

# FLORIDA FIRE CHIEFS' ASSOCIATION



## Model Response Guidance to Active Shooter/ Hostile Event Response (ASHER)

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## **INTRODUCTION**

According to the new National Fire Protection Agency (NFPA) 3000 Standard for an Active Shooter/Hostile Event Response (ASHER) Program, active shooter incidents and hostile events have unfortunately become a common occurrence around the world. Over the course of just 17 months, from June of 2016 until November 2017, a trio of domestic attackers inflicted nearly half the casualties that the United States witnessed during the 13 year period from 2000 through 2013. Since November 2017, there have been countless more ASHE incidents in places ranging from rural Kentucky to suburban Parkland, Florida, and YouTube's California headquarters.

These type of incidents are unpredictable, unfold quickly and in most cases are over before first responders arrive. Moreover, the lessons learned from these events emphasize the need for a more cohesive response and communication plan between Fire/ Emergency Medical Services and Law Enforcement personnel. Unified command, inter-agency communication, pre and post incident, as well as ongoing joint training are imperative to the success of a community's ASHER plan. This ASHE implementation plan hopes to address some of these challenges and give agencies guidance in response planning, medical treatment and extraction of victims and developing appropriate joint standard operating procedures.

## **EXECUTIVE SUMMARY**

FBI data shows that most active shooter/hostile events are over before first responders arrive; however, the very nature of the event requires public safety personnel to use a systematic approach when responding to any ASHE incident. According to the NFPA 3000, between 2000 and 2013 in the United States there were 160 ASHE incidents that resulted in 486 persons killed and 557 wounded. In 2014 and 2015 there were 40 incidents with 92 killed and 139 wounded. We have seen an increase in active shooter events in the past two years there have been three active shooter events, which produced more than 50% of the casualties reported from 2000 to 2013. Two of the deadliest tragedies on record happened within five weeks of each other.

This data is not all encompassing as it does not include shootings as a result of gang or drug related incidents; however, it highlights the unpredictable nature of such incidents in both incident locations and shooter motives. The increase in ASHE events has pressed both fire/EMS and law enforcement first responders to take a better look at how they respond to ASHE incidents as well as how they treat and extract victims from potentially hostile environments.

The NFPA 3000 Standard provides jurisdictions with a roadmap for communities to prepare for these events. Jurisdictions are encouraged to utilize this groundbreaking standard to educate partner agencies and the community on model practices.

Noted challenges that have resulted from after action reviews of previous ASHE incidents include, lack of unified command between fire/EMS and law enforcement, communication challenges in both relaying information and the difference in common terminology or radio codes used by some agencies, reluctance to respond into warm zones with a properly trained and equipped rescue task force and lack of asset/ resource knowledge from surrounding jurisdictions.

In all ASHE incidents, communication becomes imperative for responder safety, perpetrator apprehension, and victim extraction. A unified command (generally consists of fire, EMS and law enforcement at a minimum) should be established as soon as multiple jurisdictions arrive at an ASHE event or as soon as feasible once agency Command Officers arrive in a safe location. Common terminology and a unified command structure as advocated under the National Incident Management System's (NIMS) Incident Command System (ICS) creates a more streamlined response that will increase responder safety, allow for quicker access to injured victims, and ultimately increase survivability. Incident Action Plan implementation should include input from both fire, EMS and law enforcement command staff to ensure tactical objectives are both attainable and within the scope of each agencies job functions.

Extraction of ASHE victims from a potentially hostile area using the NFPA 3000 and Hartford Consensus recommended Tactical Emergency Casualty Care (TECC) guidelines decreases transport times to definitive care facilities increasing survivability. Rescue Task Forces (RTF's) made up of tactical police response teams and firefighter/ emergency medical personnel will be

able to extract victims from warm zones using intelligence from forward contact teams or information provided to the unified command post.

Fire/EMS and LE agencies will not be able to predict nor stop all ASHE incidents; however, they can increase the survivability of ASHE victims with proper joint training, using common terminology, and planning. Fire rescue, EMS and law enforcement agencies should establish standard operating procedures to define each discipline's role to "stop the killing, stop the dying".

Given the recent epidemic of what has become known as "active shooter" scenarios unfolding across the nation, fire, EMS and law enforcement agencies, regardless of size or capacity, must find ways to marshal appropriate and effective responses to these incidents. Therefore, local jurisdictions should build sufficient public safety resources to deal with these incidents.

## **DEFINITIONS**

**Active Assailant(s) (AA).** An individual or individuals actively engaged in killing or attempting to kill people in a confined and populated area with means other than the use of firearms.

**Active Shooter** – An individual or individuals actively engaged in harming, or attempting to kill people in a populated area with the use of firearm(s)

**Active Shooter Hostile Event Response (ASHE)** – An incident where one or more individuals are or have been actively engaged in harming, killing, or attempting to kill people in a populated area by means such as firearms, explosives, toxic substances, vehicles, edged weapons, fire or a combination thereof.

**Active Shooter Hostile Event Response (ASHER)** – The response to an incident where one or more individuals are or have been actively engaged in harming, killing, or attempting to kill people in a populated area by means such as firearms, explosives, toxic substances, vehicles, edged weapons, fire or a combination thereof.

**Ballistic Protection Equipment (BPE)** – An item(s) of personal protective equipment (PPE) intended to protect the wearer from threats that could include ballistic threats, stabbing, fragmentation, or blunt force trauma. Minimally consists of ballistic vest, helmet and/or shield.

**Casualty Collection Point (CCP)** – A temporary location used for gathering, triage, medical stabilization, and subsequent evacuation of nearby casualties. Where vehicular access might be limited and is usually occurring in the warm zone. Casualties can be transferred to an ambulance exchange point/loading zone from these locations.

**Complex Coordinated Attack** – Frequently this is done using multiple asymmetric attack modes, such as firearms, explosives, fire and smoke as weapon and/or vehicle assaults. It will also often involve coordinated and concurrent attacks on multiple locations which will usually require multiple attackers.

**Concealment** – The protection from observation. Anything that prevents direct observation from the threat that might or might not provide protection from the threat.

**Contact Team/Law Enforcement Entry Team** – A team of law enforcement officers tasked with locating the suspect(s) and neutralizing the threat.

**Cover** – The protection from firearms or other hostile weapons.

**Disaster Medical Assistance Team (DMAT) /State Medical Response Teams (SMRT)** - A team of volunteer medical professionals and support staff who provide medical care when activated by the federal government as a DMAT or the State of Florida as SMRT team.

**Extraction Team/Litter Bearers** – Personnel used to move the injured/uninjured to an area of safety.

**FAST** – Florida Advanced Surgical and Transport Team

**Florida Emergency Mortuary Operations Response Team (FEMORS)** - The investigative and identification process in a mass fatality situation is a multidisciplinary endeavor requiring multiple forensic and medical specialists to come together rapidly often under adverse conditions.

**Force Protection (FP):** Is preventive measures taken to mitigate hostile actions in specific areas or against a specific population, those protected by FP can include civilians and unarmed responders.

**Forward Collection Point (FCP)** – See Casualty Collection Point

**IAP** – Incident Action Plan

**ICS** – Incident Command System

**IFAK** - Individual First-Aid Kit

**Improvised Explosive Device (IED)** – Per the Department of Defense (DOD), it is a device placed or fabricated in an improvised manner incorporating destructive, lethal, noxious, pyrotechnic, or incendiary chemicals and designed to destroy, incapacitate, harass or distract. An IED may be made with military or nonmilitary components.

**Incident Commander (IC):** The individual, regardless of rank, responsible for all incident activities, including the development of strategies and tactics and the ordering and the release of resources.

**Incident Command Post (ICP):** A stationary work location used by the Incident Commander or a Unified Command for the purpose of command and control.

**Incident Management System (IMS):** A process that defines the roles and responsibilities to be assumed by personnel and the operating procedures to be used in the management and direction of emergency operations to include the Incident Command System (ICS), Unified Command, multi-agency coordination system, training, and management of resources.

**Mass Casualty Incident (MCI):** Any incident in which emergency medical services resources are overwhelmed by the number and severity of the casualties.

**LEO** – Law Enforcement Officer

**National Incident Management System (NIMS)** – Defined by FEMA as a systematic, proactive approach to guide departments and agencies at all levels of government, nongovernmental organizations, and the private sector to work together seamlessly and manage incidents involving all threats and hazards – regardless of cause, size, location or complexity in order to reduce loss of life, property and harm to the environment.

**PPE** – Equipment worn to minimize exposure to hazards that cause serious injuries or illness.

**Rescue Task Force (RTF)** – A combination of fire and/or EMS personnel and law enforcement officers (LEO) who provide force protection. The RTF could provide the following tasks: threat based care, triage, and extracting victims to a casualty collection point or other designated location. The LEO are assigned as force protection for this team, and should not separate from the fire and/or EMS personnel. There could be instances where the warm zone suddenly becomes a hot zone and the LEO must immediately respond to that threat to ensure the safety of the team. Based on the scene, number of victims, and available emergency personnel, there could be more than one RTF assigned. RTFs can operate in the warm zone. Once triage and treatment is complete, the RTF can assist with victim movement. The RTF could also have tactical objectives such as breaching, utility control, managing building systems, and fire control. These teams treat, stabilize, and remove the injured in a rapid manner, while wearing Ballistic Protective Equipment (BPE) and under the protection of law enforcement officers.

**Tactical Medic** – Differs from a member of the RTF in that a tactical medic has specialty training necessary to support law enforcement SWAT/SRT teams and trains with them.

**Tactical Emergency Casualty Care (TECC)** – Best practice treatment guidelines for trauma care in a high threat hostile environment. These guidelines were adapted for emergency medical first responders from years of lessons learned from military forces. TECC is applied in three phases — direct threat, indirect threat, and 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 dressings, hemostatic agents, occlusive chest seals and adjunct airways.

**THREAT** – Acronym from the Hartford Consensus highlighting the importance of initial actions to control hemorrhaging.

**T** – Threat suppression

**H** – Hemorrhage Control

**RE** – Rapid Extrication to safety

**A** – Assessment by medical providers

**T** – Transport to definitive care

**Unified Command (UC)** – An authority structure in which the role of the incident commander is shared by individuals from all responding organizations responsible for the incident, operating together to develop a single incident action plan. During an ASHE incident, Unified Command generally consists of law enforcement, fire and EMS representatives at a minimum.

**Zones as they relate to Active Shooter Hostile Events:** The areas at ASHE incidents within an established perimeter that are designated based upon safety and the degree of hazard.

**Hot Zone** – Area that has not been cleared by law enforcement personnel, an area where there is known hazard or direct and immediate threat. Rescue Task Force's (RTF's) should NOT be deployed in this area.

**Warm Zone** – An area where there is the potential for a hazard or an indirect threat to life. Where the perpetrator is not believed to be and is available for entry by a trained RTF to treat victims and extract them to the CCP.

**Cold Zone** - Areas where there is little or no threat due to geographic distance from the threat or the area has been secured by law enforcement (i.e., the area where fire/EMS may stage to triage, treat, and transport victims once removed from the warm zone).

## PLANNING CONSIDERATIONS

The goal of an ASHE Standard Operating Procedure (SOP) is to increase survivability of the victims involved. The multi-jurisdictional response requires coordination between all public safety personnel on multiple fronts to be effective. A July 2016 report from the Active Shooter/ Hostile Event Summit II recommends that public safety personnel engage multiple jurisdictions in the planning of an ASHER program to establish their capabilities and identify their resources. This includes active participation between Fire/ Emergency Medical Services (EMS) and Law Enforcement (LE) to establish common tactics, communication capabilities and common terminology. Research data shows that most ASHE events are over before first responders arrive or shortly thereafter, however, the unpredictability of a perpetrators intentions warrant a methodical plan to response. A proactive interagency approach to planning, mitigation and response offers the community the best chance of survival for all those involved. Below are suggestions for planning and implementation of agencies ASHE SOP.

- It is essential to the outcome of the event that Fire/EMS and LE personnel have interoperable communication capabilities and use common terminology or plain language. NIMS and ICS are interchangeable between agencies and makes for a seamless response in the likelihood that multiple agencies respond to assist in and ASHER event. The NIMS advocates the use of IMS for all emergency and non-emergency management of personnel.
- It is imperative that early in the event Fire Rescue and Law Enforcement personnel work in a Unified Command structure. This shall allow for a collaborative and cohesive command structure that shall yield the highest degree of mission success and safety for agency personnel.
- According to NFPA 3000 for personnel working in an integrated rescue task force response team (RTF) in a warm zone shall be equipped at a minimum of Level III-A body armor tested to NIJ, FBI and DEA standards, means of communication, and an identifying garment. RTFs shall consider a ballistic helmet, a flash light, medical gloves, an individual first-aid kit (IFAK), a radio with shoulder strap, and remote microphones with earpieces for communication.
- ASHER plans should include the capabilities and resources available from each agency to ensure response is seamless during the incident.

- Consideration should be given to notify surrounding jurisdictions if a crucial resource is out of service or unavailable so agencies can consider alternate planning.
- Consideration should be given to the possibility of secondary or diversion devices which are intended to move people to a particular area or harm first responders who gather at the incident site. Special attention should be made for location of staging, triage and treatment with this in mind. Consider secondary devices at the primary incident scene and secondary scenes in close proximity to the primary incident scene. Acts of terror using IEDs, as well as active shooters often prepare or actually begin their attacks at a location separate from the area designated as the primary incident scene.
- Early notification and activation of Emergency Operations Center (EOC) to coordinate State and Federal resources.
- Frequent joint training using both table top and practical exercises to validate joint protocols.
- Early consideration of the logistical side of EMS units flowing to and from the scene using techniques such as transportation corridors and how fire units can assist in the process.

When developing policy or planning for ASHER, the International Fire Chiefs Association (IAFC) and the InterAgency Board (IAB) recommends jurisdictions considers the following:

- Incorporate Multi-Agency Participation in the Planning Process
  - Consider all agencies, jurisdictions and disciplines that could provide mutual aid during such an event in planning development.
  - Create pre-incident relationships with inter-agency personnel to enhance the success if an ASHER incident.
- Engage Senior Leadership When Developing Policy and Agreements
  - Senior leadership needs to understand and support ASHER incident planning efforts as well as be informed of the planning progress.
  - Senior leadership must understand the importance and value that a multi-jurisdictional/ multi agency response plays in the total outcome of the ASHER incident.
- Document Agency Agreements

- Agency to agency agreements should be detailed and describe roles/responsibilities of each agency
- Must detail how incident/unified/area command will be established and maintained throughout the incident
- Describe the capabilities and resources of each responding agency, including both monetary and non-monetary contributions such as personnel time, office space and training sustainment funding.
- Plan for Multi-Jurisdictional Operations
  - Develop flexible plans that incorporate the all hazards approach and are complementary to other plans and procedures within the organizations.
  - Develop common terminology and communicate in plain language following the NIMS recommendations.
  - Develop a unified management strategy that begins at the onset of the ASHER incident.
  - Validate joint plans through training.
- Share Information
  - Share information both from past events and current intelligence to ensure readiness.
  - Conduct After Action Reviews & Reports (AAR) for all ASHER or high risk incidents and include all jurisdictions that responded.
- Establish Policy for Training and Education
  - The ASHER training policy should include coordination and cooperation from all jurisdictional agencies.
  - Should include realistic training events to highlight and evaluate resources and capabilities of responding agencies. In accordance with NIMS guidance, fire, EMS and law enforcement should establish a Unified Command (UC) at a co-located Command Post (CP). This requires regular joint training in ICS and UC as well as tabletop and full-scale exercises.
  - Fire, EMS and law enforcement agencies should train together. Initial and ongoing training and practice are imperative to successful operations.

- To sustain skills and readiness, RTF skills and operations should be taught annually and practiced regularly.
- RTF initial and ongoing training for all EMS providers should include TECC guidelines and practical skills applications.
- Identify Additional Funding
  - Consider funding from local, state and federal sources. Seek out community partners as well as federal grant programs such as, Urban Area Security Initiative (UASI) or Homeland Security Grant Program (HSGP).
  - Take into consideration other jurisdiction resources to avoid duplication.
  - Consider including surrounding jurisdictions in training and planning events to reduce funding costs.

## **MEDICAL RESPONSE CONSIDERATIONS**

As with any emergency medical situation, the goal is to get the victim to a definitive care facility as quickly as possible. ASHE incidents present additional challenges and may require an alternate approach to pre-hospital care. Initial pre-hospital care should follow the Hartford Consensus THREAT actions and following Tactical Emergency Casualty Care (TECC) guidelines and Simple Triage and Rapid Transport (START) triage protocols. If an ASHER incident results in a Mass Casualty Incident (MCI) then additional personnel may be required to assist with command and control functions and to staff. Additionally, consideration should be given to establish Medical Communication Coordinator who will facilitate victim transport with the appropriate hospitals. It may be advantageous depending on the MCI level to have a representative at the receiving facility to coordinate victim off-load and transport unit returns.

- Early establishment of unified command, staging, triage, treatment and transport in conjunction with MCI protocols as established in *Florida Field Operations Guide 10B – Mass Casualty* is imperative to a successful operation.
- Use caution in committing personnel to walking wounded as more severe immobile victims may need immediate assistance.
- Prior to deploying an RTF, the fire, EMS and law enforcement UC should consider IEDs or other threats such as fire as a weapon. Threat zones (hot, warm and cold) must also be identified by the UC
- An RTF should only be deployed upon agreement of the unified fire/EMS/law enforcement command. The UC should establish an accountability process for all incident responders using a check-in/check-out procedure. Fire and EMS responders should not self-deploy into the warm zone.

- The RTF teams can be deployed for victim treatment using THREAT and TECC guidelines, victim removal from warm to cold zone, movement of supplies from cold to warm zone, and any other duties deemed necessary to accomplish the overall mission. RTFs should work within law enforcement security at all times. Consider using colored triage ribbons for rapid tagging of victims. Any fatalities should be clearly marked to allow for easy identification and to avoid repeated evaluations by additional RTFs/responders. Responders should avoid disturbing fatalities when possible to aid in the crime scene investigation.
- Any victim who can ambulate without assistance should be directed by the team to self-evacuate via a cleared pathway under law enforcement direction.
- Early requests for state resources such as State Medical Response Teams (SMRT), Disaster Medical Assistance Teams (DMAT), Metropolitan Medical Response System (MMRS), or Florida Emergency Mortuary Operations Response Team (FEMORS).
- Assign personnel when available to the document group to track victim information and movement.
- Training on TECC and quick extraction to Casualty Collection Points (CCP) for quick transport. TECC provides a framework to prioritize medical care while accounting for on-going 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.

## **Community Preparedness**

- Active shooter incidents, in many cases, have no pattern or method to the selection of victims, which results in an unpredictable and evolving situation. In the midst of the chaos, anyone can play an integral role in mitigating the impacts of an active shooter incident. The Department of Homeland Security (DHS) provides a variety of no-cost resources to the public and private sector to enhance preparedness and response to an active shooter incident. The goal of the DHS is to ensure awareness of actions that can be taken before, during, and after an incident.
- Fire Rescue/EMS agencies should work with local law enforcement to assist civilians prepare for active shooter/hostile incidents. Chief officers are encouraged to develop plans for mass casualty incidents that include all stakeholders: fire, EMS, law enforcement; federal, state, tribal/territorial partners; hospitals/public health; commercial/building owners (mall, movie theater owners, church leaders; school principals, etc.); and the jurisdiction's political leadership to have plans in place for an

active shooter incident. Facility specific plans should be developed for high-risk locations.

- Fire Rescue/EMS agencies should also work with law enforcement to train the civilian population to take appropriate protective steps by using the U.S. Department of Homeland Security's "Run, Hide, Fight" training or other nationally recognized training, and to help provide lifesaving aid through "Stop the Bleed" training.
  - **Stop the Bleed Campaign** - No matter how rapid the arrival of professional emergency responders, bystanders will always be first on the scene. A person who is bleeding can die from blood loss within five minutes, therefore it is important to quickly stop the blood loss. "Stop the Bleed" is a nationwide campaign to empower individuals to act quickly and save lives.

## REFERENCES

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<https://www.dhs.gov/active-shooter-preparedness>

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[Improving Active Shooter/Hostile Event Response: Best Practices and Recommendations for Integrating Law Enforcement, Fire, and EMS](#)

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[http://www.floridahealth.gov/programs-and-services/emergency-preparedness-and-response/disaster-response-resources/\\_documents/esf8documents/ambulance-deploy-sop2012.pdf](http://www.floridahealth.gov/programs-and-services/emergency-preparedness-and-response/disaster-response-resources/_documents/esf8documents/ambulance-deploy-sop2012.pdf)

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***Planning and Response to an Active Shooter Interagency Security Commission, November 2015:***

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***Run, Hide, Fight - Active Shooter How to Respond (for civilians) U.S. Department of Homeland Security:***

<https://www.dhs.gov/sites/default/files/publications/active-shooter-how-to-respond-2017-508.pdf>

**Stop the Bleed Campaign: <https://www.dhs.gov/stopthebleed>**

***Tactical Emergency Casualty Care (TECC) Committee on Tactical Emergency Casualty Care:***

<http://www.c-tecc.org/>.