Sierra – Sacramento Valley EMS Agency Program Policy			
Active Shooter/Mass Violence Incidents			
	Effective: 12/01/2023	Next Review: 09/2026	**834**
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PURPOSE:

To establish guidelines for EMS response to an active shooter/mass violence incident. It is imperative to have pre-plans and continual training/coordination with law enforcement (LE) to ensure personnel can rapidly affect rescue, save lives, and enable operations with mitigated risk to first responder and EMS personnel during these incidents.

BACKGROUND:

Active shooter/mass violence events are volatile and complex. Research and history have indicated that the active risk at most incidents is over before first responders arrive on scene, or shortly thereafter, but they may also require extended operations. Usually LE resources in the initial moments of an active shooter/mass violence event are focused on locating, containing and eliminating the threat, thus EMS resources should emphasize planning for rapid triage, treatment and extrication of the wounded in coordination with LE and as directed by Unified Command (UC). Tactical EMS support personnel are not a typical resource because they are usually very limited in number, not immediately available, and committed to their tactical team's assignment which may preclude them from casualty care activities until the tactical team's objective is met.

Considerations, planning and interagency training should occur around the concept of properly trained and equipped medical personnel who are escorted by LE into areas of mitigated risk, which are cleared but not secured, to execute triage, medical stabilization at the point-of-wounding, and provide for evacuation or sheltering-in-place.

AUTHORITY:

A. HSC, Division 2.5.

B. CCR, Title 22, Division 9, Chapter 2, 3 and 4.

DEFINITIONS:

A. **Active Shooter –** An incident involving a suspect/suspects who are actively shooting or attempting to shoot people in a confined and populated area.

B. **Casualty Collection Point –** A cleared area located within the Warm Zone where injured patients are brought to begin the process of triage and immediate life-saving treatment, usually limited to controlling massive external hemorrhage, placing occlusive dressings on open chest wounds and basic airway management.
C. **Cleared –** An area that has been checked by LE and no apparent threats have been found.

D. **Cold Zone –** The area surrounding the active shooter incident that is secured by LE. All normal EMS activities should take place in the Cold Zone.

E. **Concealment –** Anything that obscures you from view of the suspect such as smoke, vegetation, etc. Concealment will not provide ballistic protection.

F. **Cover –** Any object that provides ballistic protection, such as a reinforced concrete wall, large dirt mound, etc.

G. **Hot Zone –** The area immediately surrounding the shooter(s) that has not been cleared or secured by LE. Only LE or specially trained and equipped EMS personnel (i.e. tactical medics) should enter the Hot Zone.

H. **Secured –** An area that has been slowly, methodically and deliberately searched by LE and no threats have been found.

I. **Warm Zone –** The area outside of the Hot Zone that has been swept/cleared by LE, but has not been completely secured. Limited numbers of EMS personnel, as determined by UC, may enter the Warm Zone for the purposes of extrication or to establish a Casualty Collection Point. The Warm Zone should be staffed by armed LE when possible for EMS personnel protection.

POLICY:

A. Incident Command System (ICS) concepts shall be implemented for all active shooter/mass violence incidents. These incidents are primarily a LE event, but also require coordination with fire/rescue/EMS personnel. Therefore, responders should consider establishing UC as soon as possible.

B. Consider early ordering of additional triage, treatment and transportation resources. All resources shall be requested through the IC/UC.

C. S-SV EMS policies/protocols shall apply during an active shooter/mass violence incident. The utilization of Tactical Emergency Casualty Care (TECC) principals may initially be necessary at scene, depending on specific incident details.

D. If possible, the Control Facility (CF) should be quickly notified for any active shooter/mass violence incident and should be utilized for patient dispersal during any event that meets Multiple Casualty Incident (MCI) criteria (S-SV EMS MCI Policy 837).

CONSIDERATIONS:

A. While the community-accepted practice has been staging EMS assets at a safe distance (usually out of line-of-sight) until the area is completely secured by LE, considerations should be made for more aggressive EMS operations in areas of higher but mitigated risk to ensure casualties can be rapidly retrieved, triaged, treated, and evacuated. Rapid triage, utilizing the START/JumpSTART method (see S-SV EMS Multiple Casualty Incidents Policy 837), and treatment are critical to survival.

B. Utilize staging areas to limit the number of responders. Don't stack up responders and resources in one location as responders may be targets.

C. Stage responders for rapid evacuation and always have an escape route open to leave the scene quickly if needed.

D. Use a deliberate and cautious approach to the scene. EMS personnel should be escorted by LE whenever possible.

E. Use identification that is discernable from a distance. Be aware that responders may be wearing uniforms and civilian attire, so exercise caution in identifying individuals.

F. Consider establishing a duress code known to all responder personnel.

G. If bystanders become hostile, extricate yourself and advise the IC/UC.

H. If exposed to gunfire, explosions or threats, withdraw to a safe area or shelter in place if necessary.

I. Consider the use of apparatus solid parts such as motor, pump, water tank and wheels as cover in the Hot Zone. Understand the difference between cover and concealment.

J. Consider additional devices and hazards at the main scene and secondary scenes in close proximity to the main scene. Such threats, if identified, would necessitate upgrading the area to a Hot Zone and requiring rapid evacuation of all medical personnel/surviving casualties.

K. Communicate with the IC/UC to determine which agency or personnel will locate casualties, triage them, provide point-of-wounding medical stabilization, and/or remove them to a safe location. Be aware that LE officers may bypass casualties in order to eliminate the threat.

L. Adopt a "scoop and run" response within the Warm Zone. Treatment, including splinting/spinal motion restriction/ALS procedures, can wait until the victim is in a cleared or secured location. Utilize gurneys to transport multiple patients, and uninjured victims to assist walking wounded patients as appropriate.

M. Work as teams or in pairs at a minimum. If possible, assign an extra responder to serve as a team spotter. Their role is to observe, identify and avoid threats while the balance of the team executes their EMS assignment. If resources are available, LE should be assigned as the team spotter.

N. Use internal Casualty Collection Points (CCPs) for large facilities with multiple casualties where evacuation distances are long. Point-of-wounding medical stabilization should occur prior to evacuation to the CCP. Identify all responders and casualties at the CCP for accountability and protection/security purposes.

O. For larger geographic incidents or incidents with travel barriers, consider the use of multiple staging, triage and other supporting setup areas.

P. Events with mobile perpetrators or sequenced attacks may necessitate CCP or staging area relocation and additional protection/security.

PROCEDURE:

A. Evacuation Care (Hot or Warm Zone):

Only LE or specially trained and equipped EMS personnel (i.e. tactical medics) should enter the Hot Zone to provide Evacuation Care. The goal of Evacuation Care is to provide life-saving interventions and to prevent casualties from sustaining additional injuries. Minimal trauma interventions are warranted in this phase of care.

1. Consider quickly placing and/or directing casualties to be placed in position to open or protect their airway if necessary.

2. Consider hemorrhage control and treat according to S-SV EMS Hemorrhage Treatment Protocol (T-8), with the following additional considerations:
   - If required and available, tourniquets should be applied over clothing.
   - Consider moving to safety prior to tourniquet application if the situation warrants.
   - Consider instructing casualties and/or bystanders to apply direct pressure to the wound if no tourniquet is available or application is not feasible.

3. Upon approval of the IC/UC, non-tactical EMS personnel may enter the area once it has been cleared by LE in order to provide Evacuation Care. These personnel should be issued appropriate protective gear, if available, and escorted by LE personnel.

4. Casualty Extraction:

    - If casualties can move to safety, they should be instructed to do so.
    - If casualties are unresponsive, quickly assess for respirations. If they are not breathing, leave them and move on to the next casualty.
    - If casualties are responsive but cannot move, a tactically feasible rescue plan should be devised.
    - Recognize that threats are dynamic and may be ongoing, requiring continuous threat assessments.

B. Casualty Collection Point (CCP) Care (Warm Zone):

Limited numbers of EMS personnel (as determined by the IC/UC) should enter the Warm Zone for the purposes of patient extrication or to establish a CCP. The goal of CCP Care is to stabilize casualties to permit safe evacuation to dedicated medical treatment and transport assets.

1. LE casualties should have weapons made safe by appropriate personnel once the threat is neutralized or if their mental status is altered.

2. Assess casualties and initiate appropriate life-saving interventions based on the provider's level of training and scope of practice according to S-SV EMS Treatment Protocols (as permitted by personnel/equipment resources).

3. Limit environmental exposure:

    - Minimize casualties' exposure to the elements (sun, rain, etc.). Keep protective gear on or with the casualty if feasible.
    - Replace wet clothing with dry if possible. Place casualties onto an insulated surface as soon as possible.

4. Document Evacuation/CCP Care rendered on a Triage Tag.

5. Prepare Casualties for Evacuation:

    - Consider environmental factors for safe and expeditious evacuation.
    - Secure casualties to a movement assist device when available.
    - Appropriate spinal motion restriction should be implemented when indicated (as permitted by personnel/equipment resources).