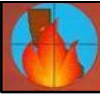


## INCIDENT COMMAND SYSTEM PUBLICATION

### **UNIFIED RESPONSE TO VIOLENCE INCIDENTS**

ICS 701

January 2023



## UNIFIED RESPONSE TO VIOLENCE INCIDENTS

### PURPOSE

This document is intended to assist fire service agencies in developing policies and operational guidelines for responding to a Unified Response to Violence (URV) incident. It provides principles, strategic objectives, and definitions to law enforcement terminology. Fire service agencies must meet with their respective law enforcement agencies to develop specific policies, procedures, and training requirements.

### BACKGROUND

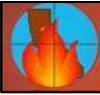
Fire and EMS first responders assist law enforcement agencies at routine law enforcement incidents daily. These routine law enforcement incidents typically do not pose a significant threat to first responders or the public and are resolved in a relatively straightforward manner.

URV incidents (active shooter/violent intruder, barricaded suspect, hostage situation, high-risk warrant service, suspected terrorist event utilizing firearms, explosives, or Complex Coordinated Terror Attack (CCTA) present a significantly higher threat to first responders, victims, and the public.

While the term active shooter is used throughout this document, all situations where an ongoing active threat involving firearms, explosives, bladed weapon(s), vehicle ramming, and/or fire as a weapon are types of incidents which pose unique complexities and threats that challenge fire & law enforcement agencies. All responding agencies must work closely through a Unified Command structure to ensure the safety of first responders while minimizing the loss of life to the public.

Consideration for most URV incidents such as a barricaded suspect or hostage situation remain relatively unchanged. However, fire and law enforcement agencies should establish a Unified Command and identify Hot Zones, Warm Zones, and Cold Zones and extraction points. Fire and EMS first responders should stage at a safe location until law enforcement deems an area of the incident safe and requests fire and EMS support.

Active shooter/violent intruder incidents, including terrorist events, require a different set of tactical considerations. Although the tactical considerations discussed in this document can be applied to any URV incident, operational considerations developed specifically to address the needs of agencies responding to active shooter/violent intruder incidents.



# FIRESCOPE



## **Active Shooter/Violent Intruder Issue:**

In the past, a common practice at an active shooter/violent intruder incident was for fire and EMS first responders to stage at safe distances while law enforcement Special Weapons and Tactics (SWAT) teams attempted to suppress the threat and secure the incident location. The Tactical Paramedics (Tactical Medics) assigned to the SWAT team were primarily responsible for providing emergency medical care for SWAT team members and only to victims when the priority shifted from eliminating the threat(s).

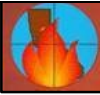
The practice of staging fire and EMS first responders while SWAT teams cleared and secured the incident location resulted in delaying medical treatment to victims. Many victims who succumbed to penetrating injuries may have benefited from immediate medical treatment of massive hemorrhaging if medical treatment hadn't been delayed.

Priorities of life considerations include:

Victim/hostage, Bystanders, Emergency services personnel, and Suspect(s).

As a result of several high-profile incidents, fire and law enforcement agencies have been re-examining the strategies and tactics used at active shooter incidents to improve victim outcomes while ensuring the safety of first responders. From these discussions, the following became clear:

- a. Fire and law enforcement agencies must collaboratively develop and implement Tactical Emergency Medical Support (TEMS) First Responder Operational (FRO) strategies and tactics to provide for the rapid rescue and treatment of viable victims.
- b. Unified Command, including a single co-located Incident Command Post (ICP), must be established with fire and law enforcement as Unified Incident Commanders to effectively manage the incident.
- c. Fire and law enforcement agencies must work closely under common ICS, National Incident Management System (NIMS) and California Standardized Emergency Management System (SEMS) standards, including using common Incident Action Plans, communications, and terminologies.
- d. Fire and law enforcement agencies need to train together at the local level to practice new TEMS FRO strategies and tactics. Fire and law enforcement agencies need to develop a better understanding of each other's tactics, terminologies, and capabilities at these active shooter/violent intruder incidents.



## THE NATIONAL DISCUSSION

### **The National TEMS Initiative and Council:**

In 2009, the National Tactical Officers Association, in collaboration with university medical programs and military medical programs that specialize in Tactical Emergency Medical Support (TEMS), formed a study group to identify the core elements of a tactical medical program. The study group identified 18 subjects or “domains” of medical knowledge and competencies as a basis for TEMS programs for SWAT or Tactical Medics.

In 2011, this TEMS study group revised the number of domains to the current 17 domains (See Appendix A). However, the 2009 and 2011 studies focused more on the SWAT or tactical medical response to a pre-planned event, rather than a TEMS FRO-based response such as an active shooter incident.

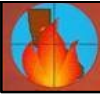
### **The Hartford Consensus:**

In 2013, another group of law enforcement, fire, EMS, and emergency physician leaders met in Hartford, Connecticut, to develop a consensus of TEMS FRO-based principles for an Active Shooter/Violent Intruder incident that would improve victim outcomes while providing for safety of first responders. The group determined that early hemorrhage control was paramount to victim survivability and developed recommendations known as the “Hartford Consensus”.

Using the Hartford Consensus acronym “THREAT”, the following recommendations focus on improving victim survivability:

- **T** Threat suppression, Law Enforcement priority, the most critical and rapid action for law enforcement to initiate.
- **H** Hemorrhage control, initiate life-threatening external hemorrhage using tourniquets and hemostatic gauze as soon as possible.
- **RE** Rapid Extraction, remove/relocate victims to safety.
- **A** Assessment, prioritize access and treatment by medical providers.
- **T** Transport, organized and systematic transport to definitive care.

The THREAT principles provide a simple tool for law enforcement and fire service agencies to use collaboratively developing a TEMS FRO-based response to active shooter/violent intruder incidents.



## THE STATE DISCUSSION

### **California Tactical EMS Advisory Committee:**

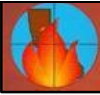
In September 2013, a group of fire, EMS, law enforcement, and TEMS specialists from agencies throughout California met with the California EMS Authority (EMSA) in Sacramento to discuss TEMS requirements and the California Peace Officers Standards and Training (POST) “Tactical Medicine Operational Programs and Standardized Training Recommendations”. Members of these stakeholders form the California Tactical EMS Advisory Committee (TEMS Advisory Committee).

The “Tactical Medicine Operational Programs and Standardized Training Recommendations” addressed SWAT and tactical medic qualifications, focusing on pre-planned URV incidents and less on the active shooter/violent intruder – TEMS FRO response scenario.

The TEMS Advisory Committee has concluded that an active shooter/violent intruder incident will likely involve TEMS FRO law, fire and EMS resources and SWAT resources will play a lesser role.

Fire service agencies have discussed the typing levels and qualifications for resources responding to active shooter incidents and other URV incidents to better identify tactical EMS response levels. While most fire service agencies will provide a TEMS FRO level of response, consideration must be made for those fire service agencies that provide Tactical Medics to their jurisdictional law enforcement SWAT teams. The current typing terms are as follows:

- a. **TEMS Specialist/Tactical Medic:** Intended for first responders who are assigned to their jurisdictional law enforcement agency’s SWAT team as a SWAT team member. Completion of an approved tactical medicine course **and** an approved SWAT basic course, as approved by the jurisdictional law enforcement agency, is required.
- b. **TEMS Technician:** Intended for first responders whose agency desires them to have advanced tactical medicine training. Completion of an approved tactical medicine course is required. TEMS Technicians are not SWAT team members. Although the TEMS 40-hour technician course includes comparable curriculum as the Tactical Medicine for Special Operations course (TEMS Specialist), it is not considered an equivalent course.
- c. **TEMS FRO:** Intended for first responders who would be the initial responders to an active shooter/violent intruder incident. TEMS FRO responders would complete an agency-specific course that includes URV awareness, the proper level of PPE, and basic tactical medical care.



# FIRESCOPE



The stakeholders who form the California Tactical EMS Advisory Committee (including FIRESCOPE) continue to work collaboratively to develop recommendations and guidelines for improved responses to active shooter/violent intruder incidents. As a result of the enacted AB1598 legislation in 2014, EMSA designated this advisory committee to consult with the California Office of Emergency Services (OES) and POST regarding the integration, training, and coordination of all responders to an active shooter or terrorism incident.

## **AB1598, Emergency Response Services: Active Shooter Incidents (in part)**

Require the development of collaborative protocols and relationships between local and state first response entities, including law enforcement agencies, fire departments, emergency medical service providers and agencies, in order that those entities should act efficiently and in concert to address active shooter incidents across California.

Require first response entities to seek collaborative training opportunities, including but not limited to, tabletop or simulation exercises, to assess plan implementations, and to include other entities that may be involved in active shooter incidents in those trainings such as schools, city or county personnel, and private businesses.

Require basic training and ongoing training for law enforcement agency personnel, fire department personnel, emergency medical services personnel, and the personnel for other first responders include as appropriate training and education on active shooter incidents and tactical casualty care.

## **FIRESCOPE RECOMMENDATIONS**

FIRESCOPE recommends the following:

- a. Fire service agencies must recognize that statutory authority for scene management of URV incidents is vested in law enforcement agencies per California Health & Safety Code 1798.6c. The statute also requires law enforcement agencies to consult EMS personnel in the determination of relevant risks. It is imperative that law enforcement agencies work with their fire/EMS partner agencies at the local level to develop unified command policies and procedures for responding to these types of incidents.
- b. With the enactment of AB1598 legislation, all law, fire, and EMS providers should work collaboratively to develop protocols for all entities responding to active shooter/violent intruder incidents that include implementation of the Incident Command System (ICS) and Unified Command organization; interagency communications including radio interoperability; establishment of common language and terms used by entities; tactical deployment; and emergency treatment and extraction of injured persons.



- c. At a minimum, fire service agencies should train and implement a TEMS FRO level of response to active shooter/violent intruder incidents. This will enable fire service agencies the ability to support their jurisdictional law enforcement agencies at active shooter/violent intruder incidents based on their agency capabilities.
- d. For those fire service agencies desiring to provide a higher level of TEMS response, it is recommended that these agencies follow the TEMS Technician, or TEMS Specialist level of response and training recommendations. The decision to pursue the TEMS Specialist level of response should be made in collaboration with the respective local law enforcement agencies.

## **UNIFIED RESPONSE TO VIOLENCE INCIDENTS - CONCEPTS FOR THE FIRE SERVICE**

URV incidents are law enforcement-driven missions, and the fire service should be familiar with law enforcement tactics and terminology used at that type of incident. Some law enforcement terminology presented here is non-ICS compliant; it is presented to familiarize fire service personnel with law enforcement terms that may be encountered at a URV incident.

### **Force Protection:**

Force Protection is the term for measures taken by law enforcement to prevent or mitigate hostile actions against incident personnel. Law enforcement routinely provides Force Protection for fire and EMS personnel in the form of crowd control or traffic control at incidents involving assaults, gunshot wounds, drug overdoses, traffic accidents, etc.

Force Protection at a URV incident differs in that law enforcement resources are specifically assigned to protect incident personnel or incident operations. Force Protection will be assigned to fire and EMS resources creating a Rescue Task Force providing protection to fire and EMS personnel while operating in a Warm Zone. Force Protection resources may also be assigned to secure an operational area of the incident such as treatment areas, casualty collection points or may secure a corridor for casualty movement to the treatment areas.

### **Operational Zones at Unified Response to Violence Incidents:**

Similar to a hazardous materials incident, URV incidents will often be divided into three operational zones referred to as the HOT ZONE, WARM ZONE, and COLD ZONE.

- a. **Hot Zone** is the area where a direct and immediate threat exists based on the complexity and circumstances of the incident as determined by law enforcement. An area within range of direct gunfire (i.e., schools, hospitals,



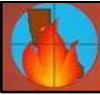
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festivals, arena's, and amphitheaters), suspected explosive devices or an unsecured or unsearched area where a suspect could be hiding. The Hot Zone is Immediately Dangerous to Life and Health (IDLH). Law enforcement resources such as Contact Teams, SWAT teams, and TEMS Specialists/Tactical Medic are the only safety personnel operating in the Hot Zone. Fire/EMS RTFs should not operate in Hot Zones.

- b. **Warm Zone** is the area where a potential threat exists, however the threat is not direct or immediate. An area that has already been searched by law enforcement can be declared a Warm Zone. The threat may still exist elsewhere in the **building** or venue, but law enforcement has cleared an area to which fire and EMS personnel may be brought in to render Life Saving Intervention (LSI) to injured victims. A Warm Zone's borders may remain transient due to the dynamic character of the incident. This area is considered clear, however not secure. A Warm Zone is also considered to be IDLH, however fire and EMS personnel should operate with appropriate Personal Protective Equipment (PPE) including body armor, and Force Protection assigned to fire & EMS personnel.
- c. **Cold Zone** is an area where no significant danger or threat can be reasonably anticipated. This zone is determined by utilizing distance, geographic location, or terrain with respect to the type of firepower or explosive potential. The Cold Zone is the appropriate location for the Incident Command Post, Treatment Areas, Staging and logistical functions of the incident.
- d. **Casualty Collection Point (CCP)** is a location secured by Force Protection where victims can be temporarily moved to for LSI treatment while waiting for evacuation to the Cold Zone. Multiple CCPs may be established based on incident needs. A CCP established in the Hot Zone would be staffed with law enforcement SWAT teams or rescue teams with Tactical Medics/TEMS Specialists. A CCP established in the Warm Zone would be staffed with a Rescue Task Force with TEMS Technicians or TEMS FROs.

The physical location of a CCP must provide adequate cover and protection from the potential threat for safety personnel and victims. Consider locating CCPs in the vicinity of adjacent zones to better facilitate moving victims from one zone to another. Identify each CCP with room number/label or physical descriptor to differentiate in the case of multiple CCPs (this communication will aid in eliminating accurate victim counts and locations).



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Hot, Warm, and Cold Zone perimeters may or may not be contiguous or concentric circles around the threat zone. The building or venue layout may determine the zone perimeters. Hot and Warm Zones may not be static in nature. A Warm Zone may become a Hot Zone due to a change in the location of the threat or due to additional intelligence.

Law enforcement assessment of the threat (sniper, high-caliber weapon, explosive potential, location) will determine the Hot, Warm and Cold Zone perimeters including Casualty Collection Points. Communication and status reports from law enforcement Contact Teams is vital. Zone perimeters and Casualty Collection Points should be approved with concurrence of the law enforcement and fire agency Unified Commanders

## **Inner Perimeter and Outer Perimeter:**

The Inner Perimeter and Outer Perimeter are additional law enforcement terms that geographically define the operational area.

- a. **Inner Perimeter** is the defined area where the suspect(s) or threat are contained, with entry and egress controlled by law enforcement. The Inner Perimeter is considered an IDLH zone or Hot Zone.
- b. **Outer Perimeter** is a larger area controlled by law enforcement that encompasses the inner perimeter and the incident support functions, which the public is excluded. This area would include the hot, warm, and cold zones

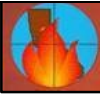
## **Cover and Concealment:**

Cover and Concealment are law enforcement terms that describe levels of protection for personnel:

- a. **Cover** is considered a location or hard barrier that provides protection from gunfire, blast, or shrapnel hazard. Cover can be natural or manmade, however it must be dense enough to provide adequate protection. The higher the caliber of weapon the more substantial the barrier must be.
- b. **Concealment** is considered a location or barrier that visually conceals personnel from a gunman but does not provide cover protection from gunfire. The wall of a structure that bullets or shrapnel could penetrate may provide concealment but would not provide cover.

## **Special Weapons and Tactics (SWAT) Team:**

A SWAT Team is a law enforcement resource comprised of law enforcement personnel with a minimum of 80 hours of approved tactical training whose mission



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is to operate in the Hot Zone to suppress or eliminate the threat and prevent further injury or loss of life.

SWAT teams typically have Tactical Medics or TEMS Specialists assigned to the teams to support SWAT operations in the Hot Zone. The TEMS Specialists or Tactical Medics may or may not be fire department paramedics.

Specialized Enforcement Team (SET) is a term preferred by some law enforcement agencies to describe SWAT resources.

## **Contact Team:**

A Contact Team is the term used for law enforcement resources usually comprised of the first arriving law enforcement officers (two to four officers) whose mission is to immediately deploy into the Hot Zone to engage and suppress the threat preventing further injuries to persons.

The initial law enforcement IC may be part of the Contact Team. The first arriving fire department units may not be able to establish Unified Command with law enforcement until additional law enforcement units arrive. Initial communication with law enforcement may be through the jurisdictional law enforcement dispatch center.

## **Rescue Team:**

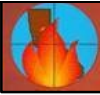
Rescue Team is the term used for law enforcement resources whose mission is to enter a Hot Zone under direct fire to rescue a victim.

## **TACTICAL EMERGENCY MEDICAL SUPPORT (TEMS)**

Tactical Emergency Medical Support (TEMS) refers to the medical care in support of SWAT teams during high-risk URV incidents. EMS historically referred to the “Tactical Medics” role assigned to SWAT teams. Recent stakeholder discussions have recognized the need to extend TEMS concepts to the TEMS FRO level to provide for a more rapid response by first responders in support of active shooter/violent intruder incidents.

## **Tactical Combat Casualty Care (TCCC):**

The TCCC guidelines were developed for military personnel in a combat setting based on studies of battlefield injuries. TCCC considers a patient population that is generally young and healthy adults. The TCCC guidelines focus on the variables of penetrating trauma under combat conditions and proved very successful in improving combat injury outcomes. (See Appendix A)



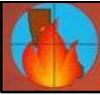
## **Tactical Emergency Casualty Care (TECC):**

The TECC guidelines are the civilian counterpart to the U.S. Military's TCCC guidelines and focus on LSI treatment of rapid hemorrhage and airway control along with rapid evacuation through the Warm Zone to the Cold Zone where the victim can be transported for definitive medical care. TECC considers a patient population that includes geriatric, chronically ill and pediatric patients. Consideration for scope of practice, liability for civilian medical responders and that ground and air transport to Level 1 trauma centers is more prevalent in the civilian setting is also considered. Medical equipment utilized under TECC should be limited to the equipment and supplies that can be carried by field personnel into a tactical setting (i.e., tourniquets, trauma dressings, airway adjuncts, etc.) as approved by the LEMSA. Equipment such as cardiac monitors should be avoided.

## **TEMS Response Levels:**

The accepted practice regarding TEMS responses center around three levels of TEMS capabilities: TEMS FRO, TEMS Technician and TEMS Specialist.

- a. **TEMS First Responder Operational (TEMS FRO)** refers to first responders who have completed a minimum four-hour agency-specific tactical awareness training that enables first responders to operate in a Warm Zone with Force Protection as part of a Rescue Task Force. Training typically includes basic law enforcement tactical awareness training, the use of appropriate PPE (helmet, body armor, etc.) and modified TCCC or TECC curriculum. TEMS FRO personnel are prohibited from working in the Hot Zone.
- b. **TEMS Technician** refers to personnel who have completed an approved tactical medicine course, but who have not attended an approved SWAT course. The TEMS Technician provides a higher-level tactical medical capability for Rescue Teams or Rescue Task Forces in the Warm Zone without requiring SWAT qualifications. TEMS Technicians provide tactical medical support in the Warm Zone to the SWAT medic or TEMS Specialist operating in the Hot Zone. TEMS Technicians are still prohibited from operating in a Hot Zone.
- c. **TEMS Specialist** refers to personnel who have completed both an approved tactical medicine course and an approved SWAT course. TEMS Specialists are SWAT team members or Tactical Medics that operate in a Hot Zone in support of SWAT team operations. Some law enforcement agencies utilize personnel who have completed a hybrid SWAT and tactical medicine course to fill the Tactical Medic role on the SWAT team.



## Rescue Task Force:

**A Rescue Task Force (RTF)** is a resource comprised of fire department or EMS personnel and law enforcement personnel assigned together and deployed in a Warm Zone to provide LSI and rapid extraction of victims during an Active Shooter/ Violent Intruder incident. Ideally an RTF should be comprised of a minimum of 2-3 fire department or EMS personnel with a line supervisor (Captain or Lieutenant) and at least two law enforcement personnel serving as Force Protection for the RTF.

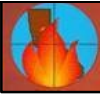
The circumstances or resource availability at the time may dictate that these minimums be modified with less than two law enforcement personnel, however that should be determined only after a risk assessment is completed by the RTF Leader.

Fire department/EMS and law enforcement personnel should form a single task force resource with a single designator (i.e., RTF-1 or fire department apparatus number). RTFs are highly mobile and should employ a modified equipment configuration that provides increased mobility. Enhanced hemorrhage control and airway management is essential. Items such as defibrillators, large drug/trauma boxes or other items that may hamper an RTF's mobility should be avoided.

Fire department/EMS personnel assigned to RTFs must utilize appropriate PPE. Helmets and ballistic body armor are recommended. Fire service agencies and their respective law enforcement agencies must collaborate at the local level to develop policies regarding the type of PPE such as fire department helmet versus ballistic helmet, reflective turnouts versus subdued outerwear, level of body armor, etc.

RTFs may operate in the Warm Zone. RTFs will triage, treat, and evacuate CCP's as necessary. Evacuation of victims will be based upon severity of injury. RTFs may also staff a secured CCP in the Warm Zone to treat victims that have been evacuated from the Hot Zone by law enforcement personnel or Contact Teams prior to evacuation to the Cold Zone.

Law enforcement communications are paramount to the safety of the RTFs while operating in the Warm Zone; RTFs must have accurate, real-time information and intelligence from Contact Teams or SWAT members to adjust rapidly to changing conditions and threats. Due to changes in a critical situational, fire department and law enforcement members should work closely to ensure coordination and communication between all RTF operations. The fire department team leader should provide clear direction on fire/EMS needs to the law enforcement RTF member while operating in the Warm Zone. It is imperative for fire service and law enforcement partner agencies to collaborate at the local level to develop and practice communication procedures and disciplines including encrypted communication capabilities.



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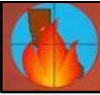


Fire department resources should not use “Rescue Team” at a violence incident. Law enforcement will only use the term “Rescue Team” for resources whose mission is to enter a Hot Zone under direct fire to rescue a victim such as in a hostage. Fire department personnel are prohibited from operating in the Hot Zone unless individual personnel are qualified and assigned as a TEMS Specialists/Tactical medic or SWAT team member.

## **PRE-PLANNING CONSIDERATIONS**

The following are pre-planning considerations that fire service agencies and their respective law enforcement agencies can use to collaboratively plan for a URV incident:

- a. Develop policies, procedures, and operational guidelines that address incident command structure, appropriate PPE requirements, levels of response, and tactical operations.
- b. Develop communication interoperability with fire, EMS, law enforcement, and any other cooperating agencies.
- c. Identify target hazards and the system components to each; control rooms, master keys or access cards, floor plan diagrams, and building communication systems.
- d. Assess “soft targets” identified by law enforcement, such as bus or train stations, airports, hotels, amusement parks, theater and concert venues, shopping malls, and schools.
- e. Develop pre-planned Incident Action Plans (IAPs) for identified targets that include command structure, levels of response, facility or venue information, pre-identified staging and access locations, communication plans, and risk versus gain assessments.
- f. Develop training curriculum and programs that cover operational and tactical law concepts, unified command, co-located command posts, LSI versus MCI concepts, response concepts such as Rescue Teams and Rescue Task Forces, and contingency considerations such as a Rapid Intervention Crew (RIC).
- g. Conduct joint training and exercises with fire, EMS, law enforcement, and other cooperating agencies at identified target locations to provide familiarization between first responder agencies. Such training should take place at target locations to ensure familiarization with those locations.



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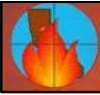


## **INITIAL DISPATCH AND ENROUTE CONSIDERATIONS**

- a. Confirm the type of URV incident, active shooter, barricaded suspect, hostage situation, bomb threat, terrorist act or fire as a weapon.
- b. Immediate considerations are for an MCI. Ordering resources and staging considerations are essential for a successful operation.
- c. Confirm that law enforcement is on scene or law enforcement's ETA.
- d. Don appropriate PPE including helmet and body armor per established policy and procedure.
- e. Gather any available intelligence from dispatchers such as the number of victims or hostages, their status, and identified hazards or threats.
- f. Confirm the communication plan, appropriate access or control perimeters, staging locations, and the location of the law enforcement command post.
- g. Request on scene law enforcement contact information including phone number.
- h. Request additional resources and overhead based on available intelligence.

## **INITIAL LAW ENFORCEMENT INCIDENT BRIEFING**

- a. Obtain a law enforcement briefing upon arrival and develop the ICS organization as necessary.
- b. Establish Unified Command with concurrence of law enforcement (Reference FOG Manual 420-1, Chapter 6 – Unified Command). Co-locate fire and law enforcement at a single Incident Command Post (ICP).
- c. Confirm the current incident status including the type and location of the threat, the number of suspects, the number and status of victims or hostages and threat assessment.
- d. Consider the incident's potential and develop Incident Objectives, including communicating Leader's Intent.
- e. Determine the resource status of on-scene units and the status of requested resources.
- f. Identify the tactical operational zones and perimeters with law enforcement.



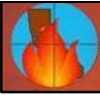
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- g. Establish Staging Areas in the Cold Zone. For efficiency, consider separate Staging Areas for each discipline.
- h. Develop an incident traffic plan with law enforcement and ensure travel corridors from the Warm Zone to the Cold Zone remain clear for fire department vehicles and ambulance.
- i. Determine with law enforcement the level of Force Protection required to act, ensuring that Force Protection is assigned to all ICS elements as needed.
- j. Determine with law enforcement if a “shelter in place” or “evacuation” strategy will be implemented.
- k. Law enforcement should determine the number and location of evacuee processing areas to facilitate law enforcement processing.
- l. The Family Assistance Center should be located away from incident functions (ICP, Treatment Areas, etc.) in the Cold Zone.
- m. Confirm the Incident Communication Plan with law enforcement including the types of frequencies; low band/high band, encrypted/non-encrypted, narrowband/wideband.
- n. Establish and communicate appropriate Escape Routes and secured Safety Zones.

## **MEDICAL RESOURCE MANAGEMENT**

- a. Confirm the appropriate location for Ambulance Staging and helicopter landing zones with law enforcement.
- b. Determine the appropriate location for the Patient Treatment Areas.
- c. Request law enforcement security or Force Protection for MCI functions.
- d. Activate the appropriate Local EMS Agency’s (LEMSA) MCI plan to ensure local hospitals and trauma centers are notified of the incident and to assess hospital and trauma center availability and capabilities.
- e. Request ambulance service supervisors to assist with ambulance resource management and patient transport operations.
- f. Verify number of ambulance resources and order additional ambulance units as necessary.



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- g. Provide for rapid egress of patients by developing ambulance loading ingress/egress traffic patterns to include pre-designated extraction points.

## **FIRE SUPPRESSION CONSIDERATIONS**

- a. Evaluate scene safety with law enforcement before making any entry.
- b. Determine with law enforcement if Force Protection is necessary.
- c. Determine the fire attack strategy (offensive versus defensive).
- d. Determine with law enforcement the location and status of victims or occupants and evaluate the necessity of evacuation.
- e. Assess the risk of ammunitions, flash grenades, hot gases or explosive hazards under fire conditions with law enforcement.
- f. Consider the use of unstaffed ground master stream appliances and ladder pipes.
- g. Consider using cover when applying hose streams for fire control or exposure protection.
- h. Request Hazardous Material response resources to assist with decontaminating victim or safety personnel when there is a risk of exposure to pepper spray, tear gas, flash-bang devices, or radiological/biological/chemical hazards.
- i. Consider, with law enforcement, establishing multiple Staging Areas for resources in safe and secured locations.
- j. Develop a water supply plan in anticipation of a prolonged incident.

## **INCIDENT COMMAND CONSIDERATIONS**

After the initial law enforcement incident briefing has been conducted including the situation status, resource status, special hazards, and perimeters identified and initial actions taken, the fire department should establish Unified Command with law enforcement.

The initial law enforcement Incident Commander may be deployed with the initial contact team and the only communication with law enforcement may be through the law enforcement dispatch center. Unified Command may have to be established once additional law enforcement resources arrive on scene.



## **Incident Action Plan:**

Once Unified Command has been established, efforts should be made by the Unified Commanders to develop a written Incident Action Plan (IAP). An IAP may include, but not limited to:

- a. Incident priorities and objectives.
- b. Maps or building diagrams, if available, to identify operational zones, perimeters, CCPs, Divisions, and the locations of incident functions and resources, etc.
- c. Organizational structure based on incident priorities and objectives.
- d. Special hazards and safety considerations.
- e. Communication Plan that facilitates communication interoperability between fire department resources and law enforcement resources.
- f. Medical Plan that specifies the procedures to follow in the event of injuries to incident personnel.

## **Command Staff:**

Unified Commanders should anticipate a large influx of media representation and local government officials in addition to assisting and cooperating agency representatives. A Command Staff (Public Information Officers, Liaison Officers) should be requested to manage the large number of representatives and media. Incident Commanders should consider establishing a Joint Information Center (JIC) away from the ICP.

## **Operational Branches:**

The complexity of the URV incident will dictate the complexity of the incident organization. A less complex incident may establish one Operations Branch with the fire disciplines and law enforcement disciplines organized as Groups. Consider multiple branches or divisions well away from the initial incident scene due to patients fleeing the area. In a complex incident, fire and law enforcement disciplines should be organized as separate branches and may include the following:



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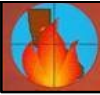
a. Fire Branch:

- Fire Group for fire suppression or forcible entry needs.
- HazMat Group for environmental monitoring and decontamination needs.
- US&R Group for forcible entry or RIC needs.
- Medical Group for MCI operations intended for civilian casualties.
- Medical Unit (if Logistics is not established) to manage injuries to incident personnel.
- Rescue Group To appropriately manage RTFs, the Rescue Group can be assigned to the Law Branch or Fire Branch as determined by local policy.

b. Law Branch:

- Contact Teams to immediately engage the threat.
- SWAT Teams.
- Perimeter Control to secure the Incident operations.
- Rescue Teams.
- Force Protection to secure operational areas and provide protection for incident personnel.
- Rescue Task Forces, consisting of Force Protection and fire/EMS resources, to treat casualties in the Warm Zone and evacuate to the Cold Zone.
- Investigation.
- Intelligence Technical Specialists from FBI, Homeland Security or regional information/intelligence agencies if available.

Note: The development of the Incident Command System (ICS) allows that there is only one Supervisor of a Group. However, a Rescue Group, when established at a URV incident, should have both law enforcement and fire department representatives working closely together to ensure close coordination and communication between fire department and law enforcement resources during RTF operations to maintain the best situational awareness while operating in a Warm Zone.



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## GLOSSARY OF TERMS

**Active Shooter:** An armed person who has used deadly force on other persons and continues to do so while having unrestricted access to additional victims.

**Body Armor:** Personal protective body covering intended to protect the body against gunfire. Can also include hard ballistic plates intended to increase the level of protection.

**Casualty Collection Point:** In a tactical environment, a secured area typically located in the Hot or Warm Zone where victims can be brought to initiate LSI while waiting to be extracted by RTFs to treatment areas in the Cold Zone. Multiple CCPs may be established based on incident needs. The physical location of a CCP must provide adequate cover and protection from the potential threat for safety personnel and victims. Consider locating CCPs in the vicinity of adjacent zones to better facilitate moving victims from one zone to another.

**Cold Zone:** The operational area where no significant danger or threat can be reasonably anticipated as determined by law enforcement and where most incident support functions are located.

**Concealment:** A law enforcement term that refers to a location that hides an individual from view but does not provide protection from gunfire.

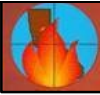
**Contact Team:** A team comprised of up to four law enforcement officers who deploy at an active shooter incident to immediately engage the shooter to suppress or eliminate the threat and prevent further injury or loss of life.

**Cover:** A law enforcement term that refers to a location or hard barrier that provides protection from gunfire, blast, or shrapnel hazard. Cover can be natural or manmade but must be dense enough to provide adequate protection. The higher the caliber of weapon the more substantial the barrier must be.

**Family Assistance Center:** A facility located near an incident, designed to provide timely information and services to families of victims. This includes assistance with emotional support, spiritual care, and health and social services. Reunification of family members can also be facilitated at this location.

**Force Protection:** In a tactical environment, the protective actions taken by law enforcement to protect incident personnel or secure a location from hostile threats intended to harm incident personnel or victims.

**Force Protection Group Supervisor:** The position that provides direction and communication to law enforcement resources, which comprise the Force Protection element of an RTF.



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**Hot Zone:** An operational area where a direct and immediate threat exists. An unsearched area or an area in range of direct gunfire is considered a Hot Zone. A Hot Zone is considered an IDLH zone.

**Inner Perimeter:** A law enforcement term for an area where the suspect(s) or threat are contained, with entry and egress controlled by law enforcement. The Inner Perimeter is considered an IDLH zone.

**Law Enforcement Liaison:** Fire Department personnel who work closely with law enforcement agencies to train and/or equip officers to assist with lifesaving medical skills or procedures

**Life Saving Intervention (LSI):** A modified prioritization process for a tactical environment that focuses on major hemorrhage control, opening the airway, chest decompression due to pneumothorax, and providing chemical exposure antidotes.

**Outer Perimeter:** A larger area of the incident controlled by law enforcement that encompasses the inner perimeter and the incident support functions in which the public is excluded.

**Rescue Task Force (RTF):** A resource comprised of fire department personnel and law enforcement personnel assigned as a single unit that is deployed in a Warm Zone to provide LSI and rapid extraction of victims.

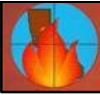
**Rescue Group Supervisor:** The position that provides direction and communication to fire/EMS resources which comprise the medical element of an RTF.

**Rescue Team:** A resource comprised of law enforcement officers whose mission is to enter a Hot Zone under direct fire to rescue a victim such as a hostage.

**Special Weapons and Tactics (SWAT) Team:** A law enforcement resource comprised of law enforcement personnel with 80-hours of approved tactical training whose mission is to operate in the Hot Zone to suppress or eliminate the threat and prevent further injury or loss of life.

**Tactical Command Post:** A law enforcement term (non-ICS compliant) used by some law enforcement agencies for a SWAT command post, similar to a Tactical Operations Center, established separately from the incident's unified command post for the purpose of managing the SWAT team operations when tactical operational needs dictate.

**Tactical Combat Casualty Care (TCCC):** Treatment guidelines that were developed for military personnel in a combat setting based on studies of battlefield injuries. The TCCC guidelines focus on the variables of penetrating trauma under tactical conditions, providing LSI treatment with rapid hemorrhage and airway control as the priority in the Hot and Warm Zones.



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**Tactical Emergency Casualty Care (TECC):** The civilian version of the TCCC guidelines.

**Tactical Emergency Medical Support (TEMS):** The preventive urgent and emergent medical care in support of SWAT teams during high-risk URV incidents.

**Unified Response Violence (URV) Incidents:** Unpredictable law enforcement incidents that present a significantly higher threat of injury or loss of life to first responders, victims, and the public. These types of incidents include active shooter/violent intruder, barricaded suspect, hostage situation, high-risk warrant service, suspected terrorist event utilizing firearms, explosives, or multi-coordinated actions that pose unique complexities and threats that challenge first responders.

**Tactical Operations Center:** A law enforcement operational center (non-ICS compliant), similar to a Tactical Command Post, established separately from the incident's unified command post for the purpose of managing the SWAT team operations when tactical operational needs dictate. The Tactical Operations Center is intended for large and complex URV incidents.

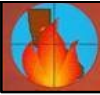
**TEMS FRO:** First responders (BLS or ALS level) who have completed a minimum four-hour agency-specific tactical awareness training that enables first responders to operate in a Warm Zone with Force Protection as part of a Rescue Task Force.

**TEMS Specialist/Tactical Medic:** First responders who have completed both an approved 40-hour tactical medicine course and an 80-hour POST approved SWAT course. TEMS Specialists are SWAT team members or "tactical medics" that operate in a Hot Zone in support of SWAT teams.

**TEMS Technician:** First responders who have completed the same approved 40-hour tactical medicine course as SWAT tactical medics or TEMS Specialists however have not completed an approved 80-hour SWAT course.

**T.H.R.E.A.T:** The Hartford Consensus mnemonic that identifies principles for a TEMS FRO-based response to an active shooter incident (**T**hreat suppression, **H**emorrhage control, **R**apid **E**xtraction, **A**ssessment, **T**ransport).

**Unified Command:** Unified Command is a team effort that allows all agencies with jurisdictional responsibility for an incident, either geographical or functional, to participate in the management of the incident. Developing and implementing a common set of incident objectives and strategies demonstrate this participation that all can subscribe to, without losing or abdicating agency authority, responsibility, or accountability. Those organizations that participate in Unified Command should have statutory responsibility for some portion of the incident or event. Assisting and cooperating agencies with no statutory responsibility that nonetheless contribute resources to the incident should not function at the Unified Command level. These agencies should instead, assign Agency Representatives to effectively represent their agencies and resources through the Liaison Officer. In these ways,



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the principles that define Unified Command provide all the necessary mechanisms for organizational representation and interagency management within a multi-agency incident response.

**Warm Zone:** An operational area where a potential threat exists, however the threat is not direct or immediate. The threat still exists elsewhere in the building or venue, however law enforcement has cleared and secured an area for which fire and EMS personnel with appropriate Personal Protective Equipment (PPE) can operate in. The Warm Zone is still considered to be an IDLH zone.

**Zone:** Zone – A defined geographic area or function utilized to support the management of an Incident (i.e., Hot, Warm, Cold).

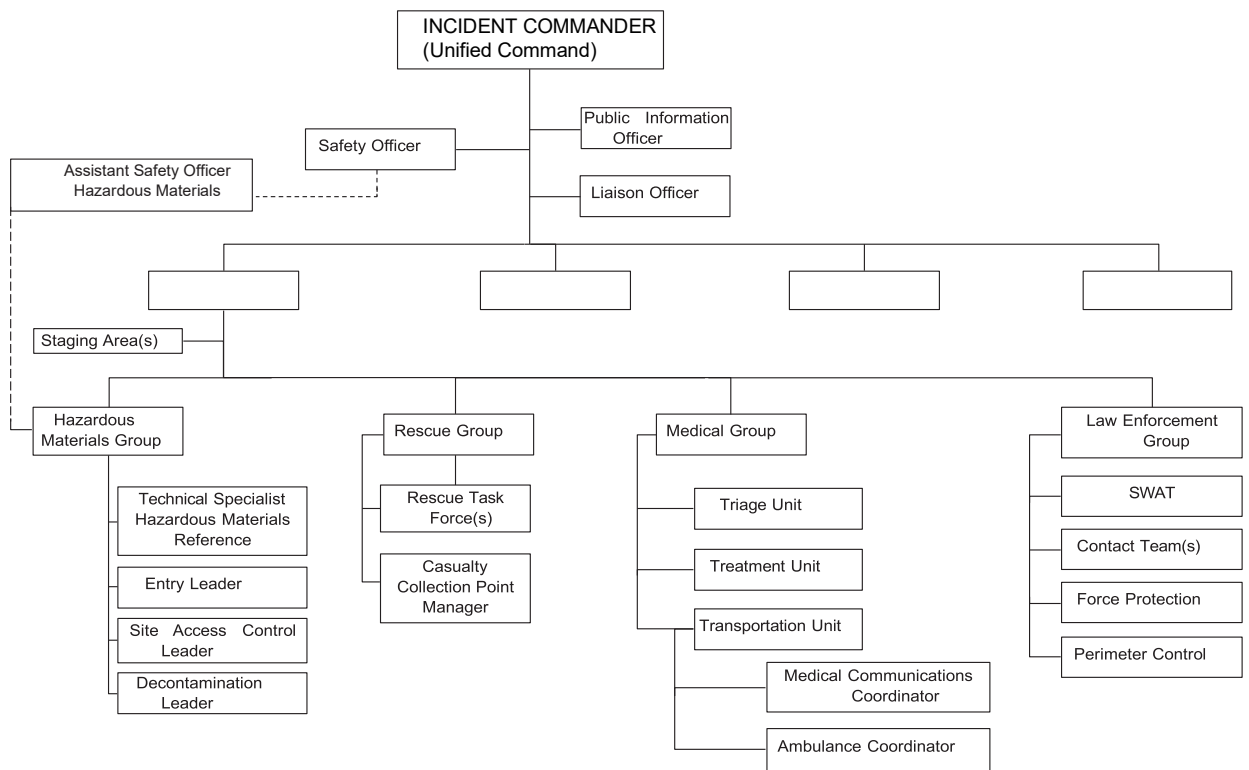
Note: The following examples of modular development are included to illustrate a possible method of expanding the organization. Actual response organization should be based on the conditions and organizational needs specific to the incident.





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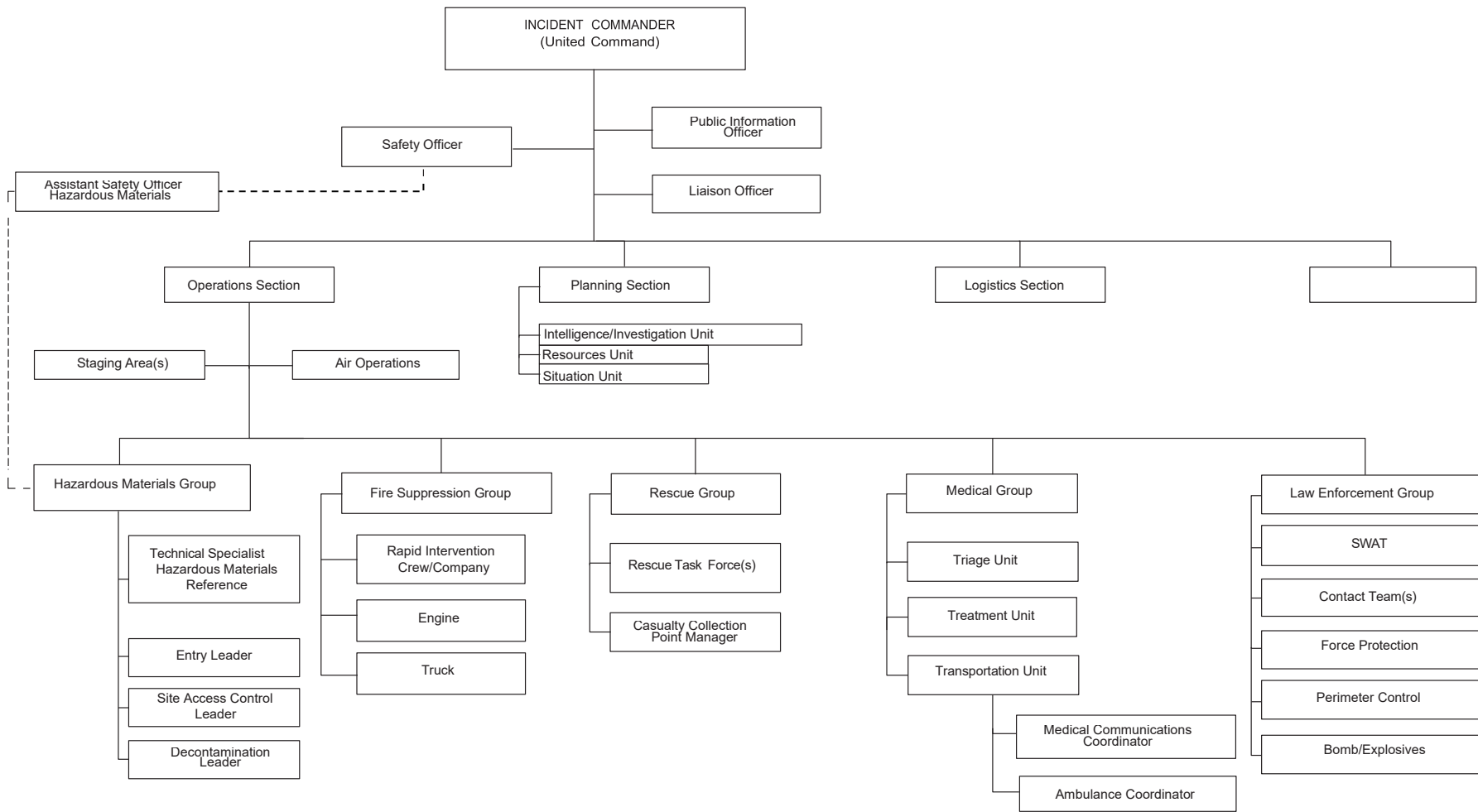
## UNIFIED RESPONSE TO VIOLENCE – REINFORCED RESPONSE



**URV Incidents – Reinforced Response Organization:** As additional resources arrive, the Unified Incident Commanders have established the Operations Section along with multiple groups to supervise emergency responder activities, and have identified the Hot, Warm, and Cold zones in the Operational Area. Groups may be assigned to certain functions such as rescue and medical care for victims, hazardous materials handling, or law enforcement activities. The Rescue Group is comprised of fire resources with force protection resources combined to form a Rescue Task Force to enter a Warm zone and treat and extricate victims to a Casualty Collection Point or the Cold zone. Air Operations will coordinate helicopters used for medical transportation and reconnaissance. The Planning Section is established to track and document resource, intelligence, and situational status. The Logistics Section is established to provide the service and support needs of the incident.

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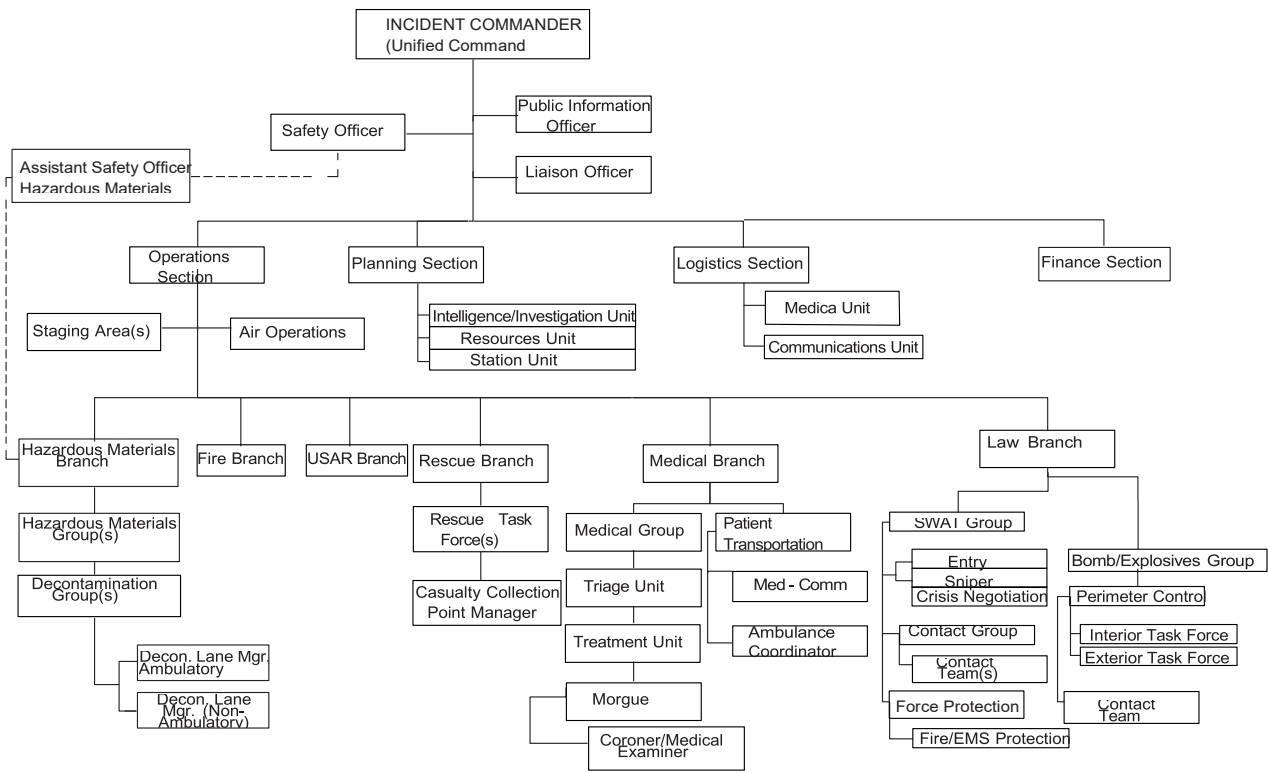
## UNIFIED RESPONSE TO VIOLENCE – MULTI-DIVISION/GROUP RESPONSE



Unified Response to Violence - Multi-Division/Group Response Organization: The Incident Commanders have activated most Command and General Staff positions, established a combination of multiple divisions and groups. Based on the needs of the incident, the intelligence/investigation function may be activated.

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## UNIFIED RESPONSE TO VIOLENCE – MULTI-BRANCH RESPONSE



Unified Response to Violence - Multi-Branch Response Organization: The Unified Command is joined by additional responsible agencies as the incident grows. As the incident becomes more complex, the Unified Command creates additional divisions and branches to address the risks of the incident, such as in a Complex Coordinated Attack (CCA). The Operations Section Chief and Deputy Operations Section Chief may switch roles based upon the current objectives of the Incident as well as the individual's discipline, i.e. Law Enforcement, Fire, or EMS.



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## APPENDIX A

### INFORMATION RESOURCES

The following links and websites are being provided for the convenience of the reader. First responders are encouraged to research these sites as well as other websites when developing policies, procedures, and training curriculum related to Active Shooter/Violent Intruder incidents and terrorism events.

California Emergency Medical Services Authority – Tactical Medicine and Tactical Casualty Care

[Tactical Casualty Care And Medicine For Special Operations | EMSA](#)

California Fire Fighter Joint Apprenticeship Committee – Unified Response to Violent Incidents [Joint Training for Fire Personnel and Law Enforcement California Firefighter Joint Apprenticeship Committee \(caljac.org\)](#)

International Association of Fire Chiefs

Position Statement: Active Shooter and Mass Casualty Terrorist Events [IAFC Position: Active Shooter and Mass Casualty Terrorist Events](#)

National Fire Protection Association NFPA 3000 Standard for an Active Shooter/Hostile Event Response (ASHER) Program

<https://www.nfpa.org/codes-and-standards/all-codes-and-standards/list-of-codes-and-standards/detail?code=3000>

2013 Hartford Consensus I

[http://www.naemt.org/Files/LEFRTCC/Hartford\\_Consensus.pdf](http://www.naemt.org/Files/LEFRTCC/Hartford_Consensus.pdf)

2013 Hartford Consensus II

[http://www.naemt.org/Files/LEFRTCC/Hartford\\_Consensus\\_Call\\_to\\_Action.pdf](http://www.naemt.org/Files/LEFRTCC/Hartford_Consensus_Call_to_Action.pdf)

Committee for Tactical Emergency Casualty Care 2014 Tactical Emergency Casualty Care (TECC) Guidelines [http://www.c-](http://www.c-tecc.org/images/content/TECC_Guidelines)

[tecc.org/images/content/TECC\\_Guidelines - JUNE 2014 update.pdf](http://www.c-tecc.org/images/content/TECC_Guidelines_-_JUNE_2014_update.pdf)