

HALIFAX FIRE DEPARTMENT SOG 30	Hostile Incident
PAGE 1 OF 8	ISSUED: June 05, 2013 REVISED: February 01, 2019 Jason Viveiros, Fire Chief

INTENT:

This procedure describes the plan of operations for initial response to hostile and or potential hostile incidents, including active shooter. The goal of the procedure is to ensure an appropriate, coordinated response to such conditions and provide for the safety of all personnel.

DEFINITIONS:

Hostile / Violent Incident: Any event of something happening where violence has or may be set to occur.

Active Shooter Incident (ASI) – An armed person (shooter) who has used deadly physical force on other persons and continues to do so while having unrestricted access to additional victims. ***See Appendix A.***

Domestic Incident: Any incident of an act of violence (threatened or actual)

POLICY:

Upon receipt of an incident which has the potential, or is a Hostile / Violent Incident, members shall be notified by Fire Alarm as the type of incident and the following procedures shall be followed.

INCIDENT PRIORITIES:

As with all responses the following incident priorities will be safely achieved:

1. Life Safety
2. Incident Stabilization
3. Property Conservation

INITIAL RESPONSE:

During a response to or arrival at a hostile/violent incident, members will maintain a safe work environment, in coordination with law enforcement.

- A. Members shall don their ballistic vests prior to response.
- B. Apparatus shall stage a safe distance from the incident with no emergency lights.
- C. The Shift Commander, or Fire Alarm, shall be in contact with and monitor Police for any updates.
- D. When cleared by Police, Apparatus shall respond into the scene.

SCENE SIZE UP:

The first arriving Fire Officer, or designee, will enter into a Unified Command with local Law Enforcement, determine what additional resources are needed, and develop an action plan if needed.

If companies respond to an incident of an unknown nature and find themselves in a hostile/violent situation, they will immediately retreat to a safe location. Emergency radio traffic priority should be used. Dispatch should be advised of the need for rapid P.D. response.

Level of Response:

- Level 1: Ordinary EMS / Fire Incident where the normal duty crew can handle.
Shift Commander – Ambulance
- Level 2: Incident with multiple casualties, or the potential exists for an evolving incident.
Example: Large fight / brawl, Hostage situation, School Lockdown requiring FD response for potential hostile incident.
Box Alarm – Shift Commander – Ambulance – Ambulance - Engine
- Level 3: Confirmed hostile incident with multiple patients.
Box Alarm – Shift Commander – Ambulance – Ambulance - Engine
Ambulance Task Force – dispatch to Level 2 Staging area
Second Alarm Fire Assignment – dispatch to Level 2 Staging area

Incidents with Active Fire

At hostile or violent incidents, the coordination between agencies at the CP, with consideration of scene control, patient treatment, and evidence preservation while continually maintaining the safety of all emergency personnel, will ultimately determine F.D. actions toward extinguishment of active fires, regardless of size.

Incidents with an Active Fire situation should consider the following priorities:

- Active Fires will be allowed to burn until confirmation of a secure scene has occurred.
- Additional Fire Resources should be pre-staged, with consideration of the worst-case scenario, should the Active Fire be allowed to burn with exposure and weather considerations.
- An Incident Action Plan should be developed specifically for fire attack.

Active Shooter Profile:

An active shooter is an individual(s) actively engaged in killing or attempting to kill people in a confined space or other populated area. In most cases, active shooters use firearms and there is no pattern or method to their selection of victims. Active shooter situations are often over within 10 to 15 minutes.

Active shooter situations are unpredictable and evolve quickly. Typically, the immediate deployment of law enforcement is required to stop the shooting and mitigate harm to victims. Active shooters usually will continue to move throughout building or area until stopped by law enforcement, suicide, or other intervention.

The attached appendix is a joint Standard Operating Guideline produced by the Fire Chiefs Association of Plymouth County and the Police Chiefs Association of Plymouth County for Active Shooter Incidents in Plymouth County.

APPENDIX A

ACTIVE SHOOTER / CRIMINAL MASS CASUALTY INCIDENT

Standard Operating Guideline

PURPOSE

This procedure establishes a guideline for public safety personnel who may respond to an Active Shooter Incident (ASI) or a Criminal Mass Casualty Incident (CMCI). The goal is to provide effective rescue procedures, common communications, and coordination between public safety agencies, as well as provide personnel safety at such incidents.

DEFINITIONS

Active Shooter Incident (ASI) – An armed person (shooter) who has used deadly physical force on other persons and continues to do so while having unrestricted access to additional victims.

Active Shooter Cold Zone – The location of the incident support functions, including the command post, staging and medical group if an MCI has been declared.

Active Shooter Warm Zone – The location already cleared and deemed secure by the law enforcement contact team(s). Fire and EMS personnel may work in this area if force protection is in place.

Active Shooter Hot Zone – The location that law enforcement contact teams are working to isolate or neutralize the threat. Fire and EMS will NOT work in this zone.

Building Identification/Designation – If the incident is within or around a building, the building's geographical locations shall be identified in a "clockwise" direction Side A (Front), Side B (Left), Side C (Back) and Side D (Right) and the floors or stories shall be identified as

Division 1 (1st Floor), Division 2 (2nd Floor) and so on. The basement and roof will be identified as Basement Division or Roof Division.

Casualty Collection Point (CCP) – A location where the most casualties are located or where they are kept to receive basic medical care until they can be safely moved to the medical treatment area. This location should be inside the cold zone whenever possible, but some situations may require it to be in the warm zone. Fire and EMS personnel may work as Rescue Groups (RGs) with law enforcement protection in this area.

Criminal Mass Casualty Incident (CMCI) – Any criminal action that causes injury or illness to a number of people that overwhelms the resources usually available.

Contact Team (CT) – A law enforcement team, usually the first arriving officers, assigned to confine or eliminate the threat(s).

Emergency Medical Services (EMS) – A team of emergency medical technicians equipped with medical equipment and vehicles as authorized by the Office of Emergency Medical Services.

Fire Department Personnel (FD) – Any active member of the Halifax Fire Department

Force Protection Group (FPG) – Law enforcement officers (two or more) assigned to protect the rescue group (fire and ems) personnel.

Forward Operating Base (FOB) - Any secured forward law enforcement position that is used to support tactical operations. The FOB may be used for an extended period of time during a barricaded threat. FOBs are traditionally supported by Unified Command and staging that is required to provide backup support to them. An FOB improves reaction time to local areas as opposed to having all resources in staging.

Individual First Aid Kit (IFAK) – An individual or improved first aid kit with medical equipment to immediately address preventable life threatening injuries.

Incident Action Plan (IAP) – A document developed by the command staff that contains objectives, strategies, tactical priorities and safety concerns.

Landing Zone (LZ) – A specified ground area on level ground, free from obstacles with a 100' diameter free from overhead obstacles for landing medical helicopters.

Law Enforcement (LE) – Law enforcement personnel and equipment.

Mass Casualty Incident (MCI) - A multiple casualty incident (MCI) is any situation where the number of sick or injured patients exceeds the available local, regional or state EMS system resources to provide adequate care in a timely manner to minimize injury and death.

MCI's will be classified by levels.

- Level 1: 1-10 potential victims
- Level 2: 11-30 potential victims
- Level 3: 31-50 potential victims
- Level 4: 51-200 potential victims
- Level 5: Greater than 200 victims
- Level 6: Long-Term Operational period(s)

Rescue Group (RG) – A team consisting of at least two fire or ems personnel equipped with medical equipment and at least two law enforcement personnel with weapons. The goal of the RG is to rapidly move victims from the CCP to the treatment area while LE officers provide protection.

Reunification Site – A remote designated area where victims and witnesses to the incident are assembled to ensure a safe and secure means of accounting for victims/witnesses and reuniting family members.

Staging Area – An area designated by the IC for apparatus/resources to standby for assignment(s).

Level I – Close to the incident for immediate deployment.

Level II – Away from the incident, out of line of sight.

Treatment Area (TA) – An area designated in the cold zone where patients from the CCP are moved for medical treatment. Normally MCI operations will be conducted in this area.

PROCEDURE

Dispatch

Once the public safety dispatcher identifies that an ASI or CMCI has occurred or is occurring he/she shall immediately dispatch proper resources. and notify the Chief of Police and Fire Departments.

The public safety dispatcher shall, to the best of their ability, ascertain the following information and relay it to the responding officers:

1. The address of the incident
2. The location and description of the threat(s)
3. Type(s) of weapon(s): long gun, pistol, explosives etc.
4. Is shooting or threat still active
5. Location(s) of victims

Law Enforcement (LE)

The first arriving LE officer will make the determination that the incident involves an active shooter(s) or other ongoing acts of violence. If so, the first arriving officer(s) will form a Contact Team (CT) and proceed to Locate, Confine or Eliminate the threat(s).

The role of the CT is to engage the threat(s) to limit the number of injuries or death to victims. As additional LE officers arrive, a safe perimeter shall be established and a Forward Operating Base (FOB) should be established to effectively manage additional law enforcement personnel and resources entering the location.

The goal of the FOB should be to:

1. Provide communications between the FOB, CT and the Incident Commander.
2. Provide immediate assistance to the CT.
3. Prioritize and manage resources entering or exiting the area.
4. Provide a systematic response directive to arriving officers, increasing safety and reducing redundancy.
5. Designate a Casualty Collection Point (CCP)

The next arriving ranking LE officer (Sergeant, Lt. Chief) will assume command (Incident Commander), determine the location of the Incident Command Post (ICP), broadcast its location and enter into a Unified Command with the first arriving ranking fire officer (Lt., Captain, Chief) as soon as possible. An Incident Action Plan (IAP) should be developed as soon as possible.

As soon as the CT(s) is confident that the threat(s) is sufficiently mitigated, officers should transition to casualty collection of the wounded and bring them to the designated Casualty Collection Point (CCP). Force Protection Groups shall maintain interior and CCP security throughout the casualty collection process.

Fire Department (FD) Personnel

If LE has determined it to be an ASI or CMCI and a CT is actively engaging the threat(s), the first arriving ranking FD officer shall direct arriving apparatus, or pre-arranged agencies (DPW), to control entrances and exits to the property from a safe distance; allowing ONLY public safety officers entrance to the incident and collect and direct as many fleeing people as possible to a safe staging area for accountability and triage, if necessary.

The FD officer shall designate a safe staging area (Level II) for additional resources and assign an EMS Officer, usually the EMT with the highest level of training from the first arriving ambulance. The EMS Officer shall designate a Treatment Area with Triage, Treatment and Transport Stations.

The first arriving Fire Officer or Chief shall make contact with the on-scene Law Enforcement Incident Commander, if established, and enter into a Unified Command. The FD officer shall broadcast the specific location of the ICP and the staging area to responding resources.

FD personnel will don Personal Protective Equipment (PPE) and maintain a high level of situational awareness at all times. All fire/EMS personnel must be prepared to engage in a Rescue Group (RG) assignment.

Fire/EMS personnel formed as a Rescue Group (RG) or forcible entry/exit group will be escorted by a Force Protection Group (FPG) from Law Enforcement. The Rescue Group will obtain a briefing from the Force Protection Group Leader to ensure that both groups understand the objective and direction of movement. During this operation, the RGs will be working under the direction of the leader of the FPG.

The goal of the Rescue Group is to rapidly move victims, with Force Protection, from the Casualty Collection Point (CCP) to the Treatment Area (TA) in the cold zone where more definitive medical treatment can take place.

If the CT cannot move the injured to the Casualty Collection Point (CCP), then the Rescue Groups (RG) and Force Protection Group(s) will need to search and locate the injured victims in the areas that have been cleared and deemed secured by the initial Contact Teams (CT). The injured shall be taken to a Casualty Collection Point (CCP) by the RGs.

The CCP must be secured by FPG (doorways, windows, hallways) at all times. All personnel operating in the CCP area must avoid hallways / doorways, and should anticipate having to take cover and concealment. RGs must maintain a high level of situational awareness and may need to relocate injured patients to a treatment area in the cold zone when safe to do so.

Emergency Medical Services (EMS)

The EMT with the highest level of training, on the first arriving EMS unit shall assume the role of EMS Officer. The EMS Officer shall designate and establish Triage, Treatment and Transport Stations and advise the Incident Commander of the EMS resources needed.

The next arriving two (2) EMS units shall be assigned to Rescue Groups (RG) under the direction of the Force Protection Group Leader.

All other EMS units shall be assigned to patient triage, treatment, and transport as needed.

The EMS Officer shall request, through the IC, the establishment of a LZ(s) if needed.

Patient Treatment

Once victims have been identified, located, and the area secured, the Rescue Groups, with Force Protection, shall proceed and perform rescues during the ongoing incident. Additional RGs shall be deployed as needed with a Force Protection Group.

All personnel providing treatment in the Casualty Collection Point (CCP) should ONLY stabilize life threatening injuries. Medical treatment should not delay the rapid movement of ASI victims to the TA.

Once victims have been deposited at the Treatment Area, EMS will Triage, Treat and Transport them to the appropriate facility, if needed.

Reunification

Any and all uninjured victims and witnesses at the incident shall be directed to the designated reunification site for accountability and reunification with family members and/or guardians.