

Definitions

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. The cold zone is the location of incident support functions including the command post, staging area(s) and medical group.

Warm Zone – An area where there is the potential for a hazard or an indirect threat to life. Fire and EMS personnel may work in this area as part of a Rescue Task Force with law enforcement support.

Hot Zone – An area where there is a known hazard or direct and immediate life threat. Fire and EMS will not work in this zone.

Casualty Collection Point (CCP) – A location used for the gathering, triage, and medical stabilization of casualties until they can be safely moved to the medical treatment area. This location may be inside the warm zone.

Contact Team (CT) – A law enforcement team, usually the first arriving officers, assigned to contain or eliminate the threat(s).

Interior Operations – Any secure forward law enforcement position used to support tactical operations.

Mass Casualty Incident (MCI) – A multiple casualty incident where the number of injured patients exceeds or severely strains available local or regional EMS resources.

Rescue Task Force (RTF) – A team of at least two fire or EMS personnel equipped with medical equipment and ideally, two or more law enforcement personnel with weapons.

Site Orientation – Starting from the front of the location as the A side, clockwise to the B, C and D sides.

Treatment Area (TA) – An area designated in the cold zone where patients from the CCP are moved for medical treatment. MCI operations are usually conducted in this area.

Emergency Service Responsibilities at Active Shooter Incidents

911 Dispatch

- Address of the incident
- Location and description of threat(s)
- Number of assailants
- Type(s) of weapon(s): long gun, pistol, explosives etc.
- Is shooting or threat still active?
- Dispatch Fire/EMS
- Location(s) of victims

Law Enforcement

- Establish contact teams
- Situation report
- Establish command (and communicate the location to other services)
- Set staging location
- Identify hot zone
- Identify evacuation zone

Fire/EMS

- Report to and establish unified command
- Declare MCI level
 - Level 1: 1-10 victims
 - Level 2: 11-30 victims
 - Level 3: 31-50 victims
 - Level 4: 51-200 victims
- Facilitate rescue group response
- Locate casualty collection point
- Establish transport area

Massachusetts Active Shooter Hostile Event Response Guidance

For local police, fire and EMS officials.

- Local public safety should have an **Active Shooter/Hostile Event Response Plan** as part of an **All Hazard Plan**.
- Use these guidelines to review and revise the active shooter/hostile event response section of your All Hazard Plan.
- Every active shooter/hostile event incident is unique and should be handled in accordance with your agency's policies and procedures.



Active Shooter/Hostile Event

An Active Shooter/Hostile Event (ASHE) or criminal Mass Casualty Incident (MCI) involves one or more suspects participating in an ongoing, random or systematic attack using firearms or other weapons and tactics with the intent to harm others and commit mass murder.

A successful response to ASHE and MCI incidents depends on strong relationships with partner agencies and the development of mutual-aid protocols and agreements before an incident occurs. It is imperative that local fire, EMS and law enforcement agencies have common tactics, communications capabilities and a lexicon for seamless, effective operations. Local fire, EMS and law enforcement agencies should establish standard operating procedures to deal with these unusual, highly volatile and extraordinarily dangerous scenarios. Standard operating procedures and training should include, at minimum, the following:

- Use of the National Incident Management System (NIMS), in particular the Incident Command System (ICS). In accordance with NIMS guidance, **fire, EMS and law enforcement should establish a single Command Post (CP) and establish Unified Command (UC).**
- Use of common terminology among agencies and disciplines, including a review of any technical law enforcement terminology fire and EMS personnel need to know.

Well-coordinated attacks (or hybrid targeted violence) like the one that took place in Paris can cover multiple sites. Whether an incident happens at one site or at several, local emergency services must respond both to the ASHE and to routine emergency calls such as fires, car crashes, and medical emergencies.

Acts of terror using improvised explosive devices (IEDs), and active shooters often prepare for, or begin, attacks at a location separate from the primary incident scene. Therefore, emergency

responders must be prepared for fluid incidents at multiple sites. Because the goal of ASHEs is to harm as many people and create as much disruption as possible, responders must watch for potential secondary devices at all incident scenes.

Law Enforcement

Law enforcement (LE) arrives and determines that the incident involves an active shooter or other ongoing acts of violence. The first responding LE officers form a contact team (CT) to locate and isolate the suspect(s). Additional CTs will follow.

The contact team (CT) engages the suspect(s) to limit the possibility of injury or death to victims. As additional officers arrive, a safe perimeter is established and contact is made with local fire officials on the site.

Law enforcement takes command of the incident (Incident Command - IC) and establishes the location of the incident command post (ICP) until a higher ranking LE officer arrives. The ranking officer will enter into unified command with the ranking fire officer as soon as possible and establish the staging area(s) for responding resources.

Fire/EMS Response

The first fire officer on the site will contact the law enforcement incident commander, enter into a unified command, and confirm the location of the incident command post (ICP). The IC will broadcast the location of the ICP to responding resources.

The fire officer will advise responding fire and EMS units about designated incident staging location(s) and will provide a face-to-face briefing, if possible. Radio communication directly related to the police tactical operation should not be transmitted over non-encrypted channels.

Each fire company will integrate with law enforcement assets to form a rescue task force (RTF). The

mission of the RTF may be to provide threat-based care, triage, or extraction of victims to a casualty collection point (CCP). The law enforcement officers assigned to the RTF should not separate from the fire/EMS personnel.

If law enforcement rescue teams cannot move the injured to the casualty collection point (CCP), then the rescue task force (RTF) must search for and locate the injured victim(s) in areas that have been cleared by the initial contact teams (CTs). The injured will be taken to a CCP by the RTFs.

Everyone operating in the CCP area must avoid hallways and doorways, and should anticipate having to take cover or seek concealment. Rescue task forces (RTFs) must maintain a high level of situational awareness and may need to relocate injured patients to a treatment area in the cold zone when it is safe to do so. RTFs may also need to relocate to maintain team and individual safety.

Patient Treatment

After victims have been located, identified and the area cleared, rescue task forces (RTFs) can perform rescues even if the incident is ongoing. Additional RTFs will be deployed as needed.

The goal of medical treatment in the CCP is to stabilize patients until more advanced care can be provided when the scene is safe or the patient can be moved to the medical treatment area. Medical treatment in the casualty collection point (CCP) should not delay the rapid movement of patients to the treatment area.