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Active Shooter/Hostile Event (ASHE) Guide

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Active Shooter/Hostile Event (ASHE) Summit II
ASHE Guide

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Executive Summary

A second Active Shooter/Hostile Event working summit (Summit II) was held in Charlotte, N.C. from January 11 to January 14, 2016. This second summit was jointly sponsored by the Department of Homeland Security (DHS), Office of Health Affairs and the InterAgency Board (IAB). Over 80 representatives from 14 agencies and organizations worked together to meet Summit II's goal of developing and publishing a set of guidelines for municipalities to use to build their own Active Shooter/Hostile Event (ASHE) plans and procedures or modify existing plans and procedures customized for their requirements and resources. ASHE incidents are characterized by a variety of means, weapons, and tactics used to cause physical injury or death. These incidents present an operational range of hazards, confronting first responders with a wide range of weapons and coordinated small unit tactics, requiring a more complex response strategy that blurs the lines between traditional law enforcement, fire and emergency medical services duties and responsibilities.

To meet the goal of Summit II, the agenda was organized into two parts. Part One was to build on what was accomplished in the initial summit by sharing new information through focused presentations on specific topics and exchanging updates from the participating agencies and organizations. Part Two of the Summit was the primary focus of the agenda and where participants collaboratively prepared detailed, implementable standard operating procedures for ASHE that were designed to integrate all first responder disciplines into an ASHE response and to ensure procedures were scalable for municipalities of all sizes and resources.

This guide has been built from the input received from Summit II participants and is designed to serve as a template and checklist for preparing ASHE-specific plans and procedures. The guide has also been prepared to follow the logical process of developing and implementing an incident-specific set of procedures beginning with a comprehensive plan and policies formulated by representatives of all responsible agencies and jurisdictions working together. Throughout the document, lists of action-items to be completed by the readers are noted by a checkbox to the left of the statement. The checkbox allows readers to mark each action-item off as it is completed.

Specific procedures in this guide include:

- Incident command
- Emergency communications
- Medical
- Training and exercises
- Community outreach and citizen engagement
- Equipment
- Incident specific considerations for ASHE-specific threats and responses
  - Active violence
  - Fire as a weapon
  - Explosives
  - Civil disturbance

This guide concludes with a resource guide that includes terms and definitions and example Memorandums of Understanding (MOU)/Memorandums of Agreement (MOA) for formally documenting the resources and commitments each agency and jurisdiction should make when planning and executing a multi- agency/multi-jurisdiction ASHE incident plan.

If you are interested in obtaining information from any of the jurisdictions/organizations listed as a participant in this document, please contact the IAB Program Office (info@interagencyboard.us) and the IAB will coordinate with the respective jurisdiction.

ASHE Plan

- Incident Command
- Emergency Communications
- Medical
- Training & Exercises
- Community Outreach & Engagement
- Equipment List

Threat-Based Responses

Active Violence

Fire as a Weapon

Explosives

Civil Disturbance

Introduction

The foundation of any ASHE program is a comprehensive plan. A comprehensive ASHE plan provides a framework for developing and implementing specific procedures including training and exercising your capability, equipping your response elements, proactive engagement of your stakeholders, and evaluating your capabilities. A collaborative planning process involving representatives of all responsible agencies and jurisdictions sets the stage for an effective ASHE response.

A comprehensive plan should include the major components detailed below. Also provided is a checklist of recommended subcomponents that should be considered in building your comprehensive ASHE plan.

Incorporate Multi-Agency/Discipline Scope and Participation in the Planning Process

By its nature, an ASHE incident requires a multi-agency/discipline and, depending on the extent of the incident, multi-jurisdictional response. A comprehensive ASHE plan must be developed collaboratively by representatives of all organizations covered in the plan. A good rule of thumb is "do not include people in your plan, include them in the planning." An ASHE plan must address the capabilities and resources available and offered from within and outside each agency and jurisdiction. Being involved in the planning increases familiarity with the plan and commitment to executing the plan.

- ☐ Identify and include all agencies and jurisdictions (local, regional, and federal partners, and non-government partners such as the private sector and nonprofits) that will be included in the ASHE plan. Consider agencies, jurisdictions, and disciplines from surrounding areas that could provide mutual aid.
- ☐ Request a lead point of contact that will be the representative to the planning process from each agency/jurisdiction.
- ☐ Build formal and informal professional relationships with staff from each agency/jurisdiction/discipline. Pre-incident understandings and relationships built before an incident are crucial to the success of an integrated response.
- ☐ Establish the scope, purpose, and objectives for the comprehensive plan.
- ☐ Identify the staff responsible for completing specific responsibilities, including subject matter experts.
- ☐ Understand the capabilities of each agency/jurisdiction/discipline. Knowing each agency's posture beforehand is very important for identifying gaps.
- ☐ Identify and share technology resources and information across agencies, jurisdictions, and disciplines (i.e., mobile data terminals, floorplans, access keys, video feeds, etc.).

Engage Senior Leadership

It is critical that senior leadership understands and supports the comprehensive ASHE plan. Without their active support, the planning process and any subsequent response will be jeopardized.

- ☐ Identify all key leaders in each agency/jurisdiction/discipline (senior elected and appointed leaders, administrators, labor representatives, etc.).
- ☐ Establish a schedule and method for engaging each key leader.
- ☐ Ensure new senior leaders are informed when senior leadership changes.

- Communicate the importance and value of an integrated, multi-agency/multi-jurisdictional/multi-discipline response plays in an ASHE incident, requirements and resources, and their role in planning and response.
- Build a legislative mandate, if possible.

Document Agency-to-Agency Agreements

As part of the planning process, formally document the resources and commitments each agency and jurisdiction make to the planning process and execution of the plan in the event of an ASHE incident.
Develop MOU or MOA between each agency/jurisdiction included in the comprehensive plan.
Identify and describe each partner agency/jurisdiction.
Establish the purpose of the MOU/MOA.

- Describe the roles and responsibilities for each agency/jurisdiction. Ensure the roles and responsibilities are aligned with the scope, purpose, and objectives established for the plan.
- Describe how the collaboration/partnership benefits the plan and the response.
- Detail how incident/unified/area command will be conducted in a multi-agency/jurisdiction/discipline response environment.
- Include a statement that the lead agency accepts full responsibility for the performance of the collaborative multi-agency/jurisdictional response.
- Describe the specific resources each partner agency/jurisdiction will contribute to the planning process and any subsequent ASHE response. For the planning process this may be a time commitment, nonmonetary or donated contributions (e.g., office space, staff, training, etc.), and/or funding.
- Ensure that the MOU/MOA is signed by all partners. Signatories must be officially authorized to sign on behalf of the agency and include title and agency name. Example MOUs/MOAs are provided in *Resource Annex B: Memorandums of Understanding/ Memorandums of Agreements* (page 42) of this document.

Plan for Joint Operations

A comprehensive ASHE plan and all associated procedures must ensure a consistent and uniform approach to planning and responding to an ASHE incident. The policies contained in the plan should support operational principles that encompass integrated response operations. Policies should be developed that embrace good planning by all agencies involved in an ASHE response. The policies should mandate that planning is systematic and thorough in all aspects of the ASHE response.

- Develop plans and procedures that are flexible and adaptable to emerging and changing threats.
- Incorporate an all hazards response approach.
- Ensure the plan is complementary to other existing plans and procedures.
- Define roles and responsibilities.
- Develop, communicate, and use common and plain language and terminology (i.e., warm zone/cold zone policy) that all agencies understand.
- Include a system and schedule for plans and procedures to be reviewed, validated, and based on experience through training and exercises.
- Develop joint operations procedures in specific areas:
  Incorporate unified management of the incident from the start with unified operations.
    - Develop a communications policy and procedures on sharing and prioritization of information that promotes communications discipline.
    - Develop procedures to limit over-convergence of resources in the command and staging areas, managing the arrival of resources to prevent blocking of ingress and egress, and, therefore, making the command and staging areas less vulnerable as a secondary target.

- If triage systems are utilized, a common system should be developed between all responding agencies.
- Plan for reunification and fatality management notification.
- Incorporate scene security through continuous evaluation of the exterior (360-degree) and interior (six-sided – 4 walls, above and below floors), and through use of overwatch, **force protection**, site security, access control.
- Identify critical infrastructure and key resources in jurisdictional Areas of Responsibility and develop plans and preventative measures for critical infrastructures.
- Coordinate with the private sector, building maintenance, armed and non-armed security, and executive protection.
- Include citizen outreach as a component to the plan.

Share Information

Sharing information during planning and response is critical for an effective response by multi-agencies and jurisdictions.

- Share intelligence on past planned and executed attacks (successful and prevented) both nationally and internationally to help demonstrate scope and range of the threat.
- Develop policy that requires interoperable communications be utilized in planning, training, and execution of the ASHE plan.
- Share sensitive threat information using a secure method, if possible.
- Conduct After Action Reviews for all ASHE and high-risk incidents, including all relevant responders, and identify lessons learned. Take into consideration that every jurisdiction will handle After Action Reviews differently, however, each jurisdiction needs to understand that due process must occur.
- Share After Action Reports as soon as possible following a response to provide first responders pertinent/relevant information.

Establish Policy and Doctrine Specifically for Training and Exercises

Policy should support training and exercise requirements. The policy and doctrine will be committed to and incorporated by all agencies/jurisdictions. Training and exercises support cross-agency awareness, interaction, integration, and cooperation. A training and exercise program should include the following characteristics:

- Realistic and dynamic operating scenarios that reflect agency/jurisdiction capabilities and are measurable. Include historical facts to build understanding on what is done and why. Reproducible, repetitive, sharable, and consistent across agencies/jurisdictions.
- Flexible to allow for variances in capabilities.
- Use an integrated approach, from tabletops to full-scale exercises, agencies will develop working relationships and trust as they perform integrated training.
- Mandate cross-discipline awareness and training; each local discipline should develop a generic introduction to basic culture and operations that can increase interoperability by giving other disciplines an awareness-level understanding.
- Include senior leadership (including senior elected and appointed leaders and administrators) and private sector entities in training and exercises.
- Sensitivity to overloading agencies/jurisdictions with requirements.
- Scalable; first focusing on role-specific skills, then intra-discipline skills, and, finally, inter-disciplinary.
- Include decision making skills and performing skills under stressful situations at all levels.
- Consider occupational competencies versus operational competencies as an important

distinction.

- ☐ Build accreditation and skill competency levels into the training and exercise program.
- ☐ Develop reference materials to support continual training.
- ☐ Use “on-demand” or “no notice” exercises.
- ☐ Build in an evaluation component of the exercises and rewrite/refine policies or procedures, if necessary.

Find Additional Sources of Funding

Funding for additional planning, training, exercises, and equipment required to build an adequate ASHE response may exceed available funding. Consider creative, alternative sources.

- ☐ Explore regional, multi-agency, and multi-jurisdictional sources.
- ☐ Identify available local, state, federal funding streams (**Urban Area Security Initiative** [UASI], **Homeland Security Grant Program** [HSGP], **Strategic Highway Safety Plan** [SHSP], **Department of Justice** [DOJ] foundations, and other non-traditional first responder grant programs).

Community Preparedness and Citizen Engagement

Incorporate proactive community preparedness and citizen engagement to complete the “whole of community” aspect. Ensure all agencies/jurisdictions actively participate in outreach and education for the community. In order to increase survivability in ASHEs, teach and empower non-professional first care providers (i.e., citizen bystanders) to initiate basic Tactical Emergency Casualty Care (TECC) driven care at or near the point of wounding as the first link in the chain of survival. [Note: this aspect of ASHE preparedness is covered in greater detail in the Community Outreach and Engagement section of this document.]

Definition
Incident Command System or ICS is a hierarchical approach to emergency response that fosters both management and coordination when multiple agencies are involved.

Introduction
It's important that ICS is built from the bottom-up as opposed to the top-down, as ICS oftentimes starts with the smallest unit on the scene until further response assets can arrive. Establishing ICS as soon as possible is critical because it fortifies coordination and leadership between various responders and agencies. And as stressed in the first Active Shooter Summit Report, integrated response improves survivability in ASHE emergencies by fostering a coordinated response with all disciplines represented.

In most ASHE incidents, the responding law enforcement agency will the lead response with overall command of the incident. However, both the fire service and emergency medical service play an important role by bringing necessary skills. It is also important to note that during the lifecycle of an ASHE, an agency's utility will vary at different points. Such as, when an incident begins and the threat is being suppressed, then law enforcement has the greatest utility, whereas, fire and medical may have the greatest utility when it becomes important to search for and treat victims, respond to potential explosive threats, and rescue and triage victims by establishing collection points. Also noteworthy is the point that certain threats may in fact see the fire service as the lead agency, such as in a fire as a weapon or hazardous material (hazmat) emergency.

Many departments are utilizing ICS on a daily basis and may not recognize it as such. Therefore, it is important for agencies to recognize the use of ICS and understand the need for common language and terminology across disciplines.

The following standard operating procedures have been broken down into three categories: preparation and pre-event, initial response, and Unified Command. At the end, considerations for demobilization are also featured.

Standard Operating Procedure: Preparation and Pre-Event

Purpose
The purpose of the procedures below is to highlight ICS-related actions that any agency can take in order to prepare for a potential ASHE emergency.

Roles and Responsibilities
It is the responsibility of all relevant agencies to have an understanding of ICS and its importance in emergency response, specifically during an ASHE. This often starts with leadership requiring that all members of a department utilize ICS. Leadership should also empower individuals on every level of the department to make critical decisions because the lowest ranking officer is most likely first to arrive on scene. Each agency should be trained in ICS via the National Incident Management System (NIMS) before an event so proper use of ICS can be implemented during an emergency.

Operational Process

- Day-to-day use of ICS for all disciplines to increase the successful use of ICS during an ASHE.
- Utilize specific incidents (motor vehicle accident) or planned events (special events) to incorporate ICS as practice for a real ASHE.
- Identify common objectives and core tasks for ICS ahead of time so all disciplines are on the same page.
- Include **emergency communications** (e.g., dispatchers, 9-1-1 call centers) in ASHE planning and training, as they play an important role in establishing and maintaining ICS.
- Establish policy that the Incident Commander (IC) should be at the scene of the incident and directing operations to responding units.
    - This discourages higher level members of a department to give commands without fully understanding the scene or threat.
- Establish pre-identified response packages (law enforcement/fire/emergency medical system [EMS]) based on MOUs/MOAs:
    - Jurisdictions should have policies in place to pre-select which resources will respond.
    - Prevents over-convergence and self-dispatching or freelancing.
- Discuss and plan for possible utilization of excess resources:
    - Hospital security
    - Traffic control routes
    - Security at command post
    - Family assistance and reunification
- Establish policies for the use of non-uniform officers. For more information on off-duty or non-uniform law enforcement officers and concealed handgun owners, please see the Community Outreach and Engagement section beginning on page 24.

Standard Operating Procedure: Initial Response

Purpose

ICS is most critical in the initial response to an ASHE. Without a sound structure of ICS at the beginning of an incident, the rest of the response has the potential to unravel as additional agencies and resources arrive. Ideally, initial ICS should be in place as soon as possible understanding that the first officer to respond may form a **Mobile Command**. As additional resources arrive a more formal ICS will be put in place.

Roles and Responsibilities

At the beginning of an incident, the responsibility to establish ICS rests with the first arriving resource. The initial IC needs to identify sufficient resources to deal with the threat.

Operational Process

- A mobile command may be established by a single or mutual officers in order to provide information and initial directions. This does not replace the need for a formal incident commander, but helps coordinate assignments for initial arriving resources until another response can establish a stationary incident command. A mobile command begins coordination between law enforcement/fire/EMS by sharing the following information:

  Initial Arriving Resource
    - Identify the temporary IC (herself/himself until unified command is established)
    - Provide threat assessment (IEDs, hazmat, etc.)
    - Identify threat zones (cold, warm, and hot)

Follow-on Incident Commander (who is stationary)

- Establish the need for **Rescue Task Force** (RTF) and identify:
  - If there are victims
  - The number of victims
  - Location of the victims
  - If the victims are alive and can be saved
- Identify staging areas and access routes
  - Units being sent to the Forward Control Point should be prepared to assist whenever and however necessary.
- Maintain communications with contact teams inside the building for constant updates on the threat and victims. This individual should be pulling information from inside the scene and pushing/communicating information to unified command, which includes EMS and the fire service.
- When possible, use identifiable landmarks to define the hot zone areas so it's clear and obvious where the threat begins. Regardless of zones, all responders should maintain high alertness to avoid complacency – zones are dynamic and may change as the threat changes.

- Split radio channels when additional agencies arrive. If this is not possible, designate law enforcement as lead on the channel. However, there should be at least one way for the Command Post to communicate with each other (law enforcement to fire department to EMS).
- Empower communication centers to act as the control center and eliminate over-convergence of resources.
- As additional resources arrive, ICS will change and grow with relation to the number of resources needed on scene. The ICS will transfer from a Mobile Command to a more formal command structure. The establishment of unified command will be in the form of Mobile Command or Incident Command post. Non-discipline command post may be set-up by a supporting agency until law enforcement can move into command.
- Understand that a command should never hinder boots on the ground operations. Everyone at the incident scene should be aware that command will transfer once higher level representation arrives and begins establishing traditional **Unified Command.**

Standard Operating Procedure: Unified Command

Purpose

Once a Unified Command has been established, it should be in place during the entire ASHE. As the incident evolves, higher-level structure of Unified Command will be established as response partners arrive.

Roles and Responsibilities

The responsibility to maintain a **Unified Command** once again becomes a task for all disciplines involved with responding to the incident. It begins with the **Mobile Command** transferring command to the **Command Post** and the establishment of **Unified Command** by all responding agencies.

Operational Process

- Formalize the **Command Post** where all disciplines are within speaking and touching distance from each other and communicate its location to all responding agencies. The **Command Post** is not directly at the scene as to not be impacted by an expanding warm/hot zone.
- Implement a command structure with assignments (e.g., Law Enforcement Branch, Tactical Group, Medical Branch, Resource Group, etc.) as defined by the local preparation and pre-event efforts, as needed depending on the situational layout and other constraints.

- ☐ Establish and maintain interoperable communications across all disciplines to facilitate information sharing.
- ☐ Begin to assemble resources that are flexible and based on the status of the emergency, such as RTF. It is recommended that **Unified Command** is in place to assist with RTF.
- ☐ Prepare to support operations with regional/agency mass casualty plans to include **transport corridor** (loading area for transport of victims) and **casualty collection points** (for triaging of victims and casualties). Identification of appropriate hospital destinations should be ready, and, if necessary, the need to redistribute patients based on injuries (E.R. decompression). Investigate the needs of law enforcement to include witness containment.
- ☐ Establish security for command post and staging area. A staging area manager should be identified as soon as possible and tasked with security and resource accountability.
- ☐ Establish **Joint Information Center (JIC)** and media area to ensure it is distinctly designated from the staging area.
- ☐ Initiate family reunification and family assistance activities.

Standard Operating Procedure: Maintain Unified Command

Operational Process Considerations

- Transferring command
- Establish rest/rehabilitation procedures
- Identify long-term logistical needs
- Establish rotational process for responders

Standard Operating Considerations: Demobilization

Purpose

There are critical actions that must be taken into consideration as an ASHE winds down. It's important that these actions are clearly understood and defined ahead of an event.

Operational Process Considerations

- Debrief responders and victims on **Critical Incident Stress Management**.
- Establish mental health support programs/resources for all involved.
- Release excess resources.
- Establish crime scene procedures.
- Plan for dealing with any displacement of citizens or businesses.
- Manage volunteers and donations.
- Manage VIP visits (Mayor, Governor, etc.).
- Preserve evidence including witness information and interviews.
- Determine safety of scene or building.
- Produce after action reporting.
- Identify what the return to normal or new normal looks like.

Emergency Communications

- Pre-Event
- Event

Definition
Emergency communications, to include dispatchers, 9-1-1 call centers, etc., are the link between those in need and responders. As such, they are integral to an ASHE incident.

Introduction
Multi-discipline coordination between all response entities, including emergency communications, is the foundational component for developing an ASHE response capability. Dispatchers should be trained and empowered to identify an active shooter incident and scale the response accordingly. In most ASHE incidents, the initial point of contact is emergency communications. Additionally, these communicators need the tools and guidance to direct victims in an ASHE, whether that be "run, hide, fight" or "avoid, deny, defend."

The following standard operating procedures have been broken down into two categories: pre-event and event.

Standard Operating Procedure: Pre-Event

Purpose
The purpose of the procedures below is to train and prepare dispatchers and emergency communicators on their role in an ASHE. With this knowledge, they can play a vital role in aiding all other disciplines during the response.

Roles and Responsibilities
Traditionally, dispatchers have not always been included in the response preparation. Leadership should strive to ensure communications is recognized as a critical piece and that inclusion in training and exercises for an ASHE will only assist all agencies when an emergency takes place. All agencies have the responsibility to include communications in their ASHE plans, and asking for their involvement ahead of time will strengthen those plans.

Operational Process
Ensure communication specialists are included in program and response development.

- ☐ Produce educational and training materials for dispatchers on law enforcement, fire service, and EMS capabilities to include cultural terminology. A consideration could be made for a tactical dispatch curriculum to better prepare communicators for ASHE.
- ☐ Integrate emergency communicators into training exercises with law enforcement, fire service, emergency management, and EMS.
- ☐ Exercise jurisdiction's communication system. Hold a surge drill to test the system's capabilities. Other jurisdictions have used these types of drills to determine the maximum number of calls that can be taken before 9-1-1 calls are dropped by service providers.
- ☐ Develop a policy or protocol that requires the use of interoperable communications and disciplined communications etiquette in whatever way possible.
- ☐ Encourage leadership to communicate with leadership of other disciplines to form relationships prior to any event.

- ☐ Create abbreviated ASHE-related call questions to facilitate quick turnover of 9-1-1 calls.
- ☐ Establish situational awareness through sentinel event benchmarks to be broadcasted on all channels (e.g., suspect description, suspect down, and so forth).
- ☐ Train auxiliary personnel in ancillary 9-1-1 responsibilities to assist during ASHEs (e.g., updating command staff personnel and recalling staff) and be able to make callbacks for resources, etc.
- ☐ Ensure protocol is in place to callback available dispatchers or 9-1-1 personnel, if necessary.

Standard Operating Procedure: Event

Purpose
The procedures below should be implemented during an actual ASHE to escalate the role of dispatchers in order to decrease the duties of other disciplines. By prepping dispatchers to play a more critical role in the response, information sharing will become more seamless and less of a hindrance to responders.

Roles and Responsibilities
Once dispatchers have been fully trained and briefed on ASHE response protocol, responsibility shifts to the dispatcher to take this knowledge and apply it during a crisis. As long as dispatchers feel empowered by their leadership to make a difference, their training should allow them to assist with information sharing, interoperable communications, over-convergence, and resources.

Operational Process
Establish **Joint Information Center (JIC)** as soon as possible to coordinate information flow between multiple agencies.

- ☐ Develop a reporting template that is updated at certain time intervals to keep information moving to respective agencies.
- ☐ Create a bridge line that is open throughout the incident so that updates are constantly available and anyone with the dial-in information can call for updates.
- ☐ Assign a **Communications Liaison (Information Liaison Officer [ILO])** to manage all information sharing.
- ☐ Identify objectives and strategies when meeting with the media.
- ☐ Continuously and constantly share information across all disciplines.
- ☐ Activate the callback protocol mentioned in previous section above.

Medical

- Application of High Threat Medical Guidelines

Definition

The medical piece of an ASHE program is critical. **Tactical Emergency Casualty Care (TECC)**, which has been developed from its military counterpart, Tactical Combat Casualty Care (TCCC), is the evidence- and best-practice based medical management guidelines of casualties under hostile conditions. These guidelines account for limited equipment, limited patient assessment, and limited treatment. TECC can and should be implemented in a systematic, appropriate fashion across all levels and scope of providers (citizen first care providers, non-medical law enforcement, fire/EMS, medical first receivers), and continues through all phases of an incident in the threat zone (hot, warm, cold).

Introduction

The IAB encourages agencies to adopt medical guidelines with a TECC framework and apply it across all disciplines in an ASHE response. To truly improve survivability for the wounded, TECC must be implemented in a scope-appropriate manner at all provider levels in the chain of survival: bystander/first care provider, non-medical law enforcement or fire first responder, medical prehospital provider, and first receiver. Each link carries forward and builds upon the stabilizing medical care initiated by the providers that came before them. This will require the identification of partners in the chain and developing a respectful relationship with each. The established relationship, along with knowledge and evidence, can be used to resolve any disputes. The need for medical direction and support, where appropriate, is also key. Finally, a strong medical response is supported by appropriate and standardized equipment. Information on equipment is featured in the Equipment List, which begins on page 28.

Standard Operating Procedure: Application of High Threat Medical Guidelines

Purpose

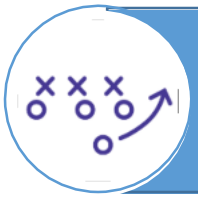
The intent of this recommendation is to increase survivability across the chain of survival in high threat events. Each agency should determine the appropriate scope of TECC care to be administered at or near the point of wounding by agency personnel during an ASHE.

Roles and Responsibilities

In order to apply high threat medical guidelines, leadership has some important responsibilities. The first is to emphasize the framework of “Stop the Killing, Stop the Dying, Stop the Destruction.” Integrating this mentality across the various agencies will complement the need for a strong TECC framework. Leadership should also emphasize TECC guideline application through the “**familiarity/proficiency/mastery**” framework. It is the responsibility of all agencies involved to establish coordinated and integrated medical care across the chain to include care that is redundant, easily trainable, and relatively consistent with daily operations. Additionally, it is imperative that any high threat care guidance, training, and protocols should be based on civilian, not military, data accepted and understood by all. TECC and high threat medical training and implementation should be standardized across various scenarios, but should be done in an agency-specific fashion to account for the unique cultural and operational aspects of that agency. Finally, leaders should emphasize the importance of the integrity of each link in the chain of survival, and that if one link fails to initiate care or does not carry forward that which was initiated prior, there will be negative effects on the overall survivability.

Operational Process

- Address regulations and issues of liability and exposure.
- Integrate and improve interface between all agencies.
- Integrate medical care according to high threat medical principles that builds upon the increasing scope as the patient moves up the provider chain.
- Establish scope of practice at each level not to exceed TECC.
- Ensure effective hand-off and medical communication at every level.
- Establish familiarity with prioritization of care and extraction.
- Base triage decisions and resource utilization on current and immediate needs:
    - Immediate needs will change with each triage decision.
    - Avoid withholding assigned resources in anticipation of possible future need.
        - Care providers should use their last (or only) tourniquet on the patient who needs it now, rather than withholding it for possible future self-use.
        - Patients moved to the cold zone should be immediately transported, if possible. Setting up another casualty collection point, or performing triage only after all patients are collected, delays transport and may only result in moving the mass casualty from the hot zone to the cold zone.
- Coordinate operations to include:
    - Response posturing of all links of the chain.
    - Patient distribution and possible reallocation from one facility to another.
    - On-scene medical resource staging, allocation, and tracking.
    - System-wide surge capacity (hospitals, non-traditional transport modes).
    - Patient tracking and reunification.
        - Redundancy throughout the chain improves accuracy.
        - Consider including non-traditional partners (i.e., local public health).
    - Marking/visual/nonverbal communication system.
- Emphasize role of communications centers and emergency medical dispatch crosscutting all links in the chain of survival, including evacuation.
    - Evacuation of patients, including:
        - Internal vs. external casualty collection points;
        - Warm/cold zone interface; and
        - Mode and method.
- Develop a system of after-action reporting that provides context for the medical decisions made during an incident to improve the system and be supportive and non-punitive.



Training & Exercises

- Training Plan
- Exercise Plan
- Emergency Communications
- Develop & Implement a Community Training Program
- Atypical Exercise Scenarios
- Training & Exercise Evaluation

Definition
Establish an ASHE-specific training and exercise program incorporating the complex facets of this type of incident with multiple agencies, multiple disciplines, jurisdictions, and the private sector.

Introduction
An ASHE response is only effective when all the responders are trained and exercised together. Leadership commitment to ASHE training and exercise allows testing of response capabilities, identifying gaps and reviewing and updating the response guidelines.

Standard Operating Guide: Training Plan

Purpose
Develop an ASHE-specific training program incorporating scenarios and challenges to hone multi-agency and multi-jurisdiction response.

Development:
The following should be considered when developing ASHE-specific training programs:

- Develop training standards and objectives that will apply to all participating agencies/jurisdictions.
- Develop best practice benchmarks to create clear, measurable standards of performance,
- Ensure senior leadership and command staff commit, attend and participate in ASHE training.
- Ensure ASHE training is relevant to the topic, realistic, and continually updated to evolving threats and experiences. Make training the highest quality possible.

Operational Process

- Develop and communicate training standards and objectives.
- Look for ways to incorporate ASHE-specific components into other training offerings (many of the concepts are relevant to all hazards response).
- Develop training syllabi that promotes an integrated response (i.e., communications, public information, etc.).
- Build into the training program roles for senior leaders and commanders.
- Consider training a dedicated representative from all agencies within the plan.
- Ensure that your cadre of instructors is large enough to account for staffing turnover.
- Use Unified Command System as a best practice.
- Include situational awareness for criminal and terrorist behavior and incident indicators.
- Ensure ASHE training is relevant, realistic, and continually updated to evolving threats and experiences.
- Ensure training venues for ASHE incidents are relevant to possible ASHE incident locations
- Train and exercise command elements in the role they will play during an ASHE response.
- All training should be evaluated in either table tops or full scale exercises for its effectiveness.

Benchmark

- Identification of threat
- Establishment of mobile or incident command
- Scene containment
- Unified incident command post
- TECC point-of-wounding care for victims
- Threat containment
- Casualty Collection Points (CCP) establishment, if necessary
- Threat mitigation
- Transportation of victims to area hospitals and tracking of patients

Specific training components

- Incident command
- Emergency communications
- Law enforcement response (exterior and interior tactics)
    - Scene security
    - Tactical and Explosive Ordnance Disposal (EOD)
    - Civil unrest
- Fire integration with force protection
    - Rescue task force
    - Firefighting
    - Hazardous materials
- EMS integration with force protection
    - Rescue task force
    - TECC
    - Triage treatment and transport
- Communications
    - Define triggers for early notification
    - Train using ASHE protocols
    - Train on situational awareness for emergency communication
    - Train all public-safety answering points (PSAP) personnel on ASHE incidents
    - Incorporate private branch exchange (PBX) phone systems in the emergency communications training. (this maybe public or private operators)

Standard Operation Guide: Exercise Plan

Purpose

Create a multi-agency, multi-discipline exercise program that includes all agencies identified within the comprehensive ASHE plan, so that they can use the program to plan, execute, and evaluate ASHE-related exercises.

Development:

It is recommended that exercise programs follow the Homeland Security Exercise and Evaluation Program guiding principles. The development of the exercise program is used to identify gaps in training, plans and/or resources. Exercise objectives should also look at realistic capabilities of participating agencies resources and be based on high probability events. Exercises should be designed to evaluate all phases of an event and established policy and procedures.

Operational Process

- Establish exercise standards that will apply to all participating agencies/jurisdictions. All

exercises should be based on these standards.

- Tailor the exercise program to the scope and resources of the partnering organizations.
- Communicate the exercise program among all partnering agencies.
- Gain a commitment from all partnering agencies to follow the exercise program.
- Create an information sharing capability so that all agencies/jurisdictions can share information on lessons learned during training and exercises.
- Evaluate the exercise program on a routine basis and adjust using benchmarks developed by the participating agencies/jurisdictions.

Community Outreach & Engagement

- Community Preparedness and Citizen Engagement Program
- Traditional Public Information
- Social Media

Definition
Community outreach and engagement is the proactive involvement of the "whole of community" in preparing for and reacting to an ASHE incident through training, outreach products and resources, and emergency public communications.

Introduction
An ASHE incident can happen anywhere. In many cases, there is no pattern or method to the selection of victims in an ASHE incident – these situations are unpredictable and evolve quickly. Establishing and maintaining an active program to engage workplaces, schools, places of worship, and citizens ensures the public is prepared for such incidents. A better prepared community will save lives.

Standard Operating Procedure: Community Preparedness and Citizen Engagement Program

Purpose
Plan and execute an ASHE community preparedness and citizen engagement program.

Roles and Responsibilities
A successful community outreach and citizen engagement program involves the active participation of all agencies and jurisdictions in providing citizens with an awareness of ASHE threats and best practices for responding to such an incident.

Operational Process

- Engage with a broad spectrum of community leaders that represent various community organizations and groups and can support a proactive program.
  - Explain the program and why it is needed.
  - Obtain their ideas – what and who to include.
  - Gain their active support.
  - Ask them to introduce the program to their communities.
- Develop partnerships with existing emergency management, law enforcement, and fire programs:
  - If your community has adopted the Federal Emergency Management Agency (FEMA) Community Emergency Response Team (CERT) concept, incorporate the CERT program into the community preparedness and citizen engagement program.
  - Incorporate existing community resources, such as DARE programs, in the public schools.
  - Develop trainers, advocates, and organizers.
- Define and communicate a series of common terms and definitions among community participants. For example, understand the terms of "Lock Down" and "Lock Out" and the need for the different protective scenario (e.g., locking only exterior doors versus locking all interior doors). Local jurisdictions need to define what each term means.
- Promote and support the development of workplace, school, and place of worship emergency plans that address potential ASHE incidents. In these plans include:

- ASHE awareness and assessment of threat environments.
- Use DHS, Federal Bureau of Investigation (FBI), and other resources to guide development of community training, products, and resources on active shooter awareness, incident response, and workplace violence. There are non- government public training resources such as a Walmart video on workplace violence.
- Add ASHE to the organization's emergency plans that already exist for disasters, etc.
- Involve state, county, and local emergency managers and public safety directors.
- Include either the *Run-Hide-Fight* or *Avoid-Deny-Defend* models as appropriate in your community for an ASHE incident.
- Incorporate and promote the *See Something-Say Something* and/or *Tell a Friend* concepts in community outreach and citizen engagement training for reporting of suspicious activity and/or suspicious behavior.
- Develop communication procedures that will provide emergency information, incident response, reunification, medical triage, etc.
- For civilian medical response:
    - Promote TECC medical interventions, CPR, and the location of Public Access Trauma Kits (PATKs) through training. This training should include skills to stop external bleeding, provide basic airway management and body positioning, recognition of chest injury affecting respiratory function, effective and efficient patient movement, prevention of hypothermia, and psychological support for the wounded.
    - Protect the injured (rapid extrication of injured to safe place)
    - There are many places where the public can obtain information and training on bystander care/hemorrhage control, including:
        - NAEMT B-CON (Bleeding Control For The Injured) http://www.naemt.org/education/B-Con/B-Con.aspx
        - First Care Provider http://firstcareprovider.org/
        - FEMA Community Emergency Response Team training http://www.fema.gov/community-emergency-response-teams

- Identify trainers from the agencies and jurisdictions that engage effectively with community leaders and citizens on ASHE training.
- Provide emergency communications personnel with specialized training for engaging with private or public sector switchboards or call centers that may receive initial communications of an ASHE incident.

Off Duty or Non-Uniform Law Enforcement Officers and Concealed Handgun Owners

- Provide training for off duty or law enforcement officers not in uniform and for civilians with concealed handguns, to include:
    - Report directly to staging and only report to command, if staging has not yet been established. This will 1) help ensure a safe response by making response personnel aware of their presence, 2) provide better deployment and management of assets, and 3) prevent over convergence of assets. Un-identified, armed individuals responding directly to the Command Post will create a security problem, distract the commander, and generally slow the overall response.
    - Develop proper procedures for non-uniform law enforcement officers and/or concealed handgun owners to identify themselves to response personnel.

Standard Operating Procedure: Traditional Public Information

Purpose

History has repeatedly underscored the value of practiced, integrated, proactive, and responsive

messaging to the public as part of a comprehensive and effective emergency management program.

Traditional communications to the public either directly or through the media is an essential component of an ASHE plan and response.

Roles and Responsibilities
Most agencies/jurisdictions have established emergency public information programs. These existing programs are a valuable starting point for ASHE-specific public information. ASHE-specific public information plans and training should be incorporated into existing plans and training provided to emergency managers and public information officers.

Operational Process

- Modify emergency public information plans and training to incorporate ASHE-specific public information requirements.
- Develop public information policies for messaging and develop clear guidance on who and how leadership is to communicate information during and after an ASHE incident.
- Formulate general ASHE-relevant messages prior to an ASHE incident that can be quickly updated with incident-specific information.
- Train agency/jurisdiction representatives so that they may be viewed as authorities in emergency public information during an incident.
- Develop relationships with local media so they can assist in distributing the approved messages during an incident.
- Expect any ASHE incident to generate national and international media interest. Understand the subtle differences between the interests and information requirements of the local and national media.
- Establish a Joint Information Center (JIC):
    - Structure should be based upon incident phase.
    - Multiple voices should be structured into one message.
    - Agency message must be relevant to their role.
    - Social media should be used to glean intelligence and disseminate information.

Standard Operating Procedure: Social Media

Purpose
Increasingly, social media is playing a significant role in emergency response. Recent ASHE incidents have also demonstrated how social media can become a tool to increase community resilience.

Roles and Responsibilities
Either as part of an agency/jurisdiction public information program or another resource, create a capability to monitor social media and use social media to disseminate ASHE response messages to the public. Social media communications can be a powerful tool for engaging the public. However, social media responsibilities can also become overwhelming if not properly integrated into an agency's/jurisdiction's planning, response, and training programs. Understand if your jurisdiction does not make a public statement on social media, the public will publish its own. Providing these updates also opens additional communication channels with the public, as well as quells public fears that may arise during an incident.

Operational Process

- Create and develop an official social media presence across multiple platforms (i.e., Instagram, Facebook, Twitter, etc.).

- Establish the ability to monitor social media activity related to ASHE threats.
- Designate a **Public Information Officer** or other designated person(s) to utilize social media accounts for official messaging. Given the amount of social media activity to be expected in an ASHE incident, establish surge capacity through a **Public Information Officer**, an emergency management office, a communications center, or perhaps establishing a virtual social media operations support team.
- Develop social media policies regarding public messaging and clear guidance for how personnel should engage social media.

Equipment List

- Medical
- Personal Protective Equipment

Introduction
In any given community the agencies/disciplines that may respond to an ASHE need to have a general knowledge of the roles, responsibilities and goals of the other responding agencies. Included in that knowledge is understanding what type(s) of equipment the other responding agencies will be using and how that equipment's use and limitations impacts the response. Each agency will determine its own equipment needs which includes the level of ballistic personal protective equipment (BPPE) necessary for different types of ASHE responses including active violence, fire as a weapon, explosives, and civil disturbances. Each agency's equipment list should be scalable to the agency's resources and capabilities, as well as fit into and complement their scope of practice.

Use the IAB's Standardized Equipment List (SEL) as a reference when considering equipment for firefighter's, police officers, and EMS providers, as well as specialty units (Special Weapons and Tactics Team [SWAT], bomb squad, etc.).

ASHE Equipment List: Medical

Purpose
In the ASHE environment there are three things an agency must consider when selecting medical equipment:

1. The agency's scope of practice
2. Care provided in the hot, warm or cold zones
3. TECC guidelines.

Medical treatment in the hot zone is referred to as **Direct Threat Care (DTC)**, in which the main focus is on moving the wounded to cover and managing massive hemorrhage utilizing tourniquets. Medical care in the warm zone is referred to as Indirect Threat Care (ITC) and can be initiated once the casualty is in an area of relative safety, such as one with proper cover or one that has been cleared but not secured by law enforcement. Compared to DTC, during ITC operations the possibility of the rescuers or patients suffering additional injuries is less likely. The acronym M.A.R.C.H. is used to describe the type of life threatening injuries addressed in ITC.

- M – Major Hemorrhage
- A – Airway
- R – Breathing/Respirations
- C – Circulation
- H – Head & Hypothermia

In the Cold zone, or "Evacuation Care," an effort is made to move the casualty toward a definitive treatment facility. Most additional interventions during this phase of care are similar to those performed during normal EMS operations. However, major emphasis is placed on reassessment of interventions and hypothermia management. Regardless of the scope of practice or the zone in which care is being provided, the medical equipment should be geared toward addressing only life-threatening injuries.

Such equipment would include but is not limited to;

Hemorrhage Control:

- Tourniquets
- Pressure dressings
- Wound packing and hemostatic agents

Airway:

- Unconscious casualty without airway obstruction
  - Chin lift or jaw thrust maneuver
  - Nasopharyngeal airway
  - Place casualty in the recovery position
- Casualty with airway obstruction or impending airway obstruction
  - Chin lift or jaw thrust maneuver
  - Nasopharyngeal airway
  - Allow casualty to assume position that best protects the airway, including sitting up
  - Place unconscious casualty in the recovery position
- If previous measures are unsuccessful
  - Nasopharyngeal airway
  - Supraglottic devices (e.g. King LT, CombiTube, or LMA) per protocol
  - Surgical cricothyroidotomy (with lidocaine if conscious)
  - Oro/nasotracheal intubation

Breathing:

- Occlusive seal dressing
- Needle decompression device

Additional Equipment:

- Small, purpose built medical bag
- Emergency blanket (heat control)
- Patient removal (litter, drag straps, etc.)
- Regional triage system to sift and sort

ASHE Equipment List: Personal Protective Equipment (PPE)

Purpose

In the ASHE environment, PPE should be geared toward the protection of those responders deployed in an active violence emergency.

Ballistic PPE:

- Law enforcement BPPE is a consideration for any officer that may be deployed in a contact team or Rescue Task Force. At a minimum, the contact team or RTF should have some sort of soft armor with a ballistic helmet, if available. If not, lack of a ballistic helmet should not delay contact, containment, and mitigation of the incident.
- Fire service or EMS BPPE is a consideration for any member that may be deployed in a RTF. The lack of ballistic protection equipment should not preclude fire and EMS personnel from forming into RTFs with law enforcement force protection to treat and extract the injured.
- BPPE for non-law enforcement responders is a contentious topic, and must be a local decision. The decision to wear BPPE (and what level), should be based on an accurate risk assessment, with consideration of the response model being adopted.

Additional PPE:

- Medical gloves
- Eye protection
- Hearing protection
- Respiratory protection

Additional Equipment:

- Breaching tools
- Thermal imager
- Flashlight
- Fire line tape
- Fluorescent sticks
- Four-gas combustible gas indicator (CGI)
- Patient tracking systems

Active Violence

Definition
An armed person killing or attempting to kill in public while having unrestricted access to additional victims.

Implementing an Integrated Active Violence Program
International and national organizations have called for interagency responses to ASHEs. The Fire Administration called for joint operations in its 2013 *Fire/Emergency Medical Services Department Operational Considerations and Guide for Active Shooter and Mass Casualty Incidents*. This drew upon the objectives outlined in the International Association of Firefighters' position statement regarding active shooter events. The IAB contributed to the dialogue with its 2015 report *Improving Active Shooter/Hostile Event Response: Best Practices and Recommendations for Integrating Law Enforcement, Fire, and EMS*. Though there is broad support for integrated ASHE response programs, there is a knowledge gap about how to implement them at the local level. Not all first responders have to be trained to enter the warm zone, but rather, each system must decide the most effective way to provide care to victims as early as possible. Patient care considerations that maximize survival should weigh into operational decision making. Larger cities may be able to implement a program with their own resources, but smaller towns, rural areas, and communities served by volunteers may wish to consider a regional or county-wide systems approach.

Considerations for All Stakeholders:
- Gain executive-level support.
- Establish information sharing policies.
- Craft joint policy and directives.
- Develop policies and training for unified incident command.
- Develop integrated education/training.
- Build relationships prior to an event to create trust.

Considerations for Fire/EMS:
- Change mindset – A lack of familiarity with ASHE scenes and being asked to enter an unfamiliar threat environment can lead to pushback.
- Meet with Unions – Fire/EMS are exposed to a greater threat during an ASHE. Understand that they will likely be hesitant to start an ASHE program.
- Expand the job description – Some firefighters do not see an ASHE response in the scope of their current job description.
- Develop increased awareness of PPE and its capabilities.

Considerations for Law Enforcement:
- Change mindset – Law enforcement may view these types of events as their "sandbox" and do not want to "babysit" fire and EMS.

Considerations for Funding
Funding, or lack thereof, should not inhibit a jurisdiction from implementing an ASHE program.

Establishing an ASHE response may require jurisdictions to creatively use the resources already available. Without additional money, jurisdictions can take steps to develop a plan, draft policy, and begin small-scale training. In addition to grant funding, jurisdictions may want to pursue nonprofit or business support. If direct funding from an outside entity is a conflict of interest, approach these organizations about stocking trauma kits or providing active shooter training for their in-house security. Additionally, for jurisdictions using private EMS, it should be expressly outlined in the contract that they will provide active shooter support.

Considerations for Training

Joint-training operationalizes what the individual agencies have learned through integrated education. Practicing integrated response on a smaller scale better prepares agencies for a large-scale ASHE response. In Los Angeles, small-scale training is used to optimize funding and personnel time. Other jurisdictions have had success with role–playing and observation exercises. Training considerations include:

- Develop small-scale, informal training.
- Create role-playing opportunities.
- Allow representatives from other agencies (i.e., fire/EMS, communications) to observe trainings.
- Ensure leadership is participating in joint training.
- Provide command training for all levels of personnel to equip anyone to set up an incident command.

Fire as a Weapon

Definition

The use of fire as a means to place citizens and responders in jeopardy or as a distraction and/or interference of performance of their duties.

A – Ambush/Arson
B – Barricade
C – Civil Unrest/Complex Coordinated Attacks
W – Wildland/Urban Interface

Implementing Fire as a Weapon Response

Fire as a weapon is an evolving danger to personnel and the public. It is important to consider how this threat will be approached by your jurisdiction. When creating a response to fire as a weapon, develop operational plans for urban and rural settings (consider construction type, engineering features, occupancy terrain, aspect, etc.).

Considerations for Equipment

- Fire-inhibiting products
- Ballistic material on PPE (i.e., self-contained breathing apparatus [SCBA] cylinder covers)
- Appropriate equipment for law enforcement and fire
- Ballistic protection for firefighters
- Thermal protection for law enforcement
- Repairing sabotaged standpipe
- Maximizing fire control room capabilities
- Fire curtain deployment
- Hose line from BearCat
- Remote monitoring deployment
- Use of specialized equipment (i.e., SCBA) must be practiced and trained to before use during an event. Disciplines (fire and police) training together on the use of this specialized equipment is encouraged.

Considerations for Building Safety Systems

- Ensure familiarization with fire suppression systems (i.e., sprinklers, standpipes, smoke detectors).
- Identify critical building operating features (i.e., systems and security control, heating ventilation and air-conditioning [HVAC], elevators).
- Identify key building engineering features (i.e., entry, egress, stairwells, areas of refuge).
- Identify building construction features that are made of flammable materials (i.e. Cosmo, Dubai).

Considerations for Training

- Basic fire behavior training for SWAT personnel.
- Smoke reading training for SWAT personnel and specifically snipers.

- Joint acquired structure burns between SWAT personnel and fire personnel.
- SWAT operations familiarity training for fire personnel.

Reference the Training and Exercises section on page 21 for additional information on an overall training and exercise program.

Explosives

Definition
Any material that causes a sudden release of gas, heat, and pressure, accompanied by a loud noise when subjected to a certain amount of shock, pressure, or temperature.

Implementing Explosives Response
Explosives are a real threat and should be considered when developing an ASHE response. Whenever an explosive is discovered during an event, the situation suddenly becomes much more complex. Explosives could also be used to target first responders. These types of escalations should be included in your ASHE policy. If possible, draw upon your jurisdictions' bomb/explosives experts when developing your policies, education, and training. Prerequisites for the considerations below include explosives awareness and recognition (identification, trigger mechanisms), reinforcement training, determining decision points, **Bomb-Making Materials Awareness Program (BMAP)** with precursors, knowledge of blast injuries, and a better understating of PPE.

Considerations for Discovery and Detonation
- Potential or actual threat to life
- Size of devices
- Unknown vs. suspected
- Actual or perceived threat
- Action upon discovery
- Multiple device presence
- Restrictions added
- Different levels of training
- Threat activity & totality of situation
- EOD/K9 support

Considerations for Decision Points and Procedures
- Recognition, pause, mark and move; continue or halt, bomb cover/bomb go
- Radios, cellphones
- Suspect/Victim handling
- Notification for bomb tech/EOD support
- Check-in/Check-out procedures
- Approach, cordon area, command and control staging, reunification
- Weapons of mass destruction/ chemical, biological, radiological, nuclear, and explosive
- Changing tactics, techniques, and procedures (TTPS)
- Time, distance and shielding (limit your **time** exposed to the device, keep your **distance** as far away as possible, **shielding** your body when moving or working around it)

Considerations for Radios, Cellphones, Jamming
- Current policies should reflect advances in technology.
- More research and information is needed in this area.

Considerations for Targeting First Responders

- Body-worn devices
- Evacuation, funnel, choke points
- Clear staging, command and control, and support areas
- Used to channel
- Used to distract, occupy, or target
- Post-event activities

Considerations for Protection, Equipment, and Medical

- Procure appropriate PPE (shields, blankets, covers).
- Utilize K-9 resources.
- Develop plan for informing that a blast occurred.
- Develop logistics for coordinating with fire/EMS in case of blast injuries.

Civil Disturbance

Definition

Acts of violence and disorder harmful or disruptive to public law and order. It includes riots, acts of violence, insurrections, and unlawful obstructions or assemblages.

Implementing Civil Disturbance Response

Civil disturbances are not a new form of hostile event, but there has been an uptick in their occurrence in recent years. Civil disturbances require a strategic, complex, and organized response. Planning is incredibly important with this type of hostile event because of the potential for escalation. These events can escalate quickly and a jurisdiction needs to have previously identified resources to call upon for support.

Considerations for Civil Disturbance Plan

- Define roles and responsibilities for each agency.
- Define overall strategies for each agency.
- Outline which tactics are to be used and which are not.
- Understand how each agency scales its operations.
- Decide how RTF will be deployed.
- Decide if, how, and when an integrated response will be used.
- Outline how structural triage for burning buildings will be conducted.
    - This will be driven by building occupancy and personnel resources.
- Decide if you will use hot/warm/cold zone designations.
    - If so, define each of these zones.

Considerations for Scaling Response

- Identify the local, state, and federal resources that can be called upon if necessary.
- Develop MOUs with neighboring jurisdictions and other resource partners.
    - Outline the logistics for incoming mutual aid.
    - *Note: A sample MOU is provided in the Resource Annex for your use.*

Considerations for Fire Service/EMS

- Understand history behind riots/develop awareness of community issue.
- Understand dynamics of civil disorder.
- Understand the political climate/expectations for level of protest allowed.
- Learn law enforcement rules of engagement.
    - Operational objectives
    - Decision-making process
    - Operational methods
        - Layered response
        - Squad movements
        - Munitions – less lethal

- Determine difference in responses between “no notice” and pre-planned events.
- Realize the legal landscape for this type of response.
- Ensure fire service/EMS have a voice in planning response strategies.
- Collaboratively plan for EMS support of LE in civil disturbances, to include policy and training
- Develop a plan for escalation and de-escalation.

Considerations for Law Enforcement

- Understand fire service/EMS limitations.
    - Response capacity
    - Fire hose on protestors should be discouraged
    - Hot zone operations limitations
    - Equipment limitations
    - RTF concept
    - Protection needs for fire/EMS
    - Importance of apparatus placement
    - Need to plan for medical care
    - Local mass casualty protocols
    - Local building personnel are invaluable

Resource Annex A: Terminology & Definitions

AHSE Policy & Planning

- Force Protection (FP) – Preventive measures taken to mitigate hostile actions against personnel, resources, facilities, and critical information.
  http://www.military-dictionary.org/DOD-Military-Terms/force_protection
- Urban Area Security Initiative (UASI) – Assists high-threat, high-density urban areas in efforts to build and sustain the capabilities necessary to prevent, protect against, mitigate, respond to, and recover from acts of terrorism.
  http://www.homelandsecuritygrants.info/GrantDetails.aspx?gid=33162
- Homeland Security Grant Program (HSGP) – Provides grants to support the building, sustainment, and delivery of core capabilities essential to achieving the National Preparedness Goal of a secure and resilient Nation.
  https://www.fema.gov/homeland-security-grant-program
- Strategic Highway Safety Plan (SHSP) – A statewide-coordinated safety plan that provides comprehensive framework for reducing highway fatalities and serious injuries on all public roads.
  http://safety.fhwa.dot.gov/hsip/shsp/

Incident Command

- Incident Command System (ICS) – A management system designed to enable effective and efficient domestic incident management by integrating a combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure.
  https://www.fema.gov/incident-command-system-resources
- Mobile Command – May be established by a single or mutual officers in order to provide information and initial directions. This does not replace the need for a formal incident commander, but helps coordinate assignments for initial arriving resources until another responder can establish a stationary incident command.
- Operations Post – Area where all tactical activities of the incident are being managed.
- Rescue Task Force (RTF) – In the context of ASHE, an RTF is an operational model that facilitates entry into a warm zone by EMS providers, protected by law enforcement, to provide care as early and as close to the point of wounding as possible, with the intent of increasing survivability. The RTF is one model of delivering “escorted warm zone care.”
- Forward Control Point (FCP) – A controlled, single point of entry and exit located between the cold and warm zones of an active shooter/hostile event. The purpose of the FCP is to control access, maintain personnel accountability, and improve overall situational awareness. In the initial stages of a response, the FCP relays and coordinates information between initial contact team and additional incoming personnel.
- Unified Command – An application of ICS used when there is more than one agency with incident jurisdiction or when incidents cross political jurisdictions. Agencies work together through the designated members of the Unified Command, often the senior person from agencies and/or disciplines participating in the Unified Command, to establish a common set of objectives and strategies and a single Incident Action Plan
- Incident Commander (IC) – The individual responsible for all incident activities, including the development of strategies and tactics and the ordering and the release of resources. The IC has overall authority and responsibility for conducting incident operations and is responsible for the management of all incident operations at the incident site.
  http://training.fema.gov/emiweb/is/icsresource/glossary.htm

- Incident Command Post (ICP) – The field location at which the primary tactical-level, on-scene incident command functions are performed. The ICP may be collocated with the incident base or other incident facilities.
  http://training.fema.gov/emiweb/is/icsresource/glossary.htm
- Rescue Task Force – Set of teams deployed to provide point of wound care to victims where there is an ongoing or live threat.
  http://www.nfpa.org/~/media/files/research/resource-links/first-responders/urban-fire-forum/uff-rescue-task-force-sop-2013.pdf?la=en
- Transport Corridor – A dedicated route of travel for patient removal and transport to definitive care. There can be internal and external components to the transport corridor. Examples: internally, a stairwell or hallway may be identified for the exclusive use of patient evacuation. Externally, ingress and egress of ambulances should be provided for via a secure route, unblocked by emergency vehicles.
- Casualty Collection Points (CCP) – A specific Warm Zone location with security measures to assemble nearby casualties and provide Indirect Threat Care.
  http://alerrt.org/
- Public Information Officer (PIO) – A member of the Command Staff responsible for interfacing with the public and media or with other agencies within incident-related information requirements.
  http://training.fema.gov/emiweb/is/icsresource/glossary.htm
- Critical Incident Stress Management (CISM) – A service provided to responders to help them cope with the stresses associated with response activities, especially those involving human or animal casualties.
  http://www.disasterdictionary.com/critical-incident-stress-management-cism

Emergency Communications

- Emergency Communications – All communication components involved in an emergency response to include dispatchers, 9-1-1 centers, etc.
- Communications Liaison (Information Liaison Officer ILO) – An individual who enhances communications and the gathering, sharing of intelligence information between all state, local and federal response agencies.
- Joint Information Center (JIC) – A facility established to coordinate all incident-related public information activities. It is the central point of contact for all news media at the scene of the incident. Public information officials from all participating agencies should collocate at the JIC.
  http://training.fema.gov/emiweb/is/icsresource/glossary.htm

Medical

- Chain of Survival – Adapted from long-standing CPR initiatives, the High Threat Medical/Trauma Chain of Survival conceptualizes the care of high threat event patients from the time of injury through definitive care. The links in the Chain are: First Care Providers, non-medical First Responders (law enforcement), traditional medical First Responders (fire/EMS), Hospital-based Emergency Medicine, and last, trauma surgeons.
- Tourniquet – A quick and effective method for preventing exsanguination from extremity wounds.
  (First Responder Guide for Improving Survivability in Improvised Explosive Device and/or Active Shooter Incidents, DHS OHA June 2015)
- Familiarity – The first level of knowledge and expertise. Usually achieved after a brief introduction and exposure.
- Proficiency – The second level of knowledge and expertise. Implies a sufficient level of expertise

that is demonstrable and repeatable.

- Mastery – Top level of knowledge and expertise. Implies a level of expertise beyond proficiency, where an individual has not only grasped a concept, but can perform a skill with consistency and fluency. Instructors in a skill or subject should have mastery of the material they present.
- First Care Provider – The first link in the Trauma Chain of Survival, the First Care Provider is a trained civilian who intervenes to help save lives before professional rescuers arrive.
- Tactical Emergency Casualty Care (TECC) – A set of best practice treatment guidelines for trauma care in the high-threat prehospital environment. These guidelines are built upon critical medical lessons learned by U.S. and allied military forces over the past 15 years of conflict. They are appropriately modified to address the specific needs of civilian populations and civilian EMS practice.
  http://www.c-tecc.org/
- Hemostatic Agent – A quick and effective method for preventing severe external bleeding. (First Responder Guide for Improving Survivability in Improvised Explosive Device and/or Active Shooter Incidents, DHS OHA June 2015)
- Pressure Bandage – A bandage that is applied tight enough to place direct pressure on a bleeding wound, without cutting off all circulation.
- Wound Packing – The filling of a wound or cavity with gauze, sponge, or other material.
- Patient – For the purposes of this document, anyone physically or psychologically injured by a high threat medical event.

Equipment

- M.A.R.C.H. – Guidelines to control external hemorrhage, which studies have shown that victims in an active shooter incident are more likely to suffer from. M.A.R.C.H. is an acronym to describe the guidelines: massive hemorrhage control; airway support; respiratory threats; circulation (prevent shock); hypothermia.
  (First Responder Guide for Improving Survivability in Improvised Explosive Device and/or Active Shooter Incidents, DHS OHA June 2015).
- Nasopharyngeal airway (NPA) – A tube designed to be inserted into the nasal passageway to secure an open airway.
- Supraglottic device (LMA, King airway) – A tool used to prevent airway obstruction and thus ensure an open path between patient's lungs and the atmosphere.
- Cricothyroidotomy – A surgical procedure that is used to obtain an airway when other, more routine methods (e.g., laryngeal mask airway and endotracheal intubation) are ineffective or contraindicated.
- Nasotracheal intubation – The placement of a flexible plastic tube into the trachea to maintain an open airway or to serve as a conduit through which to administer certain drugs.
- Occlusive seal dressing – An air- and water-tight trauma dressing used in first aid and made with a waxy coating as to provide a total seal.

Explosives

- Bomb-Making Materials Awareness Program (BMAP) – A national program developed by the Department of Homeland Security's Office for Bombing Prevention and the Federal Bureau of Investigation. BMAP materials are distributed by local law enforcement to local businesses to help employees more easily: identify precursor chemicals to homemade explosives, identify improvised explosive device components, and recognize suspicious purchasing behavior that could indicate potential bomb-making activities.

Resource Annex B: Memorandums of Understanding/Memorandums of Agreements

Developing, documenting, and communicating multi-agency and multi-jurisdictional agreements in planning and responding to an ASHE incident are critical. By developing MOUs/MOAs the essential elements of command, communication protocols, capabilities and assets, and operational procedures are understood by all agencies and jurisdictions in advance of an incident. As such, time is saved and the response is more effective.

In the Active Shooter/Hostile Event Policy and Planning section, the basic elements of documenting agency-to-agency agreements are outlined. In this appendix sample MOUs/MOAs have been provided by ASHE II participants to serve as guidance to agencies and jurisdictions preparing similar agreements for coordinating planning and response, and providing mutual aid.

SAMPLE FORMAT AND CONTENT
MEMORANDUM OF UNDERSTANDING

All italicized sentences are considered instructions and should be deleted prior to the submission of the final MOU.

This Memorandum of Understanding (MOU) is entered into by and between: *Provide the agency name and a brief description of each agency.*

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Purpose: *(State the purpose of the MOU)*

Roles and Responsibilities: *Clearly describe and delineate the agreed upon roles and responsibilities each organization or agency will be providing to ensure project success. The roles and responsibilities should align with project goals, objectives and target outputs. This may be time commitment, in-kind contributions or grant funds and could include but is not limited to the following: training, workspace, volunteer hours*,

Agency A agrees to:

Agency B agrees to:

Responsibility/Activity	Responsible Staff

Reporting Requirements*: Describe who will be responsible for collecting, collating and submitting data as per the project target outputs and outcomes.*

Funding: Clearly describe any grant fund, the amount and category (personnel, office supplies, contracted services, etc.) that will be provided to the non lead agency(s).

Timeframe: *Clearly state the time period that this MOU will be in effect.*

This MOU will commence on _____and will dissolve at the end of the funding period on _____.

Confidentiality (REQUIRED)

In order to ensure the safety of clients, all parties to the memorandum of understanding agree to adhere to the confidentiality expectations as outlined in the VOCA Grant Agreement. The designated lead agency accepts full responsibility for the performance of the collaborative organizations/agencies. **(REQUIRED)**

This Memorandum of Understanding is the complete agreement between and

_____and may be amended only by written agreement signed by each of the parties involved.

The MOU must be signed by all partners. Signatories must be officially authorized to sign on behalf of the agency and include title and agency name.

AGENCY A

Authorized Official:

Signature Printed Name and Title

Address:
Telephone(s):
E-Mail Address:

AGENCY B

Authorized Official:

Signature Printed Name and Title

Address:
Telephone(s):

E-Mail Address: _____

1 All items marked "required" must be included in the memorandum of understanding.
* For original DOJ document, visit http://www.doj.state.or.us/victims/pdf/mou_sample_guidelines.pdf

Memorandum of Understanding (MOU):
Joint Emergency Services Response to Active Assailant

The Loveland Police Department (LPD), Loveland Fire Rescue Authority (LFRA) and Thompson Valley Emergency Medical Services (TVEMS) have specified responsibilities for the response to and management of emergency incidents within the City of Loveland, Colorado. Throughout the country we have observed criminal Active Assailants and other incidents occur that require a unified response from law enforcement, fire / rescue and emergency medical agencies. This memorandum of understanding (MOU) will form the framework for a unified response to Active Assailant incidents requiring the collaboration of the Loveland Police Department, Loveland Fire Rescue Authority and Thompson Valley Health Services District.

Definition

Active Assailant: An armed suspect or assailant who has used deadly force on other persons and continues to do so while having unrestricted access to additional victims. These events are characterized by the threat not being contained and a continuing immediate risk of death or injury.

Roles and Responsibilities

For the specific purpose of this memorandum of understanding, below are the multi-discipline responsibilities of various agencies involved in an active assailant incident.

LPD is responsible for establishing an initial incident command structure; and when appropriate, an upgraded strategic incident command structure. LPD personnel are responsible for establishing contact and rescue teams to locate and neutralize or confine the assailant. LPD has overall authority for the management of the active assailant event including the coordination of all responder resources. LPD will immediately deploy all on duty personnel and the LPD SWAT Team in Rapid Response to stabilize the event and provide immediate tactical resources.

LFRA is responsible for supporting the incident command structure; and the development and support of the Unified Command structure; including the use of resources to create and sustain a strategic isolated command post. LFRA is responsible for, under the direction of law enforcement, the rescue of sick / injured civilians from the incident. LFRA resources under the protection of LPD, are responsible for locating, confining and controlling fires or other hazardous conditions located adjacent to or within the active assailant event. LFRA is responsible for assisting with basic life support (BLS) care of sick and injured civilians, under the medical direction of the LFRA physician advisor and TVEMS. LFRA is responsible for management of fire / rescue resources involved in an active assailant incident.

TVEMS is responsible for supporting the incident command structure; and the development and support of the Unified Command structure; including the use of resources to create and sustain a strategic isolated command post. TVEMS is responsible for the basic and advanced life support actions for sick and injured civilians and responders within the hazard zone. TVEMS is responsible for the emergent and non-emergent transport of sick and injured civilian and responders from the active assailant incident to definitive care facilities. TVEMS is responsible for
EMS care and response resources involved in an active assailant incident and has ultimate authority over patient care and transport.

Incident Actions

- Initial Response and Communication Procedures – LPD and Loveland Emergency Communications Center (LECC) will be the first to identify a potential "active assailant" incident. LPD and LECC will engage notifications for an active assailant incident. LECC will have established a call type within the computer aided dispatch (CAD) system, "Active Assailant Incident" that will automatically initiate a Rapid Response of the LPD SWAT Team and assign pre-established LPD, LFRA and TVEMS resources to the incident. This notification will include supervisory overhead notifications of all discipline agencies involved. LECC is responsible for establishing integrated communications for the incident. This may include multiple talk groups for multiple response disciplines, as well as encrypted talk groups for secure communications. During these events LECC at no time will "patch" any LPD encrypted channel to a non-encrypted talk group, mutual aid, or MAC channel.
- Command– LPD officers are responsible for the establishment of an initial incident command. This command structure will be built on a "bottom up" philosophy as resources and additional LPD Supervisors arrive on scene. During the initial stabilization and contact phase of the incident there will be a reluctance to go to Unified Command until all agencies are present and have provided appropriate personnel / resources and the incident is stabilized to allow for the rescue and treatment of victims. LPD supervisors are responsible for the establishment of an upgraded incident command post and a subsequent Unified Command post. LPD Supervisors will also be responsible for the downgrading of the incident if there is a transition of the incident. LPD Supervisors will notify LECC if the incident is downgraded and all responding agencies will be notified. Typical incident transitions would be to Barricade/Hostage, or Barricaded Suspect. All resources not assigned by the incident commander during any time within the incident shall stage at the designated common staging area. Implementation of a Unified Command team will include the representation of law enforcement, fire / rescue and EMS supervision. Decisions made within the Unified Command system will be based on common objectives. If a unified decision cannot be reached then the final decision making authority will be granted to the agency having primary jurisdiction of the issue. In this matter, an active assailant incident is a law enforcement operation.
- Incident Progression – The incident will use the following critical task structure for responding agencies: Command, Contact, Rescue, Medical Processing and Clearing. After these tasks have been accomplished, the Incident Commander will determine what resources can be released from the event.
- Special Resources –Upon identifying an Active Assailant incident, Loveland Emergency Communications will dispatch the Loveland SWAT Team in Rapid Response to the incident. All agencies identified in this MOU have personnel assigned to the LPD SWAT Team. All agencies agree to release personnel, TAC Fire and TEMS Medics specifically, when possible from other responsibilities to assist in the forming of a SWAT Tactical response. Should there be an incident transition to a traditional SWAT call, i.e., Barricade with Hostages, the incident will downgraded and Unified Command will not be established. LFRA Command staff and TVEMS Command staff can function as resource advisors to LPD Command.
- Incident Demobilization/Debriefing – Release of incident information and the debriefing of an active assailant incident will be the responsibility of the LPD or their designee.