S.O.P. # TACTICAL OPERATIONS MANUAL- 41

SUBJECT: ACTIVE THREAT RESPONSE

DIVISION: EMERGENCY OPERATIONS

Definition: An active threat incident (ATI) is defined, in part, by the Department of Homeland Security as an individual or individuals actively engaged in killing or attempting to kill people in a confined and populated area; these acts may be carried out by the use of firearms, explosives, vehicles, fire, chemical or biological agents.

Purpose: To provide the coordinated and consistent dispatching of adequate resources for the report of an active assailant incident. To reduce the threat to provider safety through a pre-planned response and prescriptive deployment matrix, and to enhance the rapid triage, treatment, and transport of critically injured patients in an effort to increase the potential of survivability from traumatic injuries.

A. Incident Priorities
    1. Incident Commander
        a. Establish command in a safe area, consider calling for additional resources, and develop an Incident Command Structure appropriate for the incident. All personnel responding to an active threat incident should maintain a situational awareness at all times.
        b. Upon confirmation of an active multi-causality incident request the appropriate MCI response
        c. Establish Unified Command and identify command post location
        d. Identify and announce staging area
        e. Interface with the Police OIC on scene to gather incident related intelligence to determine resources needed, number of wounded and the rescue task force (RTF)/Threat zones. These must be identified prior to RTF deployment.
        f. Identify hazards present and call for resources as appropriate.
        g. Coordinate with Medical Group/Branch Supervisor/Director and Rescue Group Supervisor the location and condition of wounded victims including those who have been transported from the scene (update this status at least every 15 minutes)
        h. Establish Medical, Staging, and Rescue Groups.
        i. Consider dispatching an engine to the involved hospitals to receive patients and assist in freeing up the transport unit to report back to the incident scene.

    2. Medical Group/Branch-1st Arriving EMS/Fire personnel
        a. Oversight of EMS operations must be staffed
            i. EMS operations include:
                1. Casualty Collection Point

2. Transportation

b. Utilize Active Assailant Incident Worksheet from Command Book
c. Communicate with MDO/EMRC/Syscom and local facilities
d. Notify EMRC that an MCI has been declared. Provide EMRC with the following information: General Type of Incident, Incident Location, age range of patients, estimated number of patients by triage status, approximate number of causalities, and any hazardous materials involved.
e. Coordinate with Rescue Group Supervisor/Branch Director for updated patient count and status.
f. Determine location of Casualty Collection Point
g. Determine location of Casualty Transfer Point

3. Rescue Group/Branch

Deployment of rescue task force teams **will not** occur until approved by Unified Command. The RTF Teams should be assembled in the staging area.

a. Request RTF teams from staging as needed
b. Ensure level II accountability is established
c. Maintains communication with a deployed RTF team
d. Communications between the Rescue Group and the RTF teams should be maintained on a separate talk group.
e. Communicate number and status of victims to other group supervisors

4. Staging Officer

a. Report arrival to IC
b. Maintain situational awareness at all times and be alert for additional hazards i.e. additional shooter, IEDs etc.
c. Assume control of the apparatus and personnel staging areas
d. Determine and plan for quick access and egress routes for all involved units supporting the incident.
e. Identify, prepare, and group fire department personnel into RTF teams of (2-4). 4 Fire Department personnel is preferable. Must include a minimum of 2 police personnel as a security element.
f. Consider alternative transport units, i.e. Brush units, Fire Apparatus, special units.
g. For large scale MCI incidents consider recycling transport units

5. Transportation Group

a. Work with staging officer to ensure adequate transport units and appropriate access/egress.
b. Utilize transportation tracking form
c. EMRC may hold a consult channel for the necessary duration of the MCI

d. Determine appropriate transport destination for transport units (taking into account of priority, age, and any specialty referral)
e. Maintain patient accountability for family reunification and other purposes
f. Coordinate through MDO/EMRC the patient destination, and communicate the number of patients, general illnesses, ages, and triage category on each transport unit as they leave the scene to the receiving facilities
g. If a central point of contact cannot be established, individual transport units MUST communicate the above information individually through EMRC to the receiving hospitals during transport. Those units must announce that they are associated with the MCI or unusual event

7. Rescue Task Force (RTF)

Definition: Rescue Task Force (RTF) is a mixed asset team consisting of Police and Fire Department personnel that will be deployed into the warm zone (as identified by unified command and approved by the Fire Department OIC) to provide rapid lifesaving treatment and evacuate victims where there is an indirect threat or potential indirect threat.

a. Teams may be mixed assets to include law enforcement to provide protection.
b. Teams will consist of 2-4 fire department personnel. 4 personnel is preferred
c. All team members will wear appropriate PPE as determined by the IC. PPE includes ballistic gear and universal PPE.
d. All team members will maintain team integrity. All team members will carry radios.
e. One RTF team member will be designated as team leader. The RTF team leader will provide CAN reports (Conditions, Actions, and Needs) to the Rescue Group Leader.

8. Casualty Collection Point (CCP)

The CCP may be determined prior to RTF entry. As intelligence is gathered, the CCP may be moved at the request of RTFs. This request must be authorized by Police as a determination must be made as to the safety of the location.

a. Receive causalities from the RTFs and reassess interventions.
b. Initial treatment and triage of walking wounding.
c. Maintain patient accountability by utilizing MIEMSS triage tags and patient tracking forms
d. Communication with transportation officer
e. Request additional resources as needed.

B. Patient Flow Guidelines for Critically Injured Patients

1. Incident Priorities: THREAT

Threat suppression
Hemorrhage control
Rapid **E**xtrication to a safe area
Assessment

Transport

a. Threat suppression is primarily a Law Enforcement function but may be a suppression related function e.g. smoke, fire, hazmat, rescue
b. Police may direct/move patients to the CCP or safe area if possible.
c. Only life-saving treatment should be performed in the CCP or warm/indirect threat zone including hemorrhage control, sealing chest wounds, and primary airway control
d. All patients with critical injuries, i.e. lifesaving intervention performed, will be transported as quickly as possible. Transportation of these patients should not be delayed for any reason other than critical life-saving treatments.
e. All patients transported prior to the establishment of casualty collection point designation will be relayed via radio to the IC for tracking purposes.
f. All other patients evacuated from the scene as well as walking wounded will be triaged, treated, and transported as needed.

2. Method for Triage in the Warm/Indirect Threat Zone
   a. SALT

      Sort
      Assess
      Lifesaving Treatment
      Transportation

   b. The need for rapid life-saving treatment and transportation of critically wounded patients is paramount to increased survival rates. Critically wounded patients should be transported from the scene quickly even if it means by-passing the treatment area. These rapid transports must be recorded via radio to dispatch and to the IC on scene for accountability purposes. The Medical Group/Branch Supervisor should assign an assistant to maintain a strict patient accountability sheet.

C.) Response Profiles

1. First Alarm MCI

   a. 1 Battalion Chief
   b. 2 EMS District Officers (Notification of EMS Shift Commanders)
   c. 3 Engines/Truck/Tower/Rescue
   d. 6 Transport Units (any level)
   e. Safety Officer
   f. SORT 50
   g. Command engine

      - Upon on-scene confirmation of an active threat situation with multiple patients, the Incident Commander should consider the dispatching of a 2nd MCI alarm.

2. Additional Alarms MCI

   a. 1 BC
   b. 3 Engine/Truck/Tower/Rescue

c. 6 Transport Units (any level)
d. 1 District Officer

3. Additional Resources

The OIC should consider if the following resources are needed and justified based on the size, complexity, nature, and estimated length of time on scene:

- BWI MCI Trailer
- Baltimore City MCI Trailer
- Howard County & Anne Arundel County multi patient buses
- MSP Helicopter(s)
- Logistics Vehicle from supply (BLS supplies)
- Hazmat
- Notify Medical Directors

Glossary of Key Terms

Rescue Task Force (RTF)

Fire Department rescue team made up of maximum of two- four fire department personnel with one individual identified as the team leader. All team members should be familiar with the Tactical Emergency Causality Care (TECC) principles and zones of operation.

Rescue Group Supervisor/Branch Director

FD personnel who assumes lead role during the incident to directly coordinate the operations of the RTF assembly and deployment.

FIRE DEPARTMENT OPERATIONAL ZONES

1. **Hot Zone/Direct Threat**

   Any operational area where there is a direct or imitate threat to safety or health.

2. **Warm Zone/Indirect Threat**

   Any operational area where there is an indirect or potential threat to safety or health.

   ***Decision to move into the Fire Department Operational warm zone shall occur as identified by unified command and approved by the Fire Department IC after careful consideration of the Intel from Law Enforcement.

3. **Cold Zone/Evacuation Zone**

   Any operational area outside the warm or hot zone where personnel can operate without threat to safety or health.

Casualty Collection Point (CCP)

An area where casualties can be gathered for life saving treatment and triage. Rapid trauma assessment and only life-saving treatments should be provided in the CCP. This area should ideally have cover and concealment from any threats and be secured by law enforcement (LE).

Casualty Transfer Point (CTP)

A geological location where transport vehicles are available to transport casualties.

Concealment

Anything that prevents direct observation from the threat.

Cover

Barrier protection from firearms and other hostile weapons

Life-Saving Interventions

Time sensitive treatments that should be corrected immediately. These include basic airway management, bleeding control with tourniquets and wound packing, chest seals, and placing the patient in the recovery position.

Unified Command

Unified command should be established under ICS when an incident has more than one responding agencies with responsibility during an incident. Only one command post should be established and staffed with representatives from all agencies involved.

Contact Team

Initial deployment of law enforcement personnel tasked with active threat contact and elimination. Contact team primarily operates in the Hot Zone/Direct Threat zone.