

	TRAVIS COUNTY ESD #5 MANCHACA FIRE RESCUE Department Best Practices	A505.1
	Authorized by:  Fire Chief Chris Barron	Effective: 9/1/2020 Rescinds: Reference: AFD A610.1 Application: Shift Personnel
Active Attack Incidents		

I. Purpose

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

II. Background

Active attack incidents are defined as an individual(s) actively engaged in killing or attempting to kill people with a firearm or other weapon 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 attacker(s). It is important to remember that these attacks can be perpetrated using firearms, knives, vehicle ramming, and even fire. 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 attack 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 Attack 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 attack incident requires a proactive public safety agency response and cooperation 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 (IMS).
- B. **Incident priority.** The overall incident priority of an active attack incident is life safety and includes both emergency personnel and those injured during the incident.

- C. **Objectives.** The ultimate objectives of the active attack incident are the rapid access, triage, point of injury medical intervention, removal, and transport of injured patients after the warm zone is under law enforcement (LE) 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 attack incidents, the following terms shall apply:
1. **Active attack incident.** An active attack 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 (LE) personnel. The Rescue Task Force will access victims at the CCP under the constant protection of LE. If a CCP is not already established by LE it may be the responsibility of the RTF to establish the initial CCP. There may be more than one CCP at an incident.
 3. **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 LE protection. The theoretical minimum effective staffing for an RTF is two Fire members and two LE members although the present situation can also dictate needs. There may be multiple RTFs. The Fire officer or acting officer is the leader of the RTF but the LE element is responsible for security of movement and thus has “veto power” on where the RTF can go.
 4. **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 attack incident. CAST members will form into two or four person units and attempt to neutralize the threat.
 5. **Crisis Site.** The crisis site is the physical or geographic area where medical needs exist. The crisis site will be divided into hot and warm zones.
 6. **Hot Zone.** The hot zone is the area where LE is directly engaged with the active attack(s). This area is not secure and only LE personnel should enter it. Fire personnel shall keep in mind that such incidents are dynamic and zones or assignments may need to be rapidly adjusted as the incident develops.

7. **Warm Zone.** The warm zone is the area that has been quickly cleared by LE in pursuit of the active attack(s), but not necessarily secure. The warm zone will be under LE protection and contain the initial CCP and Ambulance Exchange Point (AEP), where the Rescue Task Force will access and remove victims to the designated area. Current research into the statistics of these incidents tells us that the entire Crisis Site can quickly become the warm zone if the threat is neutralized or leaves. This often happens within the first 5-10 minutes.
8. **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.
9. **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.
10. **Ambulance Exchange Point (AEP).** The ambulance exchange point is the location in the transportation corridor where the casualties are handed off from the RTFs to the transport units. Because this point can exist as near as possible to the Crisis Site, it might require a LE presence for security/traffic control.
11. **Staging.** Staging is an area in the cold zone that deploys RTFs into the Crisis Site where medical need exists when requested. Ideally, it should be staffed by an LE, AFD, and Austin-Travis County Emergency Medical Services (ATCEMS) staging manager.
12. **Incident Base.** The incident base will be utilized if the incident progress beyond a 1st alarm, an Incident Base should be established within ¼ mile of Staging. Apparatus should remain at this location to prevent congesting the transportation corridor.
13. **Tactical.** Tactical is an APD term for Tactical Group Supervisor who remains on the exterior and has operational control over the Crisis Site. Tactical should co locate with the Operations Section Chief and Transport Group Supervisor.

B. Strategy and Tactics.

1. **Minimize loss of life.** The active attack 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. **Active Attack Integrated Response.** Active Attack Integrated Response (AAIR) is a response model from Advanced Law Enforcement Rapid Response Training (ALERRT) at Texas State University designed to improve integration between law enforcement (LE), fire, telecommunicator and emergency medical services (EMS) in active attack events. Currently more than 130,000 LE and fire

officials across the nation have been trained in ALERRT operations and tactics to respond to active attack situations. The model provides a framework for LE, Fire, and EMS to integrate responses during an active attack event through the RTF concept and focuses on three main operational goals (See Figure 1). The RTF concept is one of the options recommended by NFPA 3000, Standard for an Active Shooter/Hostile Event Response (ASHER) Program.

Figure 1:

OPERATIONAL GOALS
Stop the Killing
Stop the Dying
Rapid Casualty Evacuation

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 attack incidents. During the initial stages of an incident, a Fire Officer will normally fill the Fire Branch Director role and work with the Incident Commander which will most often be LE. 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 attack incident, consideration shall be given to filling the Command Staff position of Public Information Officer (PIO) early in the incident. The active attack incident will be a national media event and require trained public information personnel. Due to multiple agencies involved, a Joint Information Center (JIC) should be established.
3. **Divisions.** The active attack incident should be geographically divided as early as possible to account for multiple CCPs, triage areas and transportation corridors.
4. **Establishment of zones.** A hot, warm, and cold zone will be established based on law enforcement priorities. RTFs will enter the warm zone under LE protection once it is established, for the rapid access, triage, and removal of injured persons. Fire personnel will not typically operate in the hot zone; however, if various critical circumstances exist, including but not limited to hazmat mitigation or fire suppression, Fire personnel may conduct limited operations in the hot zone.

D. Response Considerations.

1. **Response plan.** Dispatch will assign an Active Attack 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 Attack 2nd Alarm to include two additional Engines, one additional Aerial Apparatus, and two additional Battalion Chiefs (with one Chief acting as Safety Officer).

2. **ER Triage units.** In the event a 2nd Alarm is required, Unified Command should consider requesting additional Still Alarm units to respond to local hospital Emergency Rooms to assist with triage.
3. **Communications.** Fire Company Officers shall utilize at least one radio to monitor the appropriate LE channel. Fire Company Officers should expect that LE Officers will remain on the LE channel for the duration of the incident. The channels cannot be patched. Fire personnel should not communicate on the LE channels except in an emergency situation in which they cannot communicate with the Fire Branch Director or their Group Supervisor. APD channels are located in zone 17 and Travis County LE is located in zone 18 of the MFR radio template.
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.). Ease of access and a drive-through route are important considerations to effect quick evacuation and transport.

E. **Actions on Arrival.**

1. **Lack of 360.** Active attack 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 attack 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 four priorities for the first arriving officers are the establishment of transportation corridors, establishing staging areas, the formation of RTFs, and coordinating with EMS to ensure rapid transport to area hospitals.
 - 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 attack 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.

- b. **Staging.** A staging area should be established early in the incident. A Fire Staging Manager should be assigned from the 1st Alarm with the staging area announced to Fire Dispatch and relayed to follow on units. Staging should be established in an area that balances the safety of personnel with direct access for RTFs. Once Staging is assigned, an LE Supervisor should be requested through Fire Dispatch to report to the designated staging area and assume LE Staging Manager.
- c. **RTF establishment.** An RTF will be established for victim access to the patients 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.
- d. **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). ATCEMS has also begun training their members to integrate into the multi-agency response with LE and Fire. Their skills should be utilized in order to provide the most expedient treatment and transport of patients. However, the “grounding” of transport units to provide additional personnel for treatment should be discouraged. Transport units are some of the most valuable assets we have in this time sensitive environment. The ATCEMS District Commander will identify personnel to fill the Transportation Group Supervisor Role.
- e. **Fire Branch Director.** The Fire Branch Director shall ensure that the three priorities are addressed.

F. RTF Activation.

1. **Initial actions.** RTFs should be created in staging if possible or upon arrival if LE and Fire members are in agreement. If a dynamic situation requires immediate commitment of the first units on-scene, the Fire Officer in charge needs to provide command and control of Fire resources. They should notify incoming units of their commitment and assignment, e.g. “Engine 501 is on-scene with APD officers who are stating they have a warm zone established with injured victims. Engine 501 is assuming Command and RTF1.” This is similar to giving a radio report at a fire and then assuming offensive attack before other units arrive. The first unit on scene should assume Command if there is no identified Command or Command Post. The first arriving Chief Officer will work with other response agencies and ultimately assume Fire Branch Director.
2. **Staging area.** Once law enforcement has established a warm zone, the Fire Branch Director should ensure communication is established between the RTF Staging Manager and LE Staging Manager to create RTFs in staging. Staging Managers will activate RTFs at the request of Unified Command.

Communication between the Fire Staging Manager and LE Staging Manager will most likely be done face to face as they should be collocated.

3. **Law Enforcement protection.** The RTF shall be under LE 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 attack, improvised explosive devices (IED), etc.
4. **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. (similar to a “short attack” at a fire).
5. **Medical gear for RTF.** The RTF should consider taking the Active Attack Bag and any other medical equipment specific to an active attack incident such as tourniquets, pressure dressings, and gauze for wound packing to stop hemorrhaging. Also important are occlusive dressings for treatment of torso wounds. Equipment used for rapidly moving patients, such as megamovers, may also be warranted. The goal is to rapidly access, treat for immediate life threats and remove the patient.
6. **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. The RTF leader should communicate the CCP location to Fire Dispatch and follow-on units. The RTF should expect that many victims may have already been treated by LE members and may have effective tourniquets, wound packing, etc. in place.
7. **Triage.** RTFs must be prepared to handle all triage within the warm zone as EMS personnel may not be available to assist.
8. **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. Patient movement should be coordinated with the AEP (e.g. ambulance or transport vehicles).

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.

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.