


<b>Active Shooter/Active Threat SOG</b>	
-Standard Operating Guideline-	-Number-
SOG # 0001	
	<p><b>Date Approved by the Fire Chiefs Association: May 25, 2023</b>  <b>Date Last Revised: March 3, 2023</b>  <b>Next Revision Date: May 25, 2024</b>  <b>Review Date: SOG Shall be reviewed annually by the AHJ</b></p>

**Purpose**

The purpose of this guideline is to provide a framework for the quick, efficient, and organized method of managing and deploying resources at incidents involving an active shooter. This SOG will follow and adhere to the National Incident Management System (NIMS) and incorporate industry recognized incident/unified command systems.

**Scope**

These preferred operating methods have been developed to provide guidance for initial operations at a known or suspected active shooter/active threat incident. These methods are consistent with the tactics and strategy philosophy of our Madison County area law enforcement partners. It is understood that this is a police incident and Fire/EMS personnel will assume support roles to assist Police. It is not all inclusive and cannot cover all the possible situations that personnel may encounter. If conditions warrant, officers and other personnel may deviate from these methods to fit a particular incident or condition.

**Definitions:**

*Active Killer-* Individual(s) actively engaged in killing or attempting to kill people in a confined populated area typically using firearms.

*Ambulance Exchange Point (AEP)*- A specific location where an ambulance or armored vehicle is sent to pick up evacuated casualties from a team operating in the Warm Zone.

*Casualty Collection Point (CCP)*- A location within a jurisdiction that is used for the assembly, sorting, medical stabilization, and subsequent evacuation of casualties.

*Force Protection*- Actions taken by law enforcement to prevent or mitigate hostile actions against personnel, resources, facilities, and critical infrastructure. These actions conserve the operational ability of Fire/EMS resources so that they can be applied as needed.

*Improvised Explosive Device (IED)*- A device placed or fabricated in an improvised manner incorporating destructive, lethal, noxious, pyrotechnic, incendiary, or chemicals designed to destroy, incapacitate, harass, or distract.

*Contact Team (CT)*- An initial arriving group of armed law enforcement officers (usually 2-4) assembled for the purpose of neutralizing or mitigating a threat (active killer) and thereby reducing the number of casualties.

*Rescue Task Force (RTF)*- A group consisting of armed law enforcement officers (minimum of 2) and Fire/EMS providers (minimum of 2) assembled for the purpose of providing casualty care and extraction of victims during an active killer event.

*Hot Zone*- Any area of operations in which there is a direct and immediate threat to persons or providers. EMS providers will not normally operate in a hot zone but may be required to operate in this zone as various critical circumstances dictate.

*Warm Zone*- Any area in the area of operations where there is a potential hostile threat to persons or providers but is not direct or immediate. This is the main zone of operations and staging of EMS providers. The Casualty Collection Point will be located in the warm zone.

*Cold Zone*- Any area within the area of operations where the EMS providers along with tactical commanders, do not anticipate a significant danger or threat to the providers of patients. Command assets, staged non-tactical fire/EMS, law enforcement personnel and response apparatus are located within the cold zone

*Medical Branch Supervisor* – Usually the first arriving Fire/EMS supervisor will assume this role. They are the direct supervisor of the Triage, Transport, and Treatment group supervisors and ensure that all necessary equipment and resources are available.

*Tactical Group Supervisor* – Usually assumed by the “5<sup>th</sup>” police officer to arrive on scene. They setup outside the area/building involved and become the initial Incident Commander until additional supervisors arrive. This supervisor will team with the Triage Group

*Supervisor and the Transport Group supervisor to assign RTF teams and facilitate triage, treatment, and transport of the injured victims.*

*Triage Group Supervisor – This position is assigned by the Medical Branch Supervisor and will report to the location assigned by the Tactical Group Supervisor. This supervisor will team with the Tactical Group Supervisor and the Transport group supervisor to assign RTF teams and facilitate triage of the injured victims.*

*Transport Group Supervisor – This position is assigned by the Medical Branch Supervisor and will report to the location assigned by the Tactical Group Supervisor. This supervisor will team with the Tactical Group Supervisor and the Triage group supervisor to establish an Ambulance Exchange Point and facilitate transport of the injured victims. This position will also track the patients transported from the scene and the locations they are sent to.*

*Treatment Group Supervisor - This position is assumed by the highest level of medical care on the 1<sup>st</sup> arriving Rescue Task Force (RTF) to the Casualty Collection Point (CCP). This supervisor will advise the Triage Group Supervisor of the number and severity of patients within the CCP. He will also over see the initial treatment and packaging of the patients and facilitate the order of transport through the Transport Group Supervisor.*

## **Training**

All personnel wishing to be part of the MABAS 35 Rescue Task Force must complete at a minimum the following training annually:

- Online RTF training
  - <https://Learning.dps.ohio.gov>
  - or
  - <https://training.fema.gov/is/courseoverview.aspx?code=IS-904&lang=en>
- 4-hour skills/cognitive refresher to include an overview of the ASIM and SSAVEIM courses.
- 1 – Live training Event

In addition to the above required training, all Command level staff must initially complete the Active Shooter Incident Management (ASIM-Basic) and School Safety and Violent Event Incident Management (SSAVEIM-Reunification) courses taught by the Illinois Fire Service Institute.

## **Procedures**

An active shooter/active threat incident may be defined as an individual(s) actively engaged in killing or attempting to kill people in a confined populated area.

### ***Personal Protective Equipment (PPE)***

Prior to responding to an active killer incident, all personnel are required to don their department issued body armor.

The fire department shall provide a ballistic vest to each member who operates in areas where exposure to violence or civil unrest exists. Body armor provided shall be compliant with the most recent revision of NFPA 1500, which is presently recommended to be at a minimum Level IIIA ballistic vest.

Members assigned to a Rescue Task Force (RTF) should be equipped with the following PPE enhancements:

- A Level IIA ballistic helmet
- A flashlight
- Rapid Response Kit
- A radio for communication

### ***Dispatch Assignment***

MABAS Box Card should be updated to implement a response profile to a reported active killer. Communications operators or line officers will elevate routine shooting responses to an active killer response should information derived from callers after initial dispatch warrant such an upgrade.

1. The initial apparatus response for an active killer incident shall be:

- 5 Fire Apparatus
- 5 Ambulances
- 5 Command Officers
  - These officers will report to the following locations and serve as aides/scribes for the current personnel assuming the Supervisor roles.
    - Triage Group Supervisor
    - Transport Group Supervisor
    - Medical Branch Supervisor
    - Fire/EMS Staging Officer
    - Fire/EMS Unified Commander
- 2 Resource Hospital Staff

- 2 Air Ambulances placed on standby

\*\*\* In addition to personnel and apparatus at the scene Fire/EMS Unified Commander should consider upgrading the alarm to bring in additional resources for deployment to the reunification site, any local hospitals impacted, and the backfill of local stations depleted of their daily resources due to the incident at hand.\*\*\*

### ***Initial Response***

Initial responding units shall stage at a safe location (Level 1 Staging) as designated by a Command Officer.

#### **1. First Arriving Command Officer**

- a. Monitor Police communications as well as Fire/EMS channel for situational status updates.
- b. Upon arrival contact Dispatch to request an interoperability channel to allow communication with law enforcement.
- c. Request appropriate TAC or Encrypted TAC channels from dispatch for communications between division, groups and agencies.
- d. Meet up with the police supervisor / incident commander and assume the role of the Medical Branch Supervisor.

Engine companies will report to the assigned Staging area and wait for further assignments.

Use caution when parking apparatus near vehicles which appear to be abandoned due to the threat of Improvised Explosive Devices (IED) placed to harm first responders.

Ambulances arriving at the incident will remain at the Staging location until requested to proceed to the Ambulance Exchange Point (AEP) by the Transport Officer.

### ***On Scene / At Site Response***

#### **1. RTF Teams**

- a. Fire/EMS and Police Staging Officers will divide incoming units into RTF teams consisting of not less than 2 police officers and 2 Fire/EMS personnel at the staging area.
- b. Whenever possible engine companies should be utilized for RTF teams so that ambulance crews can remain with their assigned unit for transport.
- c. If available, a Mass Casualty Incident (MCI) bag will be given to each RTF (*Appendix A*). If MCI bags are not on site, crews should bring appropriate/similar medical equipment

## **2. Medical Branch Supervisor**

- a. The Medical Branch Supervisor will be assumed by the 1<sup>st</sup> arriving Fire/EMS supervisor and will be responsible for Triage, Treatment, & Transport groups. Depending on the size of the incident, the EMS Branch Supervisor will assign additional group supervisors as needed. An RTF leader may carry more than one of the following designations as the scenario presents:
  - **Triage Group Leader:** Will report to the location of the Tactical Group Leader and establish tactics and strategies between Tactical, Triage, and Transport. Responsible for requesting additional RTF teams, resources, and equipment from EMS Branch Supervisor or Staging.
  - **Treatment Group Leader:** Treatment Group is the RTF leader inside the CCP who is responsible for treating patients inside the CCP prior to transport.
  - **Transport Group Leader:** Will report to the location of the Tactical Group Leader and establish tactics and strategies between Tactical, Triage, and Transport. Responsible for requesting additional ambulances, arranging which patients go to an ambulance by priority, and transport to the appropriate facility. Communicate with police to determine a safe AEP. The Transport Group needs interface with the Staging Officer to ensure adequate resources are in Staging for transport. Maintains a transport log to record patient destination.
- b. Ambulances should transport more than one patient whenever possible.

### ***Movement to and from the CCP***

The CCP will be identified by a police department Contact Team (CT). There may be more than one CCP based on the size of the incident and number of patients.

RTF teams with included force protection will move towards the CCP when ordered by the Tactical Group Supervisor.

The RTF will utilize the least amount of vehicles possible to move the team from the Staging Area to their assigned location. This will prevent overcrowding of vehicles in the Warm/Hot Zone and prevent traffic problems for Ambulances entering and leaving the AEP.

### ***Inside the CCP***

The highest trained medical provider of the 1<sup>st</sup> arriving RTF to the CCP will assume initial roles of Treatment Group Supervisor. If needed, due to the number of patients the first arriving RTF team leader will split these roles with another designated RTF team member.

Treatment Group Supervisor will contact the Triage Group Supervisor and/or Transport Supervisor and relay the number and severity of patients.

Immediately life-threatening injuries will be treated inside the CCP by RTF teams.

The Triage Supervisor will prioritize patients for transport & request additional RTF teams to extract patients from the CCP to the AEP while coordinating with the Transport Group Supervisor to move ambulances to the AEP.

RTF teams with force protection will remain in the CCP and travel to and from the AEP which will be operating in the warm zone. RTF teams will not venture forward of the CCP to operate in the hot zone. Police CT teams will bring injured patients to the CCP.

Under the direction of Tactical Group Supervisor, the established CCP (or a secondary CCP) may be relocated deeper within the warm/hot zone, nearer the highest concentration of casualties, in order to affect the most good for the greatest number of patients. This movement will only occur under the direction of Tactical Group Supervisor and provided adequate resources for securing the new CCP exist.

RTF teams with force protection will extract patients from the CCP to the AEP and hand them off to waiting ambulances or armored vehicles and then return immediately to the CCP for additional patients.

### ***Staging***

The Staging location will be determined by the police department and will be directed to all incoming Police and Fire/EMS units. A police representative and a Fire/EMS representative will assume the combined role of Staging Officers and will facilitate their own resources from Dispatch as they need them.

The Staging officer shall coordinate with the Transport Group Supervisor to ensure that an adequate amount of resources are immediately available in staging to sustain the efforts of those working within the incident and shall have the authority to request these resources from the dispatch center.

### ***Priorities***

Priorities for all responders during an Active Killer response:

- Safety of all Fire/EMS staff working in all areas
- Prioritization of patients to provide the greatest amount of impactful care for the greatest number of patients
- Situational awareness for secondary devices, IEDs, additional threats of violence

## **References**

National Incident Management System

Blue Card Incident Command

U.S. Fire Administration: Fire/EMS Department Operational Considerations and Guide for Active Shooter and Mass Casualty Incidents

Illinois Tactical Officer Association – Rescue Task Force Curriculum

National Fire Protection Association (2018) *NFPA 1500: Standard for Fire Department Safety, Health, and Wellness Program*

National Institute of Justice (NIJ) Standards

**Date Approved: May 25, 2023**

**Date Revised:**

**Secretary Signature:**

A handwritten signature in black ink, appearing to be 'J. R. ...', is written over a horizontal line.

## **Appendix A**

### ***Active Killer-Mass Casualty Incident Bag Inventory***

#### **MCI Walk Kit (1 per Department)**

- 1 x Bag (MCI-WALK®)
- 8 x pair Bear Claw Nitrile Trauma Gloves
- 5 x Nasopharyngeal Airway 28F with lubricant
- 8 x HyFin® Vent Twin Pack Chest Seal
- 8 x C-A-T® (Combat Application Tourniquet®)
- 8 x Compressed Gauze (4.5 in. x 4.1 yd)
- 8 x ETD Emergency Trauma Dressing, 6 in.
- 5 x Combat Gauze® LE Z-fold Hemostatic Dressing
- 20 x Combat Casualty Card (Triage)
- 5 x Permanent Marker, Large
- 8 x QuikLitter

#### **Rapid Response Kit (4 per Department)**

- 1x Rapid Response Shoulder Bag
- 4x Tourniquet Holder
- 1x Triage Tape Dispenser
- 4x Color-coded rolls of triage tape
- 4x C-A-T® Tourniquet
- 4x Emergency Trauma Dressing, 6 in.
- 4x NAR Compressed Gauze
- 4x HyFin® Vent Chest Seal, Twin Pack
- 4x pair Bear Claw™ Nitrile Gloves, LG
- 1x NAR Trauma Shears. 7.25 in.

### Improvised Explosive Device (IED)

#### DISCOVERY or DETONATION

- Announce "Bomb Cover" or "Bomb Go"
- Secondary threat scan (device, 5ft, 25ft)
- Maintain 540° scan
- NEVER TOUCH Bombs
- Bombers are Bombs

#### CONTACT and RESCUE

- Consider threat to life and alternate route
- Mark (Chem Lights) and bypass
- Provide security element if possible

#### EXPOSED SURVIVOR RESCUE

- Direct survivor movement explicitly
- View area for secondary threats
- Establish narrow cordon in/out of area
- Provide Direct Threat Care only
- Evacuate to standoff / Isolate / Barricade

#### FROM RADIO SAFE DISTANCE (300ft or standoff)

- Report IED location, description, size
- Report action taken
- Request Bomb Squad

#### NO SURVIVORS THREATENED

- View area for secondary threats
- Reposition personnel to safe standoff
- Report impact to assignment and priority
- Cordon off 360° device kill zone
- Control cordon security awaiting Bomb Squad

#### Standoff Distance†

IED	Size	Standoff Distance	
		Minimum with Cover	Preferred
Pipe Bomb	5 lb	70 ft	1200 ft
Suicide Bomber	20	110	1700
Briefcase/Suitcase	50	150	1850
SUV / Van	1000	400	2400

†See Help Guide and DHS reference for IMPORTANT information.

# ACTIVE SHOOTER INCIDENT MANAGEMENT CHECKLIST

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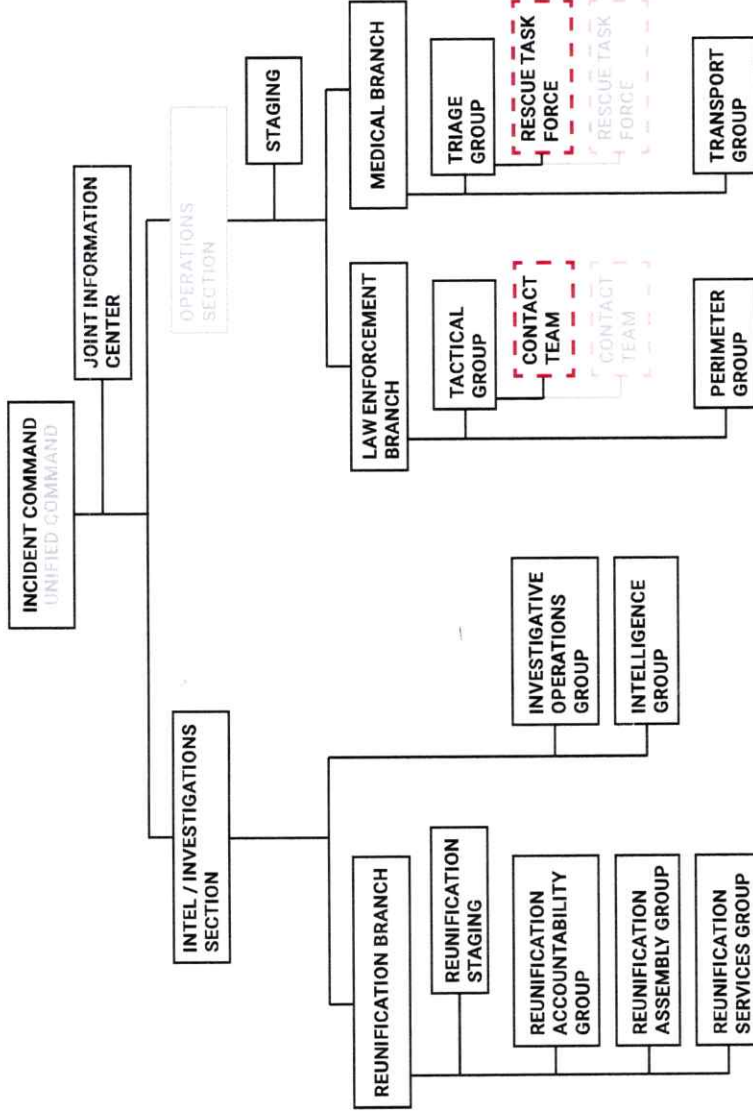


Fig 1. Active Shooter Incident Command Organizational Chart

**WARNING! Rev 3.0 7/2019**  
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**START ON OTHER SIDE**

## START HERE

### LE First arriving

- Size up report
- Identify Hot Zone
- Establish COMMAND (mobile)
- Radio ID: CONTACT 1
- Engage

### LE 2nd-4th arriving

- Communicate with CONTACT 1
- Link-up

### LE 5th arriving (5th Man)

- Radio ID: TACTICAL
- Get briefing (verbal)
- Assume COMMAND
- Set STAGING location
- Request additional resources
- Assign more CONTACT TEAMS

### First LE Supervisor

- Get briefing (verbal)
- Assume COMMAND
- Set COMMAND POST location
- Assign STAGING manager
- Assign PERIMETER GROUP
- Assign MEDICAL BRANCH to FD/EMS

### Second LE Supervisor

- Get briefing (verbal)
- Assume COMMAND
- Request additional resources
- Designate First LE Supervisor as  
LAW ENFORCEMENT BRANCH
- Assign INTELLIGENCE SECTION
- Assign LEAD PIO to establish  
JOINT INFORMATION CENTER

### First FD/EMS Supervisor

- Go to COMMAND POST
- Request MEDICAL BRANCH assignment

## Law Enforcement

### LAW ENFORCEMENT BRANCH

- Get briefing (verbal)
- Co-locate with MEDICAL BRANCH
- Coordinate with INTELLIGENCE SECTION

### TACTICAL GROUP

- Coordinate CONTACT TEAM(s)
- Prioritize 1Threat, 2Rescue, 3Clear
- Update Hot and Warm Zones
- Update casualty information to Triage Group

### CONTACT TEAM

- Contain or neutralize threat
- Update location as moving
- Report casualty locations, numbers
- Establish Casualty Collection Point(s)

### PERIMETER GROUP

- Separate radio channel\*
- Establish INNER PERIMETER
- Establish OUTER PERIMETER

### INTELLIGENCE / INVESTIGATIONS SECTION

- Get briefing (verbal)
- Separate radio channel\*
- Coordinate with Communications Center
- Collect incoming information, tips, leads
- Brief COMMAND
- Consider REUNIFICATION BRANCH
- Assign INVESTIGATIVE OPERATIONS GROUP
- Assign INTELLIGENCE GROUP

## Fire / EMS

### MEDICAL BRANCH

- Get briefing (verbal)
- Request additional resources
- Assign TRIAGE GROUP
- Assign TRANSPORT GROUP
- Co-locate with LAW ENFORCEMENT BRANCH
- Consider TREATMENT GROUP

### TRIAGE GROUP

- Get briefing (verbal)
- Stand-up RESCUE TASK FORCE(s)
- Co-locate with TACTICAL GROUP
- Get operable areas, routes, and Casualty  
Collection Point location(s)
- Deploy RESCUE TASK FORCE(s)

### RESCUE TASK FORCE†

- Assemble team and equipment
- Notify TACTICAL when deploying
- If not done, establish Casualty  
Collection Point(s)
- Rapidly assess casualties
- Report counts to TRIAGE GROUP
- Identify Ambulance Exchange Point  
and confirm with TACTICAL
- Coordinate casualty evacuation

### TRANSPORT GROUP

- Get briefing (verbal)
- Co-locate with TACTICAL GROUP
- Determine routes
- Separate radio channel\*
- Get Hospital capacity count
- Transport casualties from Ambulance  
Exchange Point(s)
- Target 3 per ambulance (1ea Red/Yel/Grm)
- Distribute to Hospitals
- Keep Transport Log

## Multi-Discipline

### STAGING

- Check-in and list resources
- Give resources assignment, location, and channel
- Prioritize assignments as directed
- Maintain minimum resources as directed

### LEAD PIO (JOINT INFORMATION CENTER)

- Establish JOINT INFORMATION CENTER
- Establish Media Staging Area
- Clear all messaging and releases with COMMAND
- Announce Reunification site when authorized

### REUNIFICATION BRANCH

- Get briefing (verbal)
- Select Reunification Location
- Location approved by INTELLIGENCE SECTION
- Notify DISPATCH of Location **Not for public release**
- Assign REUNIFICATION STAGING MANAGER
- Request additional resources
- Assign SERVICES GROUP
- Assign ACCOUNTABILITY GROUP
- Assign ASSEMBLY GROUP
- Notify INTELLIGENCE SECTION when ready to  
announce Location to public

### REUNIFICATION SERVICES GROUP

- Assign Set-up Unit
- Assign Law Enforcement Unit
- Assign Transportation Unit
- Assign Medical Unit
- Establish Family Assistance Center

### REUNIFICATION ACCOUNTABILITY GROUP

- Assign Accountant Unit
- Assign Checker Unit
- Assign Greeter Unit
- Assign Reunifier Unit
- Assign Exit Control Unit

### REUNIFICATION ASSEMBLY GROUP

- Assign Class Leader Unit
- Assign Nutritional Support Unit
- Consider Entertainment Unit

\*Leader monitors two channels, their channel and the assigned BRANCH / COMMAND channel.

†Target minimum staffing 2 LE, 2 Medical for each RTE.

DEPARTMENT NAME: <b>MABAS 35</b>	BOX ALARM TYPE: <b>ACTIVE SHOOTER/KILLER</b>		EFFECTIVE DATE: <b>6/1/2023</b>	MABAS DIVISION: <b>35</b>
BOX ALARM #:	LOCATION OR AREA: <b>Entire Division</b>		AUTHORIZED SIGNATURE:	

**LOCAL DISPATCH AREA:**

ALARM LEVEL	ENGINES	TENDERS	TRUCKS	SQUADS	EMS	CHIEFS	SPECIAL EQUIPMENT	CHANGE OF QUARTERS (STA #)
STILL								
WORKING STILL								

**MABAS BOX ALARM:**

ALARM LEVEL	ENGINES	TENDERS	TRUCKS	SQUADS	EMS	CHIEFS	SPECIAL EQUIPMENT	CHANGE OF QUARTERS (STA #)
BOX	Edwardsville Wood River Marine Mitchell Bethalto				Glen Carbon Maryville Granite City Troy Collinsville	Glen Carbon Edwardsville Collinsville Wood River Granite City	Air Medical (x2) Anderson Hospital Communications Division – Hood/Heuchert	
2ND	Holiday Shores Madison Staunton				Highland Alton Memorial Staunton	Troy Staunton Bethalto	MABAS 32 Rescue Task Force Phillip 66 MCI Trailer	
3RD							St. Louis County Rescue Task Force	
INTERDIVISIONAL REQUEST		1 <sup>ST</sup> CHOICE Division 32	2 <sup>ND</sup> CHOICE Division 48	3 <sup>RD</sup> CHOICE Division 54				

**INFORMATION:** Direct Request for Communications Division – Deputy Chief Larry Hood (Request through Glen Carbon PSAP) Cory Heuchert (Request through Edwardsville PSAP)