



POSITION STATEMENT

Active Shooter and Mass Casualty Terrorist Events

The emerging threat of terrorism and asymmetric warfare, specifically small unit active shooter and improvised explosive device (IED) attacks, is a concern for the fire and emergency service. An attack by radicals armed with weapons in public areas, such as schools, shopping malls, churches or any locations where people congregate, is a serious threat to maintaining a strong sense of security and the daily lives of the public.

An active shooter event is an event involving one or more suspects who participate in an ongoing, random, or systematic shooting spree, demonstrating the intent to harm others with the objective of mass murder.

Given the recent spate of what has become known as “active shooter” scenarios unfolding across the nation, fire and police departments, regardless of size or capacity, 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.

It is imperative 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 operating procedures to deal with these unusual, highly volatile, and extraordinarily dangerous scenarios. Standard operating procedures should include at minimum the following objectives.

- 1) Use of the National Incident Management System (NIMS) in particular the Incident Command System (ICS). In accordance with NIMS guidance, fire and law enforcement should establish a single Command Post (CP) and establish Unified Command (UC).
- 2) Fire and law enforcement agencies should train together. Initial and ongoing training and practice are imperative to successful operations.
- 3) Agencies involved should use common communications terminology. Fire department personnel must understand common law enforcement terms, such as Cleared, Secured, Cover, Concealment, Hot Zone/Warm Zone/Cold Zone and other related terms (red, green etc.).

- 4) Provide appropriate protective gear to personnel exposed to risks. Firefighters, EMT's and paramedics should be provided ballistic vests and helmets if they are to participate in a Rescue Task Force.
- 5) Consider secondary devices at the primary incident scene and secondary scenes in close proximity to the primary incident scene. Acts of terror using IEDs, as well as active shooters often prepare or actually begin their attacks at a location separate from the area designated as the primary incident scene.
- 6) For events including IEDs, consider fire hazards secondary to the initial blast. For example, in public areas such as restaurants, clubs, schools and churches, natural gas is used in food preparation and heating; therefore, responders should check to ensure that gas lines and valves have not been compromised.

A Rescue Task Force (RTF) is a set of teams deployed to provide point-of-wound care to victims where there is an on-going ballistic or explosive threat. These teams treat, stabilize, and remove the injured in a rapid manner, while wearing Ballistic Protective Equipment (BPE) and under the protection of law enforcement officers. An RTF should include at least one advanced life support (ALS) provider.

An RTF response may be deployed to work in an active shooter scenario in a school, business, shopping mall, church, conference, special event, or any other scene that has the potential of being an on-going ballistic or explosive threat.

Prior to deploying an RTF, the fire and law enforcement UC should consider IEDs or other secondary devices. Threat zones must also be identified by the UC. Threat zones include the following.

- Hot Zone - Area where there is a known hazard or direct and immediate life threat (i.e., any uncontrolled area where an active shooter/bomber could directly engage an RTF). RTFs should not be deployed into hot zones.
- Warm Zone - Area of indirect threat (i.e., an area where law enforcement has either cleared or isolated the threat to a level of minimal or mitigated risk). This area can be considered clear but not secure. The RTF will deploy in this area, with security, to treat and remove victims.
- Cold Zone - Area where there is little or no threat, due to geographic distance from the threat or the area has been secured by law enforcement (i.e., casualty collection points, the area where fire/EMS may stage to triage, treat, and transport victims once removed from the warm zone).

Each RTF member should be equipped at minimum with a Kevlar helmet, body armor, flash light, radio, and exam gloves. Remote microphones with earpieces are required for communications with UC.

An RTF should only be deployed upon agreement of the unified fire/ law enforcement command. RTFs of two firefighter/EMTs or paramedics should only be deployed with two law enforcement officers to provide security. The UC should establish an accountability

process for all incident responders using a check-in/check-out procedure. Firefighters should not self-deploy into the warm zone.

When teams make entry, they should treat the injured using Tactical Emergency Casualty Care (TECC) guidelines. Any victim who can ambulate without assistance should be directed by the team to self-evacuate via a cleared pathway under law enforcement direction. Any fatalities should be clearly marked to allow for easy identification and to avoid repeated evaluations by additional RTFs.

The RTF can be deployed for victim treatment, victim removal from warm to cold zone, movement of supplies from cold to warm zone, and any other duties deemed necessary to accomplish the overall mission. RTFs should work within law enforcement security at all times.

To sustain skills and readiness, RTF skills and operations should be taught annually and practiced regularly.

Rescue Task Force (RTF) initial and ongoing training for all EMS providers should include Tactical Emergency Casualty Care (TECC) guidelines and practical skills applications.

Tactical Emergency Casualty Care (TECC)

The Tactical Emergency Casualty Care (TECC) guidelines are the civilian counterpart to the U.S. military's Tactical Combat Casualty Care (TCCC) guidelines. The TCCC guidelines were developed for military personnel providing medical care for the wounded during combat operations. These guidelines have proven extraordinarily effective in saving lives on the battlefield, and thus provide the foundation for TECC. The TECC takes into account the specific nuances of civilian first responders.

The specifics of casualty care in the tactical setting will depend on the tactical situation, the injuries sustained, the knowledge and skills of the first responders, and the medical equipment at hand. TECC provides a framework to prioritize medical care while accounting for on-going high-risk operations, and focuses primarily on the intrinsic tactical variables of ballistic and penetrating trauma compounded by prolonged evacuation times. The principle mandate of TECC is the critical execution of the right interventions at the right time.

TECC is applied in three phases — direct threat, indirect threat, and evacuation care — as defined by the dynamic relationship between the provider and the threat. Indirect threat care is rendered once the casualty is no longer under a direct and immediate threat (i.e., warm zone). Medical equipment is limited to that carried into the field by RTF personnel and typically includes tourniquets, pressure dressings, hemostatic agents, occlusive chest seals and adjunct airways.

Tactical EMS (or Tactical Medic) Differs from the RTF Concept

Tactical EMS is *not* routine EMS. Tactical EMS — or Tactical Medic — refers to a select EMS provider assigned to a SWAT or similar specialized tactical law enforcement team. Tactical EMS requires the medic to be trained and equipped with the special skills necessary to support these law enforcement teams. Tactical medics should be members of agencies such as fire departments or EMS services who are specifically chosen and trained to be *part of* the tactical law enforcement team. In contrast, RTF responders come from the cadre of firefighter/EMTs and paramedics who respond daily to calls for help and should not be confused with tactical medics.

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