

	<b>TRAVIS COUNTY ESD #5 MANCHACA FIRE RESCUE</b>  <b>Department Best Practices</b>	<b>A610</b>
	Authorized by:  Fire Chief Chris Barron	<b>Effective:</b> 2/5/2018  <b>Rescinds:</b>
<b>Active Shooter Incidents</b>		<b>Reference:</b> AFD A610  <b>Application:</b> Shift Personnel

## I. Purpose

To establish guidelines for MFR personnel when responding to active shooter incidents.

## II. Background

Active shooter incidents are defined as an individual(s) actively engaged in killing or attempting to kill people with a firearm in a confined and populated area. Many of these incidents occur in businesses, schools, and/or outdoor venues, and result in enormous casualties in need of rapid treatment and transport to the hospital to enhance survivability. Statistically, these incidents are short in duration, unpredictable, and often end in suicide of the shooter(s). As these incidents become an unfortunate yet increasing reality, experience dictates that long-standing joint public safety practices are not necessarily conducive to maximizing victim survival. A change in response and mind-set is needed. The public safety response to an active shooter incident must ultimately focus on terminating the threat(s), but also safely allow for the rapid access, point of injury medical intervention, removal, triage, and transport of injured persons.

*This document is a direct adaptation of the Austin Fire Department SOG on Active Shooter Incidents. It has been adopted by Manchaca Fire Rescue as an Auto Aid partner to maximize standardization between partner agencies. Variations and additions to the language from the parent AFD document will be signified by text in italics. Generic changes that do not affect content such as formatting and changing "AFD" to "MFR" will not be noted.*

## III. Policy

- A. **Coordination under IMS.** An active shooter incident is initially a law enforcement operation; however, it also requires a proactive public safety agency response to ensure rapid access, point of injury medical intervention, triage and transport of injured persons. These types of incidents will be conducted under an Incident Management System.
- B. **Incident priority.** The overall incident priority of an active shooter incident is life safety and includes both emergency personnel and those injured during the incident.

- C. **Objectives.** The ultimate objectives of the active shooter incident are the rapid access, point of injury medical intervention, removal, triage, and transport of injured patients after the warm zone is under law enforcement protection.

#### IV. Best Practices

The following best practices should be followed at all firefighting and emergency scene operations, except where deviation can be justified by Fire Officers. Any significant deviation should be communicated to responding/on-scene units as soon as possible.

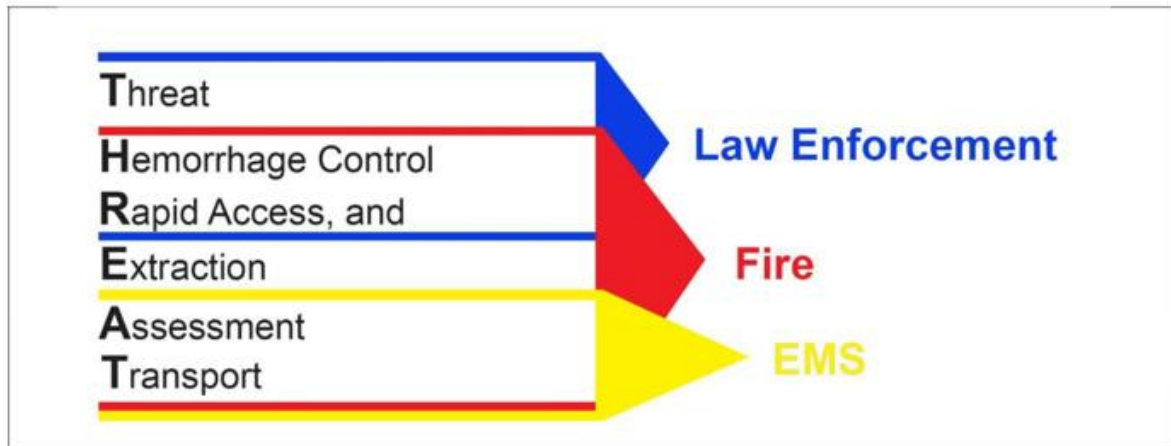
- A. **Terminology.** When referring to active shooter incidents, the following terms shall apply:
1. **Active shooter incident.** An active shooter incident is an incident in which an individual(s) is actively engaged in killing or attempting to kill people in a confined and populated area.
  2. **Casualty Collection Point (CCP).** A casualty collection point is an area in the warm zone where victims have been placed by law enforcement personnel. The Rescue Task Force will access victims at the CCP under the constant protection of law enforcement. There may be more than one CCP at an incident.
  3. **Counter Assault Strike Team (CAST).** A counter assault strike team is the Austin Police Department term to describe patrol officers who have received specialized training and equipment to combat an active shooter incident. CAST members will form into two or four person units and attempt to neutralize the threat.
  4. **Hot Zone.** The hot zone is the area where law enforcement is directly engaged with the active shooter(s). This area is not secure and only law enforcement personnel should enter it.
  5. **Warm Zone.** The warm zone is the area that has been quickly cleared by law enforcement in pursuit of the active shooter(s), but not necessarily secure. The warm zone will be under law enforcement protection and contain the initial CCP, where the Rescue Task Force will access and remove victims to the designated area.
  6. **Cold Zone.** The cold zone is the area that is deemed secure by law enforcement. The cold zone will contain the command post, staging, triage areas, and transportation corridors.
  7. **Rescue Task Force (RTF).** A rescue task force are the Fire crew(s) assigned to access and remove victims from the CCP within the warm zone under law enforcement protection. There may be multiple RTFs.
  8. **Transportation Corridor.** The transportation corridor is the physical area in the cold zone that is dedicated for ambulances to receive victims from the CCP(s) or triage areas and quickly transport victims to the hospital. The transportation corridor may require the use of fire apparatus to protect

the integrity of the corridor from arriving emergency vehicles, members of the public, media resources, etc. There may be more than one transportation corridor depending on the incident.

## B. Strategy and Tactics.

1. **Minimize loss of life.** The active shooter incident will be guided by a proactive strategy that aims to minimize the loss of life by rapidly accessing, treating, and removing victims in conjunction with other public safety agencies.
2. **THREAT acronym.** The Hartford Consensus, which was developed by The Joint Committee to Create a National Policy to Enhance Survivability from Intentional Mass-Casualty and Active Shooter Events, recommends that an integrated and cooperative active shooter incident response must focus on actions contained in the acronym THREAT (refer to Figure 1):
  - a. Threat suppression
  - b. Hemorrhage control
  - c. Rapid access, and
  - d. Extraction
  - e. Assessment
  - f. Transport

Figure 1:



3. **Life safety priority.** All strategies and tactics shall remain aligned and consistent with the incident priority of life safety for firefighters, other public safety personnel, and victims.

## C. Incident Management System.

1. **Command structure.** An incident management system will be utilized during active shooter incidents. During the initial stages of an incident, AFD will normally fill the Fire Branch Director role and work with the Incident Commander which will most often be law enforcement. During later stages of an incident or, if the incident develops in which complexities arise that requires joint

decisions to be made by multiple agencies in order to solve the incident problem, a Unified Command may be established.

2. **PIO.** Due to the nature of an active shooter incident, consideration shall be given to filling the Command Staff position of PIO early in the incident. The active shooter incident will be a national media event and require trained public
3. **Divisions.** The active shooter incident should be geographically divided as early as possible to account for multiple CCPs, triage areas and transportation corridors.
4. **Establishment of zones.** Hot, warm, and cold zone will be established based on law enforcement priorities. At no time will Fire members enter the hot zone. However, RTFs will enter the warm zone under law enforcement protection once it is established, for the rapid access, triage, and removal of injured persons.

**D. Response Considerations.**

1. **Response plan.** Dispatch will assign an Active Shooter Alarm that includes two Engines, one Aerial Apparatus, one Rescue unit and one Battalion Chief. The incident may be upgraded as necessary to an Active Shooter 2nd Alarm to include two additional Engines, one additional Aerial Apparatus, one additional Battalion Chief and the Safety Chief.
2. **Law enforcement response.** APD Dispatch will assign a call-type of “Active Shooter” and the incident will be handled on the appropriate APD Channel for the region: Adam, Baker, Charlie, David, Edward, Frank, George, Henry, Ida (refer to figure 2). APD CAST members will be dispatched as part of the response. If the incident occurs in another Law Enforcement agency’s jurisdiction they will send their patrol officers and any other resources available to them.

Figure 2:

<b>Zone 17: Austin PD</b>	<b>Zone 18: County SO/PD</b>
17 AT AP ADAM	18 AT SO ADAM
17 AT AP BAKER	18 AT SO BAKER
17 AT AP CHARLIE	18 AT SO CHARLIE
17 AT AP DAVID	18 AT SO DAVID
17 AT AP EDWARD	18 AT SO LAKE
17 AT AP FRANK	18 AT BEE CAVE PD
17 AT AP GEORGE	18 AT JONESTOWN PD
17 AT AP HENRY	18 AT LAGO VISTA PD
17 AT AP IDA	18 AT LAKEWOOD PD
17 AT AP JON	18 AT MANOR PD
17 AT AP AIRPORT	18 AT MUSTANG RIDGE PD
17 AT AP AIR/K9	18 AT PFLUGERVILLE PD
17 AT AP HWY	18 AT ROLLINGWOOD PD
17 AT AP EVENT 1	18 AT SUNSET VALLEY PD
17 AT AP CRT1	18 AT WESTLAKE HILLS PD

3. **Communications.** Fire Company Officers shall utilize at least one radio to monitor the appropriate APD channel. Fire Company Officers should expect that APD Officers will remain on the APD channel for the duration of the incident. The channels cannot be patched. Fire personnel should not communicate on the APD channels except in an emergency situation in which they cannot communicate with the Fire Branch Director or their Group Supervisor.
4. **Triage and transport consideration.** Fire Company Officers shall use the MDC, map books, and knowledge of territory in conjunction with incident details to begin formulating a plan for the transportation corridor and triage area given the location of the incident (inside a building, outside, entertainment venue, etc.).

#### E. **Actions on Arrival.**

1. **Lack of 360.** Active shooter incidents are dynamic and unpredictable. A traditional 360 size-up will not be possible given obvious security concerns.
2. **Establishment of command post.** An incident management system will be utilized and a command post will need to be established to allow communication between law enforcement, fire and EMS.
3. **Law enforcement engagement.** APD CAST protocols dictate that arriving police officers will form into teams and enter the area where the active shooter is engaged. The Fire Branch Director should attempt to establish a law enforcement contact within the cold zone. This will facilitate communication with CAST and assist in providing RTF personnel with important information to access the CCP within the warm zone when initially secure. Other Law Enforcement agencies have similar protocols; however, they do not have CAST Teams and will utilize their patrol officers.
4. **Fire priorities.** The three priorities for the first arriving officers are the establishment of transportation corridors, the formation of RTFs and determining the need with EMS to establish triage areas.
  - a. **Transportation corridor.** It is paramount that first arriving Fire units, in conjunction with EMS personnel, if available, formulate a plan for establishing transportation corridors. The active shooter incident will draw a tremendous amount of emergency vehicles, media resources, and concerned public, family and friends, thus complicating rapid transportation of victims to the hospital. Establishing a transportation corridor should be a first consideration and may require use of apparatus to harden the corridor and allow expedited egress for ambulances. Anticipate that law enforcement will not establish traffic control measures. Consideration needs to be taken to ensure the transportation corridor be large enough to allow access by the ATCEMS Ambulance Bus. The A/TCEMS District Commander will identify personnel to fill the Transportation Group Supervisor role.

- b. **RTF establishment.** An RTF will be established for victim access to the CCP within the warm zone, once secured by law enforcement. The Fire Branch Director will establish an appropriate number of RTFs based on incident information and use of situational awareness.
- c. **Triage area.** In conjunction with EMS, a triage area may be established within the cold zone in an area conducive to transporting patients quickly into the transportation corridor(s).
- d. **Fire Branch Director.** The Fire Branch Director shall ensure that the three priorities are addressed.

#### F. **RTF Activation.**

1. **RTF Group Supervisor.** Once law enforcement has established a warm zone, the Fire Branch Director should ensure communication is established between the RTF Group Supervisor and law enforcement personnel for access to the CCP. Communication between the RTF Group Supervisor and law enforcement will most likely be on the designated law enforcement channel.
2. **Law Enforcement protection.** The RTF shall be under law enforcement protection within the warm zone at all times. The warm zone has been initially searched by law enforcement, but is not necessarily all clear. The RTF should use situational awareness in the warm zone and be cognizant of ongoing threats to include a secondary shooter, improvised explosive devices (IED), etc.
3. **Route to CCP.** Consideration should be given to the most appropriate route to the CCP. For example, the CCP may be accessible from an exterior window, ladder, etc.
4. **Medical gear for RTF.** The RTF should consider medical equipment specific to the active shooter incident such as tourniquets, occlusive dressings, and bandages to stop hemorrhaging. Equipment used for rapidly moving patients, such as a mega-mover, may also be warranted. Typically, items such as the AED are reserved for the triage area. The goal is to rapidly access and remove the patient, not remain and provide care.
5. **Casualty Collection Point.** The RTF will proceed to the CCP where law enforcement has staged victims. If a CCP has not been established, the RTF will need to triage patients as they are encountered and establish a CCP
  - a. **Patient treatment by law enforcement.** The RTF should expect that many victims may have already been treated by law enforcement members and may have tourniquets, wound packing, etc. in place. For example, APD personnel are issued a trauma pack that is carried on the duty belt and contains two tactical tourniquets, two sets of QuickClot combat gauze and one tactical wound dressing (Israeli bandage).
6. **Triage.** Victims should be triaged utilizing the *START or SMART* triage procedures (*see figure 3*) and removed as necessary to the secondary triage, appropriate treatment area, or directly into a waiting

ambulance within the cold zone. RTFs must be prepared to handle all triage within the warm zone as EMS personnel may not be available to assist.

7. **Patient removal from CCP.** The RTF will have the final authority to determine which victims are removed first from the CCP. RTF should not be removing civilians that are not injured or in need of medical care.

#### G. **Additional Considerations.**

1. **Triage area and patient count.** If needed, ATCEMS District Commander, in coordination with Command, may assign a Triage Area Group Supervisor to ensure the appropriate patients are moved to the transportation corridor. Given the number of available ambulances on scene there may be more patients than available ambulances and at times multiple priority patients may be transported in the same ambulance. It is imperative that an early patient count be given by interior RTFs to allow an appropriate number of ambulances be dispatched to the scene.
2. **Transportation Group Supervisor.** A/TCEMS District Commander, in coordination with Command, may assign a Transportation Group Supervisor to ensure ambulances are appropriately staffed, hospitals are notified, and patients and their destinations are tracked. Fire personnel may be assigned to drive the ambulance or assist with patient care.
3. **MCI Plan.** Depending on the number of victims, an ATCEMS District Commander, in coordination with Command, may activate its Mass Casualty Incident (MCI) Plan. This will ensure notification of the incident to all the regional hospitals and regional EMS providers. This will allow for the request and response of mutual aid ambulances from other jurisdictions as well as the ATCEMS.
4. **Alternate transport vehicles.** The Transportation Group Supervisor may need to consider additional avenues of transportation to the hospital. Ambulance resources may be exhausted quickly. Fire and police apparatus may be used to transport patients, if needed.
5. **Multiple transport destinations.** One of the major responsibilities of the Transportation Group Supervisor is to ensure that the transportation plan does not overwhelm hospital resources. Multiple hospitals may be needed to receive patients.
6. **Span of control.** There may be multiple CCPs, triage areas and transportation corridors depending on the incident and number of victims. Command shall ensure that the Triage and Transportation Corridor Group Supervisors stay within the span of control. If needed, consider assigning Branch Directors.
7. **Operations in other jurisdictions.** *This best practices document is primarily geared toward operations as agreed and trained on in the City of Austin between APD, AFD, and ATCEMS. Incidents occurring in other jurisdictions will require the Fire Branch to closely coordinate with Law*

Enforcement early in the incident to determine a plan of action to access victims and properly protect responders.

Figure 3:

## START/Jump START Triage Algorithm

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