

ESCAMBIA COUNTY FIRE-RESCUE

Rules, Policies, and Guidelines

4100.085

Mass Shooting / Active Shooter

Implemented: 08/12/16

Revised:

Page 1 of 7



Patrick T Grace, *Fire Chief*

PURPOSE:

To create a standard of operation to which all members of Escambia County Public Safety will operate at the scene of incidents involving a mass shooting or an incident at which an active shooter may be present

OBJECTIVE:

To establish safe practices for fire rescue and EMS personnel when responding to and operating at the scene of mass shootings or an incident involving an active shooter.

SCOPE:

All personnel

DISPATCH AND RESPONSE

The nature of the call and exact location are important. While responding, the ECC will obtain as much information as possible.

While responding to the incident pertinent but sensitive information may be relayed by alternate means such as alpha pager, cell phone, etc. Units responding shall be moved to a TAC channel until arrival on-scene. Depending on the needs the IC may operate from the Interoperability channel while other units remain on the TAC channels.

The current threat environment must be assessed. The IC must ensure that responding units hold back until law enforcement arrives on-scene and gives authorization to fire rescue personnel to enter the warm or hot zone.

Responding units shall respond "cold" to hold back incidents. Should law enforcement arrive and determine the scene is safe for fire personnel to enter the response can be upgraded to "hot" as determined by the OIC.

Determine a staging area that is out of a direct line of site and at least two blocks away from the incident. Should this involve a large geographical area or information indicates the shooter is on the move the staging area should be determined by the IC based on the latest information from the ECC. **(See Cold Zone definition below)**

When the ECC receives a call for a shooting, the original dispatch will be for a "GSW" call type. This will generate the following response:

- **1 Battalion Chief**
- **1 EMS Supervisor**
- **1 Suppression Unit**
- **1 ALS Transport Unit**



Patrick T Grace, Fire Chief

If there is an indication or it is determined the call is an active shooter incident the following resources will be added:

- **Chief 1**
- **Chief 2**
- **EMS Administration**
- **Medical Director**
- **EM Director**
- **3 Suppression Units**
- **5 ALS Transport Units**
- **The ECC should contact all hospitals and notify them of the incident and obtain a bed count**

Additional units that should be considered:

- **Mobile Command Unit**
- **EMS Disaster Truck/Trailer**
- **Mutual Aid ALS Transport Units**
- **MCI Protocol**
- **Haz-Mat Unit**
- **Special Operations**
- **Medical Director**
- **Air Ambulance Units**
- **County PIO**

APPROACHING THE SCENE

Slow down when approaching the staging area and conduct a 360 degree windshield survey.

Maintain situational awareness; look for people or objects that seem out of place.

Limit the number of responders in the staging area. As much as possible, avoid stacking resources in one location where they could become a target.

ARRIVING AT STAGING AREA

Responder safety is paramount

Immediately conduct a survey of the area around staging and establish a secure perimeter. Always maintain awareness for secondary attacks and devices.

Establish a unified command with law enforcement and EMS as soon as possible. The interoperability channel may be utilized for command.

Fire personnel shall remain in staging until the area is secured or until law enforcement can escort personnel.

ESCAMBIA COUNTY FIRE-RESCUE

Rules, Policies, and Guidelines

4100.085

Mass Shooting / Active Shooter

Implemented: 08/12/16

Revised:

Page 3 of 7



Patrick T Grace, Fire Chief

In situations where an active shooter threat remains a “scoop and run” philosophy should be adopted.

SPECIAL CONSIDERATIONS

After law enforcement has neutralized the immediate threat(s), the area remains a crime scene requiring fire and EMS personnel to take the necessary precautions.

Be prepared for a large and immediate media response.

Be prepared for a large and immediate response to the area by parents, family and friends.

Fire department vehicles should be positioned in a manner which allows for easy and rapid egress while avoiding contamination of the crime scene.

Fire department personnel shall conduct themselves in a neutral manner that will not escalate violent or potentially violent situations.

If personnel feel that their lives are in danger due to escalating tension or violence the emergency button on their portable radio should be activated.

THREAT ZONES

- **Hot Zone:** That area wherein a direct and immediate threat exists. What constitutes a direct and immediate threat is subjectively determined and depends on the circumstances. An armed gunman and a clear line of fire would qualify as a direct and immediate threat, as would an undetonated explosive device. In either of these cases law enforcement may establish an expanded area depending on the situation.
- **Warm Zone:** That area wherein a potential threat exists, but the threat is not direct or immediate. For example, an area already searched by law enforcement officers could still be within the range of gunfire and/or a subject could be hiding in an unsearched area and return to an area that has been searched. Such an area shall not be designated as a Cold Zone until the subject’s apprehension and a thorough search is conducted. Allowing rescuers to operate for short periods of time within the Warm Zone is generally permissible if doing so could result in the saving of life.
- **Cold Zone:** That area where no significant danger or threat can be reasonably anticipated. This could be owing to the interposition of distance, time, terrain or type of firepower being used. The Cold Zone would be that area where treatment of patients would be rendered, additional resources would be staged and command functions would be carried out.



Patrick T Grace, Fire Chief

DEFINITIONS

Rescue Task Force (RTF): The RTF is a simple response model made up of multiple two to four person teams that move forward into the unsecured scene along secured corridors to provide stabilizing care and/or evacuation of the injured. Each team consists of two or three law enforcement officers to provide security, and two to four fire rescue and/or EMS personnel to stabilize patients using TCCC principles and equipment. Depending on the situation the RTF may use the “scoop and run” philosophy.

Tactical Emergency Casualty Care (TECC): Is the civilian counterpart to the US military’s Tactical Combat Casualty Care (TCCC) guidelines. The TCCC guidelines were developed for military personnel providing medical care for the wounded during combat operations. These guidelines have proven extraordinarily effective in saving lives on the battlefield, and thus provide the foundation for TECC. TECC takes into account the specific nuances of civilian first responders.

Casualty Collection Point (CCP): An area near the incident scene to set up triage, treatment, and transportation of casualties. The following elements should be considered when establishing a CCP;

- **Law enforcement may identify**
- **EMS establishes**
- **The CCP may be established before victims are confirmed**
- **Ease of vehicle access / transport priority**
- **Ability to secure**
- **Adequate space**
- **Should be located on the interior if possible**

The specifics of casualty care in the tactical setting will depend on the tactical situation, the injuries sustained by the casualty, the knowledge and skills of the first responder, and the medical equipment available. TECC provides a framework to prioritize medical care while accounting for ongoing high-risk operations, and focuses primarily on the intrinsic tactical variables of ballistic and penetrating trauma compounded by prolonged evacuation times. The principle mandate of TECC is the critical execution of the right interventions at the right time.

TECC is applied in 3 phases, direct threat / indirect threat / evacuation care, as defined by the dynamic relationship between the provider and the threat. Indirect threat care is rendered once the casualty is no longer under a direct and immediate threat (**i.e. warm zone**). Medical equipment is limited to that carried into the field by RTF personnel and typically includes tourniquets, pressure dressing, hemostatic agents, occlusive chest seals and adjunct airways.



Patrick T Grace, Fire Chief

Note: Initial RTF teams shall utilize standard medical supplies from green bags, orange boxes, etc. until additional supplies arrive.

INITIAL ACTIONS

As soon as contact with law enforcement officers (LEO's) can be made, the first arriving unit will establish four facts;

- Confirm the type of incident (active shooter, barricaded suspect, hostage taker, IED, etc.)
- Presence of casualties
- Approximate number of casualties
- Are the casualties located within a hot zone

Initial actions should be directed at steps that can be performed in the cold zone

Size-up to dispatch – if the incident involves an active shooter, this should be communicated to dispatch and responding units immediately

Request additional resources as necessary

The number of casualties will dictate the specific number and type of resources;

- Consideration should be given to requesting one or more air ambulances if extensive transport times, large numbers of patients, or special medical needs can be anticipated
- Establish a tactical channel
- Don appropriate PPE
- Identify a staging area and communicate the best access route for responding resources including air resources
- Establish a channel of communications with law enforcement (Interop)
- Ensure communications with air assets to prevent approach/departure paths from being in range of potential gunfire

The initial arriving law enforcement units will most likely enter the area of the suspected shooter(s). These initial LEO's will bypass the wounded victims in an attempt to engage the immediate threat(s). In doing so, they essentially clear a corridor into the area or building and relay important reconnaissance information back to command. Although the LEO's don't provide direct assistance to the wounded, they identify the need and call for the RTF.

After the initial LEO's have entered the area and relayed recon and victim locations to command, and cleared portions of the area or building have been established, the RTF can be initiated. Once this need is identified and communicated to law enforcement command, the RTF will move into the area or building that has been cleared by the initial LEO's. RTF teams shall be directly under law enforcement command, however the RTF is a unified



Patrick T Grace, Fire Chief

command asset. Once in the area, the RTF LEO's are directed through the incident commander to move the task force to the injured victims identified by the initial LEO's that entered the area.

- **Personnel will not receive a traditional "scene is secure" message before entering the building or area of the patients. Only portions of the building or area may be secured when fire/EMS personnel enter.**

RTF communications will function on two different radio frequencies; 1) the RTF LEO's will communicate with law enforcement command, giving such information as location of the task force within a building or geographical area as well as receiving updates on location of the injured, the other LEO's, and threats; 2) the RTF fire and/or EMS personnel communicate with the incident commander to report the number of victims, as well as reporting the number of deceased, immediate, and delayed using **START** triage. The dual communication allows for accountability and effective use of the teams as well as for planning and management of both the external casualty collection point and additional fire and EMS resources.

The first one or two RTF teams that enter the area will deploy to stabilize as many victims as possible before and initiate victim evacuation. As victims are reached, the RTF LEO's provide security in place while the paramedics and/or EMT's treat the victims. Using the concepts of TCCC, RTF personnel shall stabilize only the immediately life-threatening wounds on each patient encountered, and leave these patients where they are found and move on until a rapid assessment/triage can be completed.

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

A cache of supplies shall be set-up near the entry point to the area of operations to allow rapid re-supply and turnaround for RTF teams. If needed, an internal casualty collection point will be set-up near a secure entry point, where casualties can be grouped to allow for faster and more efficient evacuation by non-RTF personnel. All patients shall be eventually evacuated to an external casualty collection point well outside the area or building in a secure location where protocol care is initiated utilizing **START** triage methodology.

ESCAMBIA COUNTY FIRE-RESCUE

Rules, Policies, and Guidelines

4100.085

Mass Shooting / Active Shooter

Implemented: 08/12/16

Revised:



Patrick T Grace, *Fire Chief*

Page 7 of 7

Upon successful neutralization of the immediate threat(s) and after determining from law enforcement that the area or building is free of additional threats (i.e. explosive devices, booby traps, etc.), personnel can then provide traditional interventions according to protocol. The lead law enforcement agency in command has ultimate authority to make the determination of whether the building or area is safe for non-RTF personnel to enter.