

Active Shooter Event Response

by [Alan Berkowsky](#) On Mar 1, 2016



A RTF is comprised of a group of police officers and firefighters and/or paramedics with the objective of entering the Warm Zone to rapidly treat and transport patients to the medical division as quickly as possible. **Photo credit:** Photo by Jeff Hall



The concept of command and control of an ASE requires that fire and police operations become integrated as a combined unit in order to properly mitigate the incident in a coordinated fashion.

Photo credit: Photo by Landon Jensen



The Crisis Phase begins with the first 9-1-1 call. It is chaotic. Police and fire are responding to or have arrived on scene.

Photo credit: Photo by Ryan Babroff



The Stabilization Phase begins when the threat has been neutralized and the focus is on the expedited medical care of the victims. It is important to quickly establish command and control of the scene through a unified command process.

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In 1988, the village of Winnetka, IL, suffered a tragic loss when Laurie Dann walked into a public elementary school with three handguns and opened fire, killing one student and injuring six others. Back then, this seemed like an anomaly, but unfortunately, in today's world, it seems like active shooter events (ASEs) occur with much more regularity.

Since 2000, we've seen a significant increase in ASEs—and they've become more deadly.

According to the "First Responder Guide for Improving Survivability in Improvised Explosive Device and/or Active Shooter Incidents" (June 2015) issued by the U.S. Department of Homeland Security, "There should be greater coordination among EMS, fire services and law enforcement to work more effectively during an IED or active shooter incident." At these scenes, fire and police typically operate in close proximity to each other; however, they do so independently. Rarely do the two institutions work in a cohesive, unified manner, which is problematic when dealing with an ASE. The concept of command and control of an ASE requires that fire and police operations become integrated as a combined unit in order to properly mitigate the incident in a coordinated fashion. Additionally, part of this integration is the coordinated creation of a rescue task force (RTF).

Watershed moments

There are two ASEs in particular that were watershed moments for fire and police departments. The first was the 1999 Columbine High School ASE in Littleton, CO. At the time, law enforcement was trained to secure the perimeter of the building and wait for tactical teams to arrive to neutralize the shooter. But as a result of this event, law enforcement personnel realized that they could no longer wait outside for tactical teams to arrive, because more lives may be taken during the wait time. The average ASE lasts 12 minutes, with 37 percent lasting less than 5 minutes. Forty percent of the incidents end with the shooter committing suicide.

The post-incident review of the Columbine High School incident caused the police to rethink their approach to an ASE and develop Contact Teams (previously called Diamond Teams). Ideally, these teams would consist of four police officers who enter the Hot Zone with one purpose: Eliminate the threat. However, police officers are now taught that teams might need to enter with less than four officers, and sometimes with just one officer if the threat is ongoing. This paradigm shift has been effective for law enforcement in minimizing further injuries to civilians from an ASE. Their main objective is to have the shooter focus on them, thereby eliminating further harm to civilians.

Thirteen years later, on July 20, 2012, we watched the events unfold at an Aurora, CO, movie theater where hundreds of moviegoers were barraged with gunfire. The gunman killed 12 and injured 58 before he was captured trying to exit the rear of the theatre. This event became the watershed moment for the fire service in particular, because the fire service was not prepared to integrate rescue services into a Warm Zone. As you listen to the audiotape and watch the news reports, many of the injured were transported in police cars. Interestingly enough, many of them survived because of the courageous decision by a police supervisor to place the shooting victims into squad cars instead of waiting for fire, EMS and police to organize. The Aurora Fire Department did a tremendous job handling a very difficult situation.

My goal is not to analyze what happened in Aurora, but rather learn from what they encountered. Here's what we now know about an ASE:

- Any ASE scene will be chaotic and challenging.
- People will die quickly from exsanguination unless it is stopped.
- Fire/EMS needs to get ready to quickly extricate victims from an ASE.
- Police and fire need to have a coordinated plan for entering a structure and removing victims from an ASE.
- Police cars and other vehicles will hinder direct access to the scene.
- A unified command process is needed.

Phases of an ASE

As we've examined ASEs, we've determined that they occur in three distinct phases:

- **Crisis Phase:** This phase begins with the first 9-1-1 call. It is chaotic. Police and fire are responding to or have arrived on scene. Information is conflicting and confusing. It may be unclear what occurred or if the threat is still active. Victims are seeking help, and family members are trying to reunite. Upon arrival, police officers are rushing in to eliminate the threat. Typically, fire is staged in the Cold Zone awaiting direction. This phase ends with the elimination of the known threat.
- **Stabilization Phase:** This phase begins when the threat has been neutralized and the focus is on the expedited medical care of the victims. It is important to quickly establish command and control of the scene through a unified command process. Patients need to be quickly treated and removed from the Warm Zones to definitive patient care through the use of RTFs or "safe paths." Evidence preservation is another key area of focus, and police are implementing perimeter control points to lock down the area. Locations for staging of fire and police resources, medical control and media will need to be identified. This phase ends with the transportation of the last victim to a hospital for definitive medical care.
- **Recovery Phase:** At this point, the focus is on evidence preservation, securing the building, processing the crime scene, family reunification, witness interviews, structure stabilization, first responder psychological needs and providing information to the media. This phase can last several hours to several weeks depending on the size of the building and the impact to human lives.

Staging strategy

If you ask just about any police officer what the fire department is doing when it stages, the typical but honest answer is, "they are doing nothing." Ironically, if you ask the same of a fire company officer, many times the answer is no different. If you're a police officer in the middle of the Crisis Phase, would you trust the fire department to be ready to assist in a quick and efficient manner if they are staged? How many times has a fire company staged to the point that the police officer has forgotten they were

there, and then gave an all-clear to the fire department when radioed by dispatch? Out of sight and out of mind.

As the fire service, we need to modify the perception of being staged so that we're not an afterthought, or thought of as doing nothing. Law enforcement would probably be much more eager to provide a police command person to join the command post once the Crisis Phase has ended if they knew that while they were trying to take down the offender (and if resources permit, possibly even before the offender is neutralized), the fire department was:

- Staging the fire department components of a rescue task force;
- Gathering intelligence;
- Identifying rescue routes;
- Ordering resources; and
- Establishing command.

That said, law enforcement must also be confident in the fire service's ability to provide "value-added" support to the incident during the Crisis Phase.

Note: I'm not suggesting that we revise the need to stage. This initial staging of fire resources (during a law enforcement incident) prevents firefighters and paramedics from entering a violent scene during the Crisis Phase. However, in an ASE, fire and EMS cannot simply stage a block away and wait for the police to give an all-clear. The reality is that the police will not give an all-clear on an ASE until they are able to search every nook and cranny of the building or area to ensure that the threat has been eliminated. Depending on the size of the building, this can take hours or even days. However, if police and fire train together and have an agreed-upon standard operating guidelines (SOGs), the transition from the Crisis Phase to the Stabilization Phase can be a smooth, efficient process, where resources are ready to mobilize and personnel are ready to care for the injured as quickly as possible.

Intelligence-gathering and fire preparation

During the Crisis Phase, when fire resources are staged, the fire incident commander (FIC) needs to gather intelligence in order to determine the extent of the problem and to gain a better understanding of the structure and topography of the area. To collect the needed information and prepare for the Stabilization Phase, the FIC can:

- Monitor police radio traffic: Every fire vehicle should have a police radio so personnel can monitor the traffic. This will allow fire personnel to gain a better understanding of what the police are dealing with, the strategies and tactics being used and the status of the incident.
- Review preplans and maps of the structure: The FIC should become familiar with the entrances/exits, number of floors, type of occupancy, fire protection systems and locations of utility shut-offs in the structure or area.
- Review the area around the incident: This entails identifying potential locations for staging of both fire and police resources, the medical group and the command post.

- Notify the resource hospital of the situation and the possible need to activate the multi-patient management plan.
- Preload the staging area based upon initial reports.
- Review vehicle access points, keeping in mind that the obvious access points may be not be available due to a large number of parked police squad cars. The FIC might have to think outside the box to locate alternative access points when dealing with a large scene. (In Aurora, police drove over a grassy area to access a street that led to the nearest hospital.)
- Begin to assign companies based upon intel and experience. These assignments can include RTF, medical division/group, hazard containment, and suppression needs.

The command post

For many years, the fire service has utilized the incident command system (ICS) at just about every multi-company incident other than the routine ambulance response. This system has been extremely beneficial to the fire service because it has allowed us to seamlessly integrate fire resources from just about any department or state. On the law enforcement side, however, the ICS has not been as easy to implement. This is because first-arriving police officers often work as “independent contractors” until the initial threat has been eliminated, and in many cases, the police supervisor is part of the first-in response team. Further, when they respond to a call requiring multiple police officers, the radio traffic is often coordinated by the 9-1-1 telecommunicator, rather than a sole IC, until much later in the incident.

For any incident, particularly an ASE, incident command is crucial because it helps coordinate fire and police resources in an efficient and rapid manner. But in order to accomplish coordination, the FIC must determine a good location for the command post during the Crisis Phase. Once established, the FIC will notify police dispatch of the location.

During the Crisis Phase, the FIC can also begin to coordinate and designate resources to certain functions or groups in anticipation of a police commander joining the command post once law enforcement neutralizes the offender. This is a bit of a paradigm shift for both fire and police. Now, instead of staging and waiting for the all-clear, the FIC has begun to prepare for the integration of fire and police resources. The fire department can no longer just stage and wait for an all-clear to implement a plan; we need to ramp up our preparedness in anticipation of a rapid shift of pace once law enforcement has eliminated the main threat. Any indication of a protracted response by fire may result in the police transporting patients in squad cars. Fire must take a more pre-emptive approach during these incidents.

Law enforcement has also begun to respond to its challenges with incident command. As mentioned, although they understand and embrace the National Incident Management System, they have difficulty implementing incident command on a routine basis. One solution to this is to establish a standard operating guideline (SOG) that requires fire to initiate the incident command process for them. Then once the offender is taken down, law enforcement can send a decision-maker to the command post, thereby making the post fully functional for the duration of the ASE. This action will make the transition to a unified command post a seamless process for fire and police, which will also expedite the

implementation of the RTF and possibly save lives. Note: With any new concept, training and drills will be needed for both agencies to understand the process.

There are many differences in the methods of operation between fire and police that we need to recognize and work through to provide effective command and control of the ASE. The chart on p. 53 depicts the differences.

Rescue task force

As discussed, once the known threat has been eliminated during an ASE, we are ready to move into the Stabilization Phase and take care of people needing medical attention. Accessing and removing victims of an ASE can be accomplished via the use of either an RTF or a Safe-Path Method.

The concept of the RTF is not new, but the focus has shifted so that emphasis is now placed on creating a coordinated process between police and fire for getting to the patients as quickly as possible, as the police continue to search the building or area.

The RTF operates in the Warm Zone of the incident area. Some departments refer to the RTF as a Warm Zone Team. The zones of an ASE incident are defined as follows:

- *Hot:* A dynamic environment where a current threat is known or believed to be present. This area is typically occupied by law enforcement personnel during an ASE.
- *Warm:* Areas in which fire/EMS may operate as long as they are working in conjunction with a law enforcement protection element.
- *Cold:* An area somewhat removed from the Hot Zone in which command is established; equipment and personnel are staged while awaiting assignment; and medical triage, treatment and transportation operations take place.

A RTF is comprised of a group of police officers and firefighters and/or paramedics with the objective of entering the Warm Zone to rapidly treat and transport patients to the medical division as quickly as possible. But fire personnel are not accustomed to being “sandwiched” between police officers who have their guns drawn and are moving down a hallway, barking out commands as they move cautiously through a building. Likewise, police personnel are not used to protecting fire personnel during the procedure. Therefore, the RTF is not a concept that can simply be implemented without training. If it is not practiced, police will not remember to communicate with fire personnel, and fire personnel will not know where or when to move in unison with law enforcement.

The size of a RTF can vary from a small unit of two police officers and two medics to a large one with four police officers and four medics. Resources will dictate the size needed, but regardless, it is imperative that every RTF has at least one stretcher. A non-mobile patient is extremely difficult to carry and requires 3–4 rescuers per patient, which is not very effective in a potential multi-victim incident. We need to get wheels under every non-mobile patient for rapid movement and conservation of the rescuer’s energy. A RTF that’s comprised of an engine company can take a stretcher and stair chair in for moving multiple patients. But the FIC must remember to increase the number of ambulances so that stretchers can be stripped out for use by the RTFs.

One of the most advantageous devices we have for moving patients is called a “mega-mover,” which is a type of nylon litter. Once a patient is on a mega-mover, it should stay with the patient the entire trip to the emergency room. This will facilitate moving the patient from the Warm Zone to the stretcher, to the medical division and then to the ambulance. The mega-mover device also helps contain body fluids.

Depending on the size of the event, multiple RTFs may be needed and can be referred to as RTF 1, RTF 2, etc. The RTF should be formulated in the Cold Zone and moved to the Warm Zone as soon as police and fire resources are assigned. As fire and police continue to operate together, communication between the two will become more effective; therefore, team integrity should remain as consistent as possible throughout the event.

Another requirement for RTF effectiveness: The team must be deployed with direction from *both* fire and police commanders. Once incident command has been established, it is recommended that a Police Forward Ops and a Fire Forward Ops be established near the access point of the Warm Zone. They need to work shoulder to shoulder. The Forward Ops is responsible for scene operations and the deployment of the RTF.

It is critical that we recognize the importance of these two commanders working shoulder to shoulder, sharing and crosschecking information, while coordinating the RTF efforts, because it is these two individuals who will have the biggest impact on the success of the RTF operation during an ASE. Specifically, fire needs the police intel to determine the Warm Zone areas from which to deploy the RTF. Once deployed, the RTF will move to an assigned area, provide quick treatment to any injured, which includes stopping any exsanguination, opening an airway or providing a chest wall bandage prior to moving them to the medical division. Once the patient is brought to the medical division, the RTF can return for another assignment.

The Safe-Path Method

The Safe-Path Method is optimal for smaller structures or for police departments with significant resources, such as Chicago. The Safe-Path creates a corridor of police officers in the Warm Zone that allows for the free movement of medical personnel in and out of the designated area without the need for a team of fire and police working side by side. This would be ideal in a small office building or restaurant. For a shopping mall area, this would require a large number of police officers, which may be difficult for smaller departments to muster up in a short time period.

The Safe-Path objective is the same as a RTF: to work cohesively with law enforcement to ensure the quick and successful extrication of the patients from the scene. Again, however, in order for any of these concepts to work, they must be planned and practiced to be implemented effectively.

Three-phase ASE training

As the Illinois Mutual-Aid Box Alarm System (MABAS-IL) Division 3 began to lay out a plan for RTF training, we partnered with the Illinois Tactical Officers Association to address the law enforcement aspect. We then worked with both MABAS-IL and the Cook County Department of Homeland Security to assist with the funding and support of this newly designed curriculum. MABAS Division 3 took a three-pronged approach to the program:

- Classroom instruction: Two classes were developed. The first class, “RTF: Command and Control,” focused on the incident command aspect of the event and was directed to both police and fire command personnel. The second class was titled, “RTF: Train the Trainer.” The primary audience for this class included the training officers from the police and fire departments. This two-day class provided lecture, videos and actual hands-on training for both fire and police personnel. The students were also given teaching materials to bring back to their departments. The response to these classes has been overwhelming; both filled up almost as soon as they were posted. And the feedback from all types of public safety personnel (even the toughest critics) has been very positive.
- Multi-company drills: Designed for MABAS Division 3 departments, these drills are typically held twice a year and address fire-related topics. This year, we focused on the RTF and invited our law enforcement partners to participate in the process. More than 650 firefighters and 250 police officers attended one of the 18 training sessions over a nine-day period.
- Full-scale exercises: Funded through a training sub-grant from MABAS-IL, the exercise was conducted in a hotel and included fire and police departments from 18 different agencies. The purpose of the exercise was to validate our year-long training efforts.

To date, the training has allowed fire and police to share information and capabilities that may have been obvious to one entity but not the other. For example, police were surprised to see the level of organization in the fire service’s mutual-aid process and how fast we can deploy resources. It was also surprising to hear how many fire and police agencies never trained together before this class. If fire and police can develop a functional, cohesive process, it can be applied to any significant event, not just an ASE.

Final thoughts

In observing a number of large-scale, functional ASE exercises, and it’s usually very obvious which agencies have conducted cohesive fire and police RTF training prior to the exercise and which have not. Agencies that try to utilize the RTF concept without prior hands-on training struggle through the exercise, often failing to provide accelerated critical care to injured victims within an acceptable timeframe. Those agencies that have conducted prior training are typically able to quickly establish RTFs, establish unified command and move into the Warm Zone to locate and extract injured victims.

The three vital areas of training that must be accomplished to truly establish an operational RTF within a jurisdiction cannot be overstated:

- Get the buy-in of the chief officers through a “Command and Control” course on the RTF concept.
- Develop comprehensive, hands-on training where the police and fire department work in concert with each other to understand and then accomplish the RTF mission.
- Conduct drills or exercises that show first responders how to effectively implement and practice any and all new procedures.

These three training components, when properly implemented, will provide that greater coordination between law enforcement and the fire service and will therefore lead to an operationally competent RTF operation and far more efficient and effective patient care during an ASE.

Chief Alan Berkowsky is a 35-year veteran of the fire service, currently serving as fire chief for the Winnetka, IL, Fire Department. He started his career as a paramedic with the Chicago Fire Department. He joined the Evanston, IL, Fire Department in 1981 as a firefighter/paramedic and became chief of the department in 2004. Berkowsky obtained his master's degree from National Louis University, and has served as an instructor for the OSFM Fire Officer I, Fire Officer II and Chief Fire Officer programs. Over the last year, Berkowsky has been an instructor for the Illinois Tactical Officers Association in the Rescue Task Force Curriculum.