INTRODUCTION

A. Purpose: To support planning, preparation and training for active shooter or multi-casualty criminal incident that occurs within the Santa Barbara County Operational Area with the potential for mutual aid resources to respond.

B. Scope: This policy shall apply to all first responder personnel who are dispatched to a Tactical Law Enforcement incident within Santa Barbara County or adjoining jurisdiction, involving one or more suspects who participate in an ongoing, random, or systematic shooting or violent spree, demonstrating the intent to harm others with the objective of mass murder. This includes acts of terrorism.

C. Author: The Santa Barbara County Law Enforcement Executive Chiefs (CLEC) and Fire Chiefs Association of Santa Barbara County (FCA) joint committee on standardize training for the Operational Area is responsible for the content, revision, and periodic review of this policy.


BACKGROUND

Active Shooter/Multi-Casualty Criminal Incidents require extraordinary efforts on the part of the law enforcement, fire/rescue and EMS agencies. Although these attacks usually end within a few minutes from the time they begin, the incident and response actions may play out over an extended period of time. The incident may include a hostage situation or “hot zone” with an ongoing active shooter(s), causing multiple casualties that requires rapid triage, treatment and transportation efforts.

RESPONSIBILITY

A. It shall be the responsibility of the Incident Commander at an active shooter/multi-Casualty (AS/MCI) criminal incident to assure the compliance of this policy.

B. A Unified Command, between Law and Fire agencies with a single co-located Incident Command Post (ICP), shall be established, so that those entities shall act effectively and in concert to address active shooter or multi-casualty criminal incidents within the County of Santa Barbara.

C. It is the intent of this document to develop and provide First Responder Operational (FRO) protocols, contained herein, to be reviewed annually. To ensure that these protocols are current, and address any policy, geographic, or demographic changes that warrant a revision in response strategy.
POLICY

Law Enforcement (LE), Fire, and EMS personnel are now required by State law and POST requirements to train together at the local level to practice FRO strategies and tactics, to develop a better understanding of each other’s terminologies, and capabilities for an active shooter/multi-Casualty criminal incidents.

PROCEDURES

I. Initial Actions

1. If no sign of law enforcement on scene, or there is uncertainty of safety for Fire and/or EMS emergency responders, units shall stage in a safe location and request law enforcement respond.

2. It is the responsibility of the first arriving LE Supervisor or Manager on-scene, to establish an Incident Command Post, an Incident Commander and a common communication plan for the incident. Once established, the dispatch center will announce command and tactical frequencies, as-well-as the location of the command post.

3. LE Supervisor or Manager will establish a unified command with Fire.

II. Operation Response

1. Law Enforcement Protocols (Hot and Warm Zone)

   a. Notification of an active shooter incident, arriving law enforcement officers are trained to use a tactic known as "Immediate Action/Rapid Deployment" (IARD) to neutralize the Perpetrator. The close coordination needed during an active shooter incident accentuates the importance of first responder Fire and EMS personnel having a general understanding of law enforcement tactics when responding to this type of incident

   b. Use the Operational Area Field Guide Checklist to ensure primary role of command and control are initiated throughout the incident.

   c. One of the highest priority items is to identify and secure a route of ingress and egress for fire and medical vehicles.

   d. Consider the use of a Contact Team to enter the Hot Zone and seek-out and neutralize the threat.

   e. Rescue Teams (LE) and Rescue Task Force (FD) can be used to enter a Hot Zone under direct threat of gunfire or hostile violence to search for and rescue the injured.
f. Force Protection (LE) resources will be assigned to secure an operational area of the incident for treatment areas and/or casualty collection points.

2. Fire Protocols (Warm Zone)
   a. Establish a Unified Command with LE at a co-located command post, develop a communication plan and incident objectives (see 1a)
   b. Establish the Medical Group or Medical Branch for the incident and identify Rescue Task Force(s), using Engine Company personnel, for assessing and moving victims (patients) from within a warm zone or Casualty Collection Point (CCP) to a cold zone. Rescue Task Force should include force protection.
   c. Determine with LE the Warm and Cold Zones, designate a Patient Transportation Group Supervisor and the ambulance loading area(s).
   d. Consider law enforcement, fire apparatus and ambulance ingress and egress when parking equipment at incident.

3. EMS Protocols (Cold Zone)
   a. Co-locate with LE and Fire at the command post, and ensure communication is established with local area hospitals through the Reddi-Net system.
   b. Activate the Local EMS Agency’s (LEMSA) MCI protocols and procedures to ensure local hospitals and trauma centers are notified of the incident.
   c. Consider law enforcement, fire apparatus and ambulance ingress and egress when parking equipment at incident.
   d. Provide for rapid egress of patients from the designated ambulance loading ingress/egress traffic patterns.

III. Unified Incident Command for Tactical Law Enforcement Incident

The establishment of Unified Command and development of clear incident objectives early in the incident will aid in bringing order to a chaotic situation. The expectation is a LE Supervisor or Manager will be the Incident Commander (IC), unify with Fire Agencies and coordinate with EMS Supervisors. For complex incidents that involve a significant commitment of first responder resources, Unified Command shall develop an Incident Action Plan (IAP) using an ICS 201 form. The elements of the IAP may vary based on the situation. At a minimum the following must be included:

1. Communications Plan
   a. Ensure that all resources are on the appropriate command and tactical frequencies.
2. Medical Group
   a. The Medical Group is configured to manage the triage, treatment, and transportation of casualties.
   b. When large numbers of patients are encountered, or when they are separated by a distance that makes it impractical to have one treatment area, a Multi-Casualty Branch may need to be established. If this occurs, Medical Groups will need to be configured under a Multi-Casualty Branch Director.

3. Rescue Task Force (RTF)
   a. The Rescue Task Force is configured to assess and extract viable patients from the Hot/Warm Zone to a Casualty Collection Point (CCP).
   b. At a minimum, RTF shall have two fire department medical personnel and one force protection officer. When possible, RTFs should incorporate a paramedic as one of the team members. The circumstances and available personnel will dictate the number and size of RTFs.

4. Fire Group
   a. The Fire Group is configured to suppress fires and coordinate the non-EMS operations which may include hazardous environment.

IV. Definitions

1. Contact Team is a term used for LE personnel whose mission is to enter the Hot Zone and seek-out and neutralize the threat. The Contact Team may be composed of one or more officers.

2. Rescue Teams is the term used for law enforcement resources whose mission is to enter a Hot Zone under direct threat of gunfire or hostile violence to rescue a victim. They are configured to search for and rescue the injured in the Hot Zone and Warm Zones.

3. Force Protection (LE) resources may be assigned to secure an operational area of the incident such as treatment areas, casualty collection points or may secure a corridor for casualty movement to the treatment areas.

4. Rescue Task Force (RTF) is configured to assess and extract viable patients from the Warm Zone or Casualty Collection Point (CCP) to the treatment areas. At a minimum, RTF shall have two fire department medical personnel and one force protection officer. When possible, RTFs should incorporate a paramedic as one of the team members. The circumstances and available personnel will dictate the number and size of RTFs.

5. Hot Zone is that area wherein a direct and immediate threat may exist.

6. Warm Zone is an operational area where a potential threat exists, but the threat is not direct or immediate. LE has cleared and secured an area for which Fire personnel with appropriate Personal Protective Equipment (PPE) can operate.
7. **Cold Zone** is operational area where no significant danger or threat can be reasonably anticipated as determined by law enforcement and where most incident support functions are located.

8. **Casualty Collection Point**

   In a tactical environment, a secured area typically located in the Hot or Warm Zone where victims can be brought to initiate treatment while waiting to be extracted by RTFs to treatment areas in the Cold Zone. The physical location of a CCP must provide adequate cover and protection from the potential threat for safety personnel and victims.

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