

## **Rescue Task Force Response to Active Shooter Incidents**

### **CHAPTER 8.39**

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**Revised:**

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#### **PURPOSE:**

To establish policies and procedures for the dispatch and operation of the Rescue Task Force for Active Shooter Incidents.

#### **DEFINITION:**

The Rescue Task Force (RTF) is a set of teams deployed to provide immediate care/removal of victims where there is an ongoing ballistic or explosive threat. Utilizing Ballistic Protective Equipment (BPE), these teams will treat, stabilize and remove the injured in a rapid manner under the protection of law enforcement.

An RTF team must include:

- Two Emergency Medical Services Personnel, at least one of the personnel shall be an Advanced Life Support (ALS) Provider.
- Two armed law enforcement officers

RTF teams will be deployed to the following situations:

- Active shooter incident in a school, business, mall, conference, stadium, special event, etc.
- Any other scene that is or has the possibility of an ongoing ballistic or explosive threat.

#### **GENERAL:**

- Alachua County Sheriff's Office (ACSO), Gainesville Police Department (GPD), University Police Department (UPD), Santa Fe Police Department, High Springs Police Department or Alachua Police Department will be the lead agency based on the authority having jurisdiction and will establish a unified command with ACFR to rapidly deploy RTF teams to established zones.
- Prior to deployment of an RTF team the threat zones **must** be identified.

**Hot Zone-** An area where there is a known life threat that is immediate and direct. This includes all areas that are uncontrolled by law enforcement and where an active shooter could directly engage an RTF team. RTF teams will **not** be deployed in to the Hot Zone.

**Warm Zone-** An area of indirect threat. This is an area that law enforcement has cleared or isolated the threat to the point where minimal or mitigated risk exists. This area can be considered clear but not secure. This is the primary area where RTF teams will deploy, with law enforcement security, to treat, stabilize and remove injured victims.

**Cold Zone-** Areas where there is little or no threat either by geography to the shooter or by law enforcement security teams maintaining, securing and remaining in the area. This is a primary area where ACFR personnel will triage, treat, and transport victims once removed from the Warm Zone.

- Depending on the size, location and duration of the incident, it may be necessary to establish a Casualty Collection Point (CCP). This is an area that is predetermined by Unified Command and completely secured by law enforcement. The CCP is an area where RTF teams operating in the Warm Zone can deliver injured victims for a more thorough triage and treatment before being transported from the scene. This area may be staffed with ACFR personnel, physicians responding to the scene or any other medical personnel that are not assigned to the RTF teams. The CCP is always located in the Cold Zone.

## OPERATION:

### RTF Dispatch

When the combined Communication Center (CCC) receives a call for a shooting the original protocol will be for a Stab/GSW/Penetrating wound by CCC. This call will be dispatched as a "gunshot wound" or "patient with a gunshot wound" per the dispatcher. This call will generate the following from ACFR:

- 1 Rescue Unit (Hot/Stage)
- 1 ALS Unit (Hot/Stage)
- 1 District Chief Notification
- 1 Administrative Notification

If there is an indication or it is determined through the CCC or law enforcement units on scene that the call is an Active Shooter incident, then an "EMS Task Force" (EMSTF) will be automatically dispatched. This will add the following units to the original compliment on the first dispatch:

- 2 District Chiefs
- 3 ALS APU's (All Purpose Unit - Engine, Squad, Quint)
- 1 Squad
- 2 Rescue Units
- 1 Administrative Notification of "Active Shooter"

Additional units that should be considered:

- Administrative Chief/Command Officers
- MSU 24
- Additional Rescue Units
- Physicians/Medical Director
- MCI Alarm
- UAV Team (Drones)
- Hazardous Materials Team
- Bomb Squad

It is imperative that the first due units coordinate with law enforcement through CCC to determine where a reasonable staging area for Fire/Rescue units will be that will facilitate the deployment of RTF Teams. This should be an area out of the direct line of site of the incident, in direct line of approach to the incident and facilitate rapid deployment of EMS personnel for immediate casualty care. Consideration should be taken as well for the staging area of Rescue/Transport units for ease of access to and from the scene.

The first arriving District Chief should:

- Establish command for Fire/Rescue units
- Coordinate with law enforcement to establish a **Unified Command**
- Work with law enforcement to identify where the RTF working zones are located
- Consider adding additional resources (EMS Task Force, MCI Alarm) based on arrival findings
- Re-evaluate the primary staging areas and relocate if necessary
- Create the RTF units from units on scene
- Ensure all RTF units are informed of the working zones
- Track all RTF units utilizing command board, etc.

Second arriving District Chief or Command Officer should:

- Assist with assigning the EMS Branch
  - Medical Group: Consists of Triage unit and Treatment Group (Casualty Collection Point)
  - Transportation Group: EMS staging and transportation of patients. For larger numbers of patients, consider a separate transportation officer that will facilitate notification to receiving facilities and availability of each receiving facility. (i.e. How many trauma alerts can one facility accept; How many Green, Yellow and Red patients per facility)

First arriving Rescue Unit should:

- Don all appropriate BPE and EMS equipment/Supplies

- Report to appropriate staging area for direction from the IC/Unified Command
- Prepare for rapid transport of any patients that are immediately delivered to EMS prior to establishment of RTF Teams and Unified Command. Do not delay transport of initial critical patients to wait for the Unified Command system to take place. Do not place yourself in any area beyond the Cold Zone without direction from IC/Unified Command to insure appropriate measures have been implemented by Law Enforcement to secure the area.

Second and third arriving Rescue Units should:

- Don all appropriate BPE and EMS equipment/Supplies and proceed to the designated staging area.
- Prepare for rapid transport of any additional patients that are immediately delivered to EMS prior to establishment of RTF Teams and Unified Command. Do not delay transport of initial critical patients to wait for the Unified Command system to take place. Do not place yourself in any area beyond the Cold Zone without direction from IC/Unified Command to insure appropriate measures have been implemented by Law Enforcement to secure the area.
- If no other patients are initially presented, await orders from the IC/Unified Command for further assignments: (Casualty Collection Point set up, RTF Team assignment, Triage Unit Leader, etc.)

First arriving APU should:

- Don all appropriate BPE and EMS equipment/Supplies and proceed to the RTF staging area
- Report to the Medical Group to be paired with law enforcement officers to establish RTF Teams. Each RTF Team will be comprised of a minimum of two law enforcement officers for front and rear protection and two EMS providers (At least one ALS certified) to provide care to the wounded.
- Operate off of a different radio channel than Command or the EMS Branch. ACFR IC may need to request additional resources to monitor communications specifically with RTF Teams.
- Assist the first due rescue unit. The number of casualties and possibility of multiple patients in several locations may require the Triage Unit Leader to assign an alternate location (Division) separate from where the RTF Teams are in order to facilitate an accurate initial patient count.

Second, third and fourth arriving APU should:

- Don all appropriate BPE and EMS equipment/Supplies and proceed to the staging area
- Await orders from command for assignments (RTF, CCP, assist transport units, etc.)

Mutual Aid Apparatus

- Initial Company Officers and Incident Commanders need to be mindful that mutual aid companies **cannot** become RTF Teams. ACFR members from the dispatched apparatus will be used to fill RTF Teams and mutual aid will be utilized as support roles in the cold zone, including assistance with transport of injured patients.

#### **Equipment:**

The equipment utilized for the individual RTF Teams will be located on each ACFR Unit. District 5 and District 6 will each have three ballistic vests and two extra treatment bags. Each vest will contain enough equipment to treat 6 – 8 victims depending on the severity of injuries. The extra equipment bags will have enough equipment to treat an additional 16 victims depending on the severity of injuries.

#### **Deployment:**

Once Unified Command has agreed to the deployment of the RTF Teams, each team will deploy to the warm zone to begin treating/removing victims. It is important for EMS personnel to remember that initial law enforcement officers arriving on scene will attempt to immediately locate, engage and eliminate the Active Shooter threat. Under no circumstance should EMS personnel attempt to deploy with these initial arriving law enforcement officers.

- Don all appropriate BPE and EMS equipment/Supplies and proceed to The designated RTF staging area
- IC/Unified Command will dispatch RTF Teams by predetermined numbers, i.e. RTF 1, RTF 2, etc. At no time will an RTF Team deploy without a minimum of **2** armed law enforcement officers.
- The first RTF group to make entry to the warm zone should make every attempt to notify the EMS Branch, through the Medical Group Supervisor, of the estimated number of casualties.
- When RTF Teams make entry they will utilize Tactical Emergency Casualty Care (TECC) guidelines. (EMS Protocols)
- The first two RTF Teams will enter the warm zone and treat as many patients as possible until they run out of equipment or all visibly accessible victims have been treated. Once this point has been reached in the operation, these same RTF Teams will begin to evacuate the injured to a designated treatment site, the CCP or straight to awaiting Transport Units if possible..
- Any additional RTF Teams that enter the warm zone should be primarily tasked with extrication of the the victims that were treated by the initial RTF Teams. If needed, additional RTF Teams may be sent into areas that were not yet reached by initial RTF Teams or other areas with known accessible victims.
- No triage will be conducted in the warm zone areas. All patient s encountered by RTF Teams will be immediately treated as they are accessed. Any patient that can ambulate under their own power will be directed by the RTF Teams to self-evacuate under law enforcement direction. Any patients that visibly appear to show signs of death will be identified and left as they are found to avoid repeated evaluations by other RTF Teams.
- To coordinate the RTF Teams functioning in the warm zones, a single ACFR officer, under the protection of law enforcement will deploy in to the warm zone to coordinate RTF Teams and allow direct communication with the EMS Branch.
- RTF Teams can be deployed for the following reasons
  1. Victim Treatment
  2. Victim removal from the warm to cold zone
  3. Movement of supplies from the cold to warm zone
  4. Any other tasks deemed necessary to accomplish the mission without directly compromising the RTF
- RTF Teams will work within their respective secured areas at all times.