Purpose:

The purpose of this policy is to standardize the practices employed by Saratoga County EMS personnel who may be called upon to respond to an active shooter incident or other hostile situation. The objective is to effectively implement rapid deployment response tactics and provide proper lifesaving skills to increase victim survivability. The primary goal is to minimize the risk to first responders while having a positive influence on casualty survivability when responding to acts of violence.

Summary:

EMS response to hostile and violent situations are becoming more frequent. Such incidents include suicides, shootings, stabbings, domestic violence injuries and assaults. Other incidents include, but are not limited to, large scale complex incidents such as school shootings or workplace violence. The goal of this policy is to ensure coordination between agencies resulting in proper scene control, patient treatment, and evidence preservation while maintaining the safety of all emergency personnel.

Definitions:

**Cold Zone** – The location (geographic area) of the incident support functions including command post, staging area and MCI loading zone if an MCI is declared.

**Warm Zone** – The location (geographic area) already cleared by Law Enforcement contact teams. This area may be clear but not deemed secure until Law Enforcement has conducted a thorough search. EMS personnel may work in this area if law enforcement protection is provided.

**Hot Zone** – The location (geographic area) that Law Enforcement contact teams are working to isolate or neutralize actions of violence. This area has a direct and immediate threat to life. EMS personnel will NOT enter this zone.

**Contact Team (CT)** – A Law Enforcement Team assigned to confine or eliminate the killer(s) or threat(s).

**Personal Protective Equipment (PPE)** – The minimum PPE for EMS personnel during an active shooter response will be eye protection, medical gloves, ballistic helmet and a ballistic vest.

**Incident Action Plan (IAP)** – A document put together as an incident unfolds. This document will contain objectives, strategies, tactical priorities and safety concerns. This document will be prepared by the Unified Incident Command.

**Rescue Task Force (RTF)** – A team consisting of at least two EMS personnel (rescuers), with PPE and RTF medical bag, combined with at least two Law Enforcement Officers. The primary goal of the RTF is to rapidly move to victims in the Warm Zone to deliver lifesaving medical interventions. EMS personnel will determine who will lead the EMS portion of the RTF and the leader shall be responsible for communication with EMS command.
**Casualty Collection Point (CCP)** – A location within a Cold or Warm Zone used for the assembly, initial triage, medical stabilization and subsequent evacuation of casualties. Preferably the CCP should be adjacent to an open area suitable for use as an AEP.

**Ambulance Exchange Point (AEP)** – A location agreed upon by both Fire and Law Enforcement personnel where multiple victims can be rapidly evacuated from the scene using one vehicle to bring the wounded to a treatment/patient loading area or established medical group. This tactic increases the ability for law enforcement to maintain security and decreases risk to multiple ambulances and personnel from a potential threat.

**Mass Casualty Incident (MCI)** – any incident in which the available EMS resources are overwhelmed by the number and severity of casualties.

**Unified Command** – an authority (command) structure in which the role of the Incident Commander is shared by two or more individuals, each already having authority in a different responding agency.

**Policy/Procedure:**

**Law Enforcement**

In any incident that involves an act of violence it is important for EMS providers to understand the actions that Law Enforcement Officers (LEOs) may employ. On scene LEOs will make the determination that the incident involves an active shooter or other ongoing acts of violence. The first responding LEO will form a Contact Team (CT) and proceed to locate and isolate the suspect(s). The role of the CT is to engage the suspect(s) to limit the possibility of injury or death to victims.

As additional LEOs arrive, a safe perimeter or corridor will be established and contact will be made with EMS personnel on scene. Law Enforcement will take command of the incident and establish an initial Command Post (CP) until a higher-ranking LEO arrives. The ranking LEO should then enter into Unified Command with the highest-ranking, on scene, EMS personnel as soon as possible.

**Unified Command**

Upon announcement of establishment of Unified Command, all various agency command personnel shall report to the CP. The CP shall be established in a safe location, preferably located in the Cold Zone or a remote location. Law enforcement should designate this area and in most cases an EMS Supervisor will function as EMS Command.

**EMS Roles and Responsibilities**

In all cases, the first arriving EMS personnel will collect as much information as possible and rapidly communicate that information to additional responding units. The first arriving EMS unit should make contact with the on scene Law Enforcement Incident Commander, enter into a Unified Command, and confirm the location of the Command Post.

EMS personnel will don the appropriate level of PPE and maintain a high level of situational awareness. All EMS personnel must prepare to engage in Rescue Task Force (RTF) assignments or MCI related duties. If an RTF is necessary, EMS personnel will complete a face to face briefing with the LEO group leader to ensure that both groups understand the objective and direction of movement. During this phase of the operation, all EMS personnel must follow the direction and commands of law enforcement. The goal of the RTF is to safely move casualties to a Casualty Collection Point (CCP), render lifesaving medical aid and rapidity extract victims from further potential harm.
RTF Team members

- Determine that the EMS component of the RTF team has direct radio communications with EMS Command.
- Establish the most optimal location for a Casualty Collection Point(s). The preferred area would be clear of hallways/doorways, easily secured by law enforcement and have good egress for casualty extraction via an Ambulance Exchange Point (AEP).
- If the law enforcement personnel are unable to extract or move the injured to a CCP, then the RTF will need to search and locate casualties in the warm zone and relocate them to the CCP. Additional RTF groups shall be deployed as needed. All personnel operating in the warm zone should maintain a high level of situational awareness and anticipate having to hide behind areas of cover and concealment.
- As casualties are encountered RTF members will conduct triage efforts with the SMART triage system and determine extraction priorities.
- Routinely provide EMS command with updated reports consisting of: number of patients, types of injuries (penetrating, blast or blunt force), location of patients, resources needed for care and resources needed for extrication.
- Provide treatment of immediate life threatening injuries (such as profuse uncontrolled hemorrhage, airway compromise and tension pneumothorax). The ultimate goal of an RTF is to rapidly access and remove the patient(s), not to remain and provide care.
- Coordinate with EMS Command to implement the safe extraction of casualties from the CCP to the treatment/patient loading area by means of an AEP.

EMS Command

- Make contact with the Law Enforcement Commander.
- Determine conditions such as Hot Zone, Warm Zone, Cold Zone boundaries and confirm the CP is in the cold zone.
- Relay potential threats such as fires and explosives to responding units.
- Develop an Incident Action Plan (IAP).
- Deploy resources to complete objectives such as delegating Rescue Task Force EMS personnel.
- Communicate with operating RTF groups to determine number and status of patients.
- Estimate number of injured and declare a Mass Casualty Incident (MCI) if applicable.
- Request resources as needed and determine safe avenues of ingress/egress.
- Request a REMO physician to the scene.
- Consider assigning a Transport Officer and provide a location for a patient loading area.
- Consider assigning a Treatment Officer and provide a location for a treatment area.
- Consider assigning a Staging Officer and provide a location for available resources.
- Consider delegating an EMS Operations Officer to assist the EMS Commander by offloading critical tasks, and assisting in support operations.
- Consider deployment of a Critical Incident Debriefing Team for responders.

Transport Officer

- Obtain Hot, Warm and Cold Zone boundaries. Establish an ambulance staging area and patient loading area in the cold zone.
- Communicate with EMS Command to determine the number of CCPs, their locations, and number of patients.
- Provide pre-arrival instructions to responding ambulances to ensure safe and expeditious response.
- Attempt to load patients onto ambulances as efficiently as possible. Transporting a Green category patient with a Yellow or Red category patient may assist in delivering patients to the most appropriate level of care without overloading any one facility with patients. This should not supersede good
Coordinate the movement of patients out of the treatment area and transported to hospitals. Determine appropriate destination based on patient severity, hospital capacities, hospital travel times and number of casualties to be evacuated.

- Maintain a Transport Log that includes patient name (or assigned ID), patient priority, transporting unit, and hospital destinations. Consider assigning this task to one person to manage and maintain for accuracy.

**Treatment Officer**

- Establish treatment area in close proximity to the ambulance loading area.
- Request additional personnel/equipment and establish treatment groups.
- Supervise the continued assessment, treatment, and re-triaging of patients.
- Coordinate with the Transport Officer to move patients off scene quickly and efficiently.

**Staging Officer**

- Establish an area where readily available ambulances, supplies, and personnel can be positioned for rapid deployment.
- Function as a liaison between Transport Officer and staged resources when interoperable radio communications fail.

**Response Issues**

**Self-Dispatch**

A common problem during unique emergency incidents is emergency personnel making a decision to Self-Dispatch, often in personal or department issued vehicles. With the best intentions and with the nature of emergency services being to go into any situation in order to save lives, these persons become part of the problem rather than the solution with their overall safety and accountability being questioned. All responding EMS personnel that are not formally requested are to report to the nearest staging area. Saratoga County EMS Coordinators are to report to the ICP.

**Blocked Roadways**

It is stressed during training that responders should make a conscious effort to park their vehicles in a manner that does not block roadways. It has been established that poorly placed response apparatus and personal vehicles can shut down vital roadways. If possible, maintain at least one lane of clear roadway for future emergency operations and vehicles.

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