OPERATIONAL ISSUE

Active shooter/hostile events (ASHE) are high-threat incidents that pose significant operational challenges to public safety agencies. In an ASHE, one or more perpetrators use a variety of means, weapons, and tactics to cause physical injury or death. ASHE present a variety of hazards, confronting first responders with a wide range of weapons and coordinated small unit tactics, requiring a more complex response strategy that blurs the lines between traditional law enforcement, fire, and emergency medical service duties and responsibilities. Disciplines must be integrated to prevent the exploitation of operational boundaries. Success is predicated on a combined fire-EMS-law enforcement response.

FAST FACTS

ASHE incidents are characterized by a spectrum of threats, including:

- One or more perpetrators, often well-trained, operationally knowledgeable and willing to die
- Well-planned operations using military tactics, often with effective communications and external coordination
- Multi-capacity high-velocity ballistic, explosive fragmentation weapons
- Hazardous materials requiring decontamination
- Fire, to increase damage as well as shape and complicate the response
- Intentionally delayed secondary attacks on first responders
- Austere, complicated operational conditions intentionally created

The terms complex coordinated attack or hybrid targeted violence may also be used to describe an ASHE.

Public safety disciplines require new paradigms and enhanced interagency coordination to mitigate the risks posed by ASHE.

- The current best practice model, Rescue Task Force (RTF), uses an integrated team of law enforcement and fire/EMS personnel operating under a unified command structure to rapidly access, stabilize and extricate the wounded. In an RTF, law enforcement provides fire/EMS responders with a security element when deploying into areas that are cleared but not secured.
- An RTF provides “escorted warm zone care” following Tactical Emergency Casualty Care (TECC) guidelines. TECC is a consensus evidence- and best-practice-based set of civilian high-threat medical guidelines designed to improve casualty survivability.
- Coordinated interagency medical rescue teams are drawn from first arriving law enforcement and fire/EMS assets, rather than specially trained law enforcement tactical officers and tactical medics. All personnel should have basic proficiency in tactical movement and operations and appropriate personal protective equipment.
- Proper training for responders is a critical element of the RTF concept. Training law enforcement officers in the initial steps of TECC could mitigate preventable causes of death and increase team personal safety.

ACTIVITIES

The IAB Training & Exercises (T&E) SubGroup recommends that organizations preparing for ASHE:

1. Develop a strategic integrated response policy and plan/procedure.
2. Prioritize and support the development and implementation of proactive ASHE-relevant joint policies, procedures, training, exercises, and equipment.
3. Integrate and improve coordinated pre-event law enforcement, fire, and EMS policy, planning, training, and exercises including interagency communications.
4. Adopt and implement a common operating language.
5. Integrate and improve coordinated command and incident management across all responder disciplines.
6. Adopt the RTF concept.
7. Employ TECC guidelines, and train responders in related specialized equipment.
8. Implement Casualty Collection Points as needed.
9. Develop and communicate evidence-based guidelines for fire/EMS ballistic protective equipment.
10. Establish evidence-based guidelines and education for medical rescue equipment.
11. Promote two-way public communication.

TEMPLATES/BEST PRACTICES

IAB Report: Improving ASHE Response
TECC Guidelines (June 2015)

For more information on the Arlington County High Threat Response Program, please contact ACFD.

OTHER RESOURCES

Committee for TECC
DHS Guide for Improving Survivability in JED and Active Shooter Incidents

As the InterAgency Board identifies new information on this topic, it will be posted at www.interagencyboard.org. Please send any comments, feedback, and questions to info@interagencyboard.us