

# MONTEREY COUNTY OPERATIONAL AREA

## Active Shooter Guideline

### 1. Purpose:

This procedure establishes guidelines for Monterey County Public Safety Personnel who respond to Active Shooter Incidents (ASI). The goal is to provide effective rescue and treatment procedures, common communications, and coordination, as well as provide for responder safety while working at an Active Shooter Incident.

Recommendations for effective operations with Law Enforcement, Fire, and EMS personnel require common terminology, communications and capabilities. The purpose of operations across the responding entities is to maximize survivability for victims and is based on actions contained in the acronym **THREAT**: (Threat Suppression, Hemorrhage Control, Rapid Extrication, Assessment by Medical, Transport to care)

### 2. Use:

This guideline applies to Public Safety personnel operating at the scene of an Active Shooter Emergency.

### 3. Procedure:

**a. Law Enforcement:** Law Enforcement (LE) will arrive and make the determination that the incident involves an active shooter or other ongoing acts of violence. The first responding patrol officers will form a Contact Team (CT) and proceed to locate and isolate the suspect(s) followed by additional CT's. The role of the Contact Team (CT) is to engage the suspect(s) to limit the possibility of injury or death to victims. As additional officers arrive, a safe perimeter will be established and a Casualty Collection Point (CCP) will be established.

Law Enforcement will take command of the incident (Incident Command - IC) and establish the location of the Incident's Command Post (ICP) until a higher ranking LE Officer arrives. The ranking officer should then enter into Unified Command with the ranking Fire Officer as soon as possible

**b. First Arriving Fire Officer and/or Duty Chief:** The first arriving Company Officer or Duty Chief shall make contact with the on-scene Law Enforcement Incident Commander, enter into a Unified Command, determine what additional resources are needed, and assist with the development of the Incident Action Plan (IAP) (ICS-201). The Company Officer or Duty Chief shall also advise responding fire units of the designated incident staging location(s) and then provide a face-to-face briefing to fire resources, if possible.

**c. The Emergency Communications Center Call Taker** will attempt to obtain critical safety information such as location, number of suspect(s), description(s), weapon(s), injured person(s), etc. The Call Taker will remain on the line with the caller as long as it is safe to do so and updated information is available. Call Taker will advise caller to evacuate if it is safe to do so. If the caller is not able to safely evacuate, Call Taker will instruct caller to secure their immediate area and lock or barricade doors and windows.

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**d. The Law Dispatcher** will utilize the alert tone, dispatch available units and notify the Patrol Supervisor. Dispatch will provide directions to the scene and will advise responding agencies if law enforcement has or are engaging the shooter.

**e. The Fire Dispatcher** will dispatch the following Fire and EMS resources to an ASI event that has occurred or is occurring: *1<sup>st</sup> Alarm Assignment, 3 Ambulances and Declare a Level 1 MCI*. The Communication Center shall obtain and broadcast the following information as soon as possible: *Staging location, Safe access route to command post and Updates related to the scope and size of the incident*.

**f. Communications:** When practical, both a Law and Fire Branch will be established with a common command radio channel. A separate tactical radio frequency for fire as well as for law enforcement will be used and confirmed. Responders must use common ICS nomenclature and clear text communications. Radio communication directly related to the police tactical operation should not be transmitted over non-encrypted channels.

**g. Public Information Officer (PIO):** Consider a Public Information Officer (PIO) as soon as available due to the high public visibility of the incident. The establishment of a Joint Information Center should also be considered to ensure consistent information is flowing from the incident.

**h. OES:** The Monterey County Office of Emergency Services can also be utilized so the County Emergency Operations Plan (EOP) and resources can be accessed.

**i. Fire Personnel:** The ranking fire official shall make contact with the IC. Then a deliberate and cautious approach should be taken to the scene and, if this is known to be an ASI as initial units may not receive a "Code 4" from LE. Fire personnel will don the appropriate Personal Protective Equipment (PPE). The minimum for fire personnel will be a ballistic vest, structure and helmet. If possible reduce visibility risk, for example shirts with badges or PPE with reflective material. Always maintain a high level of situational awareness. All fire personnel must prepare to engage in a rescue group assignment.

#### 4. Deployment:

**a.** A Force Protection Group (FPG) from Law Enforcement will escort fire companies, which should form Rescue Groups (RG) and may have a need for forcible entry and or evacuation assistance. The Rescue Group Leader will obtain a briefing from the Force Protection Group Leader to ensure that both groups understand the objective and direction of movement. During this operation, the RG will be working for the leader of FPG. If the CT cannot move the injured to the Casualty Collection Point (CCP), then the Rescue Groups (RG) and Force Protection Groups will need to search and locate the injured victim(s) in the areas that have been cleared and deemed secured by the initial Contact Teams (CT). The injured shall be taken to a Casualty Collection Point (CCP) by the RGs.

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**b.** The goal of the Rescue Groups is to rapidly move ASI victims with Force Protection from the warm zone to the Casualty Collection Point (CCP) if needed. If triage and or lifesaving treatment is possible it should be performed. In injury severity priority, patients should be taken to the Treatment Area (TA) in the cold zone where more definitive medical assessment and treatment can take place. Litter teams or available

Law Enforcement personnel can move patients from the CCP to the treatment area. The location of the CCP should be in an area where initial triage and lifesaving treatment can be safely performed. This area is often where warm and cold zones meet and should be in an area large enough to accommodate the number of expected casualties.

**c.** All personnel operating in the warm zone or CCP area must avoid hallways and doorways, and should anticipate having to bunker behind areas of cover and concealment. RGs must maintain a high level of situational awareness and may need to relocate injured patients to a treatment area in the cold zone when safe to do so. Consider all out of place items dangerous and a situational awareness for Improvised Explosive Devices (IED) should be maintained.

**d.** Limited equipment should be brought to the warm zone or CCP. Recommendations for equipment in these areas are that which can be used for life saving treatment such as tourniquets, and bandages to control hemorrhage. Additionally flashlights, thermal imaging cameras, portable forcible entry tools and triage equipment should be considered.

**e.** A recurrent CAN and PAR report should be given to the ICP to ensure accountability and appropriate resource allocation.

#### **5. Patient Treatment:**

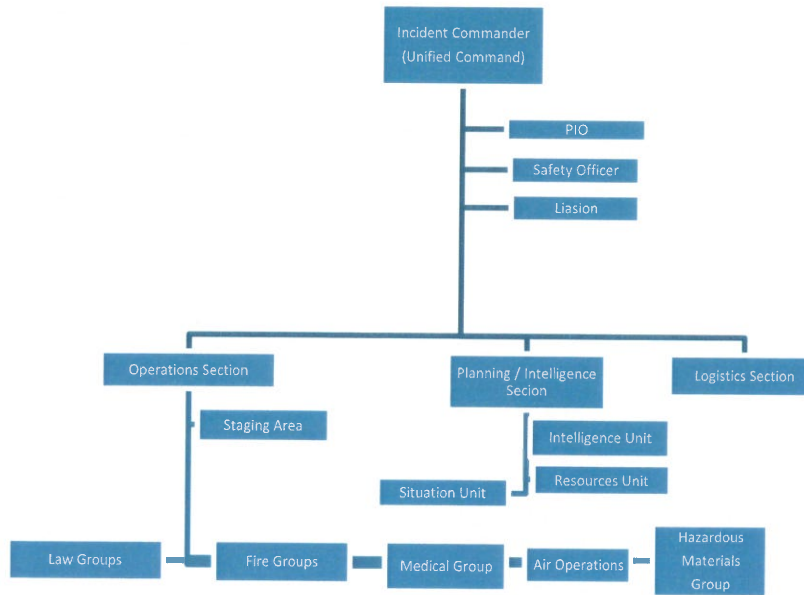
**a.** Once victims have been identified, located, and the area secured, the Rescue Groups with Force Protection shall proceed and perform rescues during the ongoing incident. Additional RGs shall be deployed as needed with a Force Protection Group.

**b.** All fire personnel providing treatment in the Casualty Collection Point (CCP) should only stabilize life threatening injuries. Medical treatment should not delay the rapid movement of ASI victims to the TA.

**c.** A recurrent situation status or CAN report should be given to the ICP to ensure adequate resources are ordered and patient number is updated. A PAR count should also be routinely performed to ensure accountability.

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## Appendix A – ICS Flow Chart



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### Appendix B - Definitions

**Active Shooter Incident:** An armed person (shooter) who has used deadly physical force on other persons and continues to do so while having unrestricted access to additional victims.

**Active Shooter Cold Zone:** The location of the support functions of the ASI including the command post, staging, and medical group if an MCI is declared.

**Active Shooter Warm Zone:** The location already cleared and deemed secure by law enforcement contact teams. Fire Personnel may work in this area if force protection is in place.

**Active Shooter Hot Zone:** The location that law enforcement contact teams are working to isolate or neutralize the ASI threat. Firefighters will not work in this zone.

**Asymmetrical Warfare:** Warfare involving surprise public attacks by small, simply armed persons or groups.

**Body Armor:** Ballistic, wearable, personnel protective equipment that is graded according to level of ballistic protection it provides from gunfire.

**Causality Collection Point (CCP):** A location where casualties are kept and receive basic medical care until they can safely be moved to a medical treatment area. This location should be inside the cold zone whenever possible, but some situations may require it to be in the warm zone. Firefighters will work as Rescue Groups (RGs) with law enforcement protection in this area.

**Conditions, Actions, Needs (CAN):** A report provided to the IC on the conditions, action and needs of the various teams assigned to the incident. The CAN should be given periodically during the event or when requested by the IC.

**Contact Team (CT)** – A law enforcement team assigned to confine or eliminate the threat.

**Concealment:** An area, manmade or natural that hides you from the suspect but does not provide ballistic protection. (i.e. bushes, doors and light constructions walls.)

**Cover:** An area, manmade or natural that protects you from the suspect and provides ballistic protection. (i.e. logs, trees, masonry type walls, vehicles etc.)

**Force Protection Group (FPG):** Law enforcement officers (two or more) assigned to protect fire (RG) personnel.

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**Improvised Explosive Device (IED):** A device placed or fabricated in an improvised manner incorporating destructive, lethal, noxious, pyrotechnic, incendiary, or chemicals designed to destroy, incapacitate, harass, or distract.

**Incident Action Plan (IAP):** A document put together as the event unfolds. This document will contain objectives, strategies, and tactical priorities, as well as safety concerns.

**Incident Command Post (ICP):** A location within the cold zone where command and control objectives are established.

**Individual First Aid Kit (IFAK):** An individual (or improved) first aid kit that carries medical equipment to immediately address the preventable causes of death.

**Law Enforcement (LE):** Law enforcement personnel and equipment.

**Life Hazard Control Zones:** A system of barriers surrounding designated areas at the emergency incident scene that are intended to STOP people from entering a potentially life threatening or hazardous area.

**Mass Casualty Incident (MCI):** An incident in which emergency medical services are overwhelmed by the number and severity of casualties.

**Personnel Accountability Report: (PAR):** A report that provides the Incident Commander an accounting of all personal.

**Rescue Group (RG):** A team consisting of at least two Fire Department rescuers and gear with at least two Law Enforcement (LE) officers and weapons. The LE officers are to provide protection to the Fire Department rescuers. The goal of the RG is to rapidly move ASI victims from CCP to The TA for medical treatment. Also known as Rescue Task Force (RTF) in some documents.

**THREAT:** T – Threat Suppression, H – Hemorrhage Control, RE – Rapid Extrication to safety, A – Assessment by medical providers, T – Transport to definitive care

**Treatment Area (TA):** – An area designated in the cold zone where patients from the CCP are moved and receive medical treatment. Normally, MCI operations will be conducted in the treatment area.