



Northeast Fire Department Association

Operations

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Tactical Guidelines: Active Threats

Approved by: 

NEFDA President

I. Purpose

The purpose of this document is to provide guidelines for assessing the threat and performing rapid intervention tactics to limit serious injury or loss of life during active threat situations. While the term "active shooter" is used as a generic term, this guideline applies to all situations where there is an active, ongoing deadly threat, to include those from firearms, explosives, knives, and so forth to harm others with the objective of mass murder. These are intended to be guidelines and a cities specific policy shall supersede these guidelines.

II. Definitions

- A. Active Threat: An incident, normally in a confined and populated area, in which one or more armed persons have used, or are reasonably likely to use, deadly force in an ongoing manner, and where persons have been injured, killed, or are under imminent threat of death or serious bodily harm by such persons. Active threat incidents are dynamic, unpredictable, rapidly progressing and may not be contained. Rapid entry by law enforcement personnel to contain or eliminate the threat is the foundation for successful intervention in these incidents.
- B. Casualty Collection Point (CCP): An intermediate location between the Hot Zone and the Triage, Treatment, and Transport Groups for the assembly of victims so they may be triaged and brought to the appropriate Triage, Treatment, and Transport Groups.
- C. Cleared (is a belief): A rapid search of an area wherein no threats were observed or the treats were removed. An area may also be designated "cleared" through credible intelligence, by law enforcement moving through an area without encountering resistance or the creation of a protected corridor by law enforcement personnel.
- D. Cold Zone: Area where the Unified Command (UC) does not anticipate a danger or threat to emergency personnel or other persons. The Unified Command Post (UCP), Joint Information System/Center (JIS/JIC), Public Information Officer (PIO) and Staging are example of functions located in the Cold Zone.

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- E. Contact Team: The first officer(s) at the scene of an active threat incident tasked with locating the suspect(s) and neutralizing the threat.
- F. Hot Zone: Area where there is a direct and immediate threat to emergency personnel or other persons.
- G. Incident Commander (IC): The individual who takes charge at the scene, regardless of rank. In many cases, this may be the first individual on the scene.
- H. Rapid Intervention: Immediate response by one or more officers to an active threat incident based on a reasonable belief that failure to take action pending the arrival of additional officers would result in death or serious bodily injury.
- I. Rescue Branch: A supervisory level above Division, or Group, designed to provide span of control at a high level. For Active Threat Incidents, the Rescue Branch should be a Fire Officer with force protection elements assigned.
- J. Rescue Task Force (RTF): An organized team of officers and firefighters who make entry after the contact team to provide first aid and evacuate persons from a hostile environment.
- K. Secured (is a fact): A systematic, methodical and complete search of an area wherein there is a high level of certainty there are no remaining threats and this area's continued security is probable.
- L. TTT Groups: Triage, Treatment, and Transportation
- M. Unified Command: A command system that has a representative from each responding agency to the incident operating together at the Command Post.
- N. Warm Zone: Area where there is a potential hostile threat to emergency personnel or other persons, but it is neither direct nor immediate. This is the main zone of operations for the Rescue Task Force teams. An area that has been either cleared or secured qualifies as a warm zone.

III. Response

- A. Level 1 (Initial Response) - 4 Fire Apparatus, 4 MICU's, 2 Battalion Chief, 1 NEFDA Mass Casualty Incident vehicle
- B. Level 2 - 4 Fire Apparatus, 6 MICU's, 2 Battalion Chiefs, Activate local EOC, DFW MCI vehicle, Mobile command, and EOD response
- C. Level 3 – 4 Fire Apparatus, 8 MICU's, 5 Chief Officers including 2 Battalion Chiefs.

IV. Safety

Active threat incidents are dynamic incidents and the safety and protection of all responding personnel should be considered as the first priority at all times. Close communications with law enforcement officers will be key to maintaining a safe and well ran incident.

V. Equipment

As a minimum guideline, the following equipment should be considered;

- A. RTF members should be equipped with standard Ballistic protection.
Spare gloves and ANSI Z87.1 clear safety glasses are recommended.
- B. Ballistic Protection – Level IIIA Ballistic Vests, Level IIIA Ballistic Helmet
- C. Fire Department radio with special ear piece
- D. Active Shooter Pack
 - 1. CAT Tourniquet
 - 2. Occlusive Chest Seal
 - 3. Hemostatic Gauze
 - 4. Nasopharyngeal airways
 - 5. Pressure bandages
 - 6. Compressed gauge roll
 - 7. Extrication devices
- E. Victim Carrying Device

VI. Staging

- A. First arriving unit should:
1. Identify a staging area for all initial units. Consider an area out of the line-of-sight of the incident, or possible predetermined areas from pre-plans.
 2. Be proactive in seeking out PD officers to initiate Unified Command (i.e., proactive staging), but do not take unnecessary risks to accomplish this benchmark. Face-to-face communication with PD is preferred.
 3. If first arriving units begin internal RTF operations prior to an established exterior command presence, communication and Situation Reports (SITREPS) to the Alarm Office are critical. Internal RTF operations prior to an established exterior UC presence should only be conducted after conducting an appropriate risk-vs-benefit analysis and coordinating with on-scene law enforcement.

VII. Command

- A. Ensure Unified Command is established with PD.
- B. Represent the FD in the Unified Command Post (UCP).
- C. Work with PD within UC to identify the Rescue Task Force (RTF) working zones.
- D. Consider creating RTF teams from available units and deploy them, with consent from UC, ensuring each team is aware of their working limits and their mission.
- E. Consider attaching Tactical Medics to the contact teams if available.
- F. Consider deploying a Rescue Branch Director (RBD) in a forward position, with force protection.
- G. Keep the RBD and all RTFs updated on any changes to zone boundaries.
- H. Ensure Personnel Accountability Reports (PARs) are provided at appropriate times.
- I. Consider adding an additional MCI Alarm for patient treatment and transport.
- J. Establish a Triage, Treatment, and Transport area with response of MCI vehicle (Automatic on level 2 response).
- K. Consider moving primary staging to a larger or safer area if needed.
- L. Ensure NEFDA EOD unit is responding to the incident (Automatic on level 2 response).
- M. Activate the Emergency Operations Center to support the Unified Command Post. (Automatic on level 2 response).

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- N. Consider incorporating a relevant representative of the involved facility in the UCP. A relevant individual may include:
1. A person of sufficient authority to represent the involved occupancy in decisions that affect that property and personnel.
 2. A person that has unique knowledge related to the Active Threat actor, suspect, or incident.
 3. A person that has keys, cards, or other access mediums to assist first responders.
 4. A person with knowledge of processes or systems unique to the involved property, such as chemicals, security cameras and systems, HVAC systems, and elevators.
 5. A person with other information pertinent to the Active Threat Incident and the property or people involved.
- O. Consider requesting the Mobile Command Post respond (Automatic on level 2 response).
- P. Make considerations for patient tracking and prepare for the possible influx of parents at school incidents.
- Q. If resources allow, consider limiting each RTF to evacuating 2 adult patients, especially if evacuating long distances.
- R. Consideration should be given to calling for air medical and the establishment of a Landing Zone (LZ).

VIII. Rescue Task Forces

- A. A RTF team will include fire department personnel for EMS and evacuation (a fire company), and law enforcement officers for force protection (2 minimum).
- B. Before entering the Warm Zone, a rapid pre-entry briefing should be conducted with all elements of each RTF to ensure the team is aware of pertinent information. This briefing should be conducted by the person making the assignment to the RTF.
- C. The rapid pre-entry briefing should identify:
1. Zone boundaries.
 2. Entrance and egress routes or locations.
 3. Appropriate radio channels.
 4. The team's assignment, pertinent hazards and intelligence.
 5. The need for all persons, FD and PD, to stay together at all times.
 6. The need to maintain face-to-face communications within the RTF.

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- D. RTF Teams should take on radio designation as assigned by Command. It is recommended that they be numbered sequentially to aid in accountability and limit confusion e.g. RTF 1, RTF 2 etc.
 4. FD members of the RTF should communicate to the UCP using their assigned FD radio channel; typically, this should be the fire operations channel. RTF PD members should communicate to the UCP using their assigned LE radio channel.
 5. The PD officers in an RTF will be in charge of the unit during movement and in all matters related to force protection. The PD officers assigned to force protection duties are not Contact Teams and are to stay with their assigned element.
 6. The fire officer in an RTF element will be in charge of all matters related to victim care and victim removal. RTF PD elements will not assist with victim removal, in order to eliminate distraction from their force protection mission.
- A. After entering the Warm Zone, RTFs should move towards known or suspected victim locations and remove victims from hallways and corridors into rooms. They will stabilize as many patients as possible, using Tactical Emergency Casualty Care (TECC) practices, until all available victims are stabilized and categorized, the RTF uses all appropriate EMS supplies or the RTF reaches the limits of the Warm Zone. RTFs will then focus on victim evacuation.
- B. In the absence of a forward deployed Rescue Branch Director, RTFs will provide regular SITREPS to the UCP, to include the number and location of victims.
- C. If PD officers encounter a hostile person or have to enter a Hot Zone, RTF FD members should not follow PD into a Hot Zone. They should instead immediately notify the UCP, to include the RTF's location, and take appropriate action, which may include evacuation or barricade-in-place.
- D. If the RTF encounters an explosive device, that area should be considered a Hot Zone and communicated to the UCP. The RTF should mark the location with a red chemlight and evacuate/bypass the area.
- E. All patients encountered by the RTF teams will be treated in the order they are encountered.
 1. Direct ambulatory patients to move to CCPs or to self-evacuate down a cleared egress route, following PD directions (civilians may need to be searched). *Ambulatory casualties will be initially categorized as "green."*
 2. *Non-ambulatory casualties will be categorized/marked as "red" or "black."* Further classification and triage may be conducted by TTT.
 3. After TECC interventions, a non-ambulatory victim should be placed in recovery position before the RTF moves on to the next victim.

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4. All deceased persons should be left in the location and position found and should be visibly marked with a blue chemlight for easy identification in order to avoid repeated evaluations by additional RTF teams. While Life Safety/Rescue is a top priority, remember that crews are operating in what will become a crime scene.
 5. RTFs should move patients to a Casualty Collection Point (CCP) or to the Triage, Treatment, and Transport (TTT) group. RTFs should coordinate patient evacuation prior to moving casualties.
- F. Generally, the 1st RTF will be tasked with treating as many patients as possible. The 2nd RTF should be tasked with treatment/stabilization if needed, bypassing the 1st RTF in order to access patients not yet reached. The 3rd and subsequent RTFs will generally be tasked with patient evacuation.
- G. Rescue Task Forces work under the acronym of CORE. CORE stands for C – Command, O – Organize, R – RTF Entry and E – Extrication

IX. Rescue Branch Director

- A. If established, consists of one fire officer with PD force protection, usually positioned in a forward Warm Zone location.
- B. Coordinates RTF operations inside the Warm Zone, including:
 1. Maintain accountability of the RTFs inside the Warm Zone.
 2. Ensure adequate communications established with the UCP and appropriate SITREPS are provided, including changes in interior conditions, number of victims, etc.
 3. Direct RTFs to their assigned operating area. This will minimize duplication of coverage and will ensure the RTFs do not inadvertently enter a Hot Zone.
 4. Assign RTFs their assigned tasks.
 5. Ensure all accessible victims are treated, stabilized, and/or removed.
 6. Coordinate internal CCP operations and integration. Assign a manager and ensure a PD presence for each internal CCP.
- C. It is not necessary to establish the Rescue Branch prior to RTF teams entering the Warm Zone. The Rescue Branch represents a growth of the organizational structure as appropriate resources arrive.
- D. Depending on the threat situation, number of victims, and the geography of the interior structure, it may be necessary for the RBD to designate an interior CCP in the Warm Zone and/or logistical resupply point.

X. Casualty Collection Points

- A. Depending on the incident size and location, injured victims may need to be placed in a CCP before transition to the TTT groups. CCPs may be interior or exterior.
- B. CCPs may also help crews to avoid static and potentially dangerous positions in narrow, constrictive areas, such as hallways.
- C. CCPs will be established by initial units, secured by law enforcement and communicated to the UCP.
- D. The FD will manage interior CCPs located in the Warm Zone and PD will establish corridor protection between the CCP and the egress location to facilitate faster entry/exit of victims and FD personnel.
- E. If necessary, and if resources allow, a Triage Control Officer should be assigned to manage each CCP.