	Standard Operating Guideline – West Fargo Fire Department		
	Subject: Active Shooter Hostile Event Response		04.006
	Section: Emergency Medicine		
	Date Authorized: 12/1/2019	Authorized by: Chief Daniel Fuller	
	Date Reviewed:		

Intent

The intent of this guideline is to establish standard procedures for the response to active shooter and hostile events.

References

National Fire Protection Association Standard 3000 Active Shooter/Hostile Event Response (ASHER)

Definitions

Active Assailant: an individual who is intent on causing bodily harm to multiple victims though the use of deadly force. This can include, but is not limited to, the use of vehicles, explosives, guns and knives.

Rescue Team (RT): Team of personnel, wearing Ballistic Protective Equipment (BPE), designated to perform the rapid extrication of wounded victims as a result of intentional gun fire. Teams will consist of two-armed law enforcement personnel and two-four fire department personnel. Law enforcement provides armed security while fire personnel rapidly treat and extricate the wounded under this armed protection.

Personal Protective Equipment (PPE): For the purpose of an active shooter incident, PPE for personnel functioning as part of the RT will consist of body armor, ballistic helmets, eye protection, and medical gloves. Normal required PPE should be used for all other assigned duties as described herein. Four sets of body armor and helmets are carried on Rescue 7-5 along with additional trauma equipment.

Casualty Collection Point: Area identified and continually secured by law enforcement personnel where victims that are being rapidly extricated by the RT should be taken. The Casualty Collection Point should be in an area deemed safe based on the circumstances (e.g. in a foyer rather than outside to avoid sniper fire). Further treatment may occur here prior to moving patients to the treatment transport area.

Treatment Transport Area: Area identified by law enforcement and ambulance personnel. Victims should be moved from the Casualty Collection Point to this location for transport as arranged by FMA.

Patient Evacuation Corridor: The path used to move patients from the Casualty Collection Point to the Treatment Transport Area. Rapid Trauma Care: Interventions administered by the RT to wounded victims who have sustained injuries that are immediately life threatening. For example, applying a tourniquet to a severe hemorrhage.

Hot Zone: Area where an immediate and direct life threat exists. For example, a known uncontrolled area where the active shooter could directly engage the RT. Teams should not deploy into these hot zones.

Warm Zone: These are areas of indirect threat. The WFPD has cleared or isolated the threat in these areas and there is no direct or immediate threat however, the potential still exists. The area is considered clear but not secure. RT's should deploy into these areas to extricate the wounded to the casualty collection points, which may also be located in these warm zones.

Cold Zone: Areas where there is little or no threat either by geography or after the area has been secured by law enforcement. This is the area where the Treatment Transport Area will be located.

Guideline

1. Fire department personnel will operate in conjunction with law enforcement personnel to facilitate the rapid treatment and extrication of wounded people as a result of actions taken by an individual, or individuals, intent on causing bodily harm by the use of deadly force.

2. The first arriving officer or senior firefighter should identify the incident command post and begin coordinating fire department operations with the law enforcement incident commander.

3. Information that should be received from the law enforcement incident commander includes:
    a. Brief update of incident, including threat status
    b. Confirmation of wounded victims
    c. Approximate number of victims
    d. Identify a Casualty Collection Point
    e. Identify a Treatment Transport Area

4. In order to provide the greatest chance of survival for wounded victims, the decision to deploy the RT must be made quickly.
    a. Not all of the above information needs to be acquired before this decision is made.

5. A unified command should now be established. At this point, decisions moving forward will be based on the situation at hand.

6. Two medical groups should be established to oversee fire department personnel
    a. A Rescue Team Group with a supervisor
    b. A Casualty Collection Group with a supervisor

7. Personnel staging location should be identified, preferably within the cold zone. Unassigned on-scene and arriving personnel should be directed to that location.

8. Rescue teams will deploy to the warm zone to begin evacuation of victims to the Casualty Collection Point.
    a. RT's will be identified by numbers, i.e., Rescue Team 1.
    b. The Rescue Team Group Supervisor will coordinate movement inside the warm zone with law enforcement personnel

9. Rescue Teams should conduct the rapid extrication of wounded victims to the Casualty Collection Point.
    a. The RTs should conduct a rapid assessment for immediately life-threatening injuries.
    b. While conducting this rapid assessment, quickly check for weapons or secondary devices on the person.
    c. If necessary, rapid trauma care can be administered before the victim is moved.
    d. Ambulatory victims may be asked to self-evacuate to the Casualty Collection Point.
    e. Any victim that is deceased should be left in place and visibly marked with a triage tag to avoid repeated evaluations by additional RT's.

10. Rescue Teams should communicate on two different radio frequencies.
    a. RT fire personnel should communicate on the assigned CY tactical fire channel
        i. This will allow them to communicate victim information to the medical group, or command, without interfering with law enforcement communications.
    b. The RT law enforcement personnel should communicate on the assigned CY tactical law enforcement channel
        i. This will allow them to communicate locations and receive threat updates from command and other contact teams

11. The Casualty Collection Point should be set up in the warm zone but in a manner for fire personnel to provide additional EMS treatment.
    a. The ability to move patients from the Casualty Collection Point to the Treatment Transport Area may be delayed
    b. The ability to provide basic EMS treatment may be critical to patient survival while at the Casualty Collection Point.

12. Personnel assigned to the Rescue Teams will staff the Casualty Collection Point as needed. As the number of patients in the Casualty Collection Point and law enforcement

personnel both increases, the number of fire personnel moving patients should be reduced to increase the number of personnel providing treatment at the Casualty Collection Point.

13. Fire personnel assigned to the Casualty Collection Point should be responsible to triage and treat patients. They may also assist with moving the patients to the Treatment Transport Area as staffing allows.

14. After law enforcement personnel have cleared this area, fire personnel operating in this area will not be required to wear ballistic protection. Standard BSI precautions will be adequate.

15. Effective patient transfer is dependent upon an open evacuation corridor. Designate the corridor as soon as possible and work with law enforcement to maintain an open, protected ingress and egress.

16. Depending upon the circumstances, apparatus can be placed between the incident and the evacuating patients along the patient evacuation corridor to provide an increased level of protection. However, a multistory building negates much of the benefit gained by doing this.

17. If fire personnel are assigned to the Treatment Transport Area, they should assist with treating the wounded and with loading them for transport.
    a. Personnel may also be assisting with moving patients from the Casualty Collection Point to the Treatment Transport Area. PPE should consist of standard BSI precautions.

18. Wounded individuals who have self-evacuated should be directed to the Treatment Transport Area for treatment and transport.

19. RT fire personnel will have the following equipment:
    a. Ballistic PPE
    b. Several pairs of medical gloves
    c. Portable Radio
    d. Medical aid pouch with rapid trauma care equipment
    e. Medical Shears

20. Fire personnel operating within the Casualty Collection should use ballistic PPE or standard BSI precautions depending on law enforcement intelligence of the threat status.
    a. Casualty Collection Point equipment should consist of standard trauma equipment and oxygen/airway equipment
    b. Equipment maybe limited to what the initial apparatus

c. Fire personnel operating within Treatment Transport Area will use standard BSI precautions.

21. It is impossible to predict all of the possible situations that may occur during an active assailant incident therefore, the incident command system should be expanded as necessary to maintain the span of control and effectively mitigate the incident.

22. Tasks and assignments should be adjusted as necessary. Teams and personnel needed for one or two victims will be substantially different than those needed for 50 victims.

23. Depending on the location or security of the Casualty Collection Point, it may not be necessary to establish a Treatment Transport Area. The wounded could be treated and loaded for transport directly from the Casualty Collection Point.

24. If law enforcement has a high degree of confidence that the threat has been neutralized and the area secure, triage and treatment could be initiated without the use of Rescue Teams.