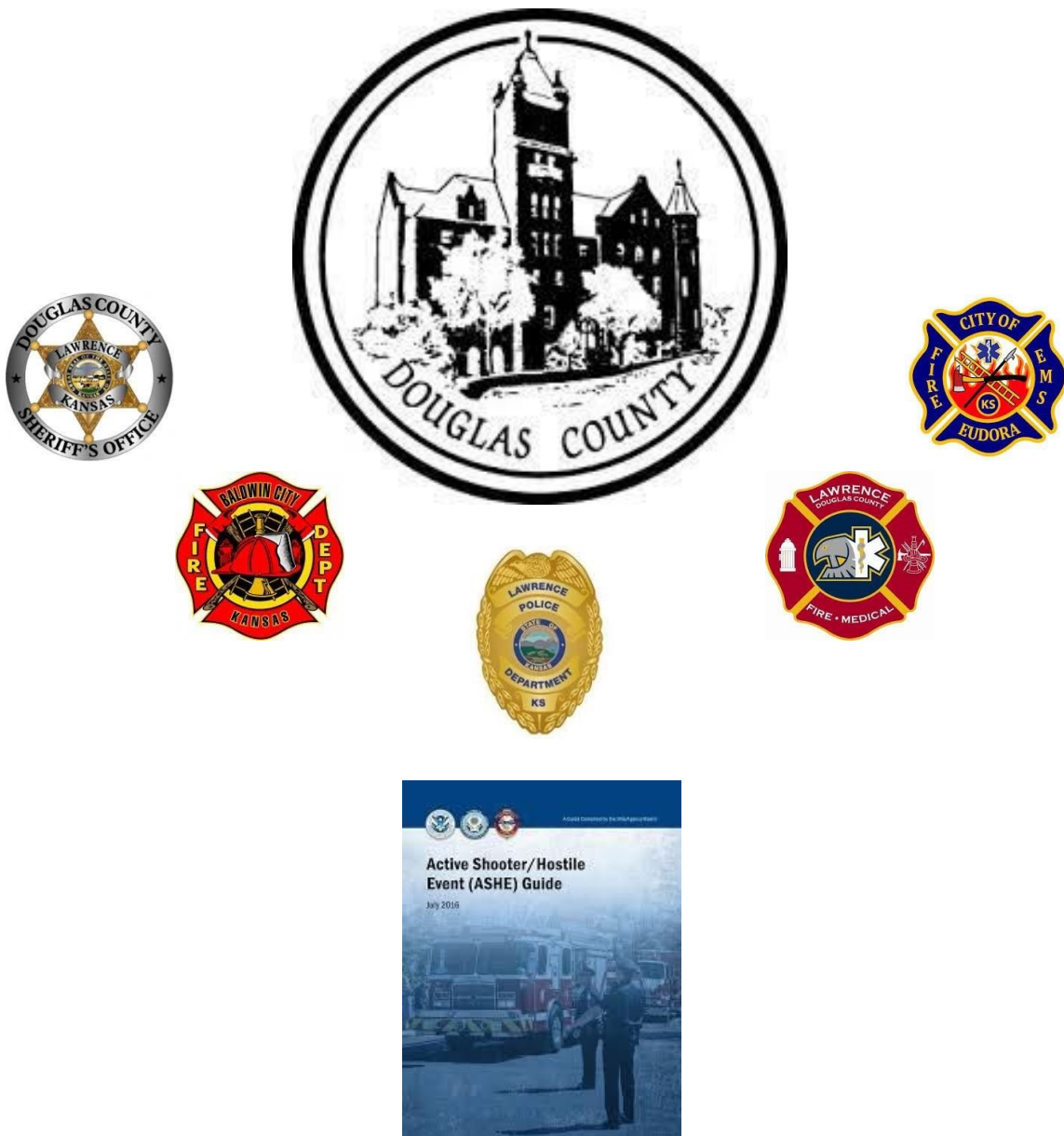


Douglas County Law Enforcement, EMS & Fire Hostile Event Response Plan



Douglas County Fire and Emergency Services Chiefs Association
Douglas County Police Chiefs and Sheriffs Association

Douglas County Active Shooter Response Plan

Douglas County Inter-Agency Active Shooter Plan

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An Active Shooter Event (ASE) is an intentional criminal act that is hazardous to both the public and responders. This act may result in mass casualties, and requires a unified response, by emergency responders including Law Enforcement, EMS and Fire.

This document is not intended to act as detailed policy, but rather an operational guideline on how Law Enforcement, Emergency Medical Services (EMS), and Fire should respond to such an incident. Outlined below are general responsibilities of Law Enforcement, EMS and Fire. It is important to emphasize the dynamic nature of these events requires flexibility in the management of allocated resources and adaptability in mission execution based upon the size, scope and intensity of the incident.

Due to the ongoing and deliberate nature of these events, a special response may be required. An ASE will likely consist of overlapping phases that will have several action steps, which may include:

Phase 1-Initial Response

1. First Responders from any discipline on scene can determine and declare an active shooter in progress
2. Law Enforcement engages threat or identifies hazard and denies entry
3. First Responders from Fire and Law Enforcement establish Unified Command
4. Law Enforcement establishes initial Hot Zone Outer Perimeter
5. Fire/EMS establish Base
6. Law Enforcement establishes initial Casualty Collection Point (CCP)

Phase 2-Establish Unified Command

1. Ranking police supervisor not involved with contact team meets face to face with on scene Fire Command.
2. Confirm hot, warm and cold zone boundaries
3. Organize Recon/ Rescue Task Force(s)

Phase 3-Evacuation and Patient Care

1. Deploy Recon Task Force(s) for initial triage
2. Deploy Rescue Task Force(s)
3. Establish Triage, Treatment, Transport Operations

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Phase 4-Scene Stabilization and Post Event Activities

1. Establish Reunification Center
2. Major crime scene processing.
3. Establish of a Joint Information Center (JIC) involving all disciplines and cooperating agencies

Scope

This guideline adapts normal standard operating procedures and systems to mitigate Active Shooter Events for the emergency service departments of Douglas County. ASE has the potential to cause numerous casualties, both civilian and responder, inflict large amounts of property damage and adversely affect critical infrastructure.

An ASE, by its nature, will present a danger to first responding personnel. Those affected by the Active Shooter Event typically have traumatic injuries. The most seriously traumatized patients typically have injuries that are time critical requiring trauma center intervention.

Every patient has an internal clock that begins ticking at the moment of injury called the "Golden Hour". This is not a strictly defined time period, but a concept that emphasizes the urgency of care. Some patient's 'golden hour' may be minutes, or for others, much longer.

Bringing definitive medical treatment to those patients as quickly as possible can prevent many deaths. Early access, in concert with Law Enforcement, to these patients can potentially lessen the devastation of these events.

In an ASE, responders are expected to stage per department-specific SOP or at the direction of Incident Command and be prepared to transition to Warm Zone operations with a Law Enforcement escort.

The philosophy of this plan is:

Responders will take calculated risks to save lives.

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Incident Priorities

Initially, an Active Shooter Event will generally be a law enforcement incident. Integration of patient care, fire mitigation, HazMat and Explosive Ordinance Disposal (EOD) may be required.

Priorities for an Active Shooter Event are:

- Life Safety
- Incident Stabilization (may be done first to affect Life Safety)
- Property Conservation (includes Evidence Preservation and Collection)

Activating the Active Shooter Event Plan

An ASE may be declared based on information received in an Emergency Communications Center or first responder observation and assessment. The response level will be dictated by an assessment of the threat, potential impact on human life, and the estimated number of patients to be triaged, treated or transported.

Response to the Active Shooter Event

Responses, for example for Law Enforcement, may be determined by size or type of venue and not directly related to number of patients. It is important to describe both the nature of the Event (Active Shooter, Chemical Release, Explosive, Structural Collapse, etc.) and the venue location (School, Shopping mall, stadium, etc.)

This will help ensure the appropriate resources (Tactical, HazMat, EOD, Search & Rescue, Mobile Command Post(s), etc.) are dispatched. As in any response event, resources may be increased or decreased as the situation warrants.

Phase 1-Initial Response

The first available responder on the scene shall:

1. Recognize an Active Shooter Event is in progress
2. Identify the greatest threat and engage
3. Declare an Active Shooter Event
4. Fire and Law Enforcement shall establish Unified Command as soon as practical
5. Establish inner and outer perimeter boundaries
6. Communicate situational awareness
7. Order appropriate resources.

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Initial Law Enforcement responsibilities include:

1. Developing Contact Teams to locate, communicate, engage, and eliminate the threat or isolate and deny entry due to nature of hazard.
2. Locate injured parties, establish Casualty Collection Points and facilitate EMS access to those parties.
3. The highest-ranking Law Enforcement supervisor not engaged in the initial contact team should ensure Command has been established and address/oversee the first two responsibilities.
4. The second arriving highest-ranking Law Enforcement supervisor shall initiate/participate in Unified Command and coordinate the establishment of the Law Enforcement Branch, Group, etc.

Initial Fire & EMS responsibilities include:

1. Ensure/Establish (Fire Officer) command and/or participate in Unified Command.
2. Identify Base and staging priorities.
3. Order appropriate resources as well as provide response directives

Initial Response Considerations

1. All responding units shall ensure access and egress to the scene.
2. Law Enforcement units shall respond to the scene until directed otherwise.
3. Once an Active Shooter Event is declared, the number of Fire/EMS units and personnel responding directly to the scene should be kept to a minimum. The on-scene apparatus (preferably fire) should be placed in a position to offer the maximum amount of protection for victims and responders if parked in the warm zone. All occupied apparatus located in the Warm/Hot Zones, if not being utilized as cover, should be moved to Base. Additional incoming Fire/EMS units should report to Base.
4. Consideration should be given to the number of patients vs. the number of ambulances available. If there are sufficient resources to handle the number of patients, do not establish Triage, Treatment or Transport Groups and immediately transport to the appropriate facilities.

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Active Shooter Event Staging

Initial Law Enforcement units responding to a suspected or confirmed Active Shooter Event will go directly to the scene. Law Enforcement Command will determine when additional responding units will divert to Base.

Based on incident information and a rapid risk/benefit analysis, the first arriving Fire/EMS company officer must determine whether to stage units or respond directly to the scene. At hostile incidents, preference should be given to staging in Base until law enforcement requests Fire/EMS Task Forces for transition to Warm Zone operations.

Base

Base should be established early by Command when the County Active Shooter Event Plan has been activated. Base will accommodate Law Enforcement, EMS and Fire resources. Base shall be located a safe distance from the scene.

If not already assigned, the first arriving Fire company officer assigned to Base shall assume the role of Base Manager. All resources diverted/directed to Base should remain there until requested through Command. Law Enforcement personnel must maintain traffic control of the area to ensure the safety and accessibility of all responders.

PHASE 2-ESTABLISH UNIFIED COMMAND

1. The Law Enforcement Incident Command (IC) and Fire/EMS IC shall meet face to face and form Unified Command, establish points of contact, identify a spokesperson and develop an Incident Action Plan (IAP).
2. Hot, Warm and Cold Zones, i.e. inner and outer perimeters shall be identified and clearly communicated to all responders on a periodic basis until the scene has been declared safe.
3. Law Enforcement will advise the presence or anticipated presence of injured/contaminated patients.
4. IC shall define Recon and Rescue Task forces. Base Manager shall organize and prepare to deploy Recon and Rescue Task Forces.
5. Casualty Collection Points (CCP) shall be confirmed and others designated if geography dictates (if needed).
6. If the hazard is a chemical or biological release, responder Personal Protective Equipment (PPE), HazMat and Decontamination issues shall be addressed.
7. Consider the development of other task forces (e.g., Fire Suppression Task Force, EOD Task Force, Structural Collapse Task Force, etc.).
8. As needed, Ambulatory (Walking Wounded) Patient Area, Media Reception Area, and a Reunification Area should be identified, established, and communicated. Personnel responsible for these areas will be identified.

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9. When possible, locate and utilize a facility representative to inquire about a facility emergency response plan and utilize as a technical advisor in the UC.
10. Law Enforcement shall maintain access/egress security throughout the Warm Zone.
11. Establish a Public Information Officer (PIO) to coordinate communications between Unified Command and the media. Consider establishment of a Joint Information Center (JIC)

PHASE 3-EVACUATION and PATIENT CARE

1. Depending on the nature of the hazard, Recon and Rescue Task Forces shall be deployed into the Warm Zone.
2. The Recon TF shall conduct a rapid patient count by triage type. Recon TF shall utilize triage tags/ribbons for all non-ambulatory patients.
3. The Rescue TF shall evacuate non-ambulatory patients to the CCP, most critical being moved first.
4. Critical patients shall be re-triaged at the CCP(s) and transported to the hospital.
5. Non-critical patients shall be moved from the CCP(s) to Triage, Treatment, Transport in the Cold Zone by additional Rescue Task Forces or other means (ambulance, armored vehicles, etc.).
6. Ambulatory patients desiring transport to the hospital shall be moved from the Ambulatory Patient Area to the Triage Area for processing and transport.
7. Fatalities located in the Hot/Warm Zones shall remain in place until released by Law Enforcement.
8. Additional Command considerations include:
 - a. Patient Tracking- typically a Medical Branch responsibility
 - b. Witness Identification- typically a Law Enforcement responsibility
 - c. Reunification Area- typically the responsibility of the event's primary discipline

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PHASE 4-SCENE STABLIZATION and POST EVENT INVESTIGATION

Active Shooter Event, by its very nature, creates a crime scene requiring special awareness and attention. Crime scene protocols and considerations shall be implemented as required. Unified Command shall consider establishing an Operations, Planning and/or Logistics Section for preparations to process what is likely a significant crime scene. Considerations include, but are not limited to:

1. Major crime scene processing
2. Appoint a Public Information Officer.
3. Evaluation of the need to Contact Red Cross or other social services
4. Consider initiating Critical Incident Stress Management, utilizing department chaplains, and Douglas County Mental Health agencies.
5. Ensure the establishment of a Joint Information Center (JIC) involving all disciplines and cooperating agencies, i.e. school districts, utilities, property managers, etc.
6. Ensure the establishment of a Family Reunification Center
7. Consider crew rotations as needed due to mental and physical fatigue, weather conditions, etc.
8. Evaluate long term incident considerations such as lighting, fuel, food, drinks, portable restrooms, etc.
9. Prepare Incident Action Plans (IAP) for each operational period when engaged in long-term events.
10. Events of the magnitude and nature described in this policy will inevitably be responded to by various Federal agencies. In order to coordinate and support the overall objective of returning the venue to pre-event normal conditions, these agencies will need to coordinate their efforts with Unified Command.

Response to an Active Shooter Event will be a complex incident. Specific aspects and definitions of such an incident response are detailed in the following Appendices.

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Appendix 1 – Communications

A hostile event response will require an expanded communication matrix which can activate quickly and be coordinated between the various responding disciplines. Coordination of radio talk groups is critical. Interoperable communications between the disciplines will be essential for the successful resolution of these incidents. An example of this would be:

- Contact teams (Law Enforcement) will stay on their assigned channel, either dispatch or Incident 1.
- Fire and EMS will switch to an Ops channel for their main channel
- The host agency Communication Center will assign law enforcement talk groups and coordinate with the Emergency Communications Center (ECC) for other talk group assignments.
- The ECC will coordinate the Unified Command, Base, Fire and EMS talk groups.
- Public Safety Tactical and Common talk groups may be utilized if there are an insufficient
- Unified Command may request a separate talk group for Command specific communications.

As needed:

- Staging/Base operations may use one talk group but should monitor main Ops channel.
- Law Enforcement perimeter, investigators and non-RTF personnel may use one (or more) designated talk group(s).

EMS Operations specific

- Transport may use at least one talk group to incoming helicopters, other EMS
- Recon/RTF should consider switching to a Simplex channel as it is line of sight and non-repeated thereby potentially more reliable throughout buildings across the county.
- Fire Attack may use one talk group.
- HazMat and EOD may use one talk group.

Communication between Security and Medical Elements of Recon/ Rescue TF(s) shall be primarily face-to-face.

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Appendix 2-Recon/Rescue Task Force(s)

As additional resources arrive on the scene, Unified Command, through Base, shall initiate then organization of Recon/Rescue Task Force(s). The Recon Task Force (Recon TF) will be responsible for moving through the Warm Zone and initiating triage and rapid hemorrhage control.

A Recon TF with 2-3 Law Enforcement Officers (LEO) and 2-3 Fire/EMS personnel shall be formed to enter the Warm Zone to initiate a rapid patient treatment of massive bleeding.

Recon TF(s) shall become Rescue TF (s) and begin evacuating the victims to the CCP(s) once there are no more patients OR when the medical supplies of the Recon TF are exhausted.

A change to Rescue Task Force(s) should be made once all the non-ambulatory patients have been treated for massive bleeding. A Rescue Task Force will be formed in the same configuration as the Recon Task Force with the purpose of evacuating patients to the CCP. The utilization of spine boards, soft cots and blankets should be considered for ease and expeditious movement.

Control of the Recon/Rescue Task Force

The Recon/Rescue TF(s) shall access the Warm Zone through entrance(s) the Law Enforcement Contact Teams have identified. Law Enforcement is in charge of the movement through the Warm Zone. The movement shall be directed to the injured patient(s) - this is not a search/clearing technique.

Once the Recon TF encounters victims, medical personnel will utilize triage tags/ribbons to identify those patient(s) requiring immediate evacuation. Movement of the Recon/Rescue TF will be a collaborative effort between the Security and Medical Element of the Recon/Rescue TF. The Security Element will provide cover for the Medical Element as they move between victims.

If contact is made with a threat, Fire/EMS personnel will follow direction of Law Enforcement who will take action to defeat threats or protect in place.

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Recon Task Force Treatment/Triage Procedure

- 1) The first Recon TF using an entrance shall perform recon and treatment/triage of the patient(s) encountered. START triage methods are strongly encouraged.
- 2) The Recon TF Medical Element shall report to Incident Command or their designee, the number and the Triage designations of the patients.
- 3) Triage ribbons shall be only utilized for non-ambulatory patients. Red ribbons shall designate patients needing immediate evacuation from CCP. Yellow tags are for non-critical, non-ambulatory patients. Black tags are dead or expectant patients and shall be left in place.
- 4) Ambulatory patients shall be directed to the CCP(s) or out of the structure.
- 5) The Recon TF shall continue throughout the Warm Zone until their supplies are exhausted or all patients are reasonably located.
- 6) Treatment by the Recon TF will be limited to basic airway maneuvers and hemorrhage control. No c-spine precautions or other treatments beyond life threatening hemorrhage control or chest seal application.
- 7) Rescue TF(s) shall enter after the Recon TF(s) and move patient(s) to the CCP(s).
- 8) Once triage is completed, the Recon TF will transition to a Rescue TF.
- 9) Should the Hot Zone boundaries change, the affected Recon/Rescue TF(s) shall immediately gather viable patient(s), and move them to the newly defined Warm Zone.

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Appendix 3-Public Information Officer (PIO)

Under the direction of the agency with operational control of the incident, a Public Information Officer (PIO) will be appointed by Unified Command.

The PIO will establish a Joint Information Center (JIC) separate from the Unified Command Post

At the discretion of the Public Information Officer, JIC positions will be designated as needed (Social Media Monitoring and Analysis Specialist, Information Gathering and Analysis Specialist, Writer/Information Coordination, etc.)

1. Duties of JIC members include :
 - a. Information gathering and analysis
 - b. Gather information from operational personnel and communication channels and report that information to JIC members.
 - c. Gather information from traditional and social media and report that information to JIC members.
 - d. Gather historical information about locations and events connected to the incident and report that information to JIC members.
 - e. Information dissemination
 - i. Prepare and deliver briefings to operations personnel, including Incident Command.
 1. Obtain Incident Command's approval of information releases.
 2. Communicate appropriate information to affected family members.
 3. Brief family members prior to media releases.
 - f. Assist family members with media relations issues.
 - i. Communicate appropriate information to public and media through available channels.
 1. Designating locations and times for media briefings.
 2. Organize and conduct media briefings.
 3. Coordinate information release through social media.
2. Support Unified Command up to and including coordination of briefings and or tours for VIPs.

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Appendix 4- Definition of Terms

Ambulatory (Walking Wounded) Patient Area is the location, typically in the Cold Zone, that ambulatory patients will be directed to for interview, assessment, and transport.

Base is where resources are assembled and formed into teams (Recon, Rescue Task Force). Units will enter base as individual companies, but exit as a Recon or Rescue Task Force. The teams will then move to a staging area to await the order to deploy from the Base Manager. Most communications will be performed face-to-face while in base. Base manager is generally the first arriving fire officer assigned to base by Incident Command.

Casualty Collection Point (CCP) is the location in the Warm Zone where victims can be assembled for transport (critical patients) or movement to the triage/treatment area (non-critical patients) in the Cold Zone. Multiple CCPs may be required for a large venue. Each CCP should have at least one Law Enforcement Officer (LEO).

Cleared is generally the term Law Enforcement will use to indicate an area is free from any obvious threats. This may include a Primary and Secondary search.

Cold Zone is the operational (geographical) area surrounding the Warm Zone, which is safe, where responders should be able to operate freely with minimal threat to personal safety.

Contact Teams (Law Enforcement) may be comprised of any number of Law Enforcement personnel responsible for locating, engaging and/or eliminating the threat. Often the first arriving officers on scene

Contaminated Patient is a person that has been exposed to a chemical or biological agent. These patients must be separated from non-contaminated patients and kept at the Warm/Hot Zone border for decontamination.

Hot Zone is the operational (geographical) area consisting of the specific incident location as well as the immediate surrounding area, where an immediate threat exists, that has not been secured by Law Enforcement. If the Hot Zone perimeter is established by Fire/EMS, it will be accepted or adjusted by Law Enforcement in a timely manner. It may be considered an Immediately Dangerous to Life and Health (IDLH) environment due to projectile, chemical or explosive threats. Fire/EMS Teams will not be deployed in hot zones.

Life Safety is a term utilized by Fire, EMS and Law Enforcement disciplines. The term identifies the levels of risk which may be employed in the resolution of a situation. For Law Enforcement, the levels are generally identified as innocent, uninvolved citizens, involved citizens, first responders and then suspects. For the Fire/EMS responder community the term may be summarized by "we may assume a significant risk to save a known life; we may assume a calculated risk, and provide for additional safety, to reduce the potential for civilian and

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emergency responder injuries and/or save property. We will assume no risk in an effort to save that which is already lost."

Media Reception Area is located in the Cold Zone where the media will meet with Public Information Officers (PIO) and possibly members of the Command Staff for periodic information updates (press conferences). Generally designated by the PIO.

Perimeters are established at the scene of any major event and provide a significant aspect of controlling the event and returning conditions to normal. Perimeters are defined by the nature of the event. Perimeters serve to protect citizens involved, attempting to respond into the event venue and the first responders coming to the event.

Plain Clothes First Responders are most likely from the Law Enforcement discipline, however, may represent any traditional first responder discipline and a variety of jurisdictional levels to include local, county, state, and federal responders. On duty responding personnel should be clearly identified.

Reunification Area is located in the Cold Zone, typically a distance away from the scene, where family, friends, and other bystanders can be assembled to receive information and reunification with ambulatory patients/non-injured subjects.

Staging is a temporary area for available resources to be placed or parked while awaiting an operational assignment. This may be closer to the scene than Base and could be in the Warm Zone.

Unsecured or Not Cleared Area is a location that is inadequately guarded, protected or wherever Law Enforcement has not performed a primary search. The Hot Zone is an example of an unsecured area.

Recon Task Force (Recon TF) with 2-3 LEOs and 2-3 Fire/EMS personnel shall be formed to enter the Warm Zone to initiate a rapid patient count by triage type. Treatment by the Recon TF will be limited to basic airway maneuvers, and massive hemorrhage control. Law Enforcement will only provide security for the element and will not participate in the treatment or removal of patients. Once the Recon Task Force has either exhausted their medical supplies or treated/triaged all patients, they shall contact Incident Command stating such. Command will then re-assign them as a Rescue Task Force to begin removing patients to the CCP.

Rescue Task Force (Rescue TF) should consist of 2-3 Law Enforcement Officers (LEO) (Security Element), and 2-4 Fire/EMS members. It will be responsible for moving patients from the Warm Zone to the CCP. Law Enforcement will only provide security for the element and will not participate in the treatment or removal of patients.

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Warm Zone is the operational (geographical) area surrounding the Hot Zone. It is a secure area that can be accessed by Fire/EMS responders with Law Enforcement escort in order to facilitate the removal of victims. The size of the Warm Zone may expand or contract depending on the circumstances of the incident.

*This guideline is for the internal use of emergency service departments of Douglas County, and in no way enlarges the civil or criminal/liability of emergency service personnel. The guideline should not be construed to create a higher standard of safety or care in an evidentiary sense, with respect to third-party claims.