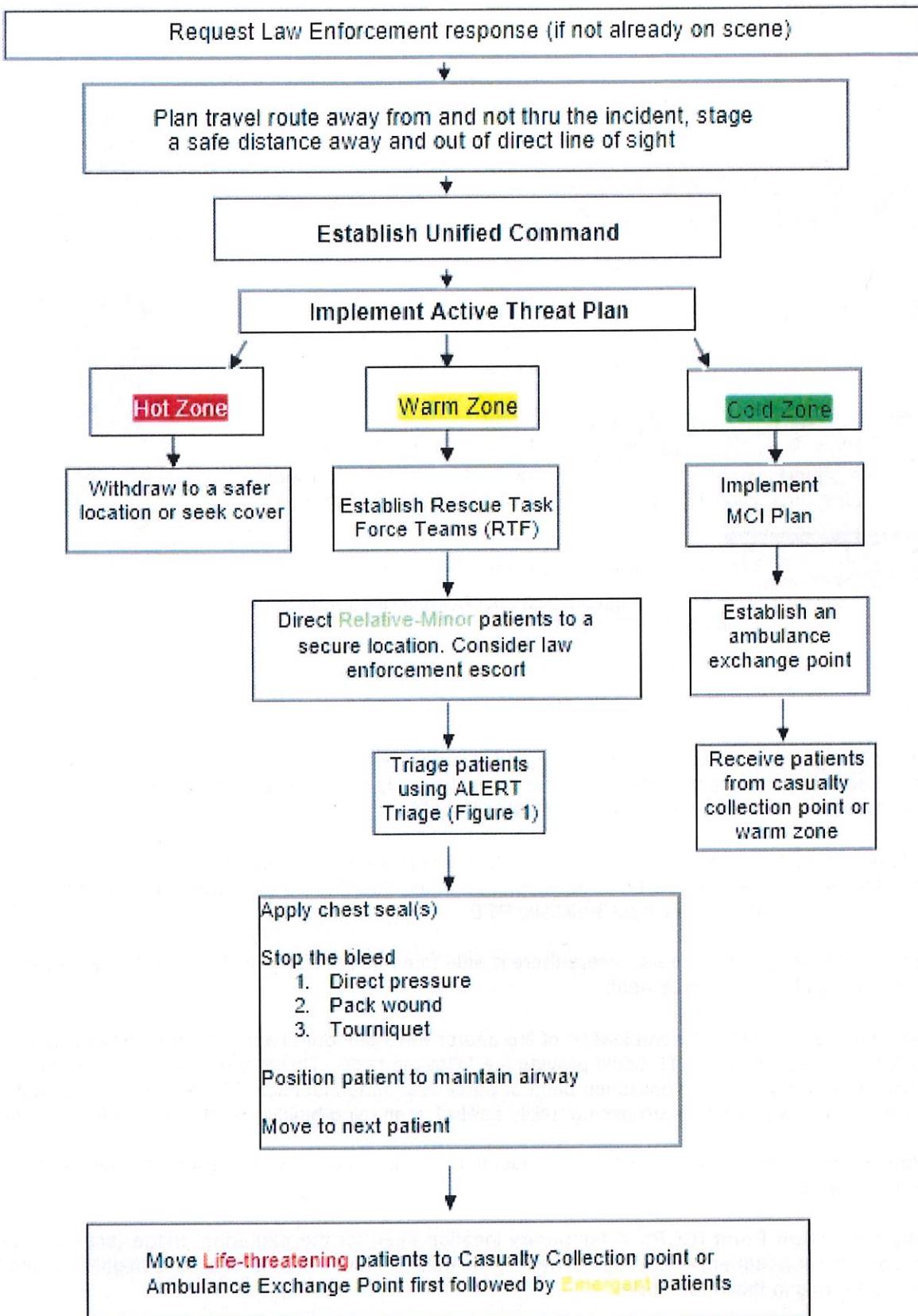


# **Trauma System**



## Active Shooter/Hostile Event Response (ASHER)– 50.005



## Active Shooter/Hostile Event Response (ASHER)– 50.005

### A.L.E.R.T. Triage

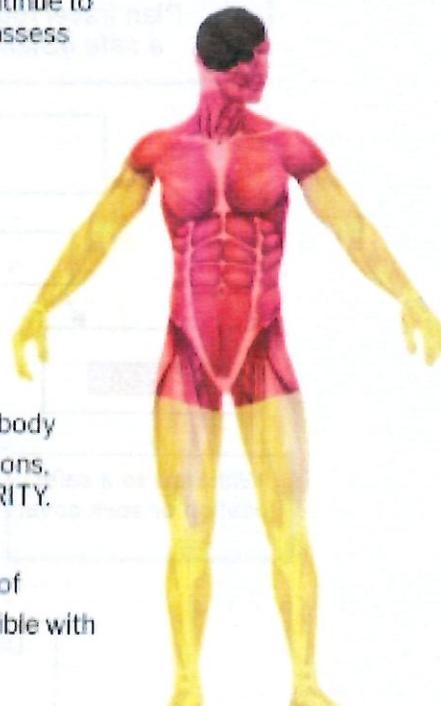
**Assess** casualties. Those obviously dead and those who are uninjured do not require triage . Treat immediate life threats (M.A.R.) and continue to assess each individual casualty to assign their triage category (Reassess throughout).

**Life-threatening:** Penetrating trauma in the junctional areas, chest, abdomen, face, or neck. FIRST TRIAGE/TRANSPORT PRIORITY!

**Emergent:** Penetrating injuries to the extremities which require a tourniquet or pressure dressing with bleeding controlled. SECOND TRIAGE/TRANSPORT PRIORITY!

**Relatively-minor:** Injuries in any region of the body that are superficial in nature and require minimal treatment (abrasions, minor cuts, etc.). LOW TO VERY LOW TRIAGE/TRANSPORT PRIORITY.

**Terminal:** Penetrating trauma to the cranium with loss of consciousness or any extreme injuries that are obviously incompatible with life. LAST TRIAGE/TRANSPORT PRIORITY.



#### Definitions:

**Hot Zone:** The geographic area(s) where Law Enforcement is actively pursuing, engaging, or containing persons or activities of concern. Persons in this area shall only be armed Law Enforcement personnel who are attempting to engage or isolate any hostile threat(s).

**Warm Zone:** The geographic area(s) where Law Enforcement have passed through and swept for hostile threats. Personnel should operate under the pretense that a threat is not expected but cannot be ruled out completely. NFPA 3000 requires level 3 ballistic PPE.

**Cold Zone:** The geographic area(s) where there is little to no threat due to distance from the threat or area has been secured by law enforcement.

**Rescue Task Force (RTF):** A combination of fire and/or EMS personnel and law enforcement who provide force protection. The RTF could provide the following tasks: Threat-based care, triage, and extricating victims to a casualty collection point or other designated location. The RTF could also have other tactical objectives such as breaching, utility control, managing building systems, and fire control.

**Ambulance Exchange Point:** A geographical location in cold zone where transport vehicles are available to transport casualties.

**Casualty Collection Point (CCP):** A temporary location used for the gathering, triage (sorting), medical stabilization, and subsequent evacuation of nearby casualties. Where vehicular access might be limited and is usually occurring in the warm zone.

# Trauma System Entry and Guidelines – 50.010

## I. PATIENT ENTRY:

### Measure Vital Signs and Level of Consciousness

#### Step 1: Mandatory Physiological Criteria

Glasgow Coma Scale  $\leq 13$  or  
Systolic blood pressure  $< 90$  or  
Respiratory rate  $< 10$  or  $> 29$  ( $< 20$  in infant  $<$  one year)

YES

NO

Take to trauma center. Steps 1 and 2 attempt to identify the most seriously injured patients. These patients should be transported preferentially to the highest level of care within the trauma system.

#### Step 2: Mandatory Anatomical Criteria

- All penetrating injuries to head, neck, torso, and extremities proximal to elbow and knee
- Flail chest
- Two or more proximal long-bone fractures
- Crushed, degloved, or mangled extremity
- Amputation proximal to wrist and ankles
- Suspected pelvic fracture
- Open or depressed skull fracture
- Motor or sensory deficit

YES

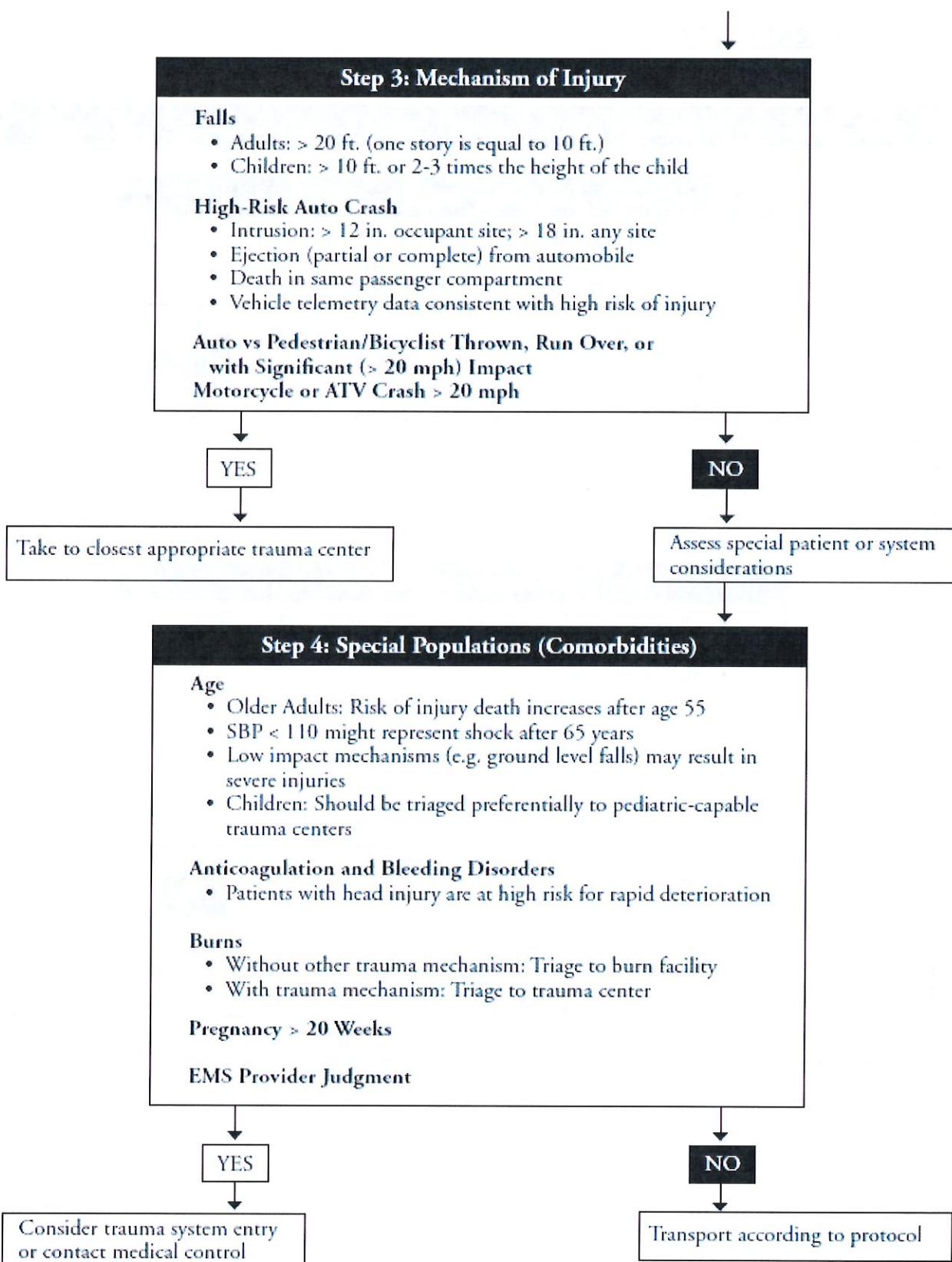
NO

Take to trauma center. Steps 1 and 2 attempt to identify the most seriously injured patients. These patients should be transported preferentially to the highest level of care within the trauma system.

Assess mechanism of injury and evidence of high-energy impact

go to Step 3, next page

## Trauma System Entry and Guidelines – 50.010



## Trauma System Entry and Guidelines – 50.010

### II. **MEDICAL DIRECTION:**

- A. Off-line medical direction for trauma patients is controlled by the Treatment Protocols and Procedures section.
- B. OLMC is provided by the receiving hospital. OLMC may override off-line medical direction. Any instances where this occurs will be documented in the pre-hospital care report.

### III. **COMMUNICATIONS/HEAR Report:**

- A. The following information will be provided to receiving hospital:
  1. Unit number and Trauma System Entry criteria and vital signs.  
*For example: "SCMC-B, medic x71 with a trauma system entry based on the following criteria. List specific criteria from box 1 – 4 above and vital signs"*
  2. Number of patients.
  3. Age and sex of the patients.
  4. Glasgow Coma Scale.
  5. ETA to Trauma Center.
  6. Patient destination based on incident location or request.

### IV. **TRAUMA CENTER DESTINATION:**

- A. **St. Charles Medical Center- Bend** is the only Level 2 in Central Oregon.
- B. **Patients or Guardians Request:** If the alert, competent patient or his/her competent guardian demands transport to a specific hospital, the EMS provider will try to honor that request and notify the receiving hospital immediately.
- C. **Multiple Patients:** Follow ATAB 7 MCI Plan.
- D. **Diversion To Local Hospital:** If patient goes into traumatic arrest or if the paramedic is unable to establish an airway, the patient should be transported to the nearest acute care facility regardless of the facility diversion status.

### V. **MODE OF TRANSPORT:**

An air ambulance may be used when it would reduce total pre-hospital time by 15 minutes or greater. This is usually achieved whenever the ground transport time will exceed 30 minutes (Scene is > 15 miles from Level 2 hospital, or other circumstances exist).

### VI. **PATIENT EVALUATION PROTOCOL:**

- A. Treatment Priority Should Be Approached In This Order:
  1. Airway Maintenance (Including control of the cervical spine).
  2. Breathing.
  3. Control of circulation and hemorrhage.
  4. Treatment of shock.
  5. Neurological examinations.
  6. Complete secondary survey.
  7. Splinting of fractures.

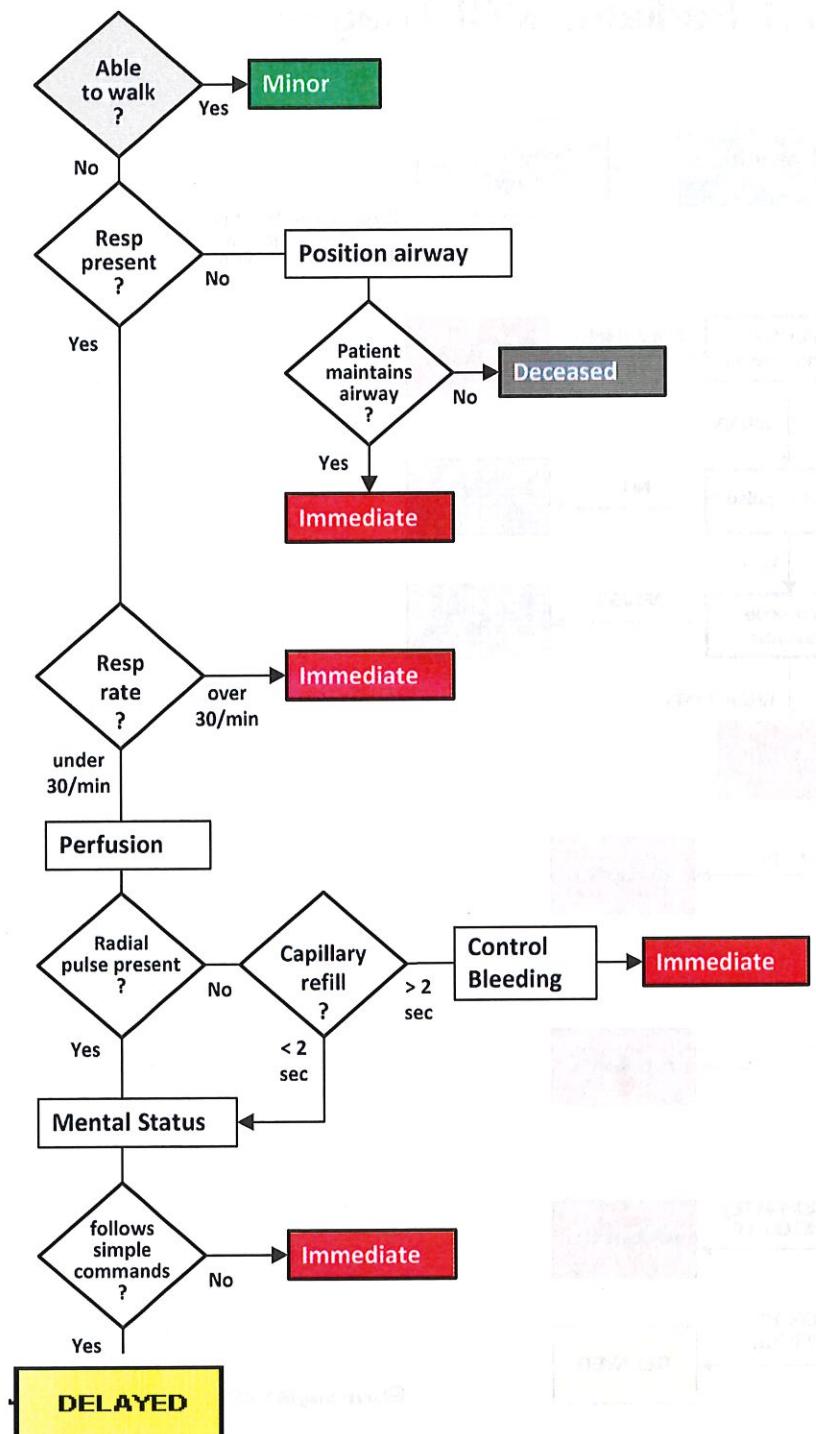
## Trauma System Entry and Guidelines – 50.010

### VII. SCENE TIME:

After gaining access to the patient, scene time should not exceed ten minutes for any patient who is entering the Trauma System. Plan to start IV/IOs and initiate other care once en-route to the hospital if necessary.

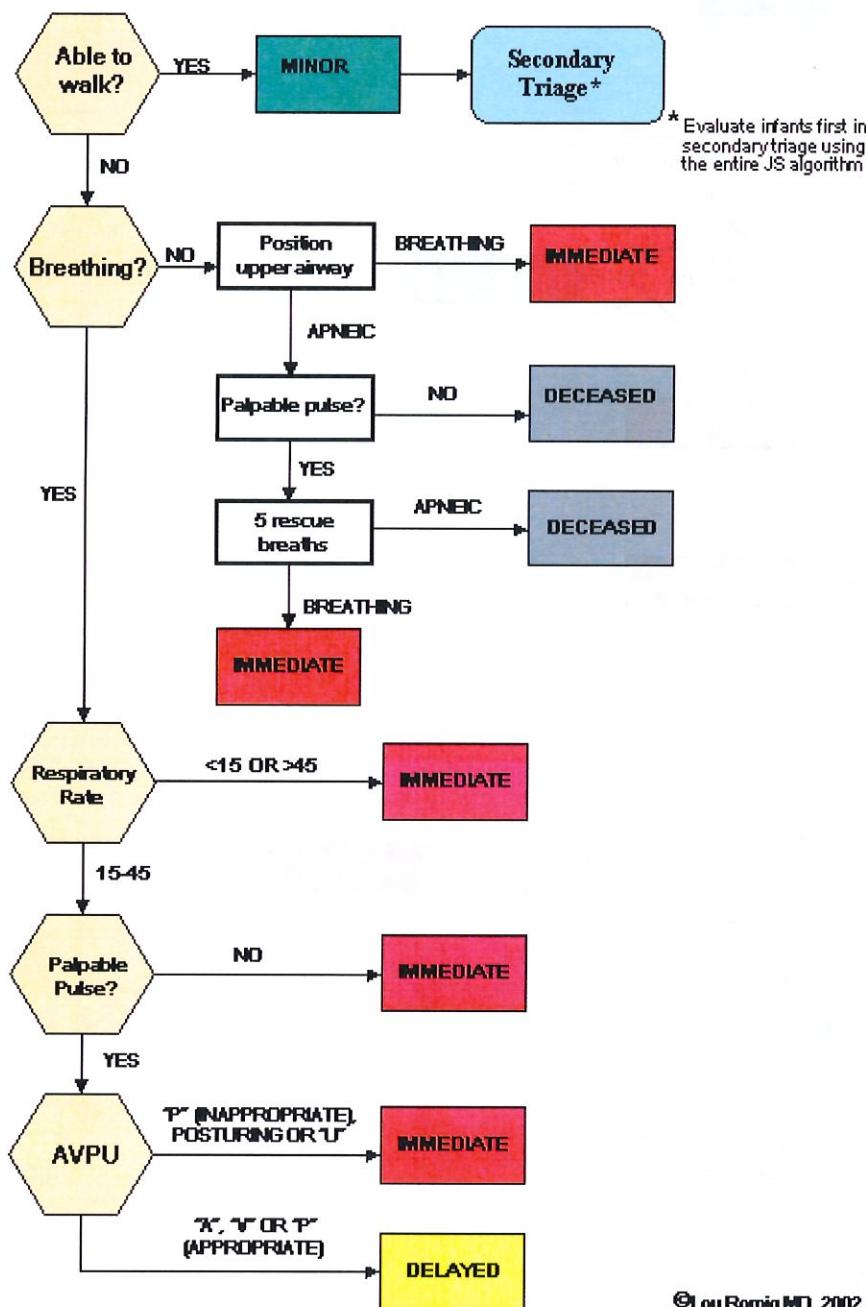
## START TRIAGE – 50.020

### START Triage



## Jump Start Pediatric Triage

## JumpSTART Pediatric MCI Triage®



©Lou Romig MD, 2002

**The National Incident Management System (NIMS) will be used to manage all incidents.**

1. Incident Command (IC) is the responsibility of the agency having jurisdiction (AHJ).
2. Each assisting agency shall retain full authority to operate within the scope of its agency operational and administrative protocols and procedures.
3. Agencies that are assisting in the support of a single jurisdiction will function under the direction of that jurisdiction's designated Unified Incident Command.
4. Incident Command of a multi-discipline event should be predicated on the "Primary Hazard" of the event.
5. In a Unified Command, the "Lead Agency" may change as priorities change.

The **Mass Casualty Incident ATAB 7 Plan** is a tool that may be used in part or whole as determined by the on-scene Incident Commander in situations where the number of patients exceeds the resources of the on-scene responders. There is no set number of patients that will automatically initiate this protocol. If the Incident commander determines that additional resources or incident structure is needed to better manage due to the complexity of the incident, he/she shall announce to dispatch that an MCI is being declared. This may be done upon arrival or at any time during the incident.

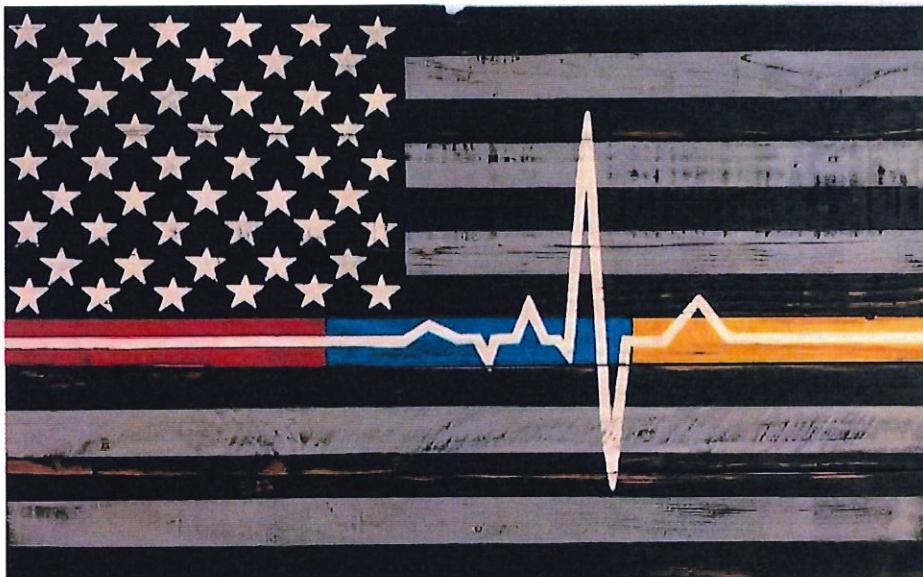
- If the incident involves multiple asymptomatic patients (HazMat exposure) set up secure evaluation area.
- During a declared MCI, the Trauma System is not in effect.
- "Licensed ambulances" are not needed for transport.
- If transport resources are limited, more than one critical patient may be placed in an ambulance.



# Central Oregon Active Threat Response Plan

## ACTIVE THREAT PLAN

Presented by the  
Central Oregon Active Threat Committee  
(COATC)



United in Planning, Training and Response to regional active threats

[CLICK HERE FOR CHECKLISTS](#)

The material contained within this document is the result of a collaborative effort between many law enforcement, fire, EMS and dispatch agencies throughout Deschutes, Jefferson and Crook counties. It is intended to serve as a collaborative plan to standardize terminology and procedures to Active Shooter/Hostile Event Responses (ASHER).

# Active Shooter/Hostile Event Response (ASHER)

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# Active Shooter/Hostile Event Response (ASHER)

## PURPOSE

The purpose of this plan is to identify guidelines, procedures and tactics that will assist law enforcement, dispatch, Fire, and EMS agencies working as a team in order to respond to these situations and optimally provide patient contact within ten (10) minutes and patient transport within sixty (60) minutes in order to maximize patient survival.

ASHER incidents require a multi-agency response that can tax resources and will require constant communication between multiple agencies. This plan is intended to give direction to responding crews with the goal of keeping command and control organized and efficient throughout the incident.

EMS Knowledge and use of the East Cascade Emergency Medical Services (ECEMS) MPI and MCI plan is essential to the success of mitigating these incidents.

Research has shown that Active Shooter incidents are short duration incidents that rarely last an extended period of time. Statistically, the assault portion of an event is over within 10 minutes of its start time. However, the rescue, mitigation and investigations of incidents can last for several days.

## THE PLAN

This plan recognizes the need for the integration of law enforcement and EMS/Fire resources in order to provide life saving measures during an ongoing ASHER incident whereby law enforcement provides a protection element for EMS/Fire personnel in order to get them directly to the injured patient(s) for treatment and/or evacuation. This integration of law enforcement and EMS/Fire resources is recognized as a Rescue Task Force.

## DEFINITIONS

**Active Shooter/Hostile Event Response (ASHER).** An incident where one or more individuals are or have been actively engaged in harming, killing, or attempting to kill people in a populated area by means such as firearms, explosives, toxic substances, vehicles, edged weapons, fire, or a combination thereof.

**Active Shooter.** One or more individuals actively engaged in harming, killing, or attempting to kill people in a populated area with the use of firearm(s).

# Active Shooter/Hostile Event Response (ASHER)

**Ambulance Exchange Point.** A geographical location where transport vehicles are available to transport patients

**Ballistic Protection Equipment (BPE).** A Level IIIA (minimum) ballistic vest with a "Police" "Fire" or "EMS" patch on the front and back.

**Casualty Collection Point.** A temporary location used for the gathering, triage (sorting), medical stabilization, and subsequent evacuation of nearby patients. Where vehicular access might be limited and is usually occurring in the warm zone.

**Clear.** A term used by law enforcement where a primary sweep has been conducted by law enforcement and no obvious threats have been found. Law enforcement might or might not maintain a physical presence in a cleared area. Patients might or might not be in a cleared area.

**Concealment.** The protection from observation. Anything that prevents direct observation from the threat that might or might not provide protection from the threat.

**Contact Team/Law Enforcement Entry Team.** A team of law enforcement officers tasked with locating the suspect(s) and neutralizing the threat.

**Cover.** The protection from firearms or other hostile weapons.

**Entry Corridor.** Path from the Cold Zone to the Warm Zone. An established path to a location that has security measures in place. An Entry Corridor is generally utilized to move to an affected site or to leave a site and/or evacuate injured from the site.

**Evacuation Corridor.** A pathway secured by law enforcement for the purpose of accessing and removing patients.

**Force Protection Group.** law enforcement personnel assigned to protect Rescue Task Force (RTF) personnel.

**Holding Point.** A location that is used for the assembly, medical screening, witness interviewing and accountability of non-injured patients. The Holding Point should be in the cold zone. Large incidents may require multiple Holding Points. Holding Points must be secured by Law Enforcement.

**Individual First Aid Kit (IFAK).** A first responder's personal first aid kit.

**Leapfrog.** To move ahead of each other in turn; to advance by keeping one RTF in action while moving the other RTF past it to a position farther in front. Also referred to as bounding over watch.

**Level 1 Staging.** A clear staging position for Fire/EMS operations usually out of the line- of-sight of the threat.

# Active Shooter/Hostile Event Response (ASHER)

**Level 2 Staging.** A secure staging position for Fire/EMS operations. Normally some distance from the event and large enough to accommodate a significant number of apparatus.

**Medical Aid Kit.** Light weight medical kit used by Rescue Task Force Team personnel that allows for hands-free movement in the warm zone during an ASHER incident. Kits should be capable of treating four (4) patients.

**Personal Protective Equipment (PPE).** Equipment worn to minimize exposure to hazards that cause serious injuries and illnesses. Suggested PPE includes appropriate body substance isolation precautions, standard duty uniform, and Ballistic Protection Equipment (BPE)

**Protected Corridor.** A warm zone response concept in which law enforcement forms a secure path through which fire and EMS responders can care for and extract patients.

**Reunification Point.** A location that is used to connect those displaced by the incident with their family, friends, or organization once they are released from the Holding Point. Must be secured by Law Enforcement.

**Rescue Task Force (RTF).** A combination of fire and/or EMS personnel and law enforcement who provide force protection. The RTF could provide the following tasks: threat-based care, triage, and extracting patients to a casualty collection point or other designated location. The RTF could also have other tactical objectives such as breaching, utility control, managing building systems, and fire control.

**Secured.** A law enforcement term for a geographic location where law enforcement has found no obvious threat and maintains a constant presence. This is an area where a secondary clear has not yet occurred.

**Safety Corridor.** An area established to facilitate free movement of rescue personnel when patients are in an area that is conducive to securing with available law enforcement personnel rather than escorting teams through unsecured areas. This can be a more efficient use of law enforcement personnel that rescue task force teams and allow fire/EMS personnel to operate with relative safety.

## Zones.

Hot Zone. An area where there is a known hazard or direct and immediate life threat.

Warm Zone. An area where there is the potential for a hazard or an indirect threat to life.

Cold Zone. Areas where there is little or no threat due to geographic distance from the threat or the area has been secured by law enforcement.

# Active Shooter/Hostile Event Response (ASHER)

## Hierarchy of Response

1. Stop the Shooter or Threat - Law Enforcement
2. Establish Unified Command – Law Enforcement/Fire/EMS
3. Designate staging areas – Law Enforcement/Fire/EMS
4. Identify hot, warm and cold zones – Law Enforcement
5. Establish a Protected Entry/Evacuation Corridor - Law Enforcement
6. Assign Rescue Task Force (RTF) Teams - Law Enforcement/Fire/EMS
7. Provide threat-based treatment and triage – RTF Teams
8. Implement a Multiple Patient Incident (MPI) or Mass Causality Incident (MCI) - Fire/EMS
9. Transport patients – Fire/EMS

## Command and Control

Although quick response to stop the shooter coupled with a quick response to the injured needs are the two primary goals of first responders during an ASHER incident, command and control needs to be set up early in the incident to allow resource and personnel to be as effective as possible. Command and control (ICS) should be established and driven from the bottom up, meaning your command element will be established with one initial incident commander (the 5th arriving officer) and then built up and expanded out as supervisors and other command elements arrive on scene. The following are best practices regarding command and control that agencies should look to practice and implement to achieve superior results.

### First Arriving Law Enforcement Officer:

Size up and report situation.

Identify danger zone and communicate.

Establish initial adhoc command – “I have command”

Engage the threat

### 2nd – 4th Arriving Law Enforcement Officers:

# Active Shooter/Hostile Event Response (ASHER)

Communicate with command

Form – contact team(s)

Move – to – contact the threat

## **5th Arriving Law Enforcement Officer (5th Officer Concept)**

Get briefed on situation

Establish Unified Command with Fire/EMS

Set Staging location(s)

\*Staging Location – Staging should be co-located with police and Fire/EMS in the same general area. Fire/EMS and police should have their own designated locations within the identified staging area.

Get situation awareness

Assign more contact teams if needed

Begin plan for introduction of rescue task force teams

## **First Arriving Law Enforcement Supervisor (Or Designee)**

Get briefed on situation

Assume Unified Command with Fire/EMS

Designate “5th Officer” as Tactical Group Supervisor

Assign STAGING Manager

Assign Perimeter Group Supervisor

Assign medical branch to EMS

\*Intelligence Section – It is recommended that an officer or Detective be assigned as soon as possible to start vetting intelligence that will be pouring into an already overwhelmed dispatch center and coordinate feeding that information (shooter location description, location of injured, etc.) to the incident commander.

## **First arriving Company Officer (Fire/EMS):**

## Active Shooter/Hostile Event Response (ASHER)

Evaluate dispatch information and activate the MCI/MPI plan as soon as there is any indication that the incident has involved or has potential to involve multiple patients.

Establish an initial Level 2 staging area location early and make it known to responding Fire/EMS resources. This area should be large enough area to handle multiple responding units and resources.

Keep a safe distance from the incident but with the ability to monitor the situation.

Assume command and communicate the location of the initial command post.

Request additional resources based on incident needs.

### **First arriving Chief Officer (Fire/EMS):**

Enter into a Unified Command with Law Enforcement, determine what additional resources are needed and assist with the development of the IAP.

Establish a tactical communication channel with LE

Confirm with LE Command that a Protected Entry/Evacuation Corridor is in place

Assign a Rescue Task Force (RTF) Group Supervisor. Deploy RTF crews in coordination with law enforcement.

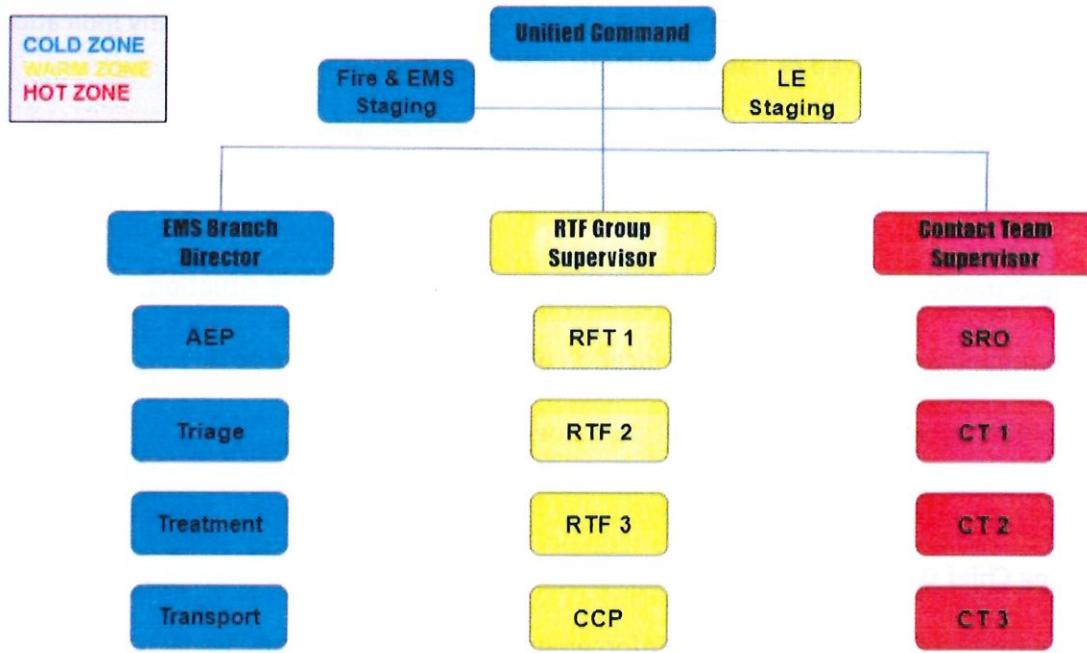
If required, assign a Casualty Collection Point (CCP), consider more than one CCP if necessary. Make location known to RTF teams.

Assign an EMS Branch Director to manage the MPI/MCI operations. Identify the access and egress to the Ambulance Exchange Point (AEP) for transporting ambulances. Once the patients are taken to the ambulance exchange point by the RTF teams, the incident will become an MCI/MPI event. Command must follow the East Cascade Emergency Medical Services MCI/MPI plan.

Continue to evaluate ambulance and manpower needs based on patient count.

Coordinate a level 2 staging area with law enforcement and request resources from the staging officer to fulfill incident needs.

# Active Shooter/Hostile Event Response (ASHER)



## Contact Teams

The first responding officers shall form a contact team whose duty is to go in immediate pursuit to stop the active killing incident by arrest, containment or use of force. Priority is to make contact with the suspect(s) and stop their deadly behavior. This is, solely, the responsibility of law enforcement.

Key Elements of Contact Team:

1. Locate, suppress, and neutralize an active threat
2. Locate, identify, and communicate secondary devices
3. Locate, identify, and communicate injured persons
  - It is NOT the duty of the Contact Team(s) to investigate secondary devices.
  - It is NOT the duty of the Contact Team(s) to assess and treat injured persons.

Contact Team(s) will utilize Rapid Deployment in order to eliminate an active threat.

The swift and immediate deployment of law enforcement resources to an active threat where failure to take immediate action could result in death or great bodily harm to innocent persons.

# Active Shooter/Hostile Event Response (ASHER)

When an active shooter/hostile event occurs, the following steps should be taken:

## Contact Team Procedure

### RESPONSE

The Supervisor or officer assuming command should coordinate officers' response as they arrive, so a team can immediately be assembled and entry can be made, if appropriate. A location shall be identified where officers should initially attempt to assemble and linkup.

Don't wait 2-3 minutes for back up. Statistically, the duration of an active shooter is very short and numerous people can and will die in a very short time if action is not taken. Single officer to multiple officer response as necessary.

There are two tasks/clocks in an active shooter incident that are extremely time sensitive.

First—the “shooter’s clock”. Contact teams to stop the shooter. The more time a shooter goes unstopped, the more patients that result.

Second—the “patients’ clock”. Those who are injured need to be treated in a hospital within 60 minutes of injury. Therefore, our goal is to have a warm zone/Casualty Collection Point established in affected location or structure within 10 minutes of notification of shooting.

## INITIAL ARRIVAL

Cautiously proceed toward reported location looking for signs of ambush, booby traps or I.E.D.’s.

Attempt to identify the cause of the violent event/mass casualty.

Officers should utilize appropriate tactical principles such as bounding over watch (leap frog), expanded diamond and column formations to move, with some degree of security measures in place while moving from rally points/vehicles to location of violent event.

Initially, take up a position of cover (observation point) with a rifle and cover the building/location for assault directed from the target location or nearby vehicles. Officers should observe the situation, orientate, and decide on best course of action, then proceed to act.

Direct individuals exiting the building to keep their hands up above their head and follow officers' directions away from affected areas, to a safe Holding Point location.

Identify link up point and the safest route in for responding officers. Broadcast location to others and dispatch.

## Active Shooter/Hostile Event Response (ASHER)

Identify safest route in and staging location for EMS ambulances (which will provide cover but quick access to site—cold zone). Broadcast location. Dispatch shall notify EMS of staging location.

Visually identify location of possible entry point. Officers should attempt to stay away from main entrances, if possible, as these are places where the suspect(s) may setup barricades, explosives or an ambush.

Upon approach, officer(s) should be constantly aware of explosive devices in vehicles, as well as any booby traps on and within site.

Once initial officer(s) believe they have enough or specific officers needed, entry should be made. However, time equals lives — single response officer (SRO) or two officer response maybe necessary depending on the circumstances.

Initial officers should not change their active shooter response (form up and go in) just because they do not currently hear active gunfire or there is a time delay of when shots were last reportedly heard. This time delay by itself does not negate the need for an immediate response. If you have numerous reports of an active threat a response is still required, but should be done so with caution.

The perpetrator may be using other weapons or his/her shots may not be audible because of size and/or location of the suspect. If officers have made entry and the driving force (gunfire) has stopped or you can not locate it, officers should utilize the SIM Concept.

**Security** – Maintain and secure ground gained

**Immediate Action Plan** – Plan if shots are fired or threat identified what will the team do.

**Medical** – Treat and remove patients to a possible location for future casualty collection.

The concept of SIM versus contact teams that keep searching the entire building and then treat patients when studied side by side found that SIM got to patients 14 minutes faster and can save lives.

**Sight, Sound or Intelligence** - If you have information from any of these three, contact teams should continue to move to contact the shooter. Without sight, sound or intelligence of an active shooter contact teams should utilize SIM Concept.

If subject barricades or takes a hostage, officers should transition to a hostage/barricade situation and request additional resources as necessary.

### **CONTACT TEAM DEPLOYMENT**

Contact Teams should equip themselves according to agency protocol and equipment available.

## Active Shooter/Hostile Event Response (ASHER)

- Consideration: Agencies should consider inserting equipment based upon what is available, emphasizing storage of such equipment so that it is ready for rapid deployment. Additionally, agencies should consider access to school keys, maps/floor plans and other tools that may assist and listing such in this section.

Designate a Team Leader for the Contact Team.

Initial Entry Teams/Contact Teams should broadcast their entry point location and who is entering with the Team. Incident Command and Dispatch should be tracking entry point so additional officers can join up for traditional active shooter response.

If more Contact Teams make entry at different times and points of entry, the Teams' location and direction of movement should be communicated between all Contact Teams to avoid friendly fire situations.

Move with 360 degrees of coverage.

Continue past patient(s), but relate their locations to Incident Command and Dispatch for Rescue Task Force deployment.

Safely continue past explosives, if possible, but relay the locations to Incident Command •  
Reminder: RF frequencies from some handheld radios can set off explosives.

Communicate progress to Incident Command.

If the shots and screaming stop and the location of the active shooter is unknown, begin slow, transition to SIM Concept.

### Security

#### Immediate Action Drill Plan

#### Medical – Treat and remove injured

\*If the incident transitions to a static situation where the location of the suspect(s) is known and gunfire has stopped, establish an inner perimeter around the suspect location and advise the IC.

## Force Protection Element

The RTF police officers at all times, provide direct protection for the Fire/EMS participants in the RTF. At NO time, for any reason, will officers leave Fire/EMS. Priority of the Force Protection Element is to provide security for Fire/EMS as they treat and/or evacuate injured patients.

Force protection element tasks include:

1. Establish a protection corridor and Warm Zone.

Key Responsibilities for the Protection Element:

## Active Shooter/Hostile Event Response (ASHER)

1. Establish and guard the entry corridor and casualty collection points.
2. Escort EMS through the entry corridor and into warm zones.
3. Provide security for EMS while they treat injured subjects.
4. Provide security for EMS while evacuating the injured.
  - It is NOT the duty of the Force Protection Element to seek out and engage the active threat.
  - It IS the duty of the Force Protection Element to provide security for EMS and defend against any sudden threats to the RTF team.

### Force Protection Element Procedure:

Rescue Task Force Teams shall have a minimum of 1 law enforcement officer with lethal cover when escorting Fire/EMS personnel.

General formation is one Protection Element officer up front covering 180 degrees of front and one Protection Element officer in rear covering 180 degrees to rear. When possible, assigning more Protection Element personnel to Rescue Task Force Teams is preferred.

A Rescue Task Force has Emergency Medical Services (EMS) assigned to the Team. The only time EMS can be without an assigned Force Protection Element physically with them is when they are in the cold zones. If you are assigned to a Force Protection Element for EMS you shall not physically leave them at any time while they are in the warm zone.

Rescuers may be tasked with treating, carrying or dragging the injured to the Casualty Collection Point under security from the Force Protection Element officers.

To maintain the highest level of effectiveness, safety and efficiency, law enforcement and EMS personnel are tasked with the responsibilities and objectives that they are trained and skilled in (operate in your lane/expertise while working side-by-side and in conjunction with other disciplines).

Protected RTF Corridor concept, when possible, should be implemented by placing static Protection Element personnel along hallways (long cover) and at strategic locations (hallway junctions, overview locations, etc.) throughout the structure to reduce threats and improve security measures.

### Rescue Task Force Teams

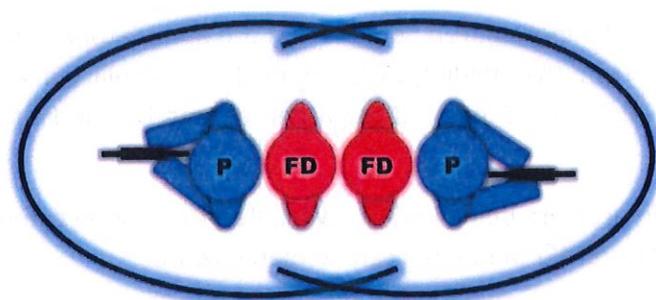
The goal is to get all injured patients to a medical facility for advanced medical treatment within 60 minutes of notification of an incident.

## Active Shooter/Hostile Event Response (ASHER)

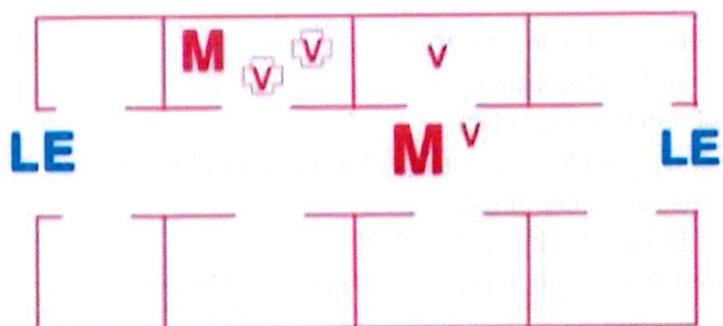
All Rescue Task Forces Teams should generally consist of the following positions:

- 1) Protection Element (L.E.) - Provide security measures for Fire/EMS personnel.
- 2) Fire/EMS – Tasked with rendering aid and removing injured.
- 3) Rescue Task Force Team Leader (L.E.) – Coordinate and direct Rescue Task Force in its tasks.

Rescue Task Force teams can move about the incident in a group team formation or conduct operations in a protected corridor formation or any combination thereof. Protected corridors can help reduce the amount of law enforcement manpower needed to protect Fire/EMS personnel. Protected corridors must have been previously cleared by law enforcement.



Group Team Formation



Protected Corridor Formation

## Active Shooter/Hostile Event Response (ASHER)

All Rescue Task Force teams should have a designated Team Leader (law enforcement) to reduce confusion and minimize needless communication. The Team Leader should generally handle all communication with the Tactical Group Supervisor unless communication responsibilities are reassigned within the team. The Rescue Task Force Team Leader is tasked with coordination and direction of Rescue Task Force and its assignment/s. EMS personnel dictate the speed of the RTF medical triage and treatment.

The preferred vehicle and method for movement of EMS personnel/Rescue Task Force and patients in and out of a warm zone is an armored vehicle. However, If the Rescue Task Force team is utilizing multiple officers' vehicles or ambulances for patient evacuation, a team can assign an officer (Driver) to each vehicle to coordinate that vehicle's response and actions. All Drivers report directly to the Tactical Group Supervisor.

Witnesses, bystanders and minor injured persons that are ambulatory should be directed to a safe Holding Point away from the building structure or shelter in place in a protected room. Those directed to the Holding Point need to be gathered, searched and interviewed at a later time.

The location of where injured are being initially evacuated to must be communicated to Incident Command so Fire/EMS/ personnel can be made aware.

### RTF Thresholds

Prior to the deployment of a Rescue Task Force teams, specific thresholds must be met. These thresholds include:

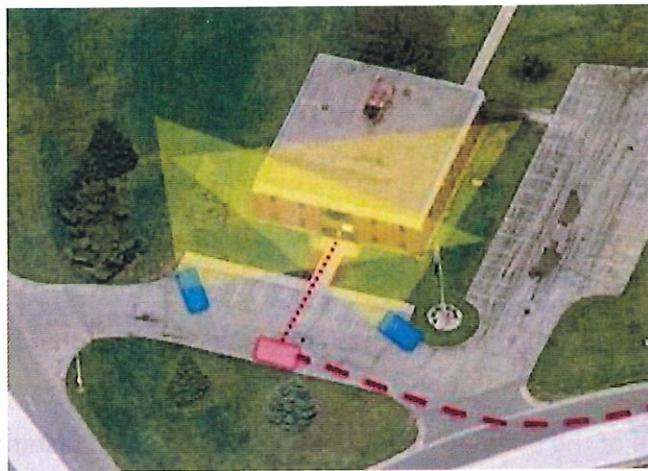
1. Injuries or patients are being reported.
2. Unified Command is established
3. An incident Action Plan is in place
4. A protected entry corridor or perimeter has been established.
5. A warm zone has been identified.
6. The RTF Team Leader has been identified
7. Tactical communications with LE/Fire/EMS are established

### Protected Entry Corridor

The first step in deploying RTF teams is identifying and establishing and maintaining a Protected Entry Corridor.

## Active Shooter/Hostile Event Response (ASHER)

Force Protection Element shall communicate the establishment of the entry corridor with Contact Teams so as to not create a friendly fire situation.



Example of a Protected Entry Corridor

### Casualty Collection Point (CCP)

Depending on the size, structure layout and location of patients the incident commander can decide to use more than one casualty collection point.

The Casualty Collection Point can also be located directly inside a structure or in a nearby structure close to a building that was involved in an incident.

The Casualty Collection Point can also be located outside (examples would be parking lot, an intersection that has been blocked off, etc.) but considerations should be given to length of operation, weather conditions, media access to photographing injured, etc.

#### Security of Casualty Collection Point

All Casualty Collection Points (CCP) shall have security measures in place while the location is occupied and being utilized.

Whenever possible, Force Protection Teams should attempt to have, at a minimum, two turns/corners with assigned Force Protection teams covering those turns/corners between Casualty Collection Point and possible threat/s.

The degree and level of security measures should be appropriate to the location, logistics and possible threats to those working in and around the Casualty Collection Point.

The Incident Commander and or assigned Tactical Group Supervisor are responsible for ensuring security measures and protective elements are in place in and around the CCP.

# Active Shooter/Hostile Event Response (ASHER)

Responsibility for Establishment of Casualty Collection Point.

The Incident Commander and or the Contact Teams are responsible for the establishment of the Casualty Collection Point.

The Casualty Collection Point goal establishment time frame is within 10 minutes of officers arriving on scene.

Internal Casualty Collection Point

Identify the side of the building with an access door that has the least number of windows (to minimize taking fire upon approach).

Identify the side of the building that has geographic barriers that can be used as cover and concealment for best approach.

Identify the side of the building that minimizes the time and distance Rescue Task Force teams will have to transverse to get to the site.

Many times, a casualty collection point will be a location where the largest numbers of patients are found and its location may be dictated to you.

Utilize Entry Corridor to access Casualty Collection Point Location.

Prior to any Rescue Task Force team approaching or entering the building, a designated Force Protection Element team will make their way to the structure and make entry securing the designated Rescue Task Force entry location and securing a designated Casualty Collection Point.

The Force Protection Element, if possible, should take complete control of the designated side of the building or all windows and doors facing the approach of Rescue Task Force teams to increase the security of the Entry Protection Corridor.

Establishment of Casualty Collection Point inside a Structure

Upon making entry into structure, place law enforcement in cover/protection positions and begin establishing a stronghold within structure. This stronghold will be known as the Casualty Collection Point.

Casualty Collection Point security measure guideline is to have, at a minimum, two corners/turns with assigned Force Protection Element at each corner/turn between the location where emergency medical services can conduct tactical emergency casualty care (TECC) and remainder of the warm zone. This creates a layered protection approach that enhances the level of protection provided for those in the Casualty Collection Point.

## Active Shooter/Hostile Event Response (ASHER)

Once security measures are put in place, advise the Tactical Group Supervisor that the Casualty Collection Point is secure and ready to accept the Rescue Task Force Teams.

The Rescue Task Force team can then move through the Protected Entry Corridor to the Casualty Collection Point to begin treating and evacuating the injured.

### Core Concepts of Rescue Task Force teams

Golden Rule of RTF – Force Protection Element shall not at any time leave Fire and EMS personnel unguarded while in the warm zone. The only place Fire and EMS may be without protection element is in the cold zone.

Force Protective Elements positions assigned to an RTF need to constantly monitor for threats and place protective elements where most needed. Protection of an RTF is fluid and can be constantly changing therefore Protection Elements need to be able to flex and flow around RTF filling those gaps. For example, approaching a building you may not need a rear guard as much as you need front cover from multiple angles, therefore in this example the rear guard may rotate forward and assist on front cover until needed at rear guard. It is critical that Force Protection Elements do not forget their original assigned location because when that area needs cover it is the assigned Force Protection Element responsibility.

Verbal commands within RTF should be loudly and twice due to noise, confusion, possible fire alarms sounding and chaos of situation.

Team communication is critical to keep the team working as a cohesive unit and maximize its abilities.

- Consideration: In order to keep the team movement integrity, it is suggested that agencies adopt a plain speak communication that addresses this. Below are the recommended action messages.

Point or Lead Protective L.E. will request act – “READY TO MOVE”

Rear Protective L.E. will initiate act - “MOVE”

Point or Lead Protection L.E. will confirm – “MOVING”

RTF Team Leader should be identified prior to entry and can be located in different positions depending on team makeup.

### Ambulance Exchange Point

## Active Shooter/Hostile Event Response (ASHER)

An Ambulance Exchange Point can be used in lieu of or in conjunction with a Casualty Collection Point. This can only occur in situations where the cold zone can be guaranteed outside of a building. RTF Teams can evacuate patients directly to waiting ambulances. Ambulance Exchange Points are always located in the cold zone. Ambulance personnel shall never enter the warm zone area without being part of a designated RTF team. This option can speed up transport times by bypassing CCP and possibly MPI/MCI processes.

### Protected Evacuation Corridor

In order to evacuate patients from the warm zone or CCP, a Protected Evacuation Corridor must be established by Law Enforcement. This can be the same point as the Protected Entry Corridor or several evacuation corridors may be needed based on size of the incident.

Evacuation corridors should have direct route of travel to and from the cold zone. RTF teams should deliver patients to the MPI/MCI triage area or directly at the Ambulance Exchange Point if an MPI/MCI system is not utilized. RTF team should not engage in activities but return to the warm zone for more patient evacuations.

The preferred method of evacuation from the warm zone to the cold zone is an armored vehicle. Ambulances and patrol cars can be used if armored vehicles are not available. RTF personnel in protected but not secured evacuation corridors should limit personal exposure to threats by back vehicles to doors of the building for loading of patients.

### Holding Point

A holding point(s) should be designated by law enforcement to collect witnesses, bystanders and patients that have minor injuries (green patients). Several holding points may be needed based on the size of the incident as well as designated zones of operations.

It is best to use protected areas or a room within the building with limited entrances and exits. A Holding Point may need to be established in the warm zone to shelter people in place.

Law Enforcement should protect holding points and initially search people as they enter.

RTF teams should direct non-injured or patients with minor injuries to the closest Holding Point.

### MPI/MCI Procedure

As patients are evacuated from the warm zone by the RTF teams, they will become part of the East Cascade Emergency Medical Service (ECEMS) MPI/MCI plan.

# Active Shooter/Hostile Event Response (ASHER)

Responding units must follow the ECEMS MCI/ MPI plan closely and exercise discipline in order to keep the incident running smoothly.

All patients will be brought through an evacuation corridor for triage, treatment and preparation for transport.

Remember to take supplies and equipment as needed from transporting ambulances to keep the MPI/MCI stocked and operational.

A secondary weapons search of patients should be conducted as patients are being triaged. Secure any weapons that may be found utilizing Law Enforcement.

## Dispatch Responsibilities

Notify Law enforcement of the incident and continually update officers on incident details.

Dispatch fire/EMS active threat run card. 4 Engines, 4 Ambulances and 2 Duty Officers.

Notify responding units of command post location.

Notify responding units of Level 2 staging location.

Notify Saint Charles Medical Center of the MPI/MCI

## Law Enforcement Responsibilities

Establish and deploy Contact Teams to stop the threat.

Identify a staging area for unassigned resources

Establish Unified Command with Fire/EMS. A shared command post should be established as soon as possible.

Establish tactical communications channel with Fire/EMS

Establish a Force Protective Element.

Identify and establish Protected Entry Corridor, Warm Zone boundaries and a Casualty Collection Point location.

Coordinate RTF teams with Fire/EMS

Identify and establish a Protected Evacuation Corridor.

# Active Shooter/Hostile Event Response (ASHER)

## Fire / EMS Responsibilities

Establish Level 2 Staging area with LE

Declare an MPI/MCI

Unified Command must be established prior to deploying any RTF teams.

Establish tactical communications channel with LE

Verify that the Entry Corridor is protected

Confirm Warm Zone boundaries with LE

Identify a Casualty Collection Point (CCP) if needed and assign an RTF Group Supervisor

Verify that the Evacuation Corridor is protected

Establish an Ambulance Exchange Point (AEP) if needed

Assign an EMS Branch Director

## Rescue Task Force (RTF) Responsibilities

Conduct RTF tactical brief with the Unified Commander.

Approach the Warm Zone through the Entry Corridor.

Continually call out number of patients to the RTF Team Leader

Treat the wounded with TECC techniques and move to next patient. Repeat as necessary and evacuate when appropriate.

Additional RTF's may leapfrog with RTF's already treating patient(s).

Consider using the Casualty Collection Point as IFAK re-supply and as staging for evacuation equipment.

Evacuate patients to the Ambulance Exchange Point (this can be accomplished by the RTF team or a separate EVAC Team).

## RTF Group Supervisor Responsibilities (LE)

Command and control over Rescue Task Force Team's movement and actions.

Command and control over Casualty Collection Point

## Active Shooter/Hostile Event Response (ASHER)

Ensure Protection Team members are in place to adequately protect Casualty Collection Point.

Identify most advantageous location to approach structure or location.

Assemble Rescue Force Protection Element and assign cover positions or assignments to team members.

Insert “Protection Corridor” up to and into structure prior to any EMS personnel and/or Rescue Task Force approaching established warm zone. Utilize SMART officers for static cover/protection positions.

Establish “Interior Warm Zone/Casualty Collection Point” with Force Protection Element prior to any EMS personnel and/or Rescue Task Force entering interior or exterior warm zone.

Assign Rescue Force Protection Element to any and all Rescue Task Forces entering created Warm Zone.

Position Protection Element at strategic locations throughout structure to provide security measures to Rescue Task Force Teams retrieving injured back to Casualty Collection Point and ambulance exchange point.

Monitor and adjust Force Protection Element to constantly provide security measures to EMS personnel assigned to Rescue Task Force while in warm zones. FF/EMS personnel in warm zone shall always have Protection Element physically with them at all times.

## EMS Branch Director Responsibilities (Fire/EMS)

Communicate with Rescue Task Force Group Supervisor on patient numbers and evacuations

Communicate with base hospital on patient capabilities

Setup and follow ECEMS MPI/MCI plan

Establish an Ambulance Exchange Point

Request resources from Unified Command as needed

## Active Shooter/Hostile Event Response (ASHER)

### CHECKLISTS

# Active Shooter/Hostile Event Response (ASHER)

## Dispatch Checklist

- ☒ Glean information from caller utilizing dispatch protocols
- ☒ Keep your voice calm and relay information to responding units.
- ☒ Keep air time clear—only essential transmissions.
- ☒ Within the first 5 minutes, activate CERT and Supervisor All-Call, and request armored vehicles.
- ☒ Request Mutual Aid per Incident Commander or LE supervisors. Clarify location of staging with Incident Commander.
- ☒ Dispatch Fire/EM Active Threat run card
- ☒ Advise Fire/EMS personnel of Cold Zones, safe staging areas, Hot Zones, and safe routes in to location.
- ☒ Track and identify locations and entry points of Contact Teams.
- ☒ Track location of patients reported by Contact Teams. Relay to Incident Commander.

# Active Shooter/Hostile Event Response (ASHER)

## Initial Officer / Contact Team Checklist

- ❑ Establish command
- ❑ Immediately arm yourself with your (insert officer rifle, "Combat Go Bag", Level IV body armor and personal helmet.)
- ❑ Take – breaching tools, school keys (if applicable), ballistic shield, slung shotgun, building maps or floor plans.
- ❑ Size Up Report - Observe, Orientate, Decide and Act.
- ❑ Identify danger Zones - safest route in and SAFE staging location for EMS ambulances.
- ❑ Visually identify location of possible entry point.
- ❑ Beware of I.E.D.'s and ambush assaults on 1st responders.
- ❑ Form Contact Team.
- ❑ Designate the Team Leader for the Contact Team.
- ❑ Move with 360 degrees of coverage.
- ❑ Stop the threat.

# Active Shooter/Hostile Event Response (ASHER)

## Incident Commander Checklist

- ☒ Establish Incident Command.
- ☒ Establish a safe perimeter position (This should be moved to a Cold Zone as soon as possible.)
- ☒ Identify safe routes into Cold Zone staging areas that should be utilized by EMS/Fire
- ☒ Address both clocks—shooter and patient.
- ☒ 1st Priority - Assemble more Contact Teams to search out and stop shooter (shooter's clock), IF NEEDED. If not, proceed to Priority 2.
- ☒ 2nd Priority—Create a Protected Entry Coordinator to provide a level of security for patients, 1st responders, RTF teams and bystanders.
- ☒ 3rd Priority – Evacuate uninjured that are immediately accessible.
- ☒ 4th Priority - Assemble Rescue Task Force teams and to provide aide to the injured (patients' clock).
- ☒ Coordinate with Fire/EMS Command to Deploy RTF Teams.
- ☒ Begin assigning Incident Command System positional assignments – request EOC activation.
- ☒ Track locations of patients and I.E.D.'s.
- ☒ Throughout incident, ensure the following occur:
  - ☒ Contact Team/s (Police) stops the shooter.
  - ☒ Perimeter (Police) established to begin ambulatory injury evacuation to a Holding Point.
  - ☒ Established and maintain a Protected Evacuation Corridor
- ☒ Establish a Casualty Collection Point and Warm Zone boundaries
- ☒ Rescue Task Teams retrieve injured back to casualty collection point or ambulance exchange point

# Active Shooter/Hostile Event Response (ASHER)

## RTF Group Supervisor checklist

- ❑ Command and control over Casualty Collection Point
- ❑ Communication with Rescue Task Force Team Leaders and Incident Commander and perimeter supervisor.
- ❑ Communicate needs and protection gaps and see that security measures in the Casualty Collection Point are addressed and met.
- ❑ Coordinate removal of patients.
- ❑ Ensure Force Protection Team members are in place to adequately protect Casualty Collection Point.
  - ❑ If not enough Force Protection Team members are present, request and assign additional members to Casualty Collection Point.
- ❑ Coordinate successful securing of Casualty Collection Point with I.C.
- ❑ Coordinate approach and entrance of RTF Teams.
- ❑ Ensure that all EMS/FF personnel, while in warm zones, have protection Element personnel physically with them.
- ❑ Coordinate interior patient retrieval by Rescue Task Forces.
  - ❑ Coordinate with EMS Branch Director and I.C. the evacuation of patients from Casualty Collection point, on foot, by officer, armored vehicle, etc. The Protection Corridor shall be maintained while evacuating patients out of CCP location.
  - ❑ If the Casualty Collection Point needs to be relocated due to access to patients or other reasons, identify alternate location. Relocation will be secured by Force Protection Element prior to any introduction of EMS Personnel.
  - ❑ Makes decision to initiate a controlled disengagement from a specific area/location or the entire structure if the danger or threats in that area become too great or unknown threat is discovered that threatens the Casualty Collection Point.

## Active Shooter/Hostile Event Response (ASHER)

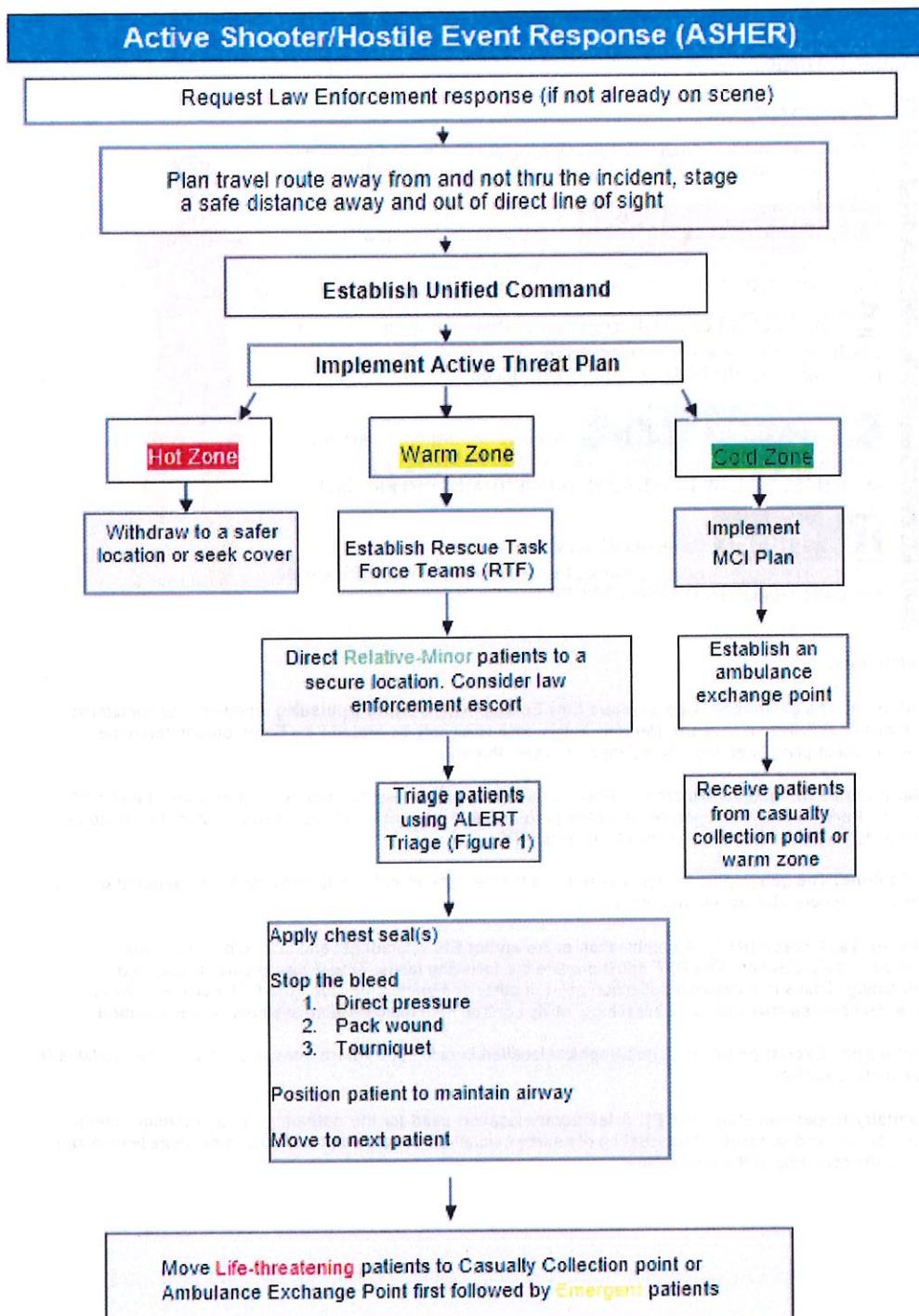
### EMS Branch Director Check list

- ☒ Communicate with the Rescue Task Force Group Supervisor on patient numbers and evacuations status
- ☒ Communicate with base hospital on area hospitals receiving patient capabilities
- ☒ Setup and follow the ECEMS MPI/MCI plan
- ☒ Establish an Ambulance Exchange Point
- ☒ Request resources from Unified Command as needed

# Active Shooter/Hostile Event Response (ASHER)

## Quick Reference Charts

# Active Shooter/Hostile Event Response (ASHER)



# Active Shooter/Hostile Event Response (ASHER)

## A.L.E.R.T. Triage

**ASSESS** casualties. Those obviously dead and those who are uninjured do not require triage. Treat immediate life threats (M.A.R.) and continue to assess each individual casualty to assign their triage category (Reassess throughout).

**Life-threatening:** Penetrating trauma in the junctional areas, chest, abdomen, face, or neck. FIRST TRIAGE/TRANSPORT PRIORITY!

**Emergent:** Penetrating injuries to the extremities which require a tourniquet or pressure dressing with bleeding controlled. SECOND TRIAGE/TRANSPORT PRIORITY!

**Relatively-minor:** Injuries in any region of the body that are superficial in nature and require minimal treatment (abrasions, minor cuts, etc.). LOW TO VERY LOW TRIAGE/TRANSPORT PRIORITY.

**Terminal:** Penetrating trauma to the cranium with loss of consciousness or any extreme injuries that are obviously incompatible with life. LAST TRIAGE/TRANSPORT PRIORITY.



### Definitions:

**Hot Zone:** The geographic area(s) where Law Enforcement is actively pursuing, engaging, or containing persons or activities of concern. Persons in this area shall only be armed Law Enforcement personnel who are attempting to engage or isolate any hostile threat(s).

**Warm Zone:** The geographic area(s) where Law Enforcement have passed through and swept for hostile threats. Personnel should operate under the pretense that a threat is not expected but cannot be ruled out completely. NFPA 3000 requires level 3 ballistic PPE.

**Cold Zone:** The geographic area(s) where there is little to no threat due to distance from the threat or area has been secured by law enforcement.

**Rescue Task Force (RTF):** A combination of fire and/or EMS personnel and law enforcement who provide force protection. The RTF could provide the following tasks: Threat-based care, triage, and extricating victims to a casualty collection point or other designated location. The RTF could also have other tactical objectives such as breaching, utility control, managing building systems, and fire control.

**Ambulance Exchange Point:** A geographical location in cold zone where transport vehicles are available to transport casualties.

**Casualty Collection Point (CCP):** A temporary location used for the gathering, triage (sorting), medical stabilization, and subsequent evacuation of nearby casualties. Where vehicular access might be limited and is usually occurring in the warm zone.

## Active Shooter/Hostile Event Response (ASHER)

# Active Shooter/Hostile Event Response (ASHER)

Active Threat Response		
Deschutes County Joint Officer/Deputy Curriculum		
<b>Active Threat Defined:</b> Armed person(s) actively engaged in using deadly force while having unrestricted access to additional victims.		
Typical police tactics of containing the area, negotiating and using time to our advantage does not stop the killing.	<b>Principles</b> <ol style="list-style-type: none"> <li>1. Immediately go to and stop the threat</li> <li>2. Aid injured citizens</li> <li>3. Safety of first responders</li> </ol>	Seconds and minutes matter and delays in stopping the threat cost lives.
Tactics		
<b>Single Officer Response:</b> Evaluate the situation, your nearest cover and your chances of success. <b>Drawbacks:</b> Difficulty covering multiple threat angles Reduced ability to communicate effectively with other law enforcement Misidentification/blue on blue shooting Tactical challenges when engaging a suspect (especially with victims in proximity to the suspect) The recommended response is a 2 to 4 officer team.		
<b>Angles of Threat:</b> The angle by which a threat can engage you with bullets.		
<b>Corners:</b> Move from corners to corners. Corners allow you concealment and sometimes cover. This gives you a location to fight from, communicate and clear malfunctions.		
<b>Movement:</b> Moving in a cell may efficiently move officers from one area to another allowing good communication. However, a cell is extremely vulnerable if a threat engages you with a firearm. Multiple officers in close proximity and in the open are an easy target.		
If a team of officers encounters a <b>threat</b> they should seek out a position of advantage and look for angles to engage the threat.	Officers should look for corners to engage the suspect from.	Screaming, gunshots and other sensory cues may lead you to where the threat is operating from.
Do not move faster than you can identify a threat or shoot.		You may need to step over and bypass victims needing help in order to stop the threat.
Entering Rooms		
If you can engage a threat from the corner of a doorway outside a room do so.	First officer into the room should be looking to move to obtain an angle on the threat. This will dictate his movement.	Officers entering the room behind the first officer should cue off the first officer's movement and seek out their own angle on the threat.

## Active Shooter/Hostile Event Response (ASHER)

Rescue Task Force (RTF) Medical Response		
Rescue Task Force: The combination of a minimum of two fire personnel and one law enforcement personnel used to seek and extricate injured people. The team moves these patients to the casualty collection point.	At the command post medical teams will be joined by two officer teams to form a RTF and move into a warm zone.	Warm Zone: Areas that have been quickly cleared by law enforcement, but are not considered secured. These areas will be where victims are contacted by Rescue teams and escorted to casualty collection points.
The Rescue Task Force will triage patients in the warm zone, provide initial care as needed and evacuate victims to a casualty collection point.	If you are not part of the first arriving team of officers the situation may dictate that you respond to the command post for assignment in a RTF.	Blocking roadways with your vehicle may seriously hamper medical operations to get victims out of the area.
Instructor Points on Active Threat		
First officer on scene (considerations only; not intended to delay response to a threat):		
Gather basic intelligence-suspect description, known location, types of weapons, extent of victims and injuries at the location.	Obtain location specific information/tools needed to address the problem such as master keys or floorplan to the building.	Identify safe entry and exit points for responding law enforcement and medical personnel. First officer(s) going in to the threat area communicate to responding officers.
Communicate the situation to responding officers and determine communication channels that will work for this incident. This probably means using the primary channel for the agency with jurisdiction of that area.	Form a team with responding officers and plan to stop the threat.	Identify locations for a command post and a casualty collection point.
Considerations in the Event Area		
IED's are a possibility. If IED's are confirmed exit at the same point you entered.	Multiple suspects are a possibility (overwhelming majority of these incidents have been single suspect)	Chaos, major injuries, alarms, and fire sprinklers may be present
Handguns are a defensive weapon. Deploy a rifle if you have one and it makes sense for your team.	If an officer goes down what are you going to do? If you can stop the threat then that is a priority over an officer evacuation.	If possible, carry a patrol first aid kit into the threat area is a priority.
Your response team may be a mix of agencies, experience levels and equipment. Flexibility in your response is vital.		

## Active Shooter/Hostile Event Response (ASHER)

After the threat has been stopped:		
Handcuff and search the threat as appropriate.	Triage immediate medical needs in the area.	Communicate your status to command.
Identify a collection point for victims and work towards evacuations.	Form a plan to evacuate groups of citizens. At a minimum they need their hands visible and to be patted down for weapons.	If the threat no longer has access to victims the situation becomes a barricaded subject and traditional tactics of containment, time and negotiation come into play.