San Joaquin County Emergency Medical Services Agency

Active Threat Plan

An Integrated Response for Law Enforcement and Multi-Casualty Incident Branch Operations

Effective June 14, 2016

Acknowledgments

This plan is based on concepts and best practices recommended in the June 2015, *First Responder Guide for Improving Survivability in Improvised Explosive Device and/or Active Shooter Incidents*, issued by the Department of Homeland Security, and the September 2015 report, *Improving Active Shooter/Hostile Event Response*, issued by the InterAgency Board of the Department of Defense and Department of Justice Federal Bureau of Investigation.

Participating and reviewing organizations:

California Highway Patrol
Escalon Police Department
French Camp McKinley Fire District
Lathrop Police Services
Lodi Police Department
Manteca District Ambulance
Manteca Police Department
Ripon Consolidated Fire District
Ripon Police Department
San Joaquin County District Attorney's Office
San Joaquin County EMS Agency
San Joaquin County Probation Department
San Joaquin County Sheriff's Department
Stockton Police Department
Tracy Police Department

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I. PURPOSE

The purpose of the Active Threat Plan is to develop common procedures for the deployment and use of a Rescue Task Force (RTF) to quickly move victims of an active shooter/hostile event (ASHE) to an area to receive medical care. San Joaquin County law enforcement, fire-rescue, and emergency medical services providers should implement the Active Threat Plan by including the strategies and procedures outlined in the plan within their organizations operational policies and practices.

II. SCOPE

In accordance with the Comprehensive Planning Guidelines (CPG) of the Federal Emergency Management Agency, the San Joaquin EMS Agency Active Threat Plan encompasses all jurisdictions and all prehospital care personnel and providers operating within San Joaquin County.

III. AUTHORITY

Health and Safety Code, Division 2.5, Section 1797.220; & 1798 et seq.

IV. SITUATION OVERVIEW

Active shooter/hostile events (ASHEs) have been increasing in frequency and severity since 2000. ASHEs require the response of multiple disciplines including law enforcement, emergency medical services, and fire-rescue. An integrated multidisciplinary plan is necessary to enhance the response and operations of both law enforcement and emergency medical services. The Rescue Task Force (RTF) is a multi-disciplinary team which includes law enforcement and EMS personnel. Law enforcement protection is used as a method for quickly getting EMS personnel to victims in an ASHE. The RTF will rapidly move patients to treatment areas to receive medical care; and minimizing delays in the transport of these patients by ambulance to trauma centers and hospitals to receive definitive medical care.

V. PLANNING ASSUMPTIONS

A. An ASHE may occur suddenly and without warning.

B. The first arriving law enforcement personnel will be the Contact Team, and will actively engage the threat upon arrival.

C. The first arriving ambulance and/or ambulance supervisor will establish multi-casualty incident (MCI) operations.

D. The first arriving fire-rescue personnel will assist law enforcement with establishing incident command and forming the rescue taskforce.

E. Emergency operations will be managed in accordance with the Incident Command System (ICS), with a single Incident Command Post and

Incident Action Plan. It is essential for Law Enforcement to establish command and inform EMS personnel they may enter the incident scene and begin MCI operations.

F. The incident command organizational structure will begin with the first arriving resource, expanding as needed to manage the incident as additional resources arrive on scene.

G. To rapidly neutralize threats and save lives, responders must focus on the following priorities using the "THREAT" acronym:

1. **T**hreat suppression.
2. **H**emorrhage control.
3. **R**apid **E**xtrication to safety.
4. **A**ssessment by medical providers.
5. **T**ransport to definitive care.

H. Threat suppression tactics and patient care should occur as concurrently as possible. Rapid access to victims in an ASHE incident can mean the difference between life and death, as the survival rate diminishes rapidly for seriously injured trauma victims the longer they must wait to receive definitive hospital care.

I. Patients are expected to have penetrating injuries – thus cervical spine stabilization will not be implemented prior to moving patients.

J. Patients and/or evacuees may be the perpetrator(s), and should be screened by law enforcement before entering the Cold Zone.

K. MCI Branch operations will be conducted in accordance with the Region IV MCI Plan and the policies of the San Joaquin County EMS Agency.

L. The MCI Branch will be demobilized once the final patient has been transported from the scene.

M. An ASHE incident is a crime scene; evidence preservation should be considered during all operations

N. This plan does not supersede the jurisdictional or statutory authority of individual agencies.

VI. CONCEPT OF OPERATIONS

A. Upon notification of an ASHE incident, law enforcement, EMS, and fire-rescue resources will be dispatched and/or requested.

B. The first assigned ambulance or ambulance supervisor shall issue an MCI pre-alert with the San Joaquin Control Facility (CF) at San Joaquin General Hospital in accordance with the MCI Field Operations Plan.

C. Command and a single Incident Command Post (ICP) will be established as quickly as possible, and the location(s) of ICP and Staging Area(s) will be communicated to all incoming resources.

D. The Incident Commander/Unified Commanders (IC/UC) will assign an Operations Section Chief, and the Law Enforcement and MCI Branches will be activated *(See Figure 1.0)*.

1. Law Enforcement Branch

a) Law Enforcement Branch Director

(1) Confirm the location of the Law Enforcement (LE) Branch with the Operations Section Chief.

(2) Assign the Contact Team Leader, Perimeter Control Team Leader and Rescue Task Force Leaders.

b) Contact Team Leader

(1) Confirm the status and location of the Contact Team.

c) Perimeter Control Team Leader

(1) Confirm the incident perimeter with the Law Enforcement Branch Director.

(2) Activate the Perimeter Control Team and secure the incident perimeter(s).

d) Rescue Task Force Leader

(1) Identify the boundaries of the Warm Zone with the Contact Team Leader.

(2) Activate the Rescue Task Force

(3) Assign and brief the Force Protection (LE) and Patient Retrieval (EMS) Managers.

(a) The Force Protection and Patient Retrieval personnel will work together to locate and evacuate victims and move patients, from the Warm Zone to the Casualty Collection Point.

(b) Force Protection personnel will:

(i) Escort and provide cover for Patient Retrieval/Litter Bearers within the Warm Zone.

(ii) Screen uninjured evacuees and patients at the Casualty Collection Point for weapons prior to evacuees and patients entering the Cold Zone.

(c) Patient Retrieval/Litter Bearers will:

(i) Enter the warm zone with Force Protection personnel to locate and move patients and evacuate uninjured persons to the Casualty Collection Point.

(ii) Move patients from the Casualty Collection Point (warm zone) to the Triage Area (cold zone).

(iii) Control arterial hemorrhaging.

(iv) Apply a triage tag to deceased victims in the warm zone, and do not move.

2. MCI Branch

a) MCI Branch Director

(1) Confirm the location of the MCI Branch with the Operations Section Chief.

(2) Activate a multi-group or full MCI Branch. MCI Branch Director shall:

(a) Assign the Medical Group Supervisor.

(b) Activate the Medical Group.

(c) Assign Triage Unit Leader.

(d) In conjunction with the Triage Unit Leader, assign the Patient Retrieval Manager and Patient Retrieval/Litter Bearers to the Rescue Task Force.

(i) Instruct the Patient Retrieval Manager and Patient Retrieval/Litter Bearers to report to the Rescue Task Force Leader.

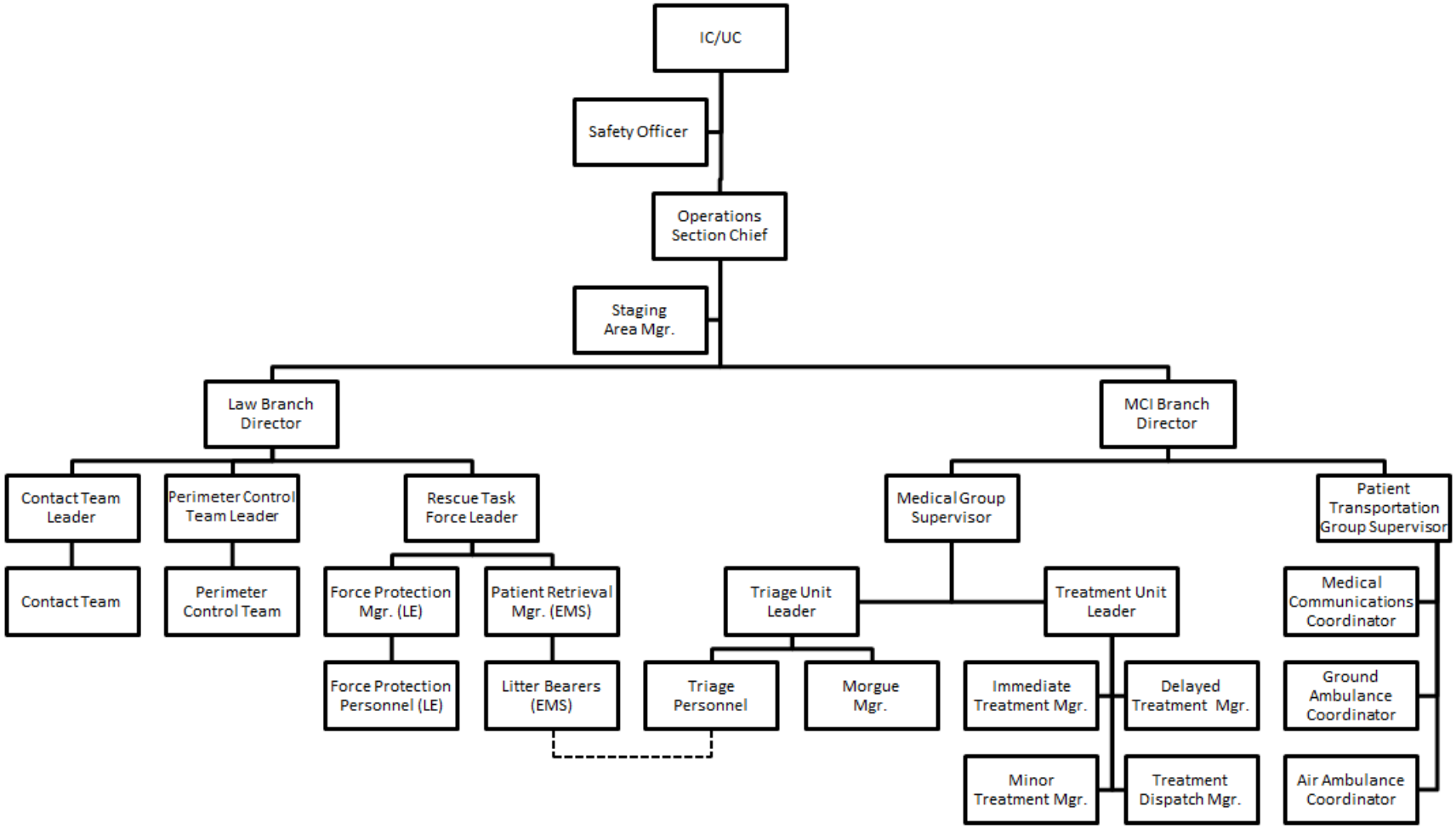
(e) Activate and staff Casualty Collection Point (CCP) and triage area.

(f) Assign the Patient Transportation Group Supervisor.

(g) Activate the Patient Transportation Group.

(3) Review ambulance/MCI resource needs with IC and confirm ordering procedures.

E. Organizational Structure

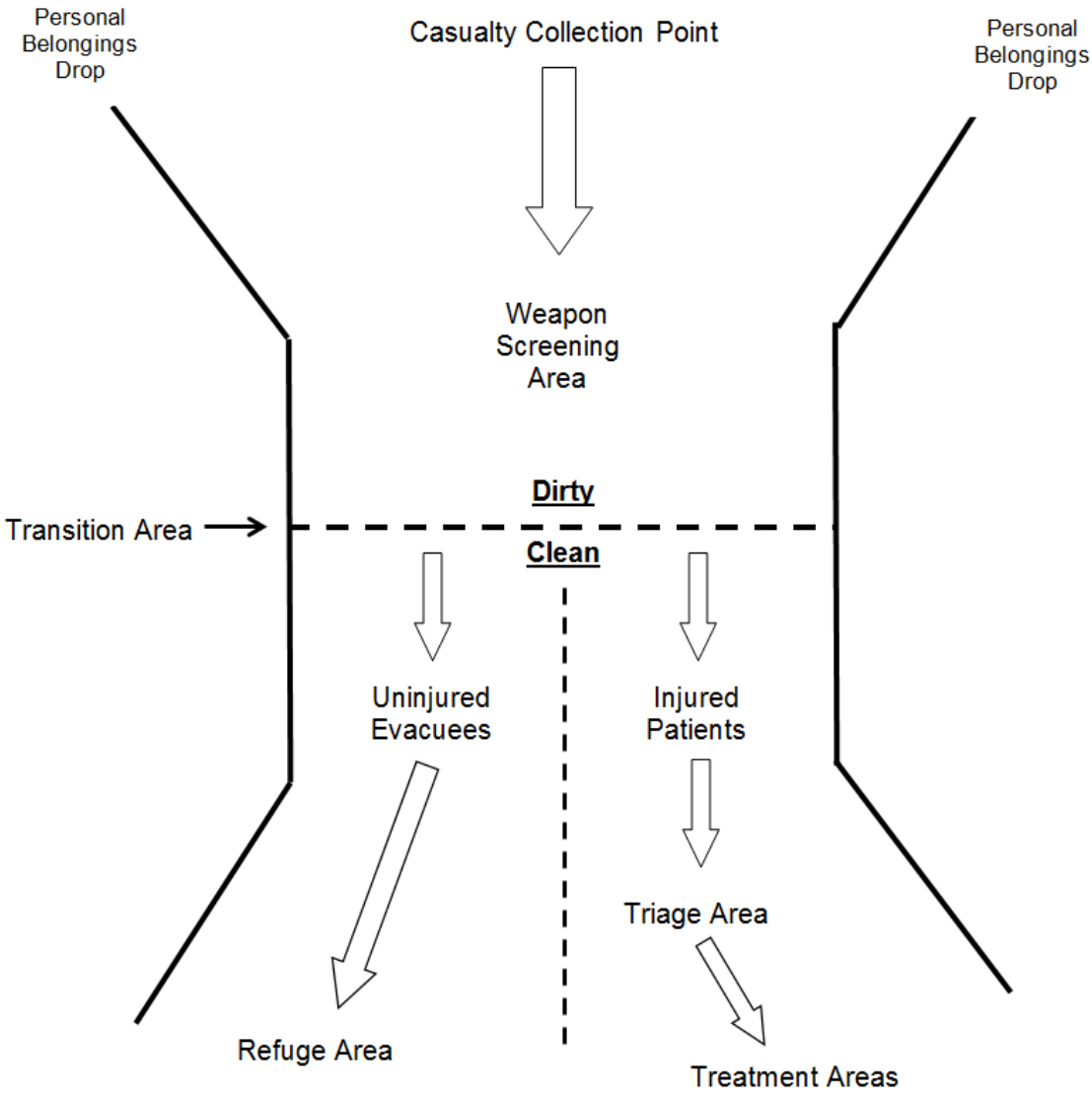


(*Figure 1.0)*

F. Casualty Collection Point

1. Evacuees and patients shall be funneled from the Dirty Area (dropping all personal items and checked for weapons by Law Enforcement) prior to transitioning into the Clean Area *(See Figure 2.0)*.

2. Critically and seriously injured patients must be expedited through the weapon screening and the Transition Area.

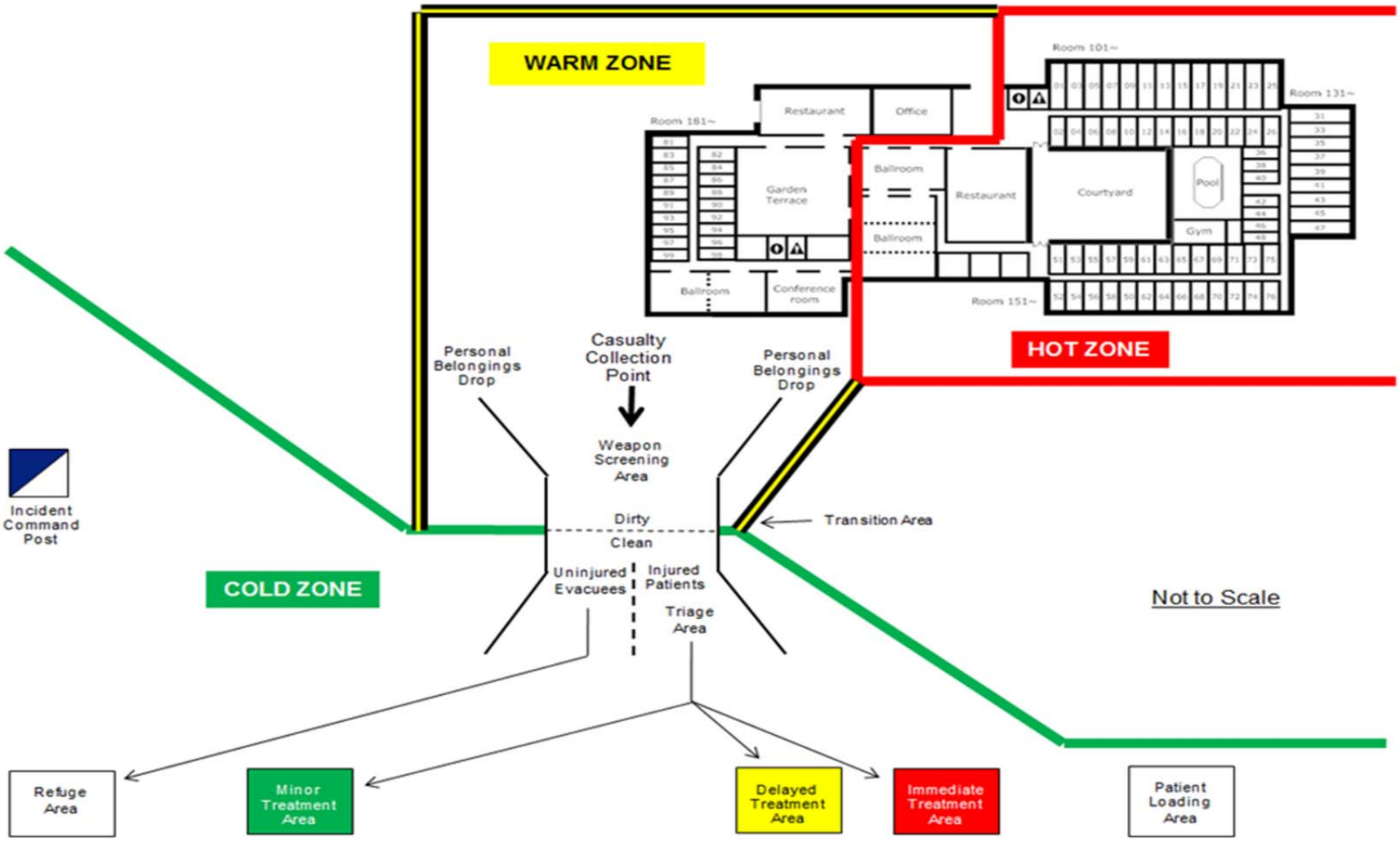


(Figure 2.0)

G. Refuge Area

1. The Refuge Area will be set up by Law Enforcement personnel and shall be located in the Cold Zone *(See Figure 3.0).*
2. Uninjured evacuees need to be contained in a Refuge Area to gather witness statements, intelligence, and additional incident information prior to being released from the scene.
3. Large personal items such as purses, backpacks, and suitcases may be collected, and inspected by law enforcement a safe distance from Refuge Area.
4. The Triage Unit leader shall assign personnel to evaluate all evacuees in the Refuge Area, thought to be uninjured, and will relocate injured evacuees to the appropriate Treatment Area.

H. Sample Scene Layout



(Figure 3.0)

VI. DEFINITIONS

Casualty Collection Point: Area where evacuees and injured patients are collected prior to being transferred to the Cold Zone *(See Figures 2.0 and 3.0)*.

Clean Area: An area free of hazards and located within the Cold Zone. Triage Unit personnel conduct medical assessments on injured patients in the Clean Area *(See Figures 2.0 and 3.0)*.

Cold Zone: The geographic area identified by Law Enforcement personnel that has been cleared and is actively secured. The Incident Command Post, Triage, Treatment, and Refuge are examples of areas located within the Cold Zone *(See Figure 3.0)*.

Dirty Area: An area, defined by Law Enforcement personnel, where uninjured evacuees and patients are funneled in order to conduct weapons checks on each person, collect personal items such as bags, backpacks etc., prior to entry into the Cold Zone. This area will be located a safe distance from the Triage, Treatment, and Refuge areas as an added safety precaution *(See Figure 3.0)*.

Force Protection: Actions taken by law enforcement to prevent or mitigate hostile actions against personnel and resources.

Hot Zone: The geographic area(s) where Law Enforcement is actively pursuing, engaging, or containing persons or activities of concern. Persons in this area shall only be armed Law Enforcement personnel who are attempting to engage or isolate any hostile threat(s) *(See Figure 3.0)*.

Litter Bearers: Emergency Medical Technicians (EMTs) or other EMS personnel that are members of the Rescue Task Force, tasked with moving patients from the Warm Zone to the Triage Area, control arterial hemorrhages, and apply triage tags to deceased victims in the warm zone.

Refuge Area: Secured area(s) for uninjured evacuees so Law Enforcement may gather witness statements, intelligence and additional incident information *(See Figure 3.0)*.

Rescue Task Force: A group of Law Enforcement and EMS personnel with six primary objectives:

1. Secure the Warm Zone (Law Enforcement).
2. Locate victims (Law Enforcement and EMS).
3. Direct and/or escort ambulatory victims to the Casualty Collection Point (Law Enforcement and EMS).
4. Move patients from the Warm Zone to the Triage Area, (Litter Bearers).
5. Apply triage tags to deceased victims in the warm zone (Litter Bearers).
6. Screen uninjured evacuees and patients for weapons prior to entering the Cold Zone (Law Enforcement).

Transition Area: The area separating Dirty and Clean Area(s) *(See Figure 3.0)*.

Warm Zone: The geographic area(s) where Law Enforcement have passed through and swept for hostile threats. Personnel should operate under the pretense that a threat is not expected, but cannot be ruled out completely. Casualty Collection Points and the Dirty Area are examples of areas located within the Warm Zone *(See Figure 3.0)*.