</b>
<i>skipped question</i>		<b>0</b>

The responses in Table 10 were simply to demonstrate that the opinions regarding active shooter incidents were representative of the entire department. The breakdown by rank; Chief Officers, 71 percent, Captain, 100 percent, Lieutenant 55 percent, and Firefighter, 44 percent. The data may be helpful in determining a training plan for the areas where perceived preparedness was lacking.

What is an active shooter incident?

After conducting a literature review on the topic, it was determined that several definitions of an active shooter incident were discovered. The definitions varied slightly, but did not contradict each other. An active shooter incident can be best described as an individual actively engaged in killing or attempting to kill people in a confined and populated area” (United States Department of Justice, 2014, p. 5).

What deployment models are currently in place?

Multiple deployment models were discovered to be in use by fire departments around the country and there was no one standard deployment. Deployments varied from having fire apparatus stage in a cold zone until the scene is secure to deploying rescue task forces combing fire and ems personnel with law enforcement providing force protection. The one variant of the rescue task force was that some fire departments elected to have the fire and ems personnel provide point of wound care, while others deployed the rescue task force into the casualty collection point with law enforcement officials evacuating injured to the CCP.

The online survey (Appendix A) provided some further insights as to the philosophy of risk management as it pertains to deployment as well as types of deployment.

What treatment models are in place?

Literature review revealed the treatment models were Tactical Emergency Medical Support (TEMS), Tactical Emergency Casualty Care (TECC) and Tactical Casualty Combat Care (TCCC). The providers of these treatment models varied between law enforcement and fire and ems personnel. TEMS was the standard of care when law enforcement provided medical treatment and TECC was the standard of care when fire and ems personnel provided care.

Have any other departments developed a response procedure?

A review of the online survey (Appendix A) and literature review reveal that multiple fire departments have developed a response procedure. These response procedures range from having no plan in place to having an in-depth deployment of rescue task forces providing tactical emergency casualty care.

A standard operating guideline will be developed by the Elgin Fire Department to address active shooter incidents. The SOG will include definitions, and detail the fire department's role

at the incident. This includes, but not limited to; ICS positions to fill, rescue task force deployment and equipment, TECC equipment and usage, fire suppression, emergency medical care, emergency procedures, and scene security.

### **Discussion**

The main goal behind this applied research paper was to obtain data for the purposes of creating an active shooter incident procedure. The results of my study mirrored the findings of others who have studied active shooter incidents. While it did not impact the paper significantly, there were varying sets of numbers involving actual incidents and individuals injured or killed. There were also varying definitions of what constitutes an active shooter incident. Some of the definitions were very specific and others were very broad. Some definitions also introduced the term of active threat while the IAFC and IAFF utilized the term spree killers (IAFC, 2013; IAFF, 2013). The author believes the procedure should be as broad as possible and take numerous types of threats into consideration. If the incident can result in multiple victims and threat protection is required, it should fall under the active shooter procedure.

While some fire departments are slow to move forward, the obvious direction the fire service is going is to begin medical treatment as quickly as possible to address preventable deaths (Smith et al., 2009). Whether it's fire department personnel operating as a rescue task force under the force protection of law enforcement, tactical emergency medical support personnel or SWAT medics, the key is rapid and safe deployment to begin treatment. The medical gear that it utilized during an active shooter incident is specifically related to the most common types of injuries seen; hemorrhage, tension pneumothorax and airway complications (The Hartford Consensus, 2012).

The results of both the research and online survey proved to have interesting and sometimes counterintuitive results. The results of the online survey (Appendix A) that proved the most interesting were the answers to some questions and their implications. 73 percent of those surveyed indicated that they have trained, but 37 percent will stage until the scene is secure and almost 16 percent will have the victims brought to them in the cold zone. Addition, over 50 percent of those surveyed reported they have a policy in place, but less than 50 percent feel they're prepared to handle an incident. These are similar to the findings in the Elgin Fire Department online survey (Appendix B). This appears to be a very strong message that either additional training is needed, or the content of the training is insufficient.

Another finding was more than 75 percent of the respondents reported they would "risk a lot to save a lot," but over 53 percent would not treat the patients where they were found. If one thing was learned from the Columbine incident it was the impact of early patient care, specifically hemorrhaging patients. As was reported in the Columbine report, "terrorist-style emergencies place unique demands on public safety providers and demand nontraditional responses and tactics, especially in the presence of multiple casualties (United States Fire Administration, 1999, p. 2).

A significant amount of information was gained which reinforced the importance of developing and utilizing active shooter training. A majority of the department members surveyed indicated they were not prepared to function in the roles of; medical branch officer (83 percent), triage officer (66 percent), treatment officer (66 percent) or transportation officer (61 percent).

A further analysis of data reveals that 73 percent of the respondents felt that the fire department was only somewhat prepared to handle an active shooter incident. There were 27

percent of the members who felt it was either better to stage in the cold zone or utilize TEMS, rather than deploy RTF. This data clearly shows that an adaptive challenge is present (Heifetz et al., 2009). However, 98 percent of those surveyed felt the best method to prepare was multi-company training with the police department (Clark, 2014). These results seem to conflict and will require further investigation as to the true feelings of the organization.

The implications on my organization are that regardless of which deployment model is chosen, fire & law enforcement have to improve interaction and interoperability during an active shooter incident. The idea of trying to configure a command or operational structure as the incident is unfolding is something that will never work. This is due to how both agencies have to operate as one and have common terminology. Firefighters need to take calculated risks when it comes to operating at an active shooter incident and need to understand the model and concept of force protection. Tactical emergency medical support could also be seen as a way to provide medical protection and not put firefighters at risk. However, an issue arises due to the potential of having an insufficient amount of TEMS individuals working who can arrive on scene and be inserted into the incident in a timely manner. If this is not possible, then the possibility exists that firefighters may have to be placed into the rescue task force with no practical training.

### **Recommendations**

The purpose of this paper was to develop a procedure for the personnel of the Elgin Fire Department to utilize during an active shooter incident. Research was gathered from an in-depth literature review, surveys, interviews and historical analysis. Research has shown that in order for an active shooter procedure to be successful, there will be a significant amount of work to be accomplished. While many of the tasks can be completed at the same time, the largest task will

involve training. In order for the rescue task force to operate as a cohesive unit, operations and communications will need to be seamless. While some of this training can be carried out via tabletop exercises, the majority of the training will have to be hands on in nature (Callaway et al., 2011). There were multiple options available as they related to deployment models that were in use as well as treatment models. The Elgin Fire Department recognizes the risk management mantra of “risk a lot to save a lot” and does find that applicable to active shooter incidents. Based on the research, the Elgin Fire Department will be utilizing a Rescue Task Force concept that focuses on point of wound care and evacuation. The Rescue Task Force will utilize class IV ballistic protection (plate carriers) and ballistic helmets. Tactical Emergency Casualty Care (TECC) will also be utilized as the medical treatment method.

The first recommendation will be to determine the parameters of Rescue Task Force deployment as well as the medical gear and carrying devices utilized to provide TECC to the injured. The first question regarding RTF deployment is how the RTF will be deployed into a scene, what will be the configuration of law enforcement to firefighters and from where will the team typically deploy. It is recognized that the medical gear that is carried for TECC may vary from some of the equipment currently carried on engines and ambulances. This will require the approval of the project medical director from the resource hospital. Additionally, medical gear bags will be stored and the quantities of supplies will also need to be determined.

Second recommendation is to present the draft policy (Appendix C) to the fire department staff for review. Consideration should also be given to providing a copy to the police department staff to ensure that the policy is realistic, understood and able to be carried out. Should issues or concerns arise, the concerns will need to be addressed and resolved prior to the

policy being implemented. This recommendation represents a positive change in the fact that a procedure will be able to be utilized where there is currently no procedure in place.

Third recommendation is to institute training for rescue task force and tactical emergency casualty care. This training should be carried out with both police and fire department members training together. The majority of the learning will be with the fire department members as they will be assimilating into a law enforcement (SWAT) event. The police department utilizes terminology, procedures and movements to handle these types of incidents. It is unrealistic to think that the police department will learn an entire new set of procedures for incidents where an RTF is deployed. Therefore, the fire department members will need to learn the law enforcement terminology, procedures and movements. In addition, both parties will need to train on emergency situations such as; gunfire, IED or individuals who appear to be a threat to the RTF. This recommendation represents a positive change as the combined exercises will assist the fire department in having a comfort level that the police are providing adequate force protection. It will also provide the police department with a comfort level regarding care the fire department provides should a law enforcement officer be injured. The online survey (Appendix B) results need to be reviewed to determine if and how they training should be adjusted.

The Tactical Emergency Casualty Care (TECC) training will be conducted independent of the police department. There is benefit however to ensure the police department is familiar with TECC in the event they encounter an injured person prior to the RTF making entry to the structure. The police department will also need to become familiar with patient carrying devices in the event they're needed to help with evacuation.

Fourth recommendation is to conduct a table-top exercise to establish the framework for implementing and effective Unified command presence. This will require the Battalion Chiefs

working directly with the police department Watch Commanders and SWAT Commander so that information can be disseminated amongst all personnel. It is recognized that the police department will have the majority of the intelligence at the onset of the incident as their contact teams set out in search of the shooter. Information regarding patient counts, severity of injuries and other hazards will need to be relayed to the fire department so that adequate resources are requested to the scene. This recommendation represents a positive change as the command staff for both organizations will be collectively working together on an incident. That camaraderie will provide benefits for other incidents that require a Unified command presence.

Fifth recommendation is to conduct a full-scale exercise where everything that has been trained on can be utilized. It is recognized that what planners cannot take into account is human nature of the individuals involved in the exercise. Decisions participating police officers and firefighters make may take the exercise in a different direction and potentially identify training deficiencies. The term “you don’t know what you don’t know” is very appropriate during this first exercise and caution should be used to not set unrealistic expectations. This recommendation represents a positive change as both agencies can see, first hand the positive impact they can make when working together.

#### Timeline

- By April 15, 2015 establish a committee for the purposes of developing a detailed procedure on how to respond to an active shooter incident. The committee should be led by the Assistant Chief of Operations as well as the SWAT Commander, but also involve personnel from both police and fire operations.
- By July 15, 2015 schedule an active shooter training for all fire department personnel.

- By October 1, 2015 determine the most effective manner to fill ICS Command and Control positions as well as the deployment of rescue task forces.
- By December 1, 2015 conduct a tabletop exercise across all shifts involving the police department where a rescue task force is deployed.
- By April 1, 2016 conduct a full-scale exercise for the purposes of testing all phases of the policy. The phases would be limited to; RTF, medical branch, triage, treatment, transport, staging, contact team, security team.
- By July 1, 2016 have a finalized active shooter procedure in place.

If there is one thing that the research has shown, it is that these types of events are highly technical and require the cohesive operation of the police and fire department. As active shooter incidents continue to evolve, police and fire departments will need to continue to adapt and adjust their operations to mitigate these incidents while safely, efficiently and effectively rendering care to the injured.

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## Appendix A

January 15<sup>th</sup>, 2015

I have been given the honor of participating in the Executive Fire Officer Program with the National Fire Academy. As part of my curriculum, I am writing an Applied Research Project on active shooter incidents. I am surveying area fire Departments to get insight on your organizations beliefs on an active shooter incident, how your incident currently responds to such incidents, as well as how patients are treated, medical equipment used, and training for such incidents.

The information provided through the questionnaires will be presented in a research paper and submitted to the National Fire Academy. Your responses to this survey will be confidential; no individual will be identified with his or her responses.

Your response is very important to the success of this evaluation. Your opinion on active shooter incidents is vital to the success of this paper, and can be beneficial to the fire service as a whole. Completing the questionnaire should require no more than 20 minutes. The survey will save all responses and auto-record all answers for me. If anyone has any questions please send me an email at [schmidt\\_d@cityofelgin.org](mailto:schmidt_d@cityofelgin.org).

## Outside Fire Department Survey Questions

1. In what state or territory do you represent?
2. What type of Fire Department do you work in?
  - a. Career
  - b. Combination
  - c. Volunteer
3. Has your Fire Department ever experienced an Active Shooter Incident?
  - a. Yes
  - b. No
  - c. Unsure
4. Which method best describes how you currently would respond to an Active Shooter Incident (ASI)?
  - a. Stage until entire scene is secure
  - b. Police bring casualties to “cold zone”
  - c. Tactical Emergency Medical Support (TEMS) (Ex: SWAT medic)
  - d. Rescue Task Force (RTF)
  - e. Other
5. Following the Fire Service’s Risk Management Model, where do you feel Active Shooter Incidents belong?
  - a. Risk a lot to save a lot
  - b. Risk a little to save a little
  - c. Risk nothing to save nothing

6. Does your Fire Department currently have any policy/procedure in place for an Active Shooter Incident?
  - a. Yes
  - b. No
7. Do you feel your Fire Department is prepared to handle an Active Shooter Incident?
  - a. Yes
  - b. No
  - c. Unsure
8. Has your Fire Department ever conducted or participated in an Active Shooter Exercise?
  - a. Yes
  - b. No
9. What type of exercise has your Fire Department participated in? (select all that apply)
  - a. Live training
  - b. Tabletop exercise
  - c. Virtual based training
  - d. Classroom instruction
  - e. Have not participated in any training
10. How often do you train?
  - a. Monthly
  - b. Quarterly
  - c. Annually
  - d. Never

11. Does your Fire Department currently train with local Law Enforcement on Active Shooter Incidents?
- Yes
  - No
12. Are you familiar with the Rescue Task Force (RTF) concept?
- Yes
  - No
13. Is Ballistic equipment available for Fire Department personnel who operate in the warm zone?
- Yes
  - No
  - If no, do you believe it should be?
14. Does your Fire Department carry any type of medical gear that could be utilized for an Active Shooter Incident? (Ex: tourniquets, pressure dressings (Olaes, Israeli battle dressing), hemostatic agents (Celox, QuikClot), occlusive dressings?)
- Yes
  - No
  - If yes, what items?
15. What level of medical care does your agency provide?
- ALS
  - ALS Transport
  - BLS
  - BLS Transport

- e. 1<sup>st</sup> Responder
- f. Other (please specify)

**Appendix B**

January 19, 2015

As many of you are aware I have been given the honor of participating in the Executive Fire Officer Program with the National Fire Academy. As part of my curriculum, I am writing a Applied Research Project on creating an active shooter standard operating guideline. I am surveying the department to get insight on your beliefs on having an organized response to an active shooter incident and its worth.

The information provided through the questionnaires will be presented in a research paper and submitted to the National Fire Academy. Your responses to this survey will be confidential; no individual will be identified with his or her responses.

Your response is very important to the success of this evaluation. Your opinion on active shooter incidents is vital to the success of this paper, and can be beneficial to the fire service as a whole. Completing the questionnaire should require no more than 20 minutes. The survey will save all responses and auto-record all answers for me. If anyone has any questions please send me an email at [schmidt\\_d@cityofelgin.org](mailto:schmidt_d@cityofelgin.org) or contact me at Station 1.

Thank you for your participation and insight.

Assistant Chief Dave Schmidt

Elgin Fire Department

## Elgin Fire Department Survey Questions

1. What is your current rank?
  - a. Chief Officer
  - b. Captain
  - c. Lieutenant
  - d. Firefighter
2. Do you believe that time is of the essence when it comes to medical care at an Active Shooter Incident?
  - a. Agree
  - b. Disagree
3. Following the Fire Service's Risk Management Model, where do you feel Active Shooter Incidents belong?
  - a. Risk a lot to save a lot
  - b. Risk a little to save a little
  - c. Risk nothing to save nothing
4. Are you familiar with the Rescue Task Force (RTF) concept?
  - a. Yes
  - b. No
  - c. Unsure
5. Are you familiar with the concepts & treatments of Tactical Emergency Casualty Care (TECC)?
  - a. Yes
  - b. No

- c. Somewhat
6. Which do you feel is the best method to conduct formal Active Shooter training? (select all that apply)
- a. Target Safety
  - b. Classroom Training
  - c. Multi-Company Training with EPD
  - d. Virtual / Computerized Training
  - e. Tabletop Exercises
  - f. Other (please specify)
7. What do you believe is the optimal model for EFD personnel operating at the scene of an Active Shooter Incident
- a. Stage and note enter until the entire area is cleared
  - b. Operate in “cold zone” and have PD bring casualties to medical treatment area(s)
  - c. Utilize Rescue Task Force (RTF) where EFD members operate in “warm zone” with ballistic gear under the protection of a SWAT team.
  - d. Utilize TEMS (Swat Medics) only to enter the “warm zone” with ballistic gear
8. What preparedness level do you feel the EFD is at for an Active Shooter Incident?
- a. Very prepared
  - b. Somewhat prepared
  - c. Not prepared
9. Please rank your preparedness for the following roles (Prepared, Somewhat prepared, Not prepared)
- a. Medical Branch Officer

- b. Rescue Task Force Member
  - c. Triage Officer
  - d. Treatment Officer
  - e. Transportation Officer
10. Have you ever been involved in an Active Shooter Incident?
- a. Yes
  - b. No

**Appendix C**

Draft Policy

	<b>Elgin Fire Department</b>	
	<b>Operations</b>	<b>EMS – Active Shooter / Active Threat</b>
	Policy #2050.13	
	CFAI: 507	Issued: 02/07/15
	Cross Reference: None	

**Subject:** Active Shooter / Active Threat Incident

**Purpose:** To provide direction for active shooter or active threat incidents

**Scope:** This policy applies all uniformed personnel of the Elgin Fire Department.

**Definitions**

Casualty Collection Point – An area of refused inside the Warm (indirect threat) Zone that I secured by Law Enforcement. The CCP is the primary location to temporarily collect localized casualties from the Hot (Direct Threat) Zone. Actions in the CCP are generally limited to addressing major life-threats (hemorrhage control, basic airway management, chest trauma, and hypothermia prevention), rapid evaluation of casualties, and tactical evacuation of the injured to the Triage area for the determination of treatment and transportation needs.

Chemsticks – Chemsticks will be utilized to mark areas of the building. Red – indicates a dangerous area or suspicious package. Blue – indicates police presence, typically found in the area around the shooter(s). Green – indicates the area has had a preliminary sweep for secondary threats by the Clearing Team.

Cold Zone (Secured Zone) – Area where personnel do not reasonably anticipate a significant danger or threat to the providers or patients either by geography or after the area has been secured by law enforcement.

Clearing Team – A team of police officers who are deployed after the contact team to conduct a primary search for secondary threats. As areas are cleared, green chemsticks are deployed to indicate the area is clear.

Contact Team – Initial teams of up to 4 police 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.

Force Protection – The role of the law enforcement escort is to support the fire service role by protecting fire fighters as they rescue, provide medical treatment, or mitigate hazards.

Hot Zone (Direct Threat Zone) – Any area in the area of operations in which there is a direct and immediate threat to persons or providers.

Rescue Task Force – A group of two or three fire department personnel paired with two police officers who are providing force protection. The RTF's job is to enter the Warm Zone to extricate/evacuate wounded and non-wounded occupants.

Tactical Emergency Casualty Care – High-threat prehospital trauma guidelines in which operational scenarios and relative threat levels drive clinical interventions.

Warm Zone (Indirect Threat Zone) – Area where law enforcement has done a rapid primary search but there is a potential hostile threat to persons or providers that is not direct and immediate. This area can be considered stable but not secure.

### **Guideline**

#### **I. Initial Response**

- a. When Communications receives a report of an active shooter incident, the CAD event type '*SHOOTFD*' will be utilized to generate a recommendation of:
  - i. 2 Engines
  - ii. 2 Ambulances
  - iii. 2 Chiefs
- b. If known, dispatch will notify responding apparatus of safe routing. If alarm is escalated to a MABAS incident, MABAS dispatch will also be advised of safe routing to staging area.
- c. If numerous victims (>4) are reported:
  - i. Responding apparatus will stage in the cold zone, establish a Command post and notify communications of its location. Elgin Police Department will report to the Command post as quickly as possible.
  - ii. Based on victim information, the appropriate MABAS box alarm will be requested to the necessary alarm level.
  - iii. Medical Group will be established
    1. If required, the following position will be filled:
      - a. Medical Group Supervisor
      - b. Triage Officer
      - c. Treatment Officer
      - d. Transportation Officer
  - iv. If necessary, a Rescue Group will also be established
    1. with the following positions to be filled:
      - a. Rescue Group Supervisor
      - b. Rescue Task Force (RTF) Teams – the number of teams will be based on the number of casualties.
    2. The Rescue Group Supervisor will work directly with the SWAT Group Supervisor at the Command Post.

#### **II. Initial Actions**

- a. Elgin Police Department will assimilate into Unified Command

- b. SWAT Group Supervisor will report to the Command Post to begin planning deployment with Rescue Group Supervisor.
- c. Intelligence will be provided from police officers who are deployed as part of the Contact Team or Clearing Team.
  - i. The intelligence may include:
    - 1. Location of Hot, Warm, and Cold Zones
    - 2. Estimated count of casualties
    - 3. Casualty Collection Point; if one has been established formally or informally
- d. Rescue Task Force(s) will be developed utilizing the Command Post as a briefing location

### III. Deployment

- a. Once it has been determined that a Rescue Task Force(s) will need to be deployed, teams will deploy via the Elgin Police Department BAT vehicle from the briefing location.
- b. Each RTF will deploy with 2 or 3 Elgin Fire Department members to provide medical care and 2 Elgin Police Department members to provide Force Protection.
- c. The RTF(s) shall notify the Rescue Group Supervisor of the count of casualties they've come in contact with.
- d. The RTF shall utilize Tactical Emergency Casualty Care (TECC) guidelines to treat the injured.
- e. A Fire Department member will be assigned to each armored vehicle for the purposes of providing a count of the injured to the Medical Branch Supervisor and their estimated time of arrival to the medical area.
- f. RTF team(s) will enter and being treated injured. The team(s) will continue to treat until their medical equipment has exhausted. At that point, the team(s) shall begin to move the treated patients to an extraction point or the CCP.
  - i. Note – If casualties are found upon entry, consider immediate extraction of these patients to the armored vehicle for transport to the medical area. This action may also be considered by Clearing Teams also making entry.
- g. Additional RTF's may be deployed for patient evacuation or to treat victims that the initial RTF could not reach.
- h. Any patient that is able to ambulate may be able to self-rescue at the discretion of the Law Enforcement members of the RTF. They may also be asked to remain to assist with patient treatment and/or evacuation.
- i. RTF's can be deployed for the following reasons:
  - i. Victim treatment
  - ii. Victim removal from the Warm Zone to the Cold Zone, Warm Zone to CCP, or CCP to Cold Zone

- iii. Movement of supplies from the Cold Zone to the Warm Zone or Cold Zone to the CCP
- iv. Any other duties deemed necessary to accomplish the mission.

IV. Victim Removal

- a. Victims will be removed to a transport vehicle
- b. The order of evacuation vehicles
  - i. Armored vehicle - BAT or Bearcat
  - ii. Other Law Enforcement vehicle – Van or SUV
  - iii. Ambulance (removal of large oxygen cylinder is required)

V. Emergency Actions / Duress

- a. In the event that the RTF encounters a Red Chemsticks, this is an indication of a hazard. The Force Protection component of the RTF will determine an alternate way to avoid the hazard.
- b. 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.
  - i. This may include partial or complete evacuation of the team from the building.
  - ii. The RTF will notify the Rescue Group of the situation

By the order of:                     *John Fahy*                      
Fire Chief

Date: 02/07/2015

**Appendix D**

Mutual Aid Box Alarm System Field Operations Guide

<b>ACTIVE SHOOTER</b>	<b>MABAS Division 2 Operational Checklist #xx</b>
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Responsibilities	LOCATION _____ DATE _____ TIME OF ALARM _____ TIME OF ARRIVAL _____ TIME CLEAR _____																																										
	<table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Checklist Item</th> <th style="text-align: center;">Time</th> <th style="text-align: left;">Location / Comment</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Identify or Establish Command Post Location (Locate in Cold Zone)</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Develop NIMS Organization (Branches/Divisions/Groups)</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Consider Needs for Specialized Equipment</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Establish Staging (1,500 yards or more from Incident)</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Create Unified Command</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Establish Hot, Warm, and Cold Zones</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Consider MABAS Alarm Type &amp; Level (Life Safety vs. Disaster)</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Establish Casualty Collection Point(s) (CCP) in Warm Zone</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Utilize Mass Casualty FOG's #07-1F / #25-C1</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Establish Triage Area in Cold Zone</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Establish Treatment Area in Cold Zone</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Establish Transport Area and Transportation Plan in Cold Zone</td> <td>_____</td> <td>_____</td> </tr> <tr> <td colspan="3" style="text-align: center; padding: 10px;"><b>Brief statement of Incident Action Plan</b></td> </tr> </tbody> </table>	Checklist Item	Time	Location / Comment	<input type="checkbox"/> Identify or Establish Command Post Location (Locate in Cold Zone)	_____	_____	<input type="checkbox"/> Develop NIMS Organization (Branches/Divisions/Groups)	_____	_____	<input type="checkbox"/> Consider Needs for Specialized Equipment	_____	_____	<input type="checkbox"/> Establish Staging (1,500 yards or more from Incident)	_____	_____	<input type="checkbox"/> Create Unified Command	_____	_____	<input type="checkbox"/> Establish Hot, Warm, and Cold Zones	_____	_____	<input type="checkbox"/> Consider MABAS Alarm Type & Level (Life Safety vs. Disaster)	_____	_____	<input type="checkbox"/> Establish Casualty Collection Point(s) (CCP) in Warm Zone	_____	_____	<input type="checkbox"/> Utilize Mass Casualty FOG's #07-1F / #25-C1	_____	_____	<input type="checkbox"/> Establish Triage Area in Cold Zone	_____	_____	<input type="checkbox"/> Establish Treatment Area in Cold Zone	_____	_____	<input type="checkbox"/> Establish Transport Area and Transportation Plan in Cold Zone	_____	_____	<b>Brief statement of Incident Action Plan</b>		
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