UFF Position Statement: Active Shooter and Mass Casualty Terrorist Events

The emerging threat of terrorism and asymmetric warfare, specifically small unit "active shooter" and improvised explosive device (IED) attacks, is a concern for the fire service. An attack by radicals armed with weapons in public areas, such as schools, shopping malls, churches or any other locations where people congregate is a real threat to a sense of security and daily lives.

An Active Shooter event is an event involving one or more suspects who participate in an ongoing, random, or systematic shooting spree, demonstrating the intent to harm others with the objective of mass murder.

Given the recent spate of what has become known as "active shooter" scenarios unfolding across the nation, fire and police departments, regardless of size or capacity, must find ways to marshal appropriate and effective responses to these events. Therefore, local jurisdictions should build sufficient public safety resources to deal with active shooter scenarios.

It is imperative that local fire and police departments have common tactics, common communications capabilities and a common lexicon for seamless, effective operations. Local fire and police departments should establish standard operating procedures to deal with these unusual, highly volatile, and extraordinarily dangerous scenarios. Standard operating procedures should include at minimum the following objectives.

1) Use of the National Incident Management System (NIMS) in particular the Incident Command System (ICS). In accordance with NIMS guidance, Fire and Police should establish a single Command Post (CP) and establish Unified Command (UC).

2) Police and Fire Departments should train together. Initial and ongoing training and practice are imperative to successful operations.

3) Use of common communications terminology. Fire department personnel must understand common police terms, such as Cleared, Secured, Cover, Concealment, Hot Zone/ Warm Zone /Cold Zone and related terms (red, green etc.), and others.

4) Provide appropriate protective gear to personnel exposed to risks. Firefighter EMT's and paramedics should be provided ballistic vests and helmets if they are to participate in a rescue task force (RTF).

5) Consider secondary devices at the main scene and secondary scenes in close proximity to the main scene. Acts of terror using IED, as well as active shooters often prepare or actually begin their attacks at a location separate from the area designated as the main scene.

6) For events including IEDs, consider fire hazards secondary to the initial blast. For example, in public areas such as restaurants, clubs, schools and churches, natural gas is used in food preparation and heating; therefore, responders should check to ensure that gas lines and valves have not been compromised.

UFF Position Statement: Rescue Task Force for Active Shooter/Terrorist Events

A Rescue Task Force (RTF) is a set of teams deployed to provide point of wound care to victims where there is an on-going ballistic or explosive threat. These teams treat, stabilize, and remove the injured in a rapid manner, while wearing Ballistic Protective Equipment (BPE) and under the protection of Police Department (PD) officers. An RTF team should include at least one ALS provider.

An RTF response may be deployed to work in, but not limited to, an "active shooter" in a school, business, mall, church, conference, special event, or any other scene that is or has the possibility of an on-going ballistic or explosive threat.

Prior to deploying an RTF team, Police/Fire Unified Command (UC) should consider IED or other secondary devices. Threat zones must also be identified by the UC. Threat zones include the following.

- Hot Zone - Area where there is a known hazard or direct and immediate life threat (i.e. any uncontrolled area where an "active shooter" could directly engage an RTF team). RTF teams will not be deployed into a Hot Zone.

- Warm Zone - Area of indirect threat (i.e. an area where PD has either cleared or isolated the threat to a level of minimal or mitigated risk). This area can be considered clear but not secure. The RTF will deploy in this area, with security, to treat victims.

- Cold Zone - Areas where there is little or no threat, due to geographic distance from the threat or the area has been secured by Police (i.e. Casualty Collection Points, the area where the FD may stage to triage, treat, and transport victims once removed from the warm zone).

Each RTF member should be equipped at a minimum with a Kevlar helmet, body armor, flash light, radio, and exam gloves. Remote microphones with earpieces are required for communication with UC.

RTF should only be deployed upon agreement of unified police/fire command. RTF Teams of two firefighter/EMTs or Paramedics should only be deployed with two personnel from PD acting as security. UC should establish an accountability process for all incident responders using a check in/out procedure. Firefighters should not self deploy into the warm zone.

When teams make entry, they should treat the injured using Tactical Emergency Casualty Care (TECC) guidelines. Any victim who can ambulate without assistance should be directed by the team to self-evacuate down the cleared corridor under police direction, and any victim who is dead should be visibly marked to allow for easy identification and to avoid repeated evaluations by additional RTF teams.

RTF can be deployed for victim treatment, victim removal from warm to cold zone, movement of supplies from cold to warm zone, and any other duties deemed necessary to accomplish the overall mission. RTF teams should work within PD security at all times.

To sustain skills and readiness, RTF skills and operations should be taught annually and practiced regularly.

UFF Position Statement: Tactical Emergency Casualty Care (TECC)

Rescue Task Force (RTF) initial and ongoing training for all EMS providers should include Tactical Emergency Casualty Care (TECC) guidelines and practical skills applications.

Tactical Emergency Casualty Care

The TECC guidelines are the civilian counterpart to the US military's Tactical Combat Casualty Care (TCCC) guidelines. The TCCC guidelines were developed for military personnel providing medical care for the wounded during combat operations. These guidelines have proven extraordinarily effective in saving lives on the battlefield, and thus provide the foundation for TECC. TECC takes into account the specific nuances of civilian first responders.

The specifics of casualty care in the tactical setting will depend on the tactical situation, the injuries sustained by the casualty, the knowledge and skills of the first responder, and the medical equipment at hand. TECC provides a framework to prioritize medical care while accounting for ongoing high-risk operations, and focuses primarily on the intrinsic tactical variables of ballistic and penetrating trauma compounded by prolonged evacuation times. The principle mandate of TECC is the critical execution of the right interventions at the right time.

TECC is applied in 3 phases, direct threat/indirect threat/evacuation care, as defined by the dynamic relationship between the provider and the threat. Indirect Threat care is rendered once the casualty is no longer under a direct and immediate threat (i.e. warm zone). Medical equipment is limited to that carried into the field by RTF personnel and typically includes tourniquets, pressure dressings, hemostatic agents, occlusive chest seals and adjunct airways.

Tactical EMS or Tactical Medics Differ from the RTF Concept

Tactical EMS is NOT routine EMS. Tactical EMS or "Tactical Medic" refers to a select EMS provider assigned to a SWAT or similar specialized tactical law enforcement team. Tactical EMS requires the medic to be trained and equipped with the special skills necessary to support these law enforcement teams. Tactical medics should be members of agencies such as fire departments or EMS services who are specifically chosen and trained to be **part of** the tactical law enforcement team. In contrast, RTF responders come from the cadre of firefighter/EMTs and paramedics who respond daily to calls for help and should not be confused with Tactical Medics.