RESPONSE TO ACTIVE SHOOTER INCIDENTS

“It's Time to Consider a Different Approach...”

Lessons Learned Through Response
Police and Fire Departments
Playing to our Strengths...

Knowledge, Skills, and Ability
Understanding and Sharing our Skill Set
TEAMWORK!
Lessons Learned

- Communication
- Command Functions
- Approach
- Protection
- Risk Mitigation
- Treatment/Evacuation
- Terminology
Sentinel Events

Comfort Suites

Sikh Temple of Wisconsin
6362 S. 13th Street
“Call me the paper boy...
I deliver papers... and death.”
GUNMAN KILLS 6 SIKH WORSHIPPERS

Motive unclear: FBI probes domestic terror link

Officer wounded: Gunman shot, killed
Target: Deadliest attack on U.S. Sikhs

The victims included temple's priest and president.

CLOSE-KNIT COMMUNITY

Tragic milestone

TV coverage needed details

Suspected gunman's apartment searched

ABOUT THIS STORY

Today's developments, more photos and video at JSOnline.com

*Ripped from photo*
Sikh Temple Active Shooter
Oak Creek, Wisconsin
August 5, 2012
Patient Injuries
Reported Injuries
Most Critical Lesson Learned from A.S.I.

During an active shooter incident there are two clocks that first responders must address:

• The Longer the shooter is left unstopped, the more victims that will be injured or die – the “shooter’s clock.”

• The Longer the injured are left without medical intervention, the more victims will die – the “victims clock.”
Tactical Emergency Medical Support (TEMS)?

Rescue Task Force (RTF)?
What will make an effective RTF Protocol?

An effective RTF protocol must be:

1. Concept and principle based. (ALERRT)
2. Concepts that are scalable and enable any LE group to team with any FF/EMS group and create an effective ad hoc rescue task force.

RTF must follow concepts learned by LE in the early 2000’s-in response to Columbine.

Effective RTF has to be accomplished with those who arrive within minutes. Waiting for specialized teams or individuals who are not first on scene will cost lives –

Time waiting = Time bleeding

QUICKLY TREAT THE BLEEDING.
Collaboration & Implementation

• Even though Active Shooter Incidents come under the purview of Law Enforcement, the Fire Department must be at the table when developing Rescue procedures.

• Roles and Responsibilities of Law, Fire, and EMS can be expressed during collaboration.
Definitions
Definitions

1. **HOT ZONE** – A designated area that has been identified to contain a high degree of danger or hazards to 1st responders. **Uncontrolled Risk**

2. **WARM ZONE** – A designated area that has been identified and has security measures in place to reduce the amount of dangers or hazards to 1st responders and victims; some security measures can be geographic, structural barriers, ballistic shields, vehicles and law enforcement officers covering uncleared areas with lethal weapons. **Mitigated Risk**

3. **COLD ZONE** – A designated area that has been identified to contain a low degree of danger or hazards for 1st responders. Cold zones should be out of the line of sight of hot and warm zones. **Minimal Risk**
Initial Hot Zone at Sikh Gurdwara
Hot Zone at Sikh Gurdwara with Perimeter creating a Warm Zone
Possible Cold Zone
Locations for C.P., Staging, evacuation reception area...
Inserting a Warm Zone at Sikh Gurdwara Injury Recovery - Used for RTF
Conceptual Components of R.T.F.

Can be adjusted and scaled up or down for jurisdiction/location/emergency.

1. **Contact Teams** – “Shooters Clock” – Stop the shooter.
2. **Perimeter** – Begin to establish security measures for injury rescue.
3. **Protection Element/s** – Foundation of security measures for injury rescue operations.
4. **Protection Corridor/s** – Established to create passage to injured or affected structure.
6. **Casualty Collection Point established** – Begin internal treatment of injured.
7. **Rescue Task Force operations within affected structure** - retrieval of internal injured.
Hierarchy of Responsibilities During Active Shooter Incident

1. Stop the Shooter – Contact Teams - **Law Enforcement**.
2. Establish a Protection Corridor - **Law Enforcement**.
3. Protection Element - **Law Enforcement**.
4. Rescue Injured - Primary Responsibility – **Law Enforcement**.
   Secondary Responsibility – **TEMS**
   Tertiary Responsibility – **Fire Personnel**.
5. Staging - Primary Responsibility – **Fire Personnel**.
   Secondary Responsibility – **Law Enforcement**.
Law Enforcement: SIM

S - Security
I - Immediate Action Plan
M - Medical

What does LE do when shots are fired?
STOP THE KILLING
LE Hemorrhage Control

• Not a comfortable concept with most LE

• SIM...
  – Part of your Immediate Action Plan may be to link up with Fire/EMS.
  – Link up may need to happen with mutual aid LE as they advance into the building.
    • Team movements need to be practiced
    • How does this impact the RTF?
Improvised Explosive Device (IED)

**DISCOVERY or DETONATION**
- Announce “IED (location)” and move clear
- Secondary threat scan (device, 5ft, 25 ft)

**MOVING-TO-CONTACT and RESCUE**
- Consider threat to life / alternate route
- Mark and bypass
- Provide security element (if possible)

**EXPOSED VICTIM RESCUE**
- Direct victim movement explicitly
- View area for secondary devices
- Establish narrow cordon in/out of area
- Provide Direct Threat Care ONLY
- Evacuate to standoff/ isolate/ Barricade

**FROM RADIO SAFE DISTANCE - 300 ft or standoff**
- Report IED location, description, size
- Report action(s) taken
- Request Bomb Squad

**NO VICTIMS THREATENED**
- View area for secondary threats
- Reposition personnel to safe standoff
- Report impact to assignment and priority
- Cordon off 360 device kill zone
- Secure area awaiting Bomb Squad

### Standoff Distance

<table>
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<tr>
<th>IED</th>
<th>Size</th>
<th>Minimum with Cover</th>
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<td>5 lb</td>
<td>70 ft</td>
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**ACTIVE SHOOTER INCIDENT MANAGEMENT CHECKLIST**

**UNIFIED COMMAND**
- 3rd Arriving Supervisor (LE)
- Available Chief Officer (Fire)

**Planning**
- Law Enforcement (2nd Arriving LE Supervisor)
- Investigative

**Operations**
- Staging
- Medical Group

**Intelligence**
- Fire/EMS Ops

**Perimeter**
- Entry Corridor
- Contact Teams

**RTF**
- CCP Coordinator
- Protective Element
- Rescue/EVAC Elements

- Typical Incident Command established based on scene priority. Law Enforcement establishes command functions during an active shooter event.
- As Fire Operations is established, Incident IC and Fire Ops will communicate on OCPD1 (primary police frequency).
- RTF necessity, link-up and movement will be coordinated over OCPD1.
- Tactical radio communications based on discipline.
  Protection element (police = OCPD1), Rescue element (fire= MABAS Red).
- Unified Command functions (above the dashed line) will be assigned/staffed upon the arrival of available Command Staff and/or designee.

---

**START ON OTHER SIDE**
**Law Enforcement**

**LAW ENFORCEMENT BRANCH**
- Get briefing (verbal)
- Assume Coordinate with Fire/EMS
- Support RESCUE TASK FORCE(s)
- Coordinate with INTELLIGENCE SECTION

**TACTICAL GROUP/ RTF COORDINATOR**
- Coordinate CONTACT TEAM(s)
- Report approximate CONTACT TEAM(s)
- Coordinate RTFs
- Update Danger Zone information
- Update Inner Perimeter
- Report Warm Zone information

**CONTACT TEAM**
- Suppress threat
- Update location as moving
- Report Casualty numbers

**PERIMETER GROUP**
- Separate radio channel
- Establish INNER PERIMETER
- Establish OUTER PERIMETER

**Common**

**STAGING**
- Select Radio Channel(s)
- Co-locate staging (Fire/EMS)
- Keep resources categorized
- Once tasked, give resources their:
  - Assignment, location, radio channel
- Prioritize assignments
- Maintain minimum resources (as directed)
- Consider protection for staging location.

**Intelligence/ Investigations**

**INTELLIGENCE (SECTION)**
- Get Briefing (verbal)
- Collect incoming info, tips, leads
- Synthesize and disseminate information
- Assign INVESTIGATIVE OPERATION GROUP
- Assign INTELLIGENCE GROUP

**Fire/ EMS**

**MEDICAL BRANCH**
- Get briefing (verbal)
- Select tactical radio channel
- Declare MCI/ MABAS Box Level
- Assign RTF
- Assign TRIAGE GROUP
- Assign TRANSPORT GROUP
- Consider TREATMENT GROUP
- Consider Casualty Collection Points CCP

**TRIAGE GROUP**
- Get briefing (verbal)
- Get operational areas, routes
- Prioritize Casualties

**RESCUE TASK FORCE**
- Get briefing (verbal)
- Gather Equipment/ BPE
- Establish Link-Up Point
- Work with protection element
- Get permission to enter
- Rapidly Assess and Treat Casualties
- Report casualty counts to Medical Group Supervisor
- Evacuate Casualties or call for evacuation.

**TRANSPORT GROUP**
- Get briefing (verbal)
- Determine routes
- Consider evacuation from CCP(s)
- Establish Loading Zone
- Get Hospital Capacity
- Work with MCEMS Comm to distribute patients
- Keep transport log

**CONSIDER EOC ACTIVATION**
Contact Teams
**Protection Corridor Establishment**

Protection Corridor—Once Contact Team(s) are introduced to structure/location, a perimeter should be established.

Protection Corridor Creation is the **first step in implementing security measures** for a Rescue Task Force to begin operations.
Protection Corridor Establishment

A Protection Corridor begins to afford increased security for:

1. Directing external uninjured & ambulatory external injured out of “Hot Zone.”
2. Victims/Injured.
3. Bystanders and nearby civilians.
4. First responders.
5. Introduction of Rescue Task Force Team/s into the warm zones.
Protection Corridor Establishment
Mutual Aid

What is the role of mutual aid?

• Protection Corridor
• Escort Rescue Element to the threshold
• Interior security positions, progression of security measures.
• Eventually perimeter
  – How do you protect your staging area?
1. **Protection Element (L.E.)** - Provide security measures for Injury Rescue Task Force.


Protection Element Responsibilities

1. Provide **Security** measures and protection for Rescue Task Force Team members.

2. Once “Protection Element” of an R.T.F. is joined/”linked up” with EMS/F.F. personnel the protection element **MUST** be physically with unarmed EMS/F.F. at all times while in the warm zone and nearby hot zones.

3. Staff operator and cover positions in vehicle based rescues.
Rescuer- (LE, EMS, FF)

- Due to “Victims Clock” beginning at approximately the same time as the “Shooters Clock” begins (If there is injury) your rescue operations needs to begin almost immediately once contact teams are deployed.
- Can be L.E., TEMS, F.F. or EMS.
- Designated rescuers are tasked with emergency treatment (TECC) and removal of injured.
- Critical “Rescuers” have input to Rescue Task Force Team Leader on movement and vulnerabilities. “Voice Rescuers needs and concerns.”
**RTF Team Leader (LE)**

- **R.T.F. Team Leader should be LE officer.**
- **Handle all communication with the Incident Commander or other assigned command elements (unless assigned out within team).**
Staging
Risk Reduction Thresholds

- Protection Corridor
- CCP Establishment
- RTF Assembly - Protection Element with Rescue Element
- RTF to Building
Risk Reduction Thresholds

• Do I have reports of injuries?
• Is there a warm zone?
• Do I have Protection?
  – Protection Element?
  – Protection Corridor?
• Where is the Link-Up Location?
Rescue Task Force Entry

- RTF1 rapid access
- Treatment to the injured
- Drop bag set in CCP
RTF Entry
Retrieval of the Internal Injured

To maintain the highest level of effectiveness, safety and efficiency, law enforcement and EMS personnel are tasked with the responsibilities and objectives that they are trained and skilled in (operate in your lane/expertise while working side-by-side and in conjunction with other disciplines).

- EMS/F.F. treat and conduct injury care.
- Law Enforcement provide security and deal with threats.
- Entry within 10 minutes, Evac/ Transport within 60 minutes

Injury retrieval security, when possible, should be enhanced by placing static Protection Element personnel along hallways (long cover) and at strategic locations (hallway junctions, overview locations, etc.) throughout structure to reduce threats and improve security measures.
<table>
<thead>
<tr>
<th>Patient #1 Contact</th>
<th>Add Response Time (90% Fractile Constant)</th>
<th>Total Response Time to First Patient Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>09:51</td>
</tr>
<tr>
<td>Patient #1 Evac</td>
<td></td>
<td>09:45</td>
</tr>
<tr>
<td>Patient #2 Contact</td>
<td></td>
<td>09:45</td>
</tr>
<tr>
<td>Patient #2 Evac</td>
<td></td>
<td>09:45</td>
</tr>
<tr>
<td>Patient #3 Contact</td>
<td></td>
<td>11:12</td>
</tr>
<tr>
<td>Patient #3 Evac</td>
<td></td>
<td>11:12</td>
</tr>
<tr>
<td>Patient #4 Contact</td>
<td></td>
<td>11:12</td>
</tr>
<tr>
<td>Patient #4 Evac</td>
<td></td>
<td>11:12</td>
</tr>
<tr>
<td>All Patients at Medical Group</td>
<td>Add Response Time (90% Fractile Constant)</td>
<td>Total Time</td>
</tr>
<tr>
<td></td>
<td></td>
<td>15:07</td>
</tr>
</tbody>
</table>

POLICE DEPARTMENT

FIRE DEPARTMENT
Retrieval of the Injured
Staffing the CCP

During mass-casualty incidents, patients may need to be staged in a secure area.

Firefighters assigned to the CCP may fulfill a number of roles:

- Patient Re-evaluation
- Patient Care
- Patient Sort / Prioritization
- Patient Evacuation
- Re-supply of TECC adjuncts in the Warm Zone
CCP Function

When multiple patients are present, transportation from the Warm Zone to the Medical Group (Triage, Treatment, Transport) can be overwhelmed.

Additional patients can be brought into the CCP for care and evaluation when evacuation is not immediately available.
Patient Evacuation

If additional RTFs can be advanced to the Warm Zone, patient care and evacuation may be delegated. If not, RTFs assigned to the CCP may have to package patients and send them to the Medical Group.

Available staffing and the number of injured will dictate whether patients transported from the CCP will be escorted to the Medical Group.
Casualty Evac

VIDEO BY:

College of DuPage  Suburban Law Enforcement Academy (SLEA)
Controlled Disengagement

A controlled disengagement is an option when the environment is or has become too dangerous or volatile for Rescue Task Force Teams or the Casualty Collection Point personnel to operate in.

A controlled disengagement will occur in the same hierarchy as with the establishment of a Casualty Collection Point.

Protection Elements maintain security as EMS/F.F. and victims disengage with their Protection Element.

Once all unarmed EMS/F.F. are out, then Protection Element/s can disengage to designated rally point.
Duress Signal

IED

SHOTS FIRED

BROKEN ARROW

GAS
Active Shooter:
The Fire Service Perspective
Rescue Task Force

Response to Tactical Mass-Casualty Incidents
Credit and Thanks

- Dr. E. Reed Smith, OMD, ACFD
- Chief James Schwartz, ACFD, IAFC
- Dr. Lori Moore-Merrell, IAFF
- Dr. Jason Liu, Milwaukee County EMS
- Cortez Lawrence, PhD, USFA
- DHS, OCFD, OCPD, ALERRRT, C-TECC, C3 Pathways
- College of DuPage- SLEA
Rescue Task Force

- Quickly provide medical care to patients in less-than-safe tactical environments.

- First Arriving medical personnel (not TEMS) are forming up with patrol officers (not SWAT) to initiate patient care and evacuation.
Rescue Task Force

Benefits

- Faster victim Triage/ Treatment/ Evac.
- Risk can be mitigated.
- Improved Police/Fire relationship.
- Improved Police/ Fire communication.
- Police able to focus on law enforcement and security matters.
Risk Assessment - PRIORITY

If the policy and procedures are not jointly practiced... response is untested and capabilities are not truly known.

Collaborative effort to make sure that all Firefighters and Police Officers are working together to:

• Secure the scene
• Identify the threat
• Treat immediate life threatening injuries
• Remove the injured from a tactical environment.
The psychology of a law enforcement incident is a little different than the psychology of a fire department response.

• People call the Fire Department to the scene because they need help and they have asked us to show up...

• When do people call the Police Department to the scene?
Response Modality

Law Enforcement -vs- Fire Response

- Team -vs- Individual
- Action Oriented
- Accountability
- Scene Safety?

Why is this important? What does it prove?
The Elephants in the Room

Fire Department

Police Department
The Elephants in the Room

1. “Too much Risk...”
2. “There could be another active shooter...”
3. “Police can bring the victims to us...”
4. “Send in the tactical medics...”
5. “We cannot treat patients in a tactical environment...”
6. “It’s not how we do things...”
### Scene Assessment

**National Registry of Emergency Medical Technicians®**  
**Emergency Medical Responder Psychomotor Examination**

**PATIENT ASSESSMENT/MANAGEMENT – TRAUMA**

<table>
<thead>
<tr>
<th>Candidate: ____________________________</th>
<th>Examiner: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: ____________________________</td>
<td>Signature: ____________________________</td>
</tr>
<tr>
<td>Scenario #: ____________________________</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Actual Time Started: __________</th>
<th>Note: Areas denoted by “****” may be integrated within sequence of Primary Survey/Resuscitation</th>
<th>Possible Points</th>
<th>Points Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Takes or verbalizes appropriate body substance isolation precautions</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SCENE ASSESSMENT</strong></td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Determines the scene/situation is safe</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Determines the mechanism of injury/nature of illness</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Requests additional EMS assistance if necessary</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Considers stabilization of the spine</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PRIMARY SURVEY/RESUSCITATION</strong></td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Determines responsiveness/level of consciousness</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Determines chief complaint/apparent life-threats</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Airway</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>- Opens and assesses airway (1 point)</td>
<td>- Inserts adjunct as indicated (1 point)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breathing</td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>- Assess breathing (1 point)</td>
<td>- Assures adequate ventilation (1 point)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Initiates appropriate oxygen therapy (1 point)</td>
<td>- Manages any injury which may compromise breathing/ventilation (1 point)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
What happens if the scene is not safe?

CRITICAL CRITERIA

- Failure to initiate or call for transport of the patient within 10 minute time limit
- Failure to take or verbalize appropriate body substance isolation precautions
- Failure to determine scene safety
- Failure to assess for and provide spinal protection when indicated
- Failure to voice and ultimately provide high concentration of oxygen
- Failure to assess/provide adequate ventilation
- Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
- Failure to differentiate patient’s need for immediate transportation versus continued assessment/treatment at the scene
- Performs other assessment before assessing/treating threats to airway, breathing and circulation
- Failure to manage the patient as a competent EMR
- Exhibits unacceptable affect with patient or other personnel
- Uses or orders a dangerous or inappropriate intervention
“Regardless of size or capacity, [fire and police departments] must find ways to marshal appropriate and effective responses to these events. Therefore, local jurisdictions should build sufficient public safety resources to deal with active shooter scenarios.”

“Local fire and police departments should establish standard operating procedures to deal with these unusual, highly volatile, and extraordinarily dangerous scenarios.”
“It is important that local fire and law enforcement agencies have common tactics, common communications capabilities, and a common lexicon for seamless, effective operations. Local fire and law enforcement agencies should establish standard operation procedures to deal with these unusual, highly volatile, and extraordinarily dangerous scenarios.”
“Extraordinary efforts on the part of local fire/EMS agencies and direct pre-planned coordination with LE is required during respond to these events in order to rapidly affect rescue, save lives, and enable operations with mitigated risk to personnel.”
Coordinated Effort

• Entry is made faster
• Care is provided sooner

Under a coordinated effort

The scene is not safe.

• Vulnerabilities can be reduced.
• Rescuers do not “Rush In.”
What do we need to do?

1. Police Officers must work to quickly address the shooter.

2. Police Officers must establish protection zones.

3. Police Officers must provide a protection element for the injury rescue team.

4. Firefighters must enter as soon as possible to treat and extricate the injured.
What do we need to do?

TACTICAL EMERGENCY CASUALTY CARE (TECC)

1. DETERMINE WHO IS INJURED
2. STOP THE BLEEDING
3. PROTECT THE AIRWAY
4. PREVENT HYPOTHERMIA
5. EXTRICATE AS SOON AS POSSIBLE
6. LE...MOVE TO SIM
Training
Police Fire EMS
Command Structure for ASI
Transfer of Command – C.A.N. Report

1. **Conditions** - What do you have?

2. **Actions** - What are you doing, Is it working?

3. **Needs** - What is needed to continue your immediate action plan (IAP)?
Staging Area

- Police and Fire should be co-located but separate – each entity should have their own staging manager.

- Deploy resources with following information:
  1. Task/Assignment
  2. Who to report to.
  3. Where to report to.
  4. Radio channel for assignment.
Active Shooter ICS Org Chart

5th Officer

Contact Team(s)

IC
Active Shooter ICS Org Chart

- Contact Team(s)
- RTF(s)
- Protection Element
- 5th Officer
- RTF TGS
- LE Supervisor
- 2nd Arriving LE Supervisor
- 3rd Arriving LE Supervisor
- Active Shooter ICS Org Chart
Fire Department Operations

- Battalion Chief
- Engines
- Ambulances
- Fire OPS
Fire Department Operations

Battalion Chief

Medical Group

RTF(s)

Fire OPS
**Active Shooter Incident Management Checklist**

**Improvised Explosive Device (IED)**

- **Discovery or Detonation**
  - Announce “IED (location)” and move clear
  - Secondary threat scan (device, 5ft, 25 ft)

- **Moving-to-Contact** and Rescue
  - Consider threat to life / alternate route
  - Mark and bypass
  - Provide security element (if possible)

- **Exposed Victim Rescue**
  - Direct victim movement explicitly
  - View area for secondary devices
  - Establish narrow cordon in/out of area
  - Provide Direct Threat Care ONLY
  - Evacuate to standoff/ isolate/ barricade

- **From Radio Safe Distance** - 300 ft or standoff
  - Report IED location, description, size
  - Report action(s) taken
  - Request Bomb Squad

- **No Victims Threatened**
  - View area for secondary threats
  - Reposition personnel to safe standoff
  - Report impact to assignment and priority
  - Cordon off 360 device kill zone
  - Secure area awaiting Bomb Squad

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**Unified Command**

- 3rd Arriving Supervisor (LE)
- Available Chief Officer (Fire)

**Planning**
- Law Enforcement (2nd Arriving LE Supervisor)
- Investigative

**Operations**
- Perimeter
- Entry Corridor
- 5th Officer (Tactical)
- Staging
- Fire/EMS Ops

**Intelligence**
- Medical Group
- Treatment
- Triage
- Transport

**Finance**
- CCP Coordinator
- Protective Element
- Rescue/EVAC Elements

**Logistics**
- RTF
- Contact Teams

**RTF Necessity**
- Link-up and movement will be coordinated over OCPD1.
- Tactical radio communications based on discipline.
- Protection element (police = OCPD1), Rescue element (fire = MABAS Red).

**Unified Command Functions**
- Unified Command functions (above the dashed line) will be assigned/staffed upon the arrival of available Command Staff and/or designee.

---

**Typical Incident Command established based on scene priority. Law Enforcement establishes command functions during an active shooter event.**

---

**Start on Other Side**
START HERE

**LE First Arriving**
- Size Up Report
- Identify Danger Zone
- Establish COMMAND (mobile)
- Engage (Sight, Sound, Intel)

**LE 2nd - 4th Arriving**
- Communicate with COMMAND
- Form Up
- Move-to-CONTACT TEAM

**LE Fifth Officer**
- Get briefing (verbal)
- Assume COMMAND
- Confirm Staging with Fire/EMS
- Get Situational Awareness
- Assign more CONTACT TEAMS

**Next Arriving LE Supervisor (2nd)**
- Get briefing (verbal)
- Assume COMMAND
- Establish 5th Officer as Tactical Group/RTF Coordinator
- Assign LE STAGING Manager
- Assign PERIMETER GROUP

**Next Arriving LE Supervisor (3rd)**
- Get briefing (verbal)
- Assume COMMAND
- Designate last IC as LAW ENFORCEMENT BRANCH
- Assign INTELLIGENCE SECTION

**First FD/EMS Supervisor**
- Check In with COMMAND (radio)
- Coordinate Staging Location
- Establish Medical Branch
- Prepare for RTF/Medical Operations

**CONSIDER EOC ACTIVATION**

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**Law Enforcement**

**LAW ENFORCEMENT BRANCH**
- Get briefing (verbal)
- Assume Coordinate with Fire/EMS
- Support RESCUE TASK FORCE(s)
- Coordinate with INTELLIGENCE SECTION

**TACTICAL GROUP/RTF COORDINATOR**
- Coordinate CONTACT TEAM(s)
- Report approximate CONTACT TEAM(s)
- Coordinate RTFs
- Update Danger Zone information
- Update Inner Perimeter
- Report Warm Zone information

**CONTACT TEAM**
- Suppress threat
- Update location as moving
- Report Casualty numbers

**PERIMETER GROUP**
- Separate radio channel
- Establish INNER PERIMETER
- Establish OUTER PERIMETER

**Common**

**STAGING**
- Select Radio Channel(s)
- Co-locate staging (Fire/EMS)
- Keep resources categorized
- Once tasked, give resources their:
  - Assignment, location, radio channel
- Prioritize assignments
- Maintain minimum resources (as directed)
- Consider protection for staging location.

**Intelligence/Investigations**

**INTELLIGENCE (SECTION)**
- Get Briefing (verbal)
- Collect incoming info, tips, leads
- Synthesize and disseminate information
- Assign INVESTIGATIVE OPERATION GROUP
- Assign INTELLIGENCE GROUP

**Fire/EMS**

**MEDICAL BRANCH**
- Get briefing (verbal)
- Select tactical radio channel
- Declare MCI/MABAS Box Level
- Assign RTF
- Assign TRIAGE GROUP
- Assign TRANSPORT GROUP
- Consider TREATMENT GROUP
- Consider Casualty Collection Points CCP

**TRIAGE GROUP**
- Get briefing (verbal)
- Get operational areas, routes
- Prioritize Casualties

**RESCUE TASK FORCE**
- Get briefing (verbal)
- Gather Equipment/BPE
- Establish Link-Up Point
- Work with protection element
- Get permission to enter
- Rapidly Assess and Treat Casualties
- Report casualty counts to Medical Group Supervisor
- Evacuate Casualties or call for evacuation

**TRANSPORT GROUP**
- Get briefing (verbal)
- Determine routes
- Consider evacuation from CCP(s)
- Establish Loading Zone
- Get Hospital Capacity
- Work with MCEMS Comm to distribute patients
- Keep transport log

**CONSIDER EOC ACTIVATION**
Regional Response

How to work with Mutual Aid Departments

- Rescue Task Force Thresholds (Go/ No Go)
- Law Enforcement expectations
- Fire/ EMS expectations
- RTF concepts
- Medical Group Supervisor responsibilities
- Common Terminology/ Definitions
DHS Stakeholder Engagement

- Scalable
- TECC/ HC
- Joint Training with Rescue and Protection elements
- Treatment at the Community Level.
EQUIPMENT- Ballistic Protection

What kind of equipment is needed to reduce the threat to responders?
EQUIPMENT - Ballistic Protection

What kind of equipment is needed to reduce the threat to responders?
Equipment

What kind of equipment is needed to treat the injured?
EQUIPMENT - Tourniquet
EQUIPMENT - Israeli Bandage
EQUIPMENT - Occlusive Dressing
EQUIPMENT - Hemostatic Gauze
EQUIPMENT - Nasopharyngeal
EQUIPMENT - Needle Decompression
EQUIPMENT- Drop Bag
Warm Zones = Work Zones
Community TECC

- Kits in every class room
  - Faculty Trained
  - In conjunction with ASI prevention, response training.

- Civic Buildings
  - City Hall
  - Places of Assembly/ Worship
School District Initiative
School District Initiative
If not you... Who?
The Elephants in the Room

“What happens when we don’t adapt?...”
What can we expect?

Still alive an hour after the blast...
BETTER KNOW WHAT YOU'RE DOING IF YOU'RE GOING TO SWIM IN THIS TANK!
Anytime, Anywhere
National Fire Academy
December 14, 2012
Expectations
Lessons Learned

• Communication
• Command Functions
• Approach
• Protection
• Risk Mitigation
• Treatment/Evacuation
• Terminology
CONTACT INFORMATION

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