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| Chelsea Fire Dept Patch smallC:\Users\cwhitten\Desktop\coclogo.jpg  *City of Chelsea*  **FIRE DEPARTMENT**  **Standard Operating Guideline** |
| |  | | --- | | **Policy Number**: OP-23  **New:**  **Revision:**  **Effective:** 01 SEP 16 |   **Subject: ACTIVE SHOOTER/ IED INCIDENTS**  **Issuing Authority:** *Leonard A. Albanese Jr***.**  Chief of Department |

**Purpose:** To establish a guideline for the response to Active Shooter/ IED Mass Casualty Incidents (AS/IED-MCIs) and related Improvised Explosive Device incidents that serves to maximize survivability of victims using current FEMA Guidelines for the deployment and use of specialized hemorrhage control equipment.

**OP-23.1**

**General Information**

1. Recent IED and active shooter incidents reveal that some traditional practices of first responders need to be realigned and enhanced to improve survivability of victims and the safety of first responders caring for them. This Federal, Multi-disciplinary first responder guidance translates evidence based response strategies from the U.S. military’s vast experience in responding to and managing casualties from IED and or active shooter incidents and from its significant investment in combat casualty care research into the civilian first responder environment. [[1]](#endnote-1)
2. AS/IED-MCIs range from extensively planned terror-related events to unplanned, revenge-motivated or random events. Both Active Shooter and Improvised Explosive Devise (IED) detonation would fall under the parameters of this operational guidance.
3. Extraordinary efforts on the part of local Fire/EMS and coordination with Law Enforcement (LE) is required to rapidly affect rescue, save lives, and enable operations with mitigated risk to personnel.
4. Experience has shown that the number one cause of preventable death in victims of penetrating trauma is hemorrhage.
5. While the industry accepted practice has been staging assets at a safe distance (usually out of line-of-site) until a perimeter is established and all threats are neutralized, consideration must be made for more aggressive EMS operations in areas of higher but mitigated risk to ensure casualties can be rapidly retrieved, triaged, treated and transported. Rapid removal is critical to survival. [[2]](#endnote-2)

**OP-23.2**

**Response and Initial Deployment**

1. The response for AS/IED-MCI’s will be a Box Alarm Assignment.
2. Law Enforcement and Fire/EMS will immediately establish a UNIFIED COMMAND in order to manage the incident per the guidelines established in the Chelsea Police/Fire Interagency Response Plan.
3. Apparatus shall cease emergency audible alarms on approach so as not to inhibit sounds that may be critical to the location of the shooter, or to impede critical information transfer
4. Responding apparatus shall always utilize a deliberate and cautious approach, staging in a safe or concealed area, while gathering available intelligence from LE or other reports on current conditions including location of shooter and/ or victims.
5. Ambulatory victims and other non- injured may be fleeing urgently and may act in an unsafe manner requiring due caution on approach.
6. Fire/EMS shall utilize their vehicles and other substantial objects as cover and await reports on the location of the shooter and victims.
7. If exposed to gunfire, explosions or active threat, take cover/ withdraw immediately.
8. First alarm Company Officers shall prepare members and secure TECC equipment for deployment as RTFs.

**OP-23.3**

**Command and Control**

1. The Deputy Chief shall establish Command as the Fire/EMS Incident Commander and the Fire Department UNIFIED COMMAND representative, and will:
2. Confirm the nature of the incident (i.e. shooting vs. active shooter)
3. Provide a size-up report
4. Designate a staging area; consider an area not in direct line of sight with a clear approach to the incident
5. The operational priorities shall follow the standards of Life Safety, Incident Stabilization and Property Conservation, where the first two priorities are the nexus of the operation and the final priority shall be in the preserving of the crime scene.
6. The establishment of Incident “ZONES” at AS/IED-MCI’s shall be the top priority of UNIFIED COMMAND so as to identify different threat levels within an affected active incident area as follows:
7. **HOT ZONE**- Direct Threat Area; shooter in area or headed to that area
8. **WARM ZONE**- Indirect Threat Area; shooter known to have left the area and casualties most likely down in the area
9. **COLD ZONE**- Outside of Threat Area; in a safe protected area outside the building or area under siege
10. The UIFIED COMMAND will communicate as follows:
11. LE will remain on their own radio channel
12. Fire/EMS will remain on their own radio channel
13. A city-wide channel may be designated as the Inter-Agency hailing channel for inter-agency related communications as needed
14. A Communications technician will be assigned to the CP
15. The primary concern will be to determine the following:
16. The location and status of the shooter(s) within the building
17. Ascertain if the incident is still dynamic
18. A LE Operations Section Chief (OSC) position may be assigned; and, a Fire/EMS OSC may be assigned based upon the size and scope of the incident. If so, they operate similar to Operations Chiefs on the fireground:
19. The OSCs will operate more proximal to the incident and will handle direct tactical operations
20. Once a Fire/EMS Operations Section Chief is established, interior or other engaged companies shall report directly to OPERATIONS for tactical support; and OPERATIONS shall report to the UNIFIED COMMAND for updates and needs
21. LE OSC shall be identified as POLICE OPERATIONS
22. Fire OSC shall be identified as FIRE OPERATIONS
23. A Public Information Officer (PIO) and/ or the use of a Joint Information System (JIS) that consolidates all agency and incident information flow from the multitude of agencies involved shall be established at the Command Post.
24. The fire department IC within the UC shall establish the EMS Branch Director position as soon as possible. (Deputy Chief or Cataldo Supervisor)
25. The EMS Branch Director shall manage the EMS deployment and coordination
26. The EMS Branch Director will set up a Casualty Collection Point (CCP) where victims are to be taken, and triaged
27. This Director must ensure that walking wounded do not tie up early ALS units, and that they are treated on scene and properly triaged leaving ALS resources available for the extracted critical patients that will be coming out
28. It is possible that a barricaded suspect could set fire to a building. If this occurs, the Fire Department IC shall establish a FIRE SUPPRESSION Group under the supervision of a Fire Group Manager.
29. Under no circumstances should firefighters enter or move through a Hot Zone to deploy ladders, hose lines or other equipment
30. FIRE SUPPRESSION shall deploy master streams to control spread when safe to do so and only engage in interior firefighting once the scene is cleared by UNIFIED COMMAND

**OP-23.4**

**Operational Objectives**

1. The concept of early hemorrhage control in order to improve survival resulted in the recommendations included in the following acronym (THREAT):
2. T- Threat suppression
3. H- Hemorrhage control
4. RE- Rapid Extrication of victims to safety
5. A- Assessment by medical providers
6. T- Transport
7. Life threatening bleeding from extremity wounds are best controlled by use of pressure bandages and tourniquets; and, internal bleeding from penetrating wounds to the chest and trunk are best addressed by quick clot, occlusive dressing and expedited transport to an ER.
8. Fire/ EMS shall incorporate Tactical Emergency Casualty Care (TECC) procedures which include the following:
9. Use of tourniquets, pressure dressings, clamps and hemostatic agents
10. Rapid triage and transport of victims with lethal internal hemorrhage and torso trauma
11. Consider the use of apparatus solid areas such as motor, pump, water tank and wheels as “Cover” in a HOT ZONE.
12. All members are to remain aware of the difference between “Cover” and “Concealment” as far a commonly accepted terminology that may be used in these multi-agency responses:
13. Cover is defined as protection from direct fire (solid barrier)
14. Concealment is defined as protection from observation (out of sight)

**OP-23.5**

**Tactical Considerations**

1. LE resources in the initial moments of the AS/MCIs are focused on locating, containing and eliminating the threat (perpetrator or shooter) using a tactic know as Immediate Action Rapid Deployment.
2. LE will enter area HOT ZONE without waiting for additional units in order to contain or neutralize an active threat
3. LE will not wait for SWAT assistance to engage active shooters
4. LE may request fire/EMS equipment to breach or force structural elements or to access roofs or other areas
5. LE will bypass injured victims to subdue the perpetrator(s)
6. The development of RESCUE TASK FORCE’s (RTFs) which are groups of 2 to 4 Fire/EMS members under the cover of armed FORCE PROTECTION shall be established in order to engage in WARM ZONE entries.
7. WARM ZONE entries shall commence ONLY with FORCE PROTECTION
8. WARM ZONE or indirect threat-area entries are made when it can be confirmed that the shooter has left the area or is down, and RTFs can engage in TECC-driven point-of-wounding care
9. RTFs shall be equipped with TECC Response Bags
10. RTFs may be equipped with ballistic protection when available
11. Once a company is assigned as a RTF, they shall stay together and work as a unit. That is, assignments will be given by the company, not by the member or members, so that all members can be more accurately accounted for
12. Be aware of the possibility of secondary devices or a second shooter.
13. As with all Fire/EMS deployments, commanders and company offices shall use a standard Risk – Benefit Analysis when gauging all potential risk to members.

**OP-23.6**

**EMS Branch Guidelines**

1. The EMS Branch Director shall establish the standard Triage, Treatment and Transport groups in one Medical Control Area.
2. A Casualty Collection Point (CCP) may be used within a structure if the threat is eliminated; i.e.: large foyer of a school
3. In large area facilities where the evacuation distance may be long, an internal CCP may be used within a secured area
4. The EMS Branch Director may establish separate Rescue and Medical Groups depending on the size of the incident and number of victims.
5. A Rescue Group Manager will then supervise the RTFs operation
6. A Medical Group Manager will then supervise the CCP including Triage, Treatment and Transport
7. Both of these Group Mangers will report directly to the EMS Branch Director
8. Care shall be given in lines with the TECC guidelines with an emphasis on *RAPID* Triage, Treatment and Transport of critical patients.
9. Point-of–wound medical stabilization should occur prior to evacuation to the CCP
10. All responders must be aware of and prepare for the “reverse triage” affect which is defined as those ambulatory victims with minor or less severe injuries seeking care and potentially delaying care to those significantly wounded. This scenario where the least injured enter the medical system first must be avoided.

**OP-23.7**

**Demobilization/ Post Incident**

1. Once all victims have been accounted for, treated or transported, Chief Officers/Company Officers shall attend to the following recovery items:
2. Provide for rotation/rehab of members as needed
3. Provide for replenishment of expendable materials
4. Develop a plan for demobilization
5. Debriefing of members and investigative support based upon observations
6. Planning of Critical Incident Stress Debriefing through EAP representatives
7. Once demobilized, the following administrative functions shall be completed:
8. The preparation and completion of the After Action Reports
9. The AAR’s shall be submitted to the COD, Chief of Police, City Manager and all investigative agencies involved with the incident
10. All reports shall be reviewed by the Command Staff
11. Final findings and lessons learned will be issued

**OP-23.8**

**Glossary of Terms**

1. The following are the common terms and acronyms utilized for AS/IED-MCIs:

* **HOT ZONE-** Direct Threat Area, shooter in area or headed to that area
* **WARM ZONE-** Indirect Threat Area, shooter known to have left the area, casualties most likely down in the area
* **COLD ZONE-** Outside of Threat Area, in a safe protected area outside the building or area under siege
* **CCP-** Casualty Collection Point; Cold zone area for victim to be taken
* **THREAT-** Threat Suppression, Hemorrhage Control, Rapid Extrication, Assessment by EMS, Transport (Acronym for overall life safety operational considerations)
* **COVER-** Protection from direct fire (solid barrier)
* **CONCEALMENT-** Protection from observation (out of sight, not solid barrier)
* **UC-** Unified Command
* **CP-** Command Post
* **OSC-** Operations Section Chief (Police Operations or Fire Operations)
* **PIO-** Public Information Officer
* **JIS-** Joint Information System
* **RTFs-** Rescue Task Forces; Fire/EMS companies assigned with a LE member for protection and entry into WARM ZONES to provide TECC point-of-wounding care
* **TECC-** Tactical Emergency Casualty Care including the use of tourniquets, pressure dressings and hemostatic agents
* **AARs-** After Action Reports

1. First Responder Guide for Improving Survivability in Improvised Explosive Device and/ or Active Shoot Incidents: US Department of Homeland Security, June 2015 [↑](#endnote-ref-1)
2. First Responder Guide for Improving Survivability in Improvised Explosive Device and/ or Active Shoot Incidents: US Department of Homeland Security, June 2015 [↑](#endnote-ref-2)