**Active Shooter / Hostile Event Response**

Purpose

To establish guidelines and procedures for the fire district response to an active violence event. The goal of the response is to achieve rapid point of wounding stabilization at or near the point of wounding and rapid extraction to definitive care.

Introduction

An active assailant(s) is an individual(s) actively engaged in killing or attempting to kill people in a confined or populated area. The typical response to these events has been in the past, largely a law enforcement response to “stop the killing” with other first responders in a stand-by position. To address the needs of such an event, the Knox County Sheriff’s Office and Vincennes Township Fire Protection District have developed a response model that continues the primary driving force of “stopping the killing” but also addresses the medical driving force to “stop the dying”. The two departments have policies and guidelines that establish a collaborative effort to institute common language and tactics to deliver warm zone care to those who have been injured in an active threat event.

Common Terminology

**Casualty Collection**

**Point (CCP):** A specific location where casualties may be temporarily assembled to be evacuated to the medical triage area.

**Cold Zone**: Where no significant danger or threat can be reasonably anticipated. Determined by utilizing distance, geographic location or terrain with respect to the type of firepower or explosive potential. The cold zone is the appropriate location for the Incident Command Post, Treatment Areas, Staging and logistical functions of the incident.

**Contact Team**: A law enforcement team that moves directly to the threat in order to engage and stop the killing.

**Evacuation**: The systematic removal of non-injured under law enforcement direction

**Extraction**: The systematic removal of the injured patients facilitated by Rescue Task Force Teams and coordinated with law enforcement.

**Rescue Task Force**

**Team:** Groups of individuals assigned to remove non-ambulatory patients

• Groups are identified by numbers

• Comprised of a minimum of four individuals, two shall be law enforcement officers.

**First Care**

**Provider**: A geographically involved bystander who is able and willing to provide basic care to the injured.

**Hot Zone**: Where a direct and immediate threat exists based on the complexity and circumstances of the incident as determined by law enforcement. An area within range of direct gunfire or explosive devices or unsecured or unsearched area where a suspect could be hiding is considered to be in the hot zone. The hot zone is an Immediately Dangerous to Life and Health (IDLH) zone. Law enforcement resources should be the only public safety personnel operating in the hot zone.

**Casualty Care** The evidence and best practiced based medical management guidelines of casualties under hostile conditions, accounting for limited equipment, limited patient assessment, and limited treatment. Treatment can and should be implemented in a systematic, scope appropriate fashion across all levels and scope of providers (citizen first care providers, non-medical law enforcement, Fire/EMS, medical first receivers), and continues through all phases of care (Hot, Warm, Cold).

**RTF Bag**: A medical bag for Fire/EMS to be used to treat traumas in many scenarios.

**Non-Injured**: A bystander to the event.

**Patient Shuttle:** A process where injured are moved away from the scene in vehicles to the Cold Zone for triage, medical treatment and transport.

**Perimeter**: A term used by law enforcement to describe the boundary lines of an event

• Inner Perimeter: The barrier between hot and warm zone that serves to facilitate the self- evacuation of witnesses and victims and to prevent escape of potential threats.

• Outer Perimeter: The barrier between the warm and cold zone, secured by law enforcement, to prevent access to all non-participants (i.e., home owners, media, vehicular and pedestrian traffic, etc.).

**Safe Corridor:** An area inside the building, secured by law enforcement, where fire/medical personnel can move freely around to care for patients.

**Unified**

**Command**: A structure that brings together the “Incident Commander” of all disciplines involved in the incident, in order to coordinate an effective response; while at the same time carrying out their own jurisdictional responsibilities.

**Unified Forward Deployment**

**Area**: An assembly area where public safety personnel, with required equipment, will be integrated and assigned for rapid deployment under the direction of Command.

**Warm Zone:** Where a potential threat exists, but the threat is not direct or immediate. An area that has already been searched and secured by law enforcement is considered to be a warm zone. The threat still exists elsewhere in the building or venue, but law enforcement has cleared and secured an area to which fire and EMS personnel may be brought in to render lifesaving intervention and extraction to injured victims.

Guideline and Concepts

This is a law enforcement event, thus law enforcement will be the lead discipline. Unified command will be established between the lead law enforcement agency and the fire department immediately. Prior to the deployment of fire department resources, the hot, warm and cold zones must be identified and understood by all responders. The law enforcement command will define these zones, and will work with the fire department commander to make certain that all responders clearly understand the zones.

The call-type for the active violence event will be Major Incident Response and will be additionally resourced with the VTFD Mass Casualty Support Trailer, VTFD UTV, and VTFD HAZ-MAT with the request for five transport ambulances. This assignment has been resourced to meet the basic demands of an active violence event; and takes into account the need for on scene care, extraction, and the management of the medical needs of the injured. It is important to call for additional resources early based on the information received from communications, law enforcement or witness accounts.

It is important that all fire department personnel understand the operational decision making from the law enforcement perspective as well as the medical response. **Unless directed by the Incident Commander, the initial responding units will take a temporary stand-by position in a location away from the immediate high threat area; and in a position that allows for maximum flexibility as it relates to approach and assignment.** The VTFD OIC (or designee) will move forward to locate the police command post. The briefing should be based on the CAN report, as this allows a usable, and understood flow of information.

Critical Briefing Items:

• Conditions, Actions, and Needs (CAN)

• Hot, Warm, and Cold Zones

It is essential to coordinate with law enforcement for team security while the RTFs are providing lifesaving interventions and rapid extraction of victims. Casualty triage should be limited only to categorizing the wounded as ambulatory, wounded or deceased.

Depending on the size of the incident and location, injured victims may need to be placed in a Casualty Collection Point (CCP) before transitioning to the cold zone. This will be determined by initial units communicating with the Rescue Group Supervisor and/or Command. Causality Collection Points shall be secured by law enforcement and MAY be considered a cold zone after appropriately secured.

Deceased victims shall be visibly marked and left where they are found.

**Deployment:**

Every effort should be made to make the Rescue Task Force operational as soon as tactically possible. Once unified command has agreed to RTF deployment, teams will deploy to the warm zone to begin victim care.

* Command will dispatch RTF teams by number, i.e., RTF Team 1. RTF teams are not to deploy unless they have two personnel from law enforcement as security. DO NOT SELF DEPLOY INTO THE WARM ZONE.
* The initial RTF team(s) to make entry should notify the Rescue Group Supervisor of the possible number of injured.
* 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 will start the removal of the injured. Additional RTF teams that enter the area should be primarily tasked with extraction of the treated victims. If needed, additional RTF teams may be sent into areas or to other areas with accessible victims.
* When the RTF is operational in the Warm Zone, no triage will be conducted. All patients encountered by the RTF teams will be treated as they are accessed. Any patient that can ambulate without assistance will be directed by the team to self-evacuate down the cleared corridor under law enforcement direction.

**Rescue Group Supervisor (RGS)**:

A fire department supervisor paired with a law enforcement supervisor that are located in the immediate proximity of each other and are sharing information on the deployment of the RTFs. These supervisors are assigned by unified command to oversee the unified forward deployment area, take over accountability of rescue teams, communicate with the rescue teams, and facilitate not only treatment efforts, but also the extraction of patients from the warm zone. The RGS will monitor conditions, and maintain a high level of situational awareness. The RGS will coordinate between unified command and rescue teams to make sure that entry points, exit points, work zones, and if needed where the casualty collection point(s) are located.

The RGS must keep unified command updated with rescue team progress; this is to include threats encountered, patients treated and confirm the location of the treated so that unified command can keep an accurate status of patients.

It is recommended that the RGS have an aide. The unified forward deployment area will have a high level of activity and a tremendous amount of communications in the work area; the aide will be able to assist with accountability of personnel, PAR checks, and other functions in coordination with the RGS. This position will enhance the safety of the rescue teams and make certain that radio traffic is heard, and needs are met.

**PERSONNEL PREPARING FOR ASSIGNMENT INTO THE WARM ZONE SHALL**:

• Don ballistic personal protection and helmet with attached light

• Obtain and have with the team at a minimum, one RTF Bag

• Report to the Unified Forward Deployment Area

• Connect ear-piece to extended microphone for team safety and quiet communications

• Place portable on assigned tactical channel

• Clearly understand the warm zone, and the locations of the patients

• Identify one member from the fire department to be the radio person for the team

• Identify who in the command system they are working for, Command or Rescue Group

• Provide sit-stat reports as soon as room entry is made or entry into area with patients

o Confirm location and provide division and quadrant

o Provide initial patient count; and resource needs, if any additional are required

o Also, when exiting a work location, advise of movement

**RESCUE GROUP SUPERVISOR AND AIDE SHALL**:

• Report to the unified command post, and obtain a situation briefing and make certain that the incident objectives, and work zones are clearly understood

• Obtain the Rescue Group Supervisor Board (the RGS and the RGS/A should have one)

• Wet erase or dry erase pen (wet erase is preferred)

• Identify the assigned radio channel for the Rescue Group operations

• Meet with the law enforcement and fire department personnel at the unified forward deployment area

o Provide the entry point

o Provide the warm zone boundaries

o Provide any additional threat information

o Provide patient locations

o Give instructions to the team that remind the team to provide status reports

o Confirm teams are on proper tactical channel

• Track team movements, and keep accurate patient information