

SOUTH PORTLAND FIRE DEPARTMENT

STANDARD OPERATING GUIDELINES

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Title:	Active Shooter	# of pages:	3
Category:	EMS Special Operations	Classification:	Red

1. **PURPOSE:** To create a standard of operation to which all members of the South Portland Fire Department operate at the scenes of incidents involving a mass shooting or an incident at which an active shooter is present.
2. **PROCEDURES:**

Background: Since 1966, on average, the number of casualties at one of these events is low: 0-5 deaths and 0-5 wounded. The median is only 2 of each. Having a large number of victims is the exception. Data shows most deaths are due to head & chest wounds not hemorrhage. The average duration of event is less than 10 minutes, this means the event is generally over before EMS arrives and is ready for entry. 99% of incidents involve single shooter. Most “bad guys” are young males and their attacks are resolved the following ways:

- 43% by applied force/interaction (Law Enforcement kills/wounds suspect)
 - In 16 of 41 events private citizens stopped shooter prior to PD arrival
- 16% by negotiation/surrender with no force
- 41% by suicide (often as soon as they are engaged)

Law Enforcement has recognized its previous mistakes such as at Columbine (i.e. waiting for SWAT) and has accepted a higher risk by engaging early with limited PPE. EMS has been slow to change, still in staging mindset, which seems to be a carryover from Hazmat training:

- Waiting for sterile environment is unreasonable
- The sooner we treat the more victims are saved
- Remember the Golden Hour

EMS needs to understand these events are quickly mitigated / often before they arrive. EMS takes calculated risks every day (think structure fires). This is no more dangerous when done correctly with appropriate PD cover:

- From 2000-2013 only 4 more injuries using these new tactics
- No EMS providers have ever been killed at an active shooter incident
- Compare that to the average 100 firefighter/EMS deaths we routinely accept each year
- **Risk a lot to save a lot**

Procedures: Upon arrival the first SPFD unit(s) will stage in a safe area that is of a direct line of site and at least 1500 feet away from the incident site, establish command using the SPFD command system and assess the situation. The IC should gather as much information as quickly as possible from; Dispatch, MDB, and by monitoring the SPPD channel. The IC

should request additional resources, as deemed appropriate such as a Box Assignment, All Hands, Hazmat Response, and/or EMS Strike Teams.

A Unified Command will need to be established quickly so that coordination of efforts can begin. Because this is a law enforcement issue South Portland Police will be the lead agency initially. The Fire Department IC should identify who the Police Department IC is and together they should determine a location of the Initial Incident Command Post (IICP).

As more personnel arrive an Operations Section will most likely be needed. It is likely a new ICP will be established and the IICP will become the Forward Operations Section. It is imperative that both a FD and PD supervisor be placed in these positions and located together to coordinate their response. The timely sharing of information is critical and cannot happen if separated.

Law Enforcement (LE) will quickly establish Contact Teams that will enter the area and initiate contact with the suspect(s) and use all necessary means to end the incident.

Law Enforcement will then establish Rescue / Recovery Teams that will enter the scene after the Contact Teams to locate and identify victims. These teams could be made up of only LE responders or both LE responders and FD/EMS responders.

- Rescue Teams may only be activated and deployed by the Incident Commander, as resources allow. This should commence as soon as possible, but the available resources may dictate that it wait until all actively homicidal suspects are believed to have been stopped or contained.
- Based upon victim information provided by the Contact Team(s), Rescue Teams should enter the location and work to evacuate and / or treat the victims. Rescue Teams should avoid the main entrance, if at all possible, as this would be a logical place for the suspect(s) to set up barricades, explosives or an ambush.
- When deployed, Rescue Teams should generally consist of four (4) LE responders and may consist of FD/EMS personnel. LE only (No EMS) Rescue Teams should work to evacuate victims to a designated Casualty Collection Point (CCP). Rescue Teams with EMS personnel may treat a victim within the location, if EMS personnel deem that the person cannot be safely evacuated.
- Attempt to control and direct uninjured evacuees to a safe, nearby area designated by the Incident Commander for intelligence gathering and investigative follow-up.

Operational Zones

- Unsecured: Shooter(s) locations are unknown or not controlled, very unsafe situation.
- Cleared: LE has been through the area and pushed the shooter(s) away but they may double back and return. FD/EMS can work in area but need to have situational awareness and limit time in cleared areas.
- Secured: LE has cleared the area and it is secured with a LE constant presence.

Casualty Collection Points (CCP)

- Casualty Collection Points will be established in areas that may be cleared but not secured.

- Victims should be rapidly stabilized and triaged at the CCP and then moved to treatment/loading zones.
- Let LE bring patients to EMS in a cleared area where EMS can provide triage, limited care, and rapid transport.
- LE should not treat; this is a poor use of limited resources.
 - LE should focus on initial actions, engage bad guy and securer CCP area
 - Secondary actions are to bring patients to CCP
- We can't depend on tactical medics. There are too few of them, they are generally assigned to SWAT, which will normally arrive too late to be useful
- Victim Survival relies less about what you do, and more about when you do it
- Remember the Golden Hour
 - Quick airway and hemorrhage control.

3. REFERENCES:

By Order Of:



James P. Wilson
Fire Chief