

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!**





FITCHBURG
POLICE

FITCHBURG
POLICE
WISCONSIN



FITCHBURG
FIRE RESCUE
WISCONSIN

FITCHBURG
POLICE
WISCONSIN

TRUCK
BOSS
CHAUFFEUR
NOZZLE/RO
PLUG/OWN

LODD
35

MEDIC 44

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Lessons Learned

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



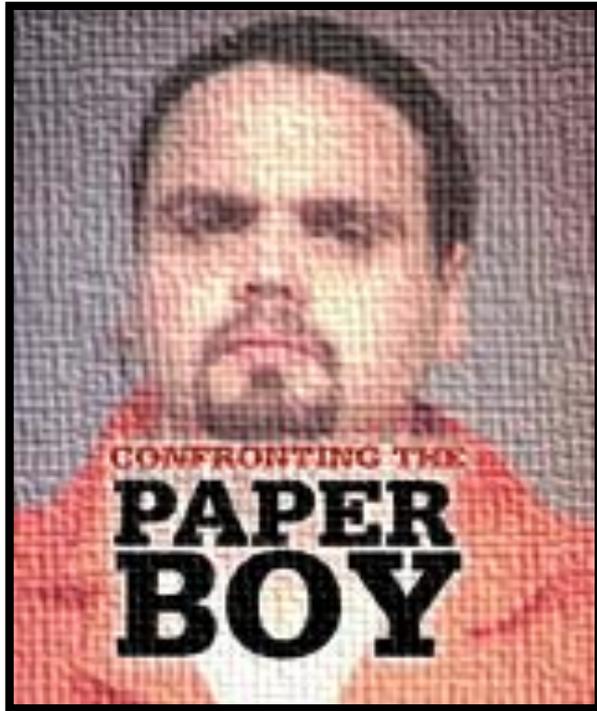
Sentinel Events



6362 S. 13th Street

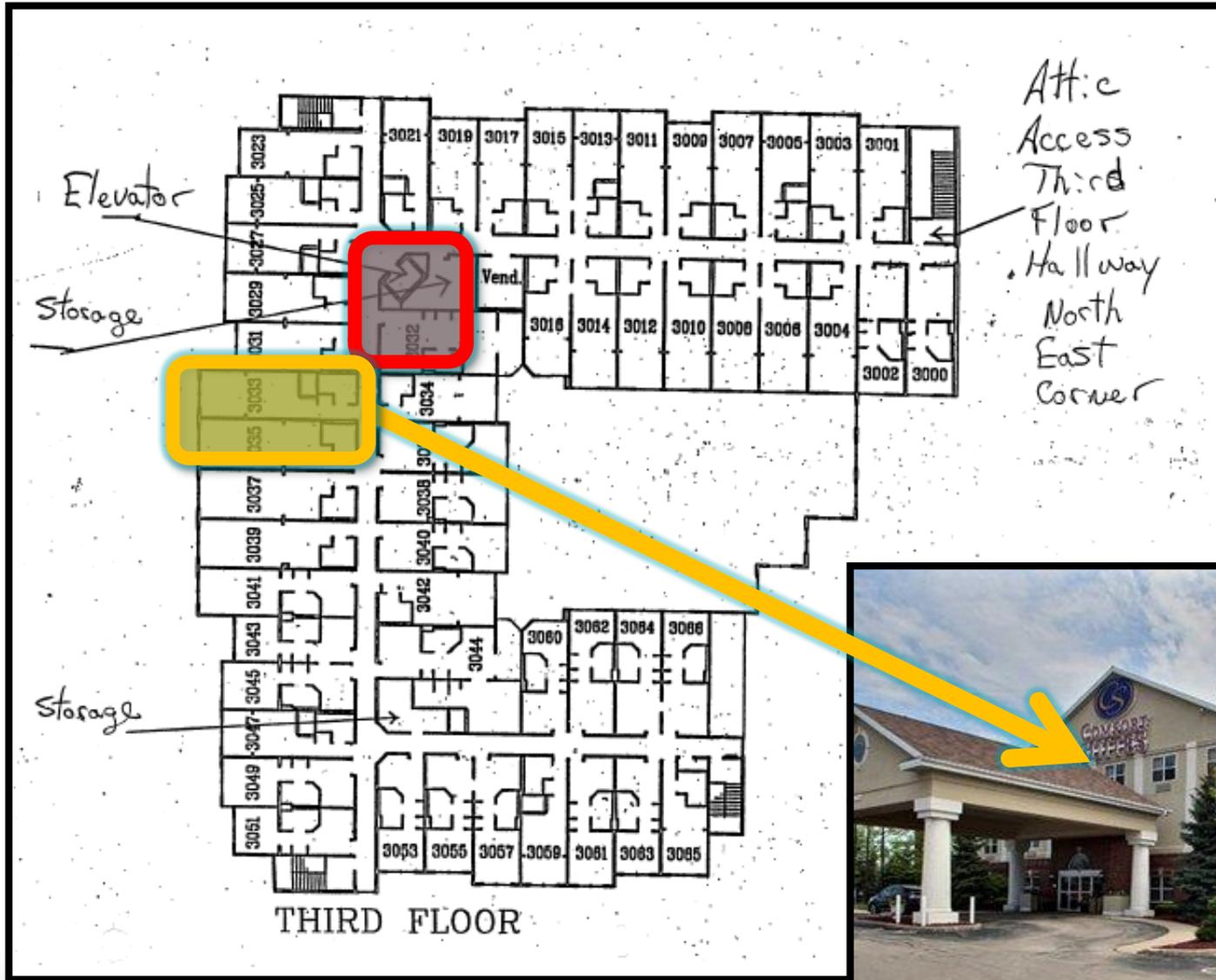


OCFD TEMS



*"Call me the paper boy...
I deliver papers... and death."*





SIKH TEMPLE SHOOTING

Victims include temple's priest and president

By ANNISA JOHNSON, JAN VEBELHERR and MEG JONES
<http://www.jsonline.com/story/news/nationals/2012/08/06/sikh-temple-shooting-victims-include-temple-priest-and-president/166111/>

Sahdev Kalska died in the temple he helped build.

When a gunman opened fire at the Sikh Temple of Wisconsin in Oak Creek on Sunday, Kalska tried to attack the shooter outside of the temple. His son said. Wounded in his lower extremities, Kalska, 65, made it inside, hid with others in a room, and died there.

"It was like a second home to him," Amarpal Kalska said of his father's love for the temple. "He was the kind of person who, if he got a call that a bomb was out at 2 a.m., he'd go over to change it."

Lahvinder Singh, a member of the community, said the president "brought everyone together. He just wanted to make a good temple, a good community."

Authorities have not released the names of the victims.

After more than 10 hours of waiting, including hours inside the basement of a nearby bowling alley, family members began learning the fate of loved ones here officials late Sunday. Authorities began calling out the names of waiting family members to talk

PHOTO BY VICTIMS, SA



Members of the FBI approach a home in the 3700 block of E. Holmes Ave. in Gudahy. The home was searched after Sunday's shooting at the Sikh temple in Oak Creek.

CLOSE-KNIT COMMUNITY
 About 3,000 Sikh families live in southeastern Wisconsin and belong to a close, economically diverse community. **4A**

TRAGIC MILESTONE
 The killings in Oak Creek mark another sad milestone in the history of Wisconsin: the 11th mass murder in the state since 2004. **6A**

TV COVERAGE NEEDED DETAILS
 TV stations covered the shootings with varying degrees of speed and accuracy. An interactive information tool is at www.jsonline.com. **Duane Dudek, 35A**

SUSPECTED GUNMAN'S APARTMENT SEARCHED
 FBI agents with heavy equipment search a home in Cudahy. **6A**

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

GUNMAN KILLS 6 SIKH WORSHIPPERS

Motive unclear: FBI probes domestic terror link

Officer wounded: Gunman shot, killed

Target: Deadliest attack on U.S. Sikhs



Sahdev Kalska, son of Gurbinder Kalska, the president of the Sikh Temple of Wisconsin, kneels in a parking lot near the scene of Sunday morning's shooting at the temple in Oak Creek.

The children were downstairs, in Sunday school. The women were in the kitchen nearby, cooking the weekly meal that is free to all.

And the gunman was striding into the wide-open Sikh Temple, bent on killing as many people as he could. They came as he could, ripped off, according to a weapons instructor who lives nearby: "as fast as you can pull the trigger."

By the time the gunman had moved to the kitchen, he had already killed six people. The gunman was shot, killed, by a police officer who was nearby. The gunman was shot, killed, by a police officer who was nearby. The gunman was shot, killed, by a police officer who was nearby.

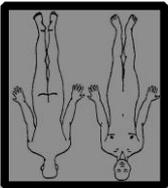
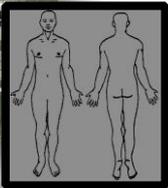
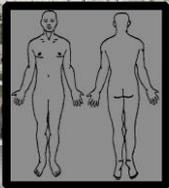
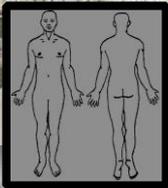
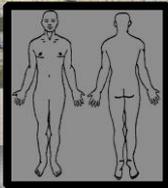
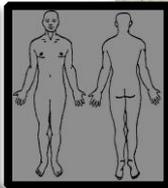
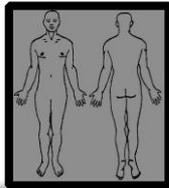
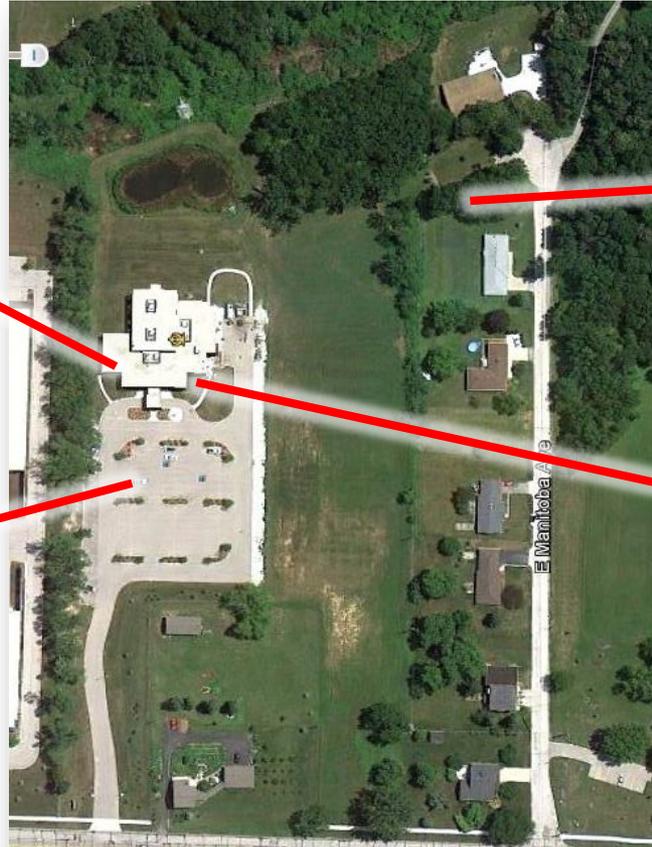
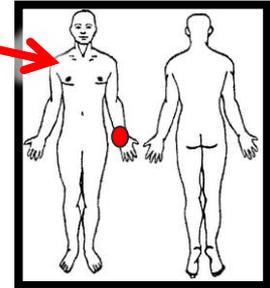
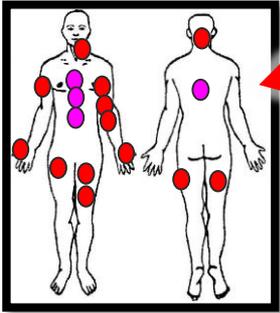
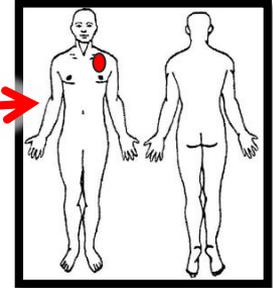
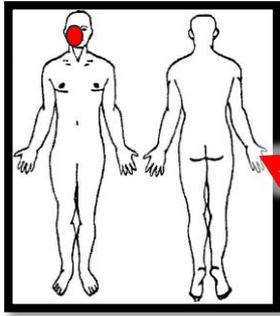
ABOUT THIS STORY
 This story was written by Rick Farnell with reporting by Mike Johnson, Karen Herzog, Amyia Johnson, Tom Spake, Ming Jones, John Deitch, Grace Vermett, Don Walker, James B. Nelson, Georgia Fabel, Crickler Stephenson, Paul Garris, Rafael Ruediger, Dill Goulet, Evan Guber, Alan Vesel, Jere Amur, Dan Egan, Craig Tackett, Nicole Lewis, Asha Qudus and Emily Eggenstein of the Journal Sentinel staff.



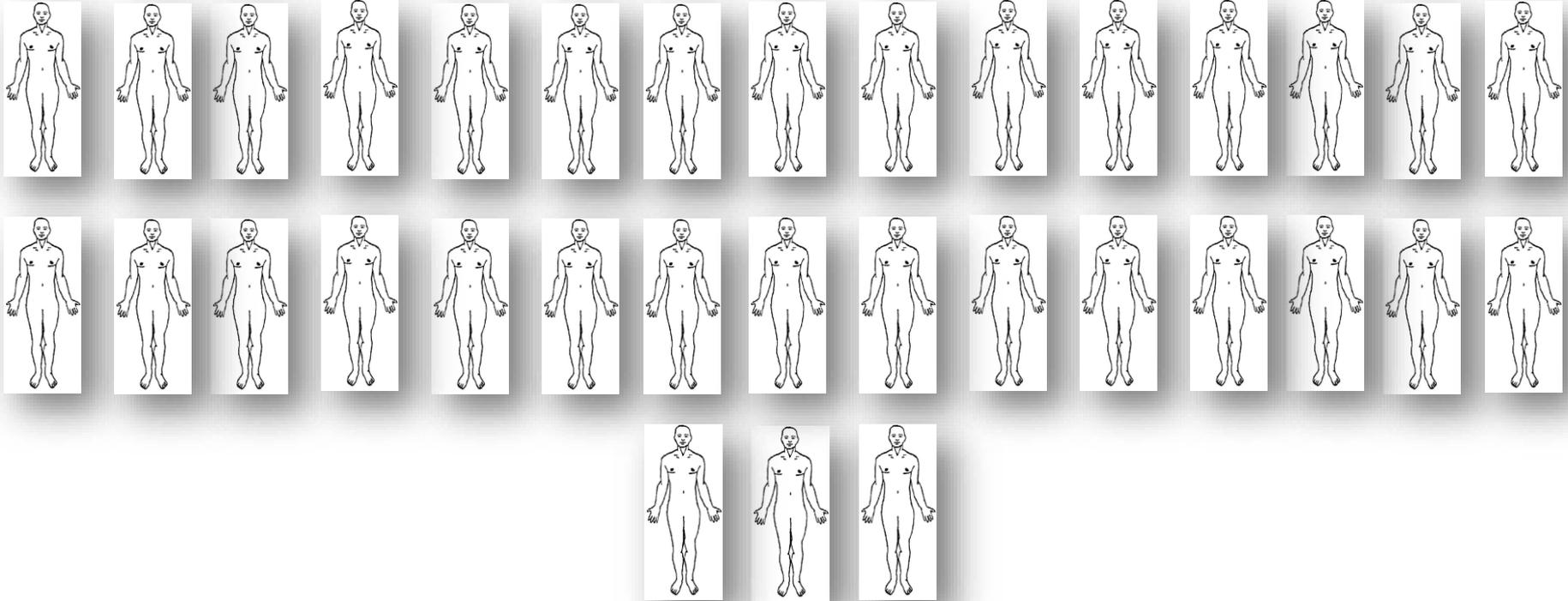
Sikh Temple Active Shooter
Oak Creek, Wisconsin
August 5, 2012



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

RESCUE TASK FORCE CONCEPT GUIDANCE DOCUMENT

Presented by the:
Milwaukee County Area Fire Chiefs
Milwaukee County Law Enforcement Executives Association
Ad Hoc Committee

"THE MATERIAL CONTAINED WITHIN THIS DOCUMENT IS THE RESULT OF A COLLABORATIVE EFFORT BETWEEN MANY LAW ENFORCEMENT AND FIRE/EMS AGENCIES THROUGHOUT MILWAUKEE COUNTY. IT IS INTENDED TO SERVE AS A TEMPLATE OR FOUNDATION TO ASSIST AN INDIVIDUAL MUNICIPALITY OR COLLABORATING MUNICIPALITIES IN DETERMINING THEIR RESPECTIVE NEEDS IN RESPONSE TO INCIDENTS INVOLVING ACTIVE SHOOTERS OR AGGRESSORS. IT IS IN NO WAY MEANT TO SERVE AS THE DEFINING DOCUMENT FOR ANY ONE AGENCY OR SPECIFIC NEEDS AND DEVELOP OPERATIONAL GUIDELINES, PRACTICES AND PROCEDURES THAT BEST SERVE THEIR SITUATION CONSIDERING, ABOVE ALL ELSE, THE SAFETY AND WELFARE OF BOTH CIVILIANS AND EMERGENCY RESPONDERS. IT IS IMPERATIVE THAT LAW ENFORCEMENT AND FIRE/EMS AGENCIES ENGAGE IN THIS DIALOGUE AND DEVELOP AND TRAIN ON THEIR RESPONSE PROCEDURES PROACTIVELY"

RESCUE TASK FORCE CONCEPT LAW ENFORCEMENT STANDARD OPERATING GUIDANCE DOCUMENT

Presented by the:
Milwaukee County Area Fire Chiefs
Milwaukee County Law Enforcement Executives Association
Ad Hoc Committee

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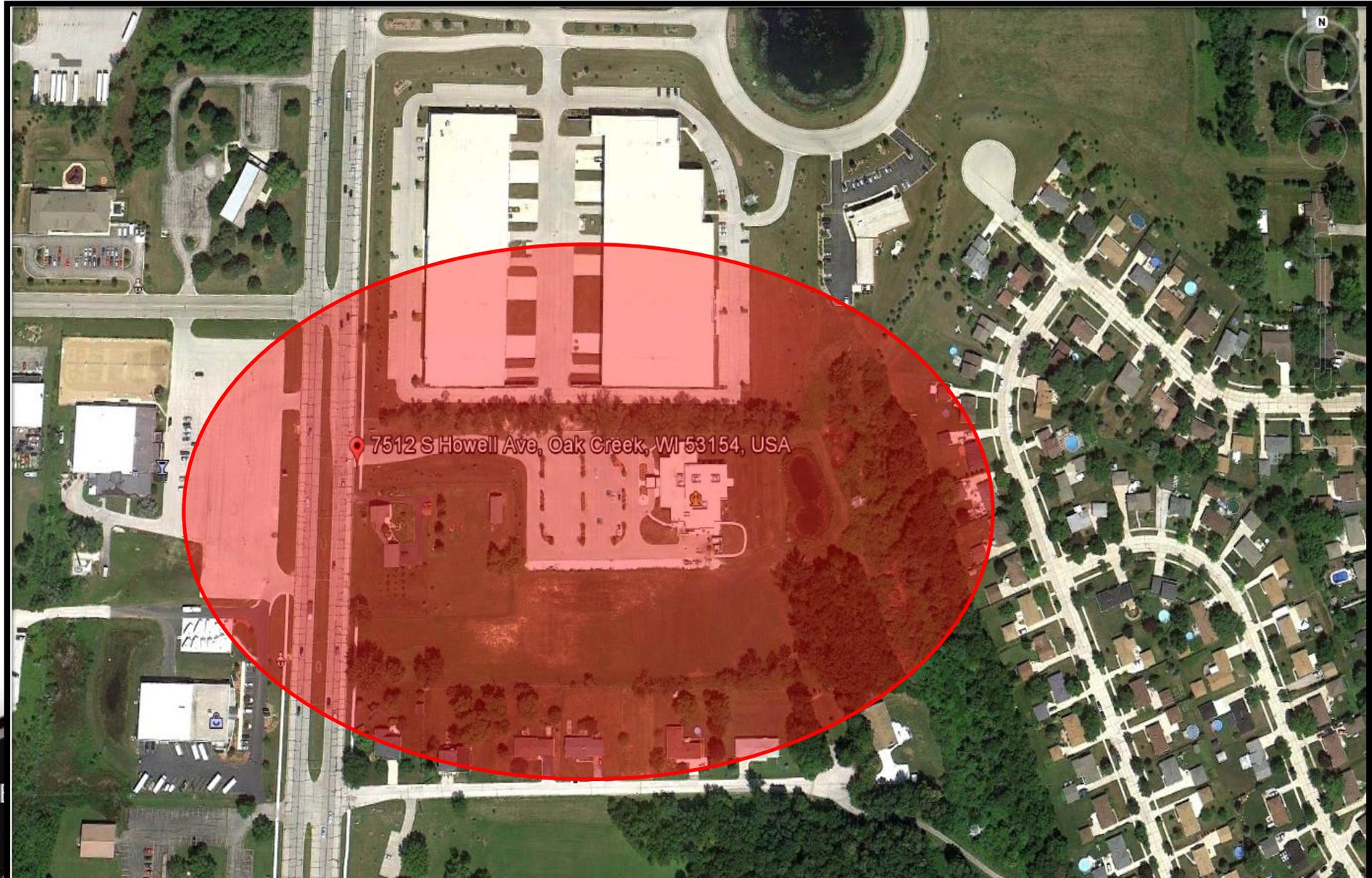


Definitions

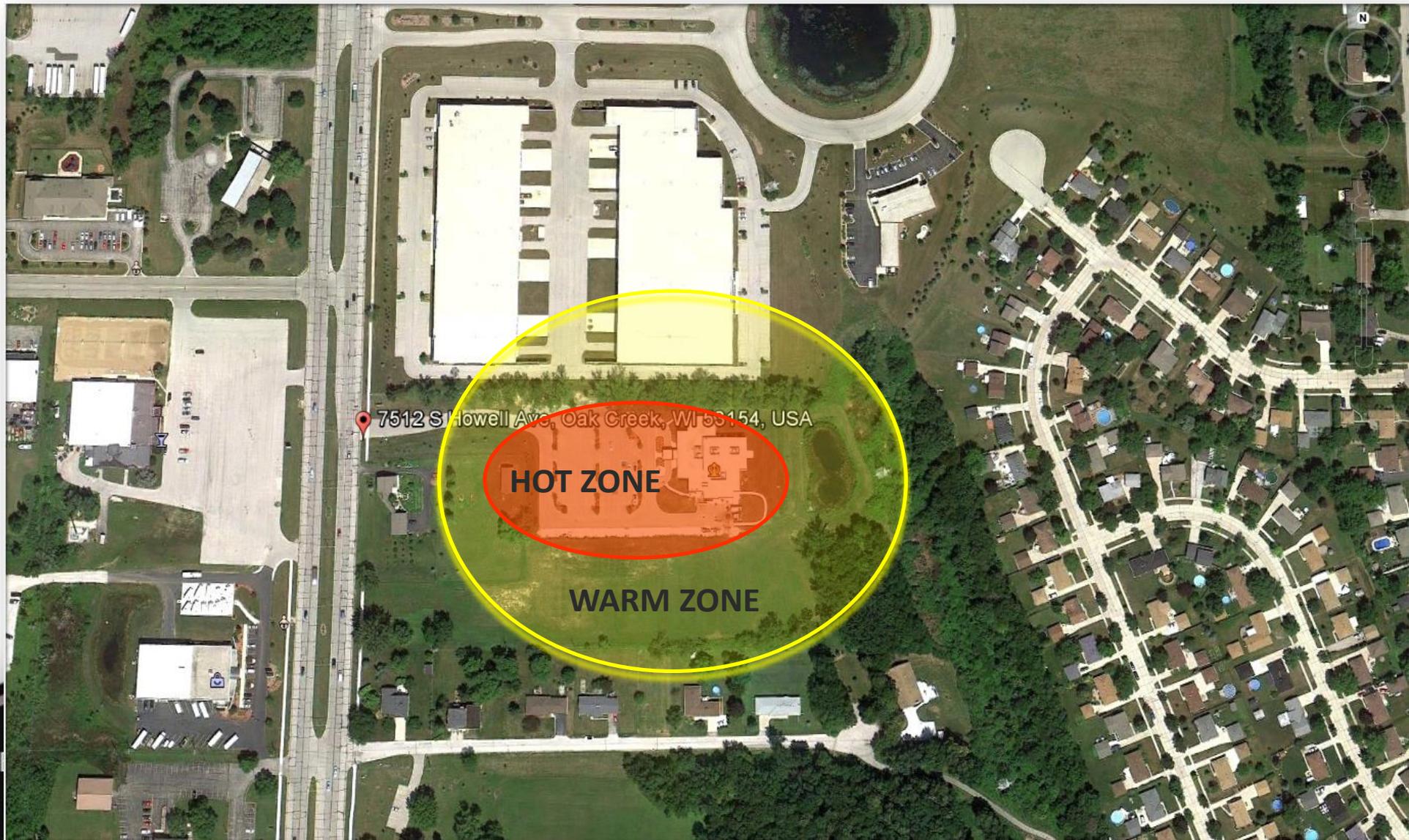
1. **HOT ZONE** – A designated area that has been identified to contain a high degree of danger or hazards to 1st responders. **Uncontrolled Risk**
2. **WARM ZONE** – A designated area that has been identified and has security measures in place to reduce the amount of dangers or hazards to 1st responders 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

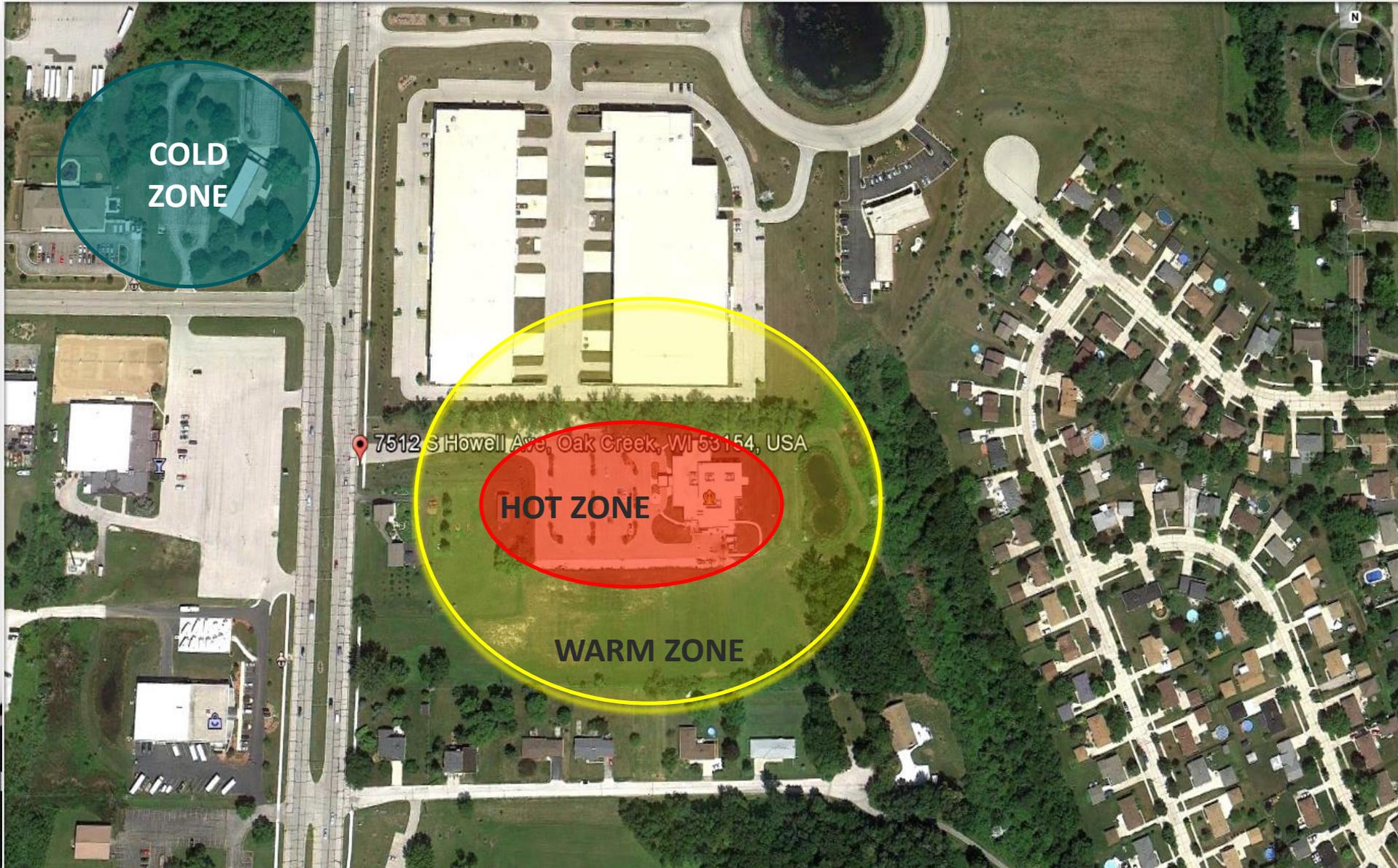


Hot Zone at Sikh Gurdwara with Perimeter creating a Warm Zone

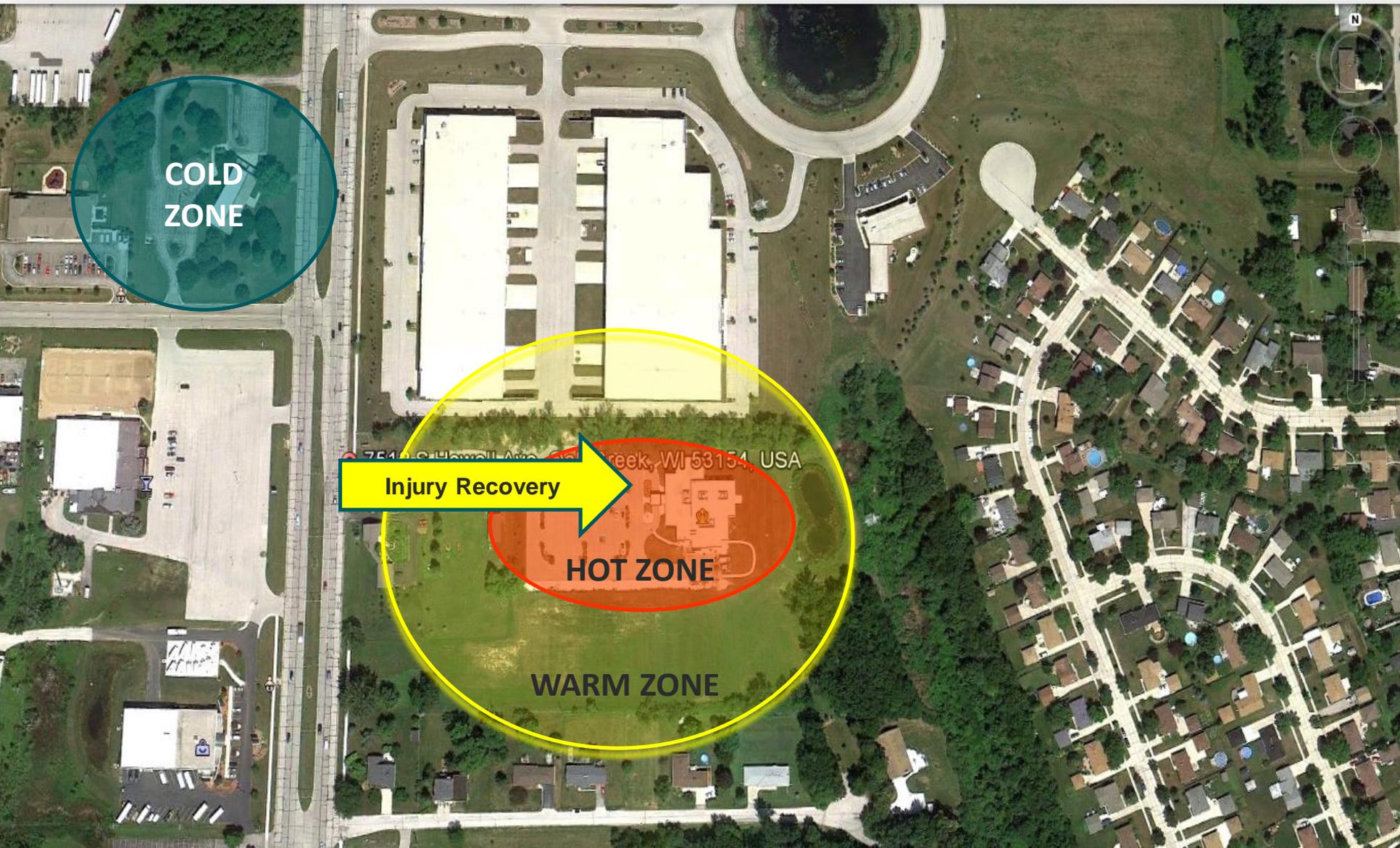


Possible Cold Zone

Locations for C.P., Staging, evacuation reception area...



Inserting a Warm Zone at Sikh Gurdwara Injury Recovery- Used for RTF



COLD
ZONE

Injury Recovery

HOT ZONE

WARM ZONE

7549 S Howell Ave, Brookfield, WI 53154, USA

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.
5. **R.T.F. evacuation** of external non-ambulatory injured – “Victims Clock” - EMS to victims.
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 Distance¹

IED	Size	Minimum with Cover	
		Preferred	Preferred
Pipe Bomb	5 lb	70 ft	1200 ft
Suicide Bomber	20	110	1700
Briefcase/Suitcase	50	150	1850
SUV / Van	1000	400	2400

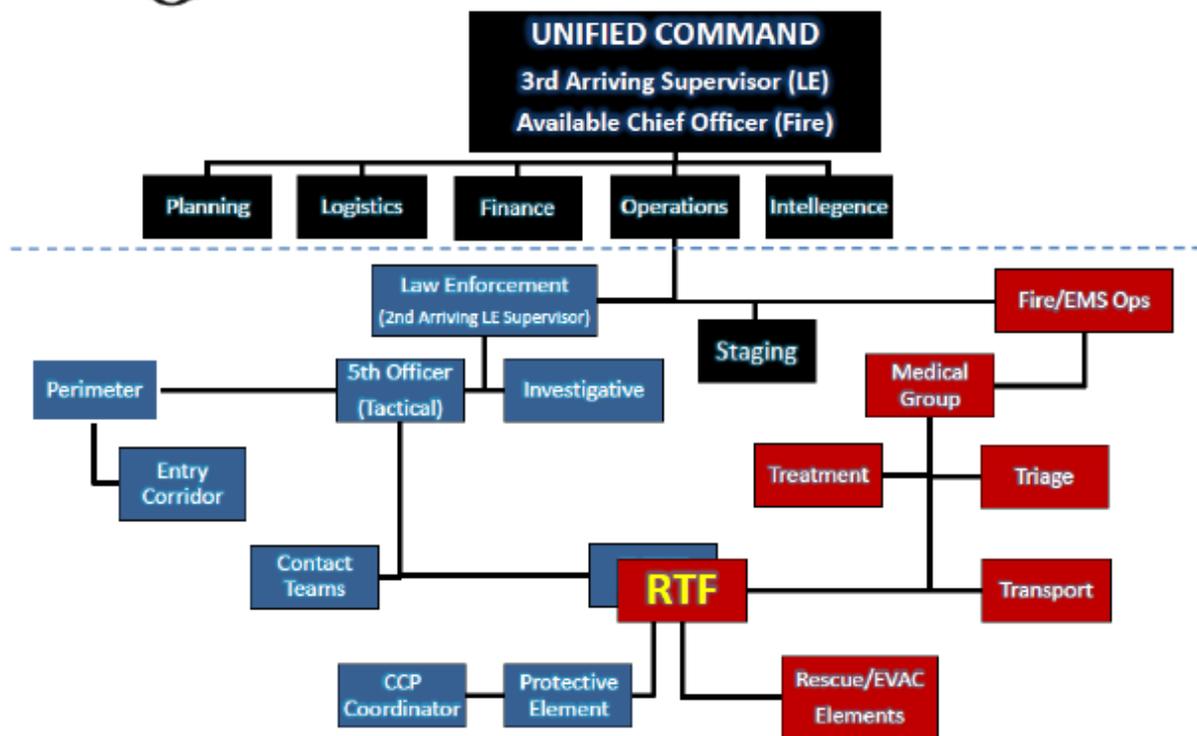
¹See Help Guide and DHS reference for IMPORTANT information.



ACTIVE SHOOTER INCIDENT MANAGEMENT CHECKLIST

OAK CREEK POLICE AND FIRE DEPARTMENTS

Content from C3 Pathways used with permission



- 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

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

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 casualty numbers
- 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

TRIASGE 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



VIDEO BY: College of DuPage **Suburban Law Enforcement Academy (SLEA)**

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



VIDEO BY: College of DuPage **Suburban Law Enforcement Academy (SLEA)**

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?



RTF Make Up

- 1. Protection Element (L.E.)** - Provide security measures for Injury Rescue Task Force.
- 2. Rescuer/EMS/F.F. (EMS or L.E.)** – Tasked with rendering aid and removing injured.
- 3. Rescue Task Force Team Leader (L.E.)** – Ensure Protection element tasks are completed. Coordinate and direct Rescue Task Force in its tasks.



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



POLICE
DEPARTMENT

VIDEO BY: College of DuPage **Suburban Law Enforcement Academy (SLEA)**

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.



Time to Task

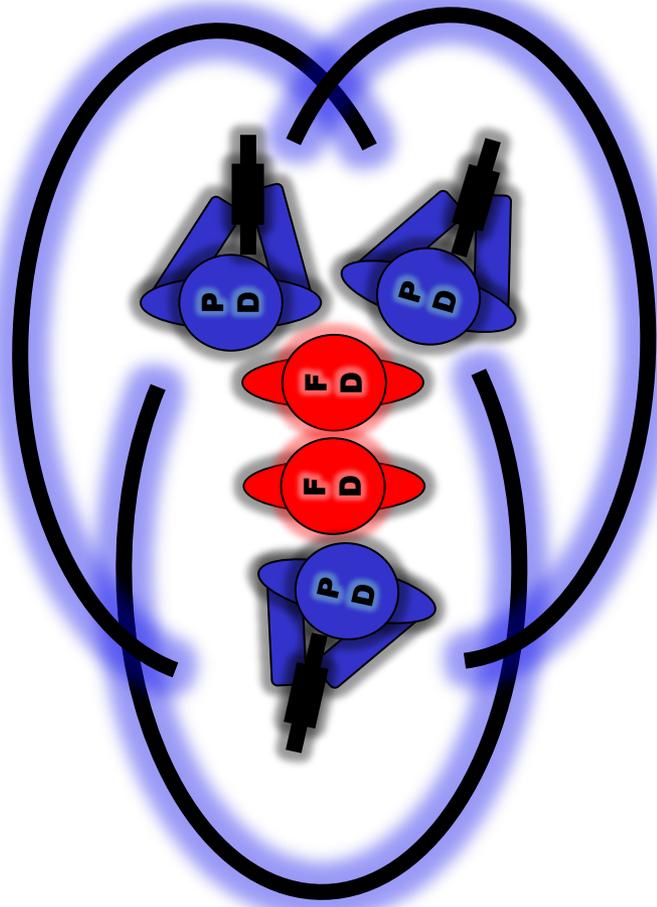
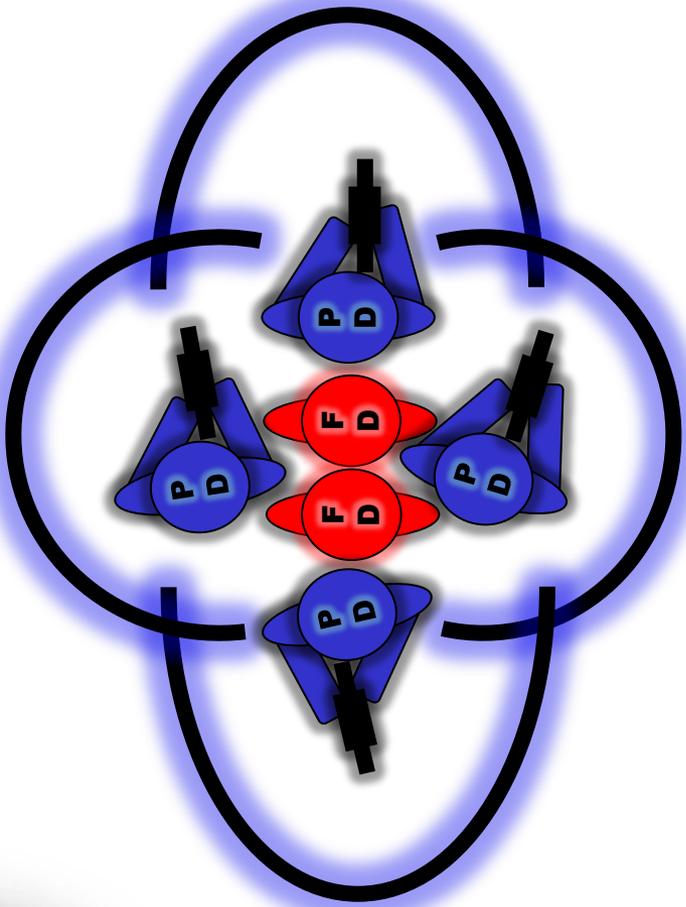
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Add Response Time (90% Fractile Constant)	07:04	07:04	07:04
Total Response Time to First Patient Contact	09:51	09:45	09:34
Patient #1 <u>Evac</u>	03:36	03:33	03:35
Patient #2 Contact	04:32	04:07	03:50
Patient #2 <u>Evac</u>	06:59	06:50	06:45
Patient #3 Contact	05:47	05:30	05:12
Patient #3 <u>Evac</u>	06:59	06:50	06:45
Patient #4 Contact	05:47	05:42	05:12
Patient #4 <u>Evac</u>	07:47	06:50	06:45
All Patients at Medical Group	08:03	07:32	07:29
Add Response Time (90% Fractile Constant)	07:04	07:04	07:04
Total Time	15:07	14:36	14:33



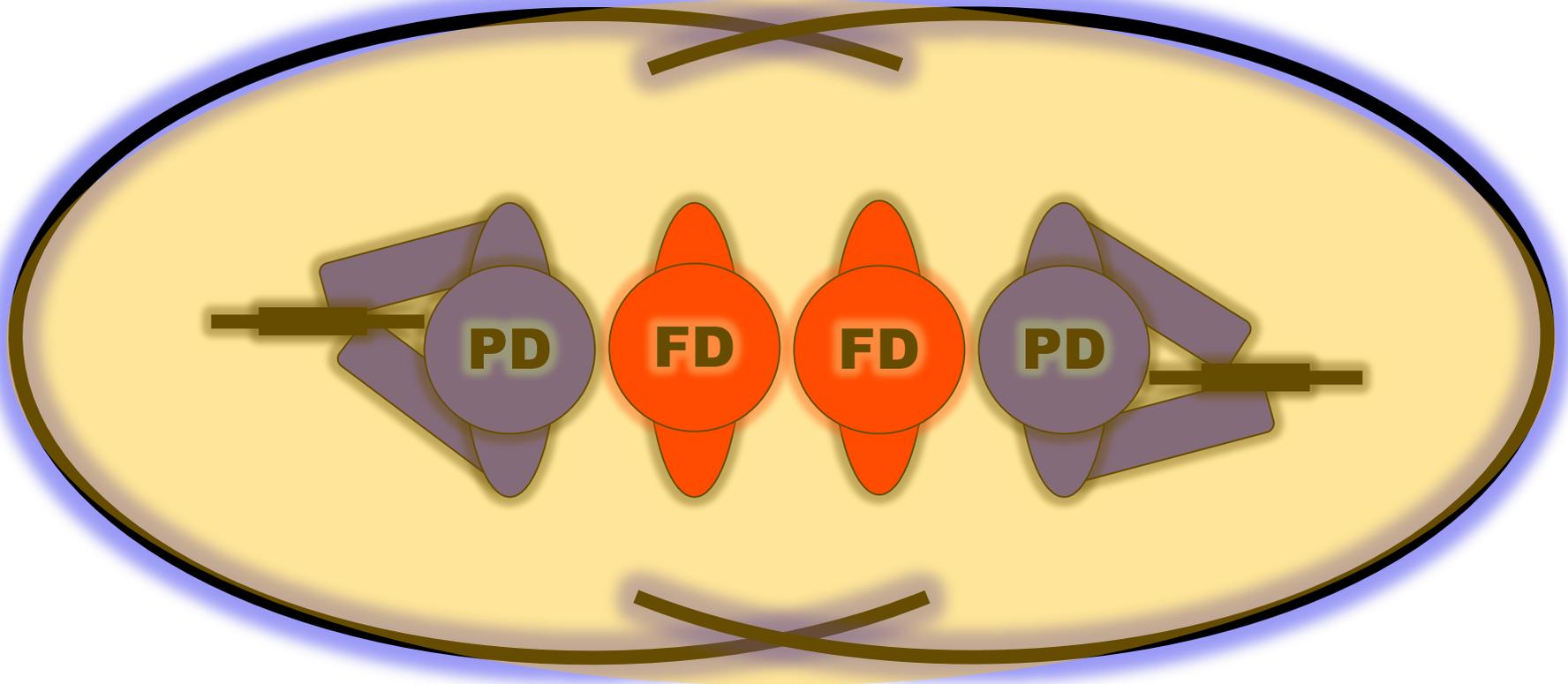
4X2



3X2



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, ALERRT, 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.



Response Psychology

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?



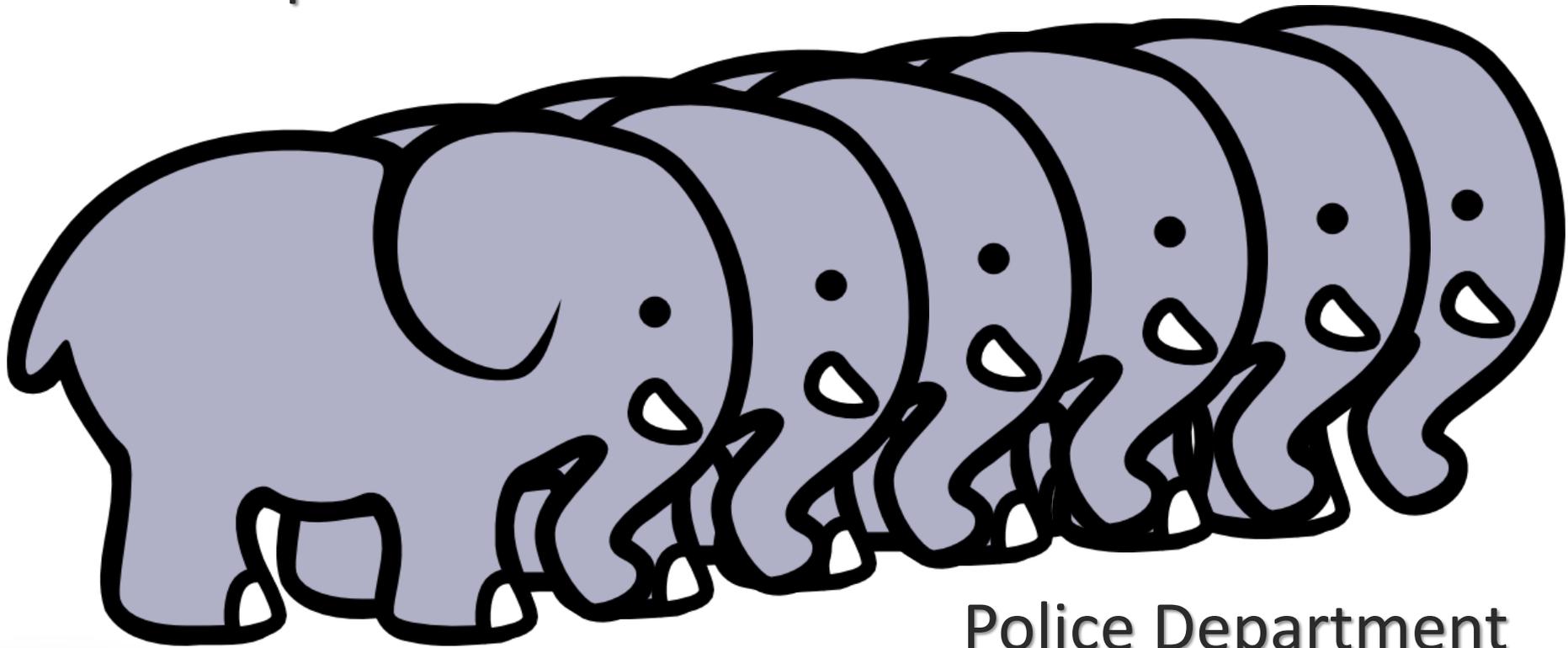


SIKH TEMPLE
OF
WISCONSIN



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

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Scenario # _____

Actual Time Started: _____ Note: Areas denoted by “***” may be integrated within sequence of Primary Survey/Resuscitation

	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
SCENE SIZE UP		
Determines the scene/situation is safe	1	
Determines the mechanism of injury/nature of illness	1	
Requests additional EMS assistance if necessary	1	
Considers stabilization of the spine	1	
PRIMARY SURVEY/RESUSCITATION		
Determines responsiveness/level of consciousness	1	
Determines chief complaint/apparent life-threats	1	
Airway		
-Opens and assesses airway (1 point)	2	
-Inserts adjunct as indicated (1 point)		
Breathing		
-Assess breathing (1 point)	4	
-Initiates appropriate oxygen therapy (1 point)		
-Assures adequate ventilation (1 point)	4	
-Manages any injury which may compromise breathing/ventilation (1 point)		



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





IAFF POSITION STATEMENT

“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.**”





IAFC POSITION STATEMENT

“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.**”





U.S. FIRE ADMINISTRATION

“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)?

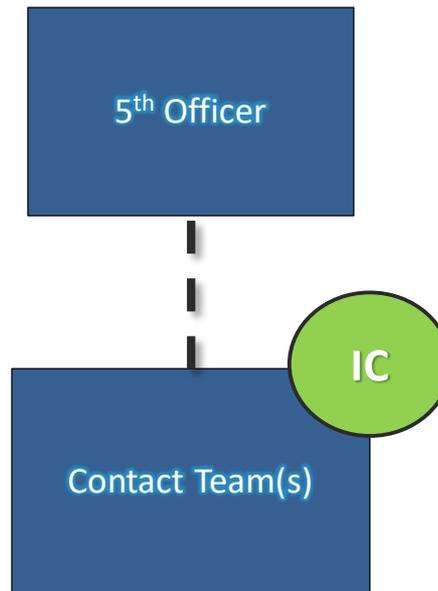


Staging Area

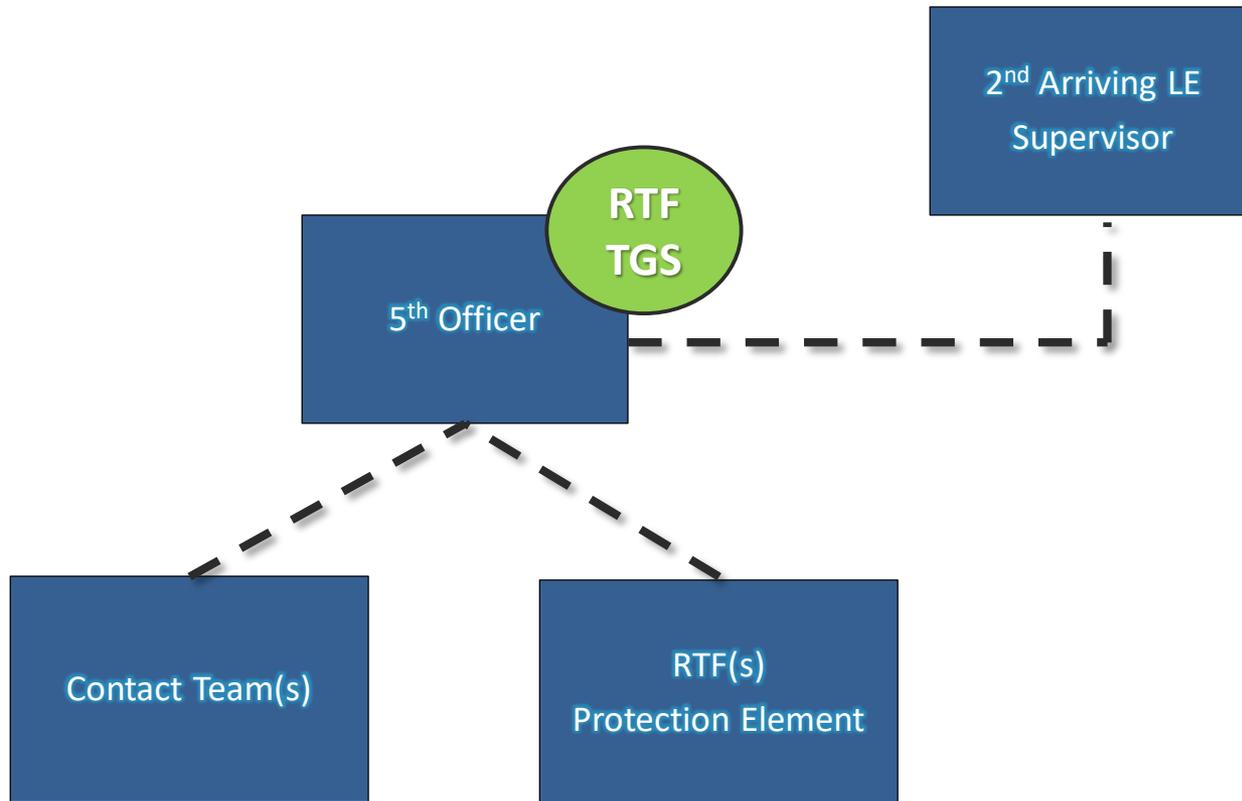
- **Police and Fire should be co-located but separate – each entity should have their own staging manager.**
- **Deploy resources with following information:**
 - 1. Task/Assignment**
 - 2. Who to report to.**
 - 3. Where to report to.**
 - 4. Radio channel for assignment.**



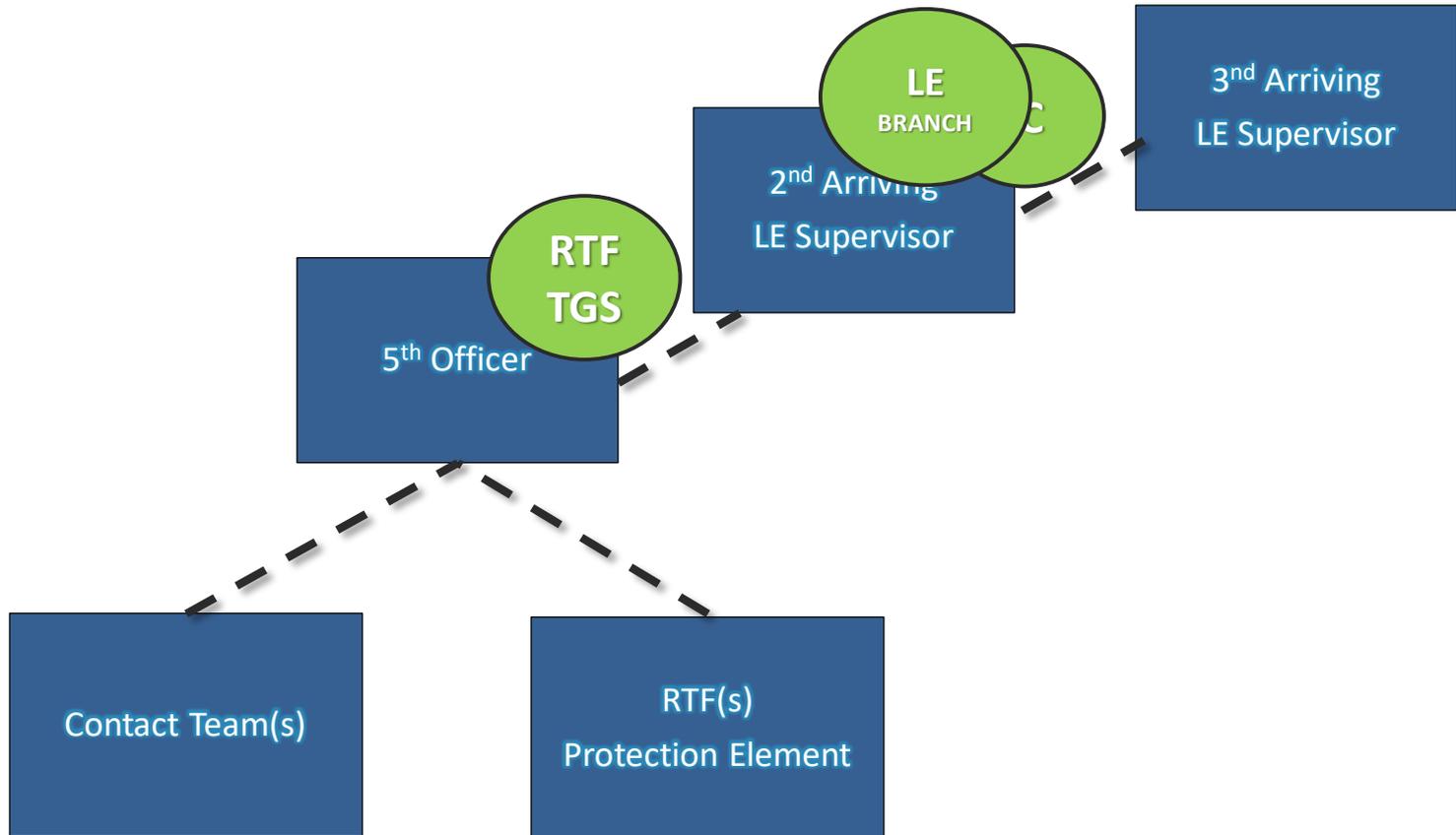
Active Shooter ICS Org Chart



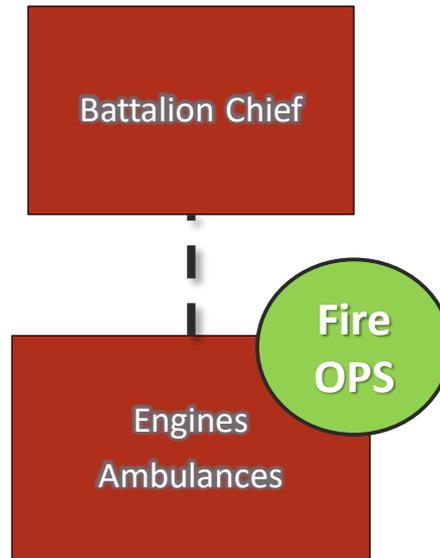
Active Shooter ICS Org Chart



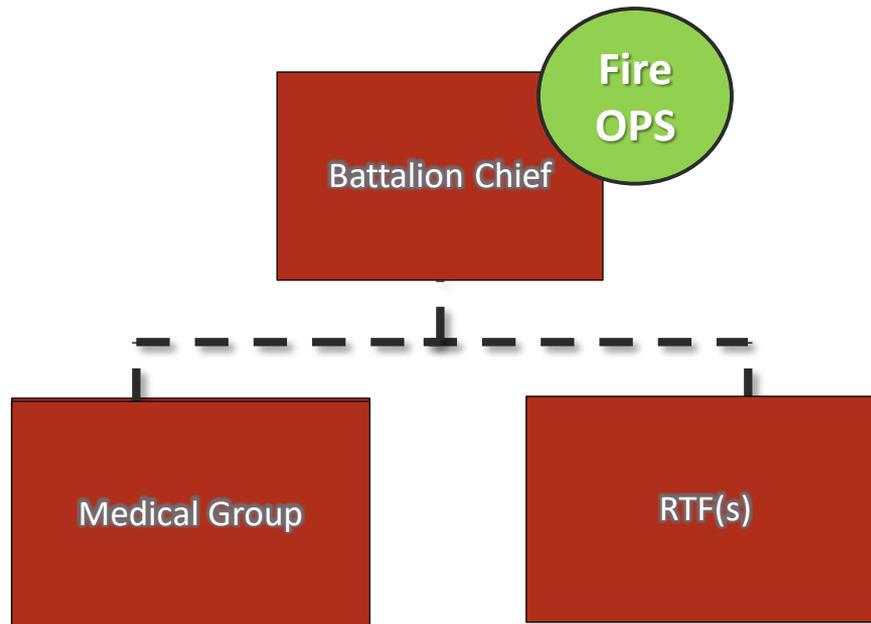
Active Shooter ICS Org Chart

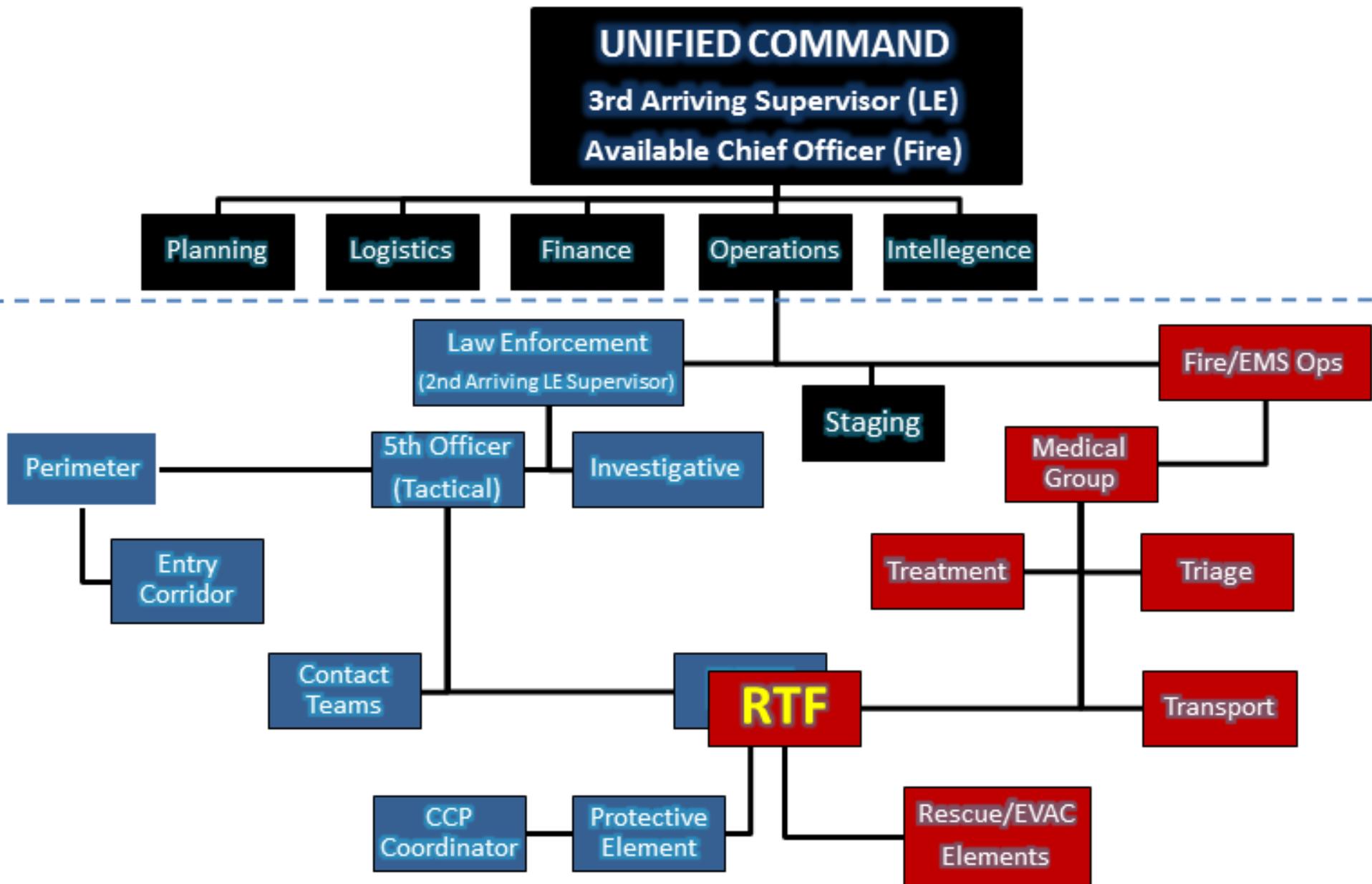


Fire Department Operations



Fire Department Operations





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 Distance¹

IED	Size	Minimum with Cover	
		Preferred	Preferred
Pipe Bomb	5 lb	70 ft	1200 ft
Suicide Bomber	20	110	1700
Briefcase/Suitcase	50	150	1850
SUV / Van	1000	400	2400

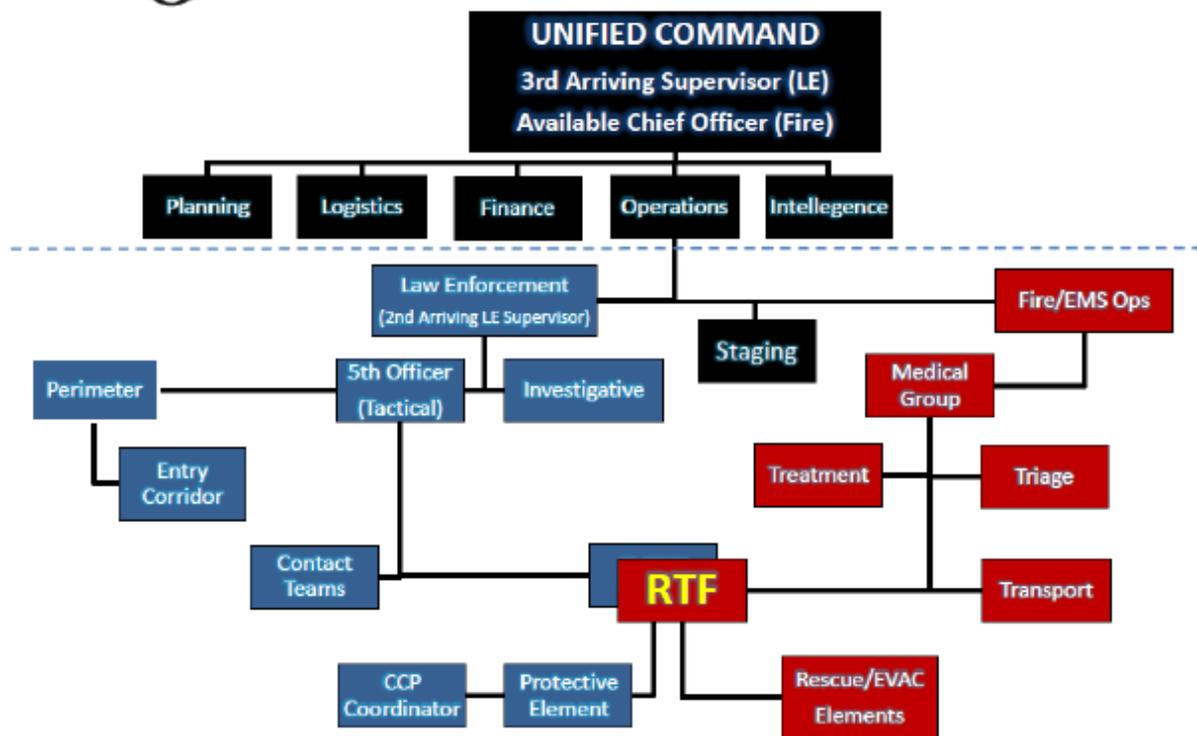
¹See Help Guide and DHS reference for IMPORTANT information.



ACTIVE SHOOTER INCIDENT MANAGEMENT CHECKLIST

OAK CREEK POLICE AND FIRE DEPARTMENTS

Content from C3 Pathways used with permission



- 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

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

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 casualty numbers
- 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

TRIASGE 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

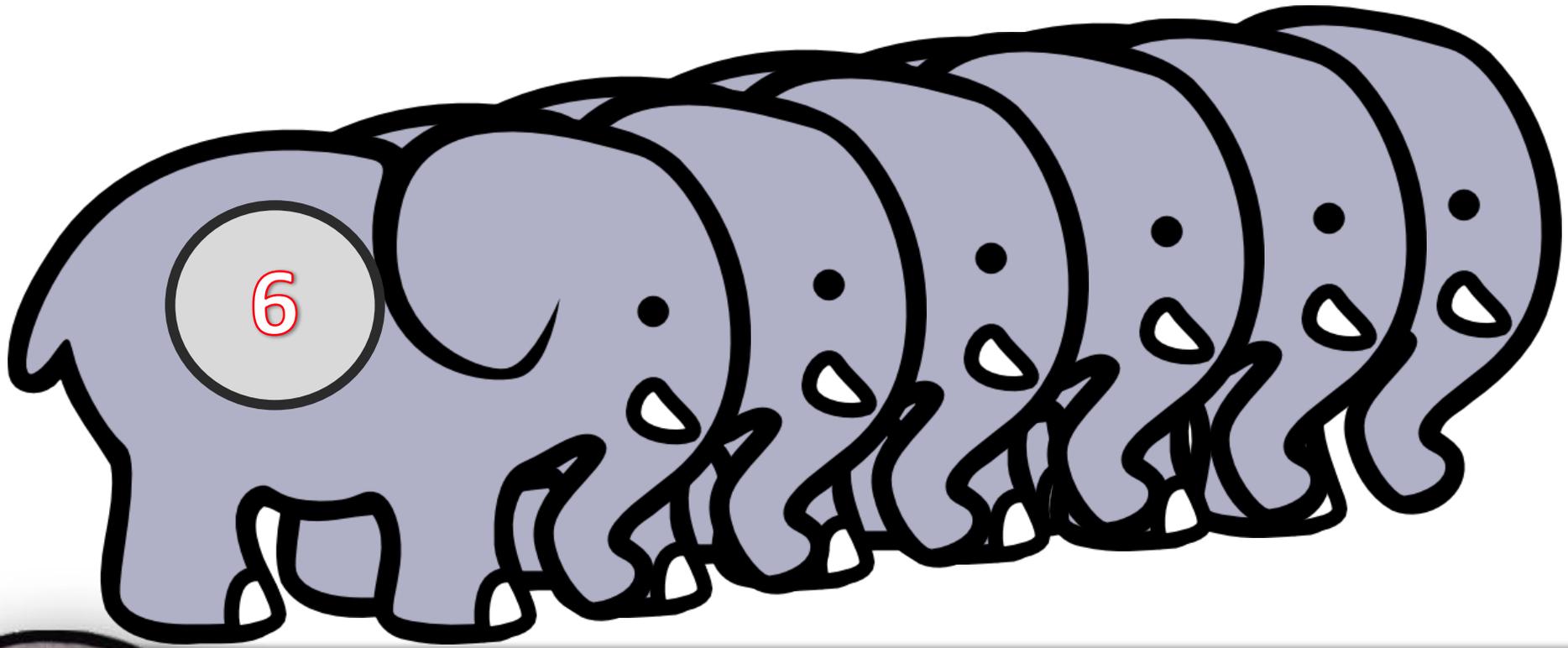


If not you... Who?



The Elephants in the Room

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



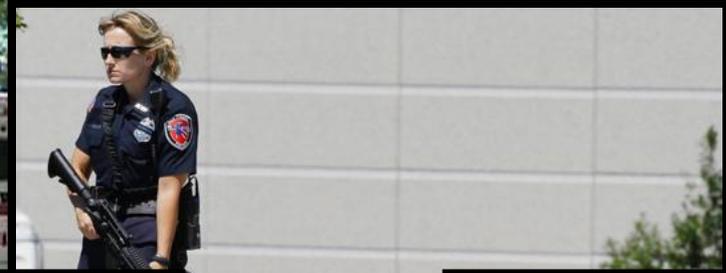
What can we expect?



BETTER KNOW
WHAT YOU'RE
DOING IF YOU'RE
GOING TO SWIM
IN THIS TANK!



Anytime, Anywhere



Anytime, Anywhere





National Fire Academy
December 14, 2012

Expectations



Lessons Learned

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



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