

ACTIVE SHOOTER / CRIMINAL MASS CASUALTY PROTOCOL

2024

*Santa Clara County
Police and Fire
Chiefs' Associations*



*Adopted: November
2015
Updated: March 2024*

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President, Santa Clara County Fire Chiefs' Association

POLICY STATEMENT

After the Columbine tragedy in 1999, law enforcement agencies across the nation transitioned to the rapid response model in addressing active shooter scenarios, and the Santa Clara County Police Chiefs Association developed the Active Shooter Protocol in 2015. The County Chiefs' Associations acknowledge a shared commitment to properly train, equip and exercise for such an incident. This protocol is indicative of the County Chiefs' Associations' absolute commitment to a well-coordinated response to an Active Shooter /Criminal Mass Casualty Incident.

Tragically, over the last two decades, the frequency and severity of active shooter incidents have increased dramatically. Locally, our community has not been immune to mass shootings; the Gilroy Garlic Festival Shooting and Morgan Hill Ford Dealership Shooting occurred in 2019. The deadliest mass shooting to date in the San Francisco Bay Area occurred in 2021 at the San Jose VTA Rail Yard. The K Street Shooting in 2022 was the worst mass shooting in Sacramento's history.

Law enforcement researchers and practitioners continue to study these incidents and evaluate best practices. This protocol seeks to update these best practices to provide a framework to facilitate a comprehensive and effective response.

Because of the many varying factors that can influence an Active Shooter /Criminal Mass Casualty Incident, there should not be one universal tactical policy. There are, however, some known factors that should be considered to guide the tactical decision making:

1. Field officers and supervisors should be capable of distinguishing between an active shooter event and a traditional criminal action (e.g., a hostage/barricade situation), and be able to direct an appropriate immediate tactical response to either event.
2. All personnel involved in the response must seek to realistically assess the initial situation and the perceived threats involved (e.g., number of suspects, skill level, types of weapons). As the incident unfolds, responders must continually reassess the situation and the effectiveness of the response.
3. Law enforcement must be prepared to take immediate steps to neutralize or resolve those conditions that are life-threatening. Before deploying personnel into a dangerous situation, the following factors must be considered:
 - a. The mission or objective should be clear and obtainable, given the circumstances known at the time.
 - b. The appropriate number of personnel with the equipment, skill and ability should be assigned to reasonably accomplish the objective.
 - i. In some cases, intervention by a solo law enforcement officer may be necessary to save lives.
 - ii. In all cases, responding officers must assess the situation and implement a plan of action that maximizes the potential for success while minimizing the possibility of casualties.
4. The actions of all responders should be consistent with their statutory authority, training, certifications, and the responsibilities of their employing agency. However,

unusual assignments are likely, and all responders should expect that they may be assigned to perform tasks they have not experienced in past incidents.

5. Care and evacuation of the injured victims must be initiated as soon as practical following neutralization or containment of the active threat or arrival of sufficient resources to allow the implementation of Rescue Task Forces or Rescue Strike Teams.

The Active Shooter Protocol is consistent with the "Run, Hide, Defend" video and presentation that was produced in 2014 by the Santa Clara County Police Chiefs Association. This video was designed to provide local school districts and educators with direction should their institutions become involved in an Active Shooter/ Criminal Mass Casualty incident.

ACKNOWLEDGEMENTS

CAL FIRE

California Highway Patrol

Campbell Police Department

Federal Bureau of Investigation

Gilroy Police and Fire Departments

Los Altos Police Department

Los Gatos - Monte Sereno Police Department

Milpitas Police and Fire Departments

Morgan Hill Police Department

Mountain View Police and Fire Departments

NASA/ AMES Research Center Fire Department

Palo Alto Police and Fire Departments

San Jose Police and Fire Departments

San Jose State University Police Department

Santa Clara County Office of the District Attorney

Santa Clara Police and Fire Departments

Santa Clara County Fire Department

Santa Clara County Office of the Sheriff

South Santa Clara County Fire District/ Morgan Hill Fire/ CAL FIRE Santa Clara Unit

Sunnyvale Department of Public Safety

In 2015, the following individuals were instrumental in developing the first edition of this protocol and deserve special recognition for their efforts:

- Deputy Chief Joe Parker, Santa Clara County Fire Department
- Battalion Chief Richard Alameda, Mountain View Fire Department
- Lieutenant David Santos, San Jose Police Department
- Lieutenant Doug Sims, Sunnyvale Department of Public Safety
- Sergeant Kurt Ashley, Gilroy Police Department

We thank them for their hard work and commitment to keeping their communities safe.

In 2023, the County Chiefs Associations convened a workgroup to review and update the protocol:

- Deputy Chief Brian Jones, Mountain View Fire Department
- Deputy Chief Kevin McNally, Palo Alto Fire Department
- Captain Phebea Klein, Sunnyvale Department of Public Safety
- Captain Katie Krauss, Los Altos Police Department
- Captain Luke Powell, Gilroy Police Department
- Captain Clint Tada, Los Gatos-Monte Sereno Police Department

We extend our appreciation to this workgroup for ensuring our policies and procedures are centered on the safety and security of our communities.

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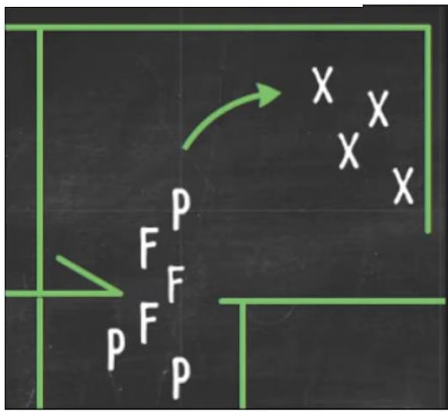
DEFINITIONS

- A. **Active Shooter** An incident, normally occurring in a confined and populated area, during which one or more armed person are using deadly force in an on-going manner and where persons have been killed, injured or are under imminent threat of death or serious bodily harm by such persons. In most cases, active shooters use firearms and there is no pattern or method to their selection of victims.
- B. **Incident Command System (ICS)** A scalable response system of organization used for the command, control, and coordination of emergency operations of all types and complexities. ICS provides a standard management hierarchy that allows personnel from a wide variety of agencies to meld rapidly into a common management structure working toward a single set of objectives as developed through an incident action plan (IAP). Fundamental concepts of ICS include unity of command, span of control, common terminology, and comprehensive resource management. It provides logistical and administrative support to operational staff. ICS is a subcomponent of the National Incident Management System (NIMS) and California's Standardized Emergency Management System (SEMS) and is adopted as the incident management system to be used for operations under this policy.
- C. **Incident Commander** The person responsible for all aspects of an emergency response, including quickly developing incident objectives, managing all incident operations, application of resources as well as responsibility for all persons involved. The role of Incident Commander (IC) *may* be assumed by senior or higher-qualified officers upon their arrival or as the situation dictates. The IC performs all ICS command and staff responsibilities unless those functions are delegated and assigned. The first arriving law enforcement officer, regardless of actions taken, still assumes the responsibilities and functions of the IC until relieved of command by a subsequent arriving officer of higher qualification.
- D. **Unified Command** Unified Command is a team effort that allows all agencies with jurisdictional responsibility for an incident, either geographical or functional, to participate in the management of the incident. Developing and implementing a common set of incident objectives and strategies. demonstrate this participation that all can subscribe to, without losing or abdicating agency authority, responsibility, or accountability. Those organizations that participate in Unified Command should have statutory responsibility for some portion of the incident or event. Assisting and cooperating agencies with no statutory responsibility that nonetheless contribute resources to the incident should not function at the Unified Command level. These agencies should instead, assign Agency Representatives to effectively represent their agencies and resources through the Liaison Officer. In these ways, the principles that define Unified Command provide all the necessary mechanisms for organizational representation and interagency management within a multi-agency incident response.

NOTE: To ensure effective communications, command staff at the incident command post should physically stand “shoulder to shoulder”.

- E. **Liaison Officer (LOFR)** A member of the Command Staff responsible for coordinating with representatives from cooperating and assisting agencies. The Liaison Officer may have Assistants.
- F. **Contact Team** An organized group of 1-4 law enforcement officers who enter an area or building where an active threat is believed to be currently using deadly force. The sole function of the Contact Team is to isolate, capture or neutralize the suspect(s) by arrest or deadly force.
- G. **Corridor Team** Law Enforcement personnel that establish safe and secure evacuation corridors for access and egress for incoming personnel or for the safe extraction of victims from critical areas. Follow the Contact Team's route with the responsibility of searching and securing rooms and areas that were bypassed by the Contact Team and RTFs.
- H. **Rescue Task Force (RTF)** A team deployed into a potential Warm Zone to provide point of wound care to victims. This team(s) treats, stabilizes, and removes the injured in a rapid manner under protection of law enforcement personnel. A RTF may be comprised of 2-4 law enforcement personnel providing force protection along with 2-4 Fire-based EMS providers. Ideally, each RTF should include at least one paramedic provider. RTF functions are very discipline-specific (the primary and sole purpose of fire personnel is the rescue and treatment of injured persons, while the primary and sole purpose of law enforcement personnel is force protection).

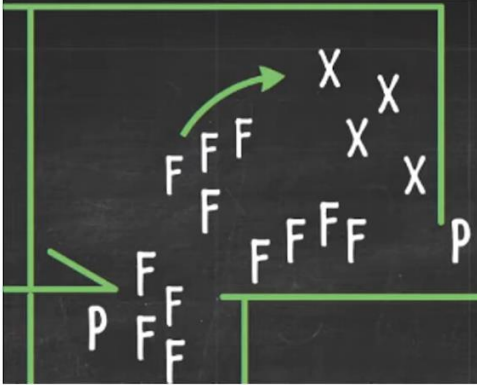
Rescue Task Force



- I. **Rescue Strike Team (RST)** A law enforcement corridor team(s), LEO escort and fire personnel, made up of one or more fire companies, deployed into a potential Warm Zone, to provide point of wound care and rapid extraction for multiple victims. Law enforcement suppresses the threat and Fire Personnel stabilizes and removes the injured in a rapid manner under protection of law enforcement personnel. A Corridor Team establishes a safe and secure evacuation corridor for access and egress for

incoming fire personnel for the rapid extraction of victims from critical areas.

Rescue Strike Team



- J. Force Protection** Actions taken by law enforcement to prevent or mitigate hostile actions against response personnel, resources, and facilities. Force protection for fire personnel will only be provided by law enforcement personnel.
- K. Tactical Group Supervisor** The person responsible for the operations and deployment of the tactical team, to include but not limited to the deployment of the initial responding police officers such as Contact Teams, containment officers, and RTF and RST. The Tactical Group Supervisor will work closely with a Rescue Group Supervisor (Fire) on the deployment of fire personnel in RTFs and RSTs. The Tactical Group Supervisor and the Rescue Group Supervisor are recommended to co-locate at the ICP.
- L. Hot Zone/Active Threat** The area where a direct and immediate threat exists. Only Law Enforcement may enter this zone. Activities in this area are restricted to Contact Teams working to isolate, capture or neutralize the active threat. A direct and immediate threat is very dynamic and is determined by the complexity and unique circumstances of the incident. Law enforcement should also consider the area to be immediately dangerous to life or health (IDLH) if they can observe the shooter or identified threat. Fire personnel will not intentionally work in this zone. The IC shall ensure Hot Zone boundaries are established and communicated to on-scene personnel.
- M. Warm Zone/Cleared** The area where a potential threat exists, but the threat is not direct or immediate. The Warm Zone is an area that law enforcement Contact Teams have cleared. Fire personnel with Law escort may enter this zone as a component of an RTF or RST. These instances could be utilized for rapid extrication of multiple victims or officers down who need immediate assistance.
- N. Cold Zone/Secured** The area where no significant danger or threat can be reasonably anticipated. Any response personnel may enter this zone. This could be achieved by

distance, geographic location, or inaccessible areas from the incident. The Cold Zone is the location for staging of resources, ICP, treatment and transportation of patients.

- O. **Cleared Area** An area that has been initially cleared by Contact Team members and is determined to be safe for RTF or RST. This area may contain Casualty Collection Points (CCPs).
- P. **Secured Area** An area that has been systematically cleared by law enforcement and found to be free of threats. These areas have had secondary searches and security has been actively maintained.
- Q. **Cover** Any physical object or barrier that can provide a responder with protection from gunfire.
- R. **Concealment** An area or object that prevents or limits a suspect's ability to observe a responder, but that may not provide protection from gunfire.
- S. **Staging Area** The Staging Area is a centralized location in the Cold Zone, near the incident scene where arriving resources will assemble once ready for assignment. It should be close enough to the incident scene to provide timely access, but located in an area that is out of the way and not exposed to the incident's hazards. Unless assigned enroute by the IC, all arriving resources should respond to the identified Staging Area. Police, fire, and ambulance staging may be co-located in the same area or separately as space and operational needs dictate. Ambulance staging location should be close to and have easy access to Patient Treatment Areas. Establishing a Staging Area and Staging Area Manager reduces apparatus and vehicle congestion, enhances emergency scene accountability, and places resources in uncommitted locations close to the scene to facilitate effective assignment by command.
- T. **Casualty** A person injured or effected by an event or situation.
- U. **Casualty Collection Point** A Casualty Collection Point (CCP) is a location within the Warm Zone, under force protection, where casualties MAY be kept and receive medical until they can be safely moved to a Patient Treatment Area. Fire-based EMS providers will work as RTFs and RSTs with law enforcement protection in this area. Based on the situation and physical layout of the scene, establishing a CCP may not be advantageous to rapid treatment and transportation of patients. In some cases, patients should be moved directly from where they are found to either a Patient Triage/Treatment Area (Cold Zone) or a transport ambulance.

The physical location of a CCP must provide adequate cover and protection from the potential threat for safety personnel and victims. Consider locating CCPs in the vicinity of adjacent zones to better facilitate moving victims from one zone to another. Identify each CCP with room number/label or physical descriptor to differentiate in the case of multiple CCPs (this communication will aid in collecting accurate victim counts and locations).

Hot, Warm, and Cold Zone perimeters may or may not be contiguous or concentric circles around the threat zone. The building or venue layout may determine the zone perimeters. Hot and Warm Zones may not be static in nature. A Warm Zone may become a Hot Zone due to a change in the location of the threat or due to additional intelligence.

Law enforcement assessment of the threat (sniper, high-caliber weapon, explosive potential, location) will determine the Hot, Warm and Cold Zone perimeters including CCPs. Communication and status reports from law enforcement Contact Teams is vital. Zone perimeters and CCPs should be approved with concurrence of the law enforcement and fire agency Unified Commanders.

V. Triage Area The Triage Area is located in the Cold Zone and is where the process of determining the priority of patients' treatment based on the severity of their condition occurs. In Santa Clara County, the Simple Triage and Rapid Treatment/Transport (START) method shall be employed for the assignment of patient acuity levels. Patients shall be moved from the Triage Area to the appropriate Medical Treatment Area when feasible.

a. Triage categories include:

- Black- Dead
- Red- Immediate
- Yellow- Delayed Need
- Green- Walking Wounded

W. Patient Treatment Area An area in a multi-casualty event under control of the Medical Group Supervisor or Treatment Unit Leader. Patient Treatment Areas should be established in a safe location in the Cold Zone, easily accessible to EMS transport vehicles arriving from medical staging. Patient Treatment Areas are staffed with EMS personnel who provide advanced and basic life support care, stabilizations, and/or packaging of patients prior to transportation to definitive care.

X. Evacuation Corridor An area inside the Warm Zone, secured by law enforcement personnel (force protection), that allows for the egress of victims to a CCP, or from the CCP to a triage/ treatment area, in a mitigated risk environment.

Y. Incident Command Post (ICP) The field location at which the primary tactical-level, on-scene incident command functions are performed. The ICP may be collocated with the incident base or other incident facilities and is normally identified by a green rotating or flashing light.

Z. Stop Point Term used to describe a situation in which a RTF or RST alters its objective or encounters a change of conditions that affects its movement (e.g. running out of supplies, encountering an IED, reaching the edge of the Hot Zone, or determining that there are no additional patients). When using this term, the reason should be communicated (i.e., "We've reached a stop point as we have advanced to the edge of the Hot Zone.").

- AA. **Inner Perimeter** The defined area where the suspect(s) or threat are contained, with entry and egress controlled by law enforcement. The Inner Perimeter is considered an IDLH zone or Hot Zone.
- BB. **Outer Perimeter** A larger area controlled by law enforcement that encompasses the inner perimeter and the incident support functions, which the public is excluded. This area would include the hot, warm, and cold zones.
- CC. **Tactical Emergency Casualty Care (TECC)** Forward deployment of stabilizing medical interventions in civilian disaster scenarios, based on military Tactical Casualty Combat Care (TCCC) principles. These principles focus on the three most common cause of preventable death in combat (active shooting) situations:
 - 1) extremity hemorrhage
 - 2) tension pneumothorax
 - 3) airway obstructions.All three conditions are treatable in the field with minimal equipment.

INITIAL ACTIONS

I. Law Enforcement

- A. Assess the situation, determine whether the incident is active or static.
- B. It shall be the responsibility of the first arriving officer to establish Incident Command (until relieved)
- C. Provide Communications with initial overview and request additional resources.
- D. Notify Communications of initial law enforcement actions being taken
- E. The first arriving officer may immediately move to the threat. It is still the responsibility of the initial officer to coordinate incoming response while actively seeking the threat.
- F. Assemble Contact Team(s).
- G. Establish Inner/Outer Perimeter.
- H. Identify ICP and staging locations.
- I. Once the ICP is established, all incoming units will respond to the staging area and shall not self-deploy into the incident.
- J. All responding personnel shall be clearly identified as Law Enforcement, i.e., uniform, exterior vests, visible badges.
- K. Establish Unified Command with Fire, including a single co-located Incident Command Post and develop unified objectives.
- L. Establish Hot, Warm, and Cold Zones.
- M. Coordinate with fire for potential assembly/ deployment of RTF or RST.
- N. Be cognizant of the possibility of secondary threats.

II. Fire

- A. Establish Unified Command with law, including a single co-located Incident Command Post, and develop unified objectives.

- B. Determine cause/ mechanism and current threat. Establish Hot, Warm, and Cold Zones accordingly.
- C. Identify ICP and staging locations.
- D. Control walking wounded and assist with rapid egress of victims.
- E. Estimate potential patient count and location. Match tactical priorities with responding fire and EMS resources. Consider upgrading alarm and MCI level. Initial response should include full first alarm plus level 1 MCI.
- F. Identify safe travel routes.
- G. Coordinate with law for potential assembly/ deployment of RTF or RST.
- H. Establish Medical Group, Rescue Group, identify CCPs, and treatment areas.
- I. Determine overhead and support needs (i.e., South Bay Incident Management Team, Mobile Command Center)

III. Communications Centers

- A. Confirm type of violence, number of suspects and whereabouts, number of potential victims, location, and other intelligence related to type of threat.
- B. Dispatch/Response
 - 1. An incident of this magnitude and/ or complexity will require a multidisciplinary, multi-jurisdictional response. A county-wide standardized CAD dispatch call type will be created for consistency. Santa Clara County fire, law, and EMS agencies adopt the terminology of "**Active Shooter.**"
 - 2. Fire will operate per Santa Clara County Mutual Aid Plan Appendix 1 - Radio Communications Plan. All fire dispatch Communication Centers shall be notified by means of a "Red Net" broadcast or via the SVRCS Significant Event Radio Communications Protocol announcing an "active shooter" incident.
 - a. The initial standard county-wide fire response to these types of events should be the equivalent of a full first alarm (e.g., 3 engines, 2 trucks, and 2 battalion chiefs). The initial county-based EMS response will be a Level 1 MCI activation.
 - 3. LE will operate per the Santa Clara County Law Mutual Aid Communications Plan.
 - 4. Notify and provide developing information to all adjoining law enforcement jurisdiction communications networks.
 - a. It shall be the responsibility of any adjoining law enforcement jurisdiction ranking field supervisor to provide information to their Communications Center regarding all available resources that could be called upon to assist in the resolution of an active shooter situation.
- C. Additional support and logistical resources should be considered early in the event to include:
 - 1. Activate agency's Emergency Operations Center
 - 2. South Bay Incident Management Team
 - 3. Mobile Command Vehicles
 - 4. Incident Dispatchers
 - 5. EMS Multi-Casualty Trailers

6. Bomb Squads
7. Helicopters
8. SWAT Teams
9. Armored Vehicles
10. Mass Transit

INCIDENT COMMAND

- I. Unified Command (Law, Fire, EMS)** The first arriving fire officer shall establish Unified Command with the first arriving law enforcement officer that remains in a command position not directly assigned as a Contact Team member. Unified Command may include a representative from County EMS. Unified Command will work cooperatively in accordance with ICS principles. Responsibilities of Incident Command (whether Unified Command is implemented, or a single IC exists) include:
 - A. Activate the Incident Command System/ establish a single co-located Incident Command Post
 - B. Identify and implement common incident objectives
 - C. Create incident organization commensurate with current situation
 - D. Provide operational and logistical resources sufficient to mitigate situation and/or support extended operations
 - E. Provide for the safety of citizens and responding personnel
 - F. Provide timely and accurate information and notification

- II. Incident Action Plan** Once Unified Command has been established, efforts should be made by the Unified Command to develop a written Incident Action Plan (IAP). An IAP may include, but not limited to:
 - A. Incident priorities and objectives
 - B. Maps or building diagrams, if available, to identify operational zone, perimeters, CCPs, Divisions and the locations of incident functions and resources, etc.
 - C. Organizational structure based on incident priorities and objectives
 - D. Special hazards and safety considerations
 - E. Communication Plan that facilitates communication interoperability between fire department resources and law enforcement resources.
 - F. Medical Plan that specifies the procedures to follow in the event of injuries to incident personnel.

- III. Command Staff** Unified Commanders should anticipate a large influx of media representation and local government officials in addition to assisting and cooperating agency representatives. A Command Staff (Public Information Officers, Liaison Officers) should be requested to manage the large number of representatives and media. Incident Commanders should consider establishing a Joint Information Center (JIC) away from the ICP.

IV. Operational Branches The complexity of the unified response to violence (URV) incident will dictate the complexity of the incident organization. A less complex incident may establish one Operations Branch with the fire disciplines and law enforcement disciplines organized as Groups. Consider multiple branches or divisions well away from the initial incident scene due to patients fleeing the area. In a complex incident, fire and law enforcement disciplines should be organized as separate branches and may include the following:

A. Fire Branch

1. Fire Group for fire suppression or forcible entry needs.
2. HazMat Group for environmental monitoring and decontamination needs.
3. US&R Group for forcible entry, RIC, collapse, or technical rescue needs.
4. Medical Group for MCI operations intended for civilian casualties.
5. Medical Unit (if Logistics is not established) to manage injuries to incident personnel.
6. Rescue Group To appropriately manage RTFs, the Rescue Group can be assigned to the Law Branch or Fire Branch as determined by local policy.

B. Law Branch

1. Contact Teams to immediately engage the threat.
2. SWAT Teams
3. Perimeter Control to secure the Incident operations.
4. Rescue Teams
5. Force Protection to secure operational areas and provide protection for incident personnel.
6. Rescue Task Forces, consisting of Force Protection and fire/EMS resources, to treat casualties in the Warm Zone and evacuate to the Cold Zone.
7. Rescue Strike Teams, consisting of a LEO escort and Corridor Team(s) and fire/EMS resources, to treat casualties in the Warm Zone and evacuate to the Cold Zone.
8. Investigation.
9. Intelligence Technical Specialists from FBI, Homeland Security or regional information/intelligence agencies if available.

Note: The development of the Incident Command System (ICS) allows that there is only one Supervisor of a Group. However, a Rescue Group, when established at an URV incident, should have both law enforcement and fire department representatives working closely together to ensure close coordination and communication between fire department and law enforcement resources during RTF operations to maintain the best situational awareness while operating in a Warm Zone.

V. Safety Officer (SOF) The IC shall designate a SOF to develop and recommend measures for assuring personnel safety and to assess and/ or anticipate hazardous and unsafe situations. The incident safety plan shall contain strategies and tactics developed by the SOF based upon

the IC's incident action plan and type of incident. Only one SOF will be assigned at each incident, but assistants may be designated as necessary.

- A. Prepare and enforce medical plan
- B. Investigate and report all accidents
- C. Monitor the physical and mental health of responders
- D. Assign Assistant Safety Officers as necessary
- E. The Safety Officer will ensure the following:
 - 1. Inner/Outer Perimeter and Control Zones are established and communicated to all personnel
 - 2. ICP located in safe and secure area
 - 3. Adequate Force Protection for ICP, Treatment Area, Staging Area, ingress and egress routes and other functional areas
 - 4. All personnel are adequately briefed before entering Warm/Hot Zones
 - 5. Appropriate Personal Protective Equipment (PPE) and tools are available and in use
 - 6. Adequate rehabilitation process and facilities are in place relative to duration, exertion levels and environmental conditions.
 - 7. Apparatus and vehicles are parked in manner to provide for easy ingress and rapid egress for changing conditions.
 - 8. Safe landing zone is established, if necessary

VI. Liaison Officer (LOFR) The Liaison Officer is responsible for coordinating with representatives from cooperating and assisting agencies. Cooperators and assisting agencies may include:

- A. Schools, businesses or building representatives
- B. Red Cross
- C. Utility companies
- D. Support agencies

VII. Public Information Officer (PIO) Events of this nature will quickly draw a significant amount of media attention. To minimize confusion and ensure a consistent message, a PIO should be identified early in the incident.

- A. The IC/Unified Command shall approve any information released to the PIO or directly to the media.
- B. Consider use of a Joint Information System (JIS) that consolidates all agency and incident information flow from the multitude of agencies involved. A JIS can establish a well-controlled information sharing plan amongst agencies.
- C. Utilize a Joint Information Center (JIC) to house the JIS. Do not co-locate the JIC at the ICP.

- D. Media affiliates may have aviation assets that may be co-opted for use in scene surveys but need to be controlled to ensure safety of operations.
- E. Develop plan for media announcements regarding Staging Area or reunification centers for parents/ relatives of victims.
- F. Consider use of social media and emergency notification systems such as AlertSCC to disseminate information to the community.
- G. Consider plans for a press conference soon following the incident.
- H. Assign PIOs or Liaison Officers to support families of casualties in handling media requests.
- I. Designate a media staging area and communicate its location to the press.

VIII. Planning/Intelligence Section Chief (PSC) The PSC is responsible for the collection, evaluation, dissemination, and use of information about the development of the incident and status of resources. The PSC is also responsible for facilitating the Planning Process.

- A. The IC should ensure that a specific law enforcement officer is designated as the PSC or Deputy PSC. This PSC law enforcement officer shall be responsible to coordinate incoming information and serve in the central role in the creation of the law enforcement report after the incident.
 - 1. Coordinate collection of pertinent investigative information on the situation and suspect(s), including:
 - a. Identity
 - b. Crimes committed; intent
 - c. Additional threats
 - d. Residence and vehicle(s)
 - e. Known associates
 - f. Secondary victim locations
 - 2. Ensure that, as reasonably practicable, escaping innocent persons are identified, separated, and interviewed in a timely manner.
 - 3. Process information to develop new intelligence about suspect and situation.
 - 4. Ensure accurate information is gathered regarding the identities, locations, and status of any persons involved in or seriously affected by the incident.
- B. The PSC or Deputy PSC not assigned to intelligence shall be responsible for the collection, evaluation, dissemination, and use of information about the development of the incident and status of resources. This person is also responsible for the Planning Process and to facilitate preparation of the IAP.
 - 1. Situation status
 - 2. Resource status
 - 3. Technical specialists
 - 4. Incident demobilization

- IX. Logistics Section Chief (LSC)** The LSC is responsible for providing facilities, services, and supplies in support of the incident. The IC may authorize the assignment of a Deputy LSC to provide discipline-specific knowledge and expertise to complement that of the LSC (e.g., the LSC could be a law enforcement officer who orders law-related resources, assisted by a fire officer serving as the Deputy LSC, who orders all fire and EMS resources).
- A. Designated as the primary authority to order resources
 - B. Establish single point ordering
 - C. Medical unit
 - D. Food
 - E. Personnel rotation
 - F. Communications
 - G. Transportation
 - H. Supplies
 - I. Specialized teams/ equipment

INCIDENT COMMUNICATIONS

I. Command

- A. Law and Fire should remain on their assigned radio channels to limit confusion.
 - 1. Fire should not communicate on law frequencies and law should not communicate on fire frequencies.
 - 2. Strong Unified Command and the use of Deputy Section Chiefs will ensure effective interoperability and good communications between law and fire.
 - 3. If an alternate frequency is necessary and the SVRCS Significant Event Radio Communications Protocol is not in place, utilization of Bay MACS may be considered.

II. Tactical

- A. Provide a tactical channel for Rescue Group, Medical Group, and RTF/RST.
 - 1. RTF/RST Communications - RTF/RST communications function on two different radio nets. This dual communication model allows for accountability and effective use of the teams, as well as for planning and management of any CCPs, Medical Treatment Areas, and additional EMS resources.
 - a. The RTF/RST law enforcement personnel communicate with the Tactical Group Supervisor providing information like the

location of the team, updates on the location of the injured and Contact Teams, and possible threats.

- b. The RTF/RST fire personnel communicate with the Rescue Group Supervisor to report the number of victims, types and severity of injuries, and victim removal needs. The Rescue Group Supervisor should communicate this information to the Medical Group Supervisor.

OPERATIONS

I. Operations Section Chief (OSC) (Law, Fire) The IC shall establish a single OSC that may be supported by a Deputy OSC. In the initial phases of the event, it may work best with law serving as the OSC with fire serving as Deputy OSC. This arrangement provides the discipline-specific expertise/ technical knowledge necessary to establish the division assignments in support of the overall incident objectives. If the incident transitions from a threat-neutralization focus to a patient treatment/ transportation focus, the IC may elect to transition the law officer out of the OSC position, replacing them with the fire Deputy OSC. Likewise, if the patient treatment/ transportation piece of the event is complete, the IC may demobilize the Deputy OSC position. The OSC and Deputy OSC shall work cooperatively to:

- A. Gather information from active field units
- B. Identify critical factors and establish tactical objectives
- C. Directs activities of assigned Divisions/ Groups
- D. Identify and establish Staging Area(s)

II. Tactical Group Supervisor (Law) A supervisor from the agency having primary jurisdiction of the incident. The Tactical Group Supervisor shall have specific operational control of the crime scene from the Inner Perimeter forward. It shall be the responsibility of the Tactical Group Supervisor, upon the direction of the IC, to supervise the tactical response segment of the plan of action.

- A. The tactical response shall be designed to affect a timely and effective resolution of the incident.
- B. The scope of this response shall depend on the known threat conditions, available law enforcement resources, and the likelihood of a successful tactical intervention.
- C. The objective of the tactical response shall be:
 1. Stop the criminal acts being committed by either eliminating the threat or by confining the suspect(s) to a point where the threat to others is eliminated (the threat is neutralized)
 2. Protect against or minimize injuries or the loss of life to victims, hostages, citizens or residents and officers who may be so imperiled.

3. Apprehend suspect(s) and secure a crime scene.
 4. Protect against or minimize the loss of property.
- D. Although terminology may differ among agencies and tactics will depend upon the nature of the situation and the availability of resources, it is of paramount importance that the IC consider the following basic contingencies and universal priorities:
- 1. Contact Team(s)**
 - a. Move quickly towards the location of the active shooter
 - b. Report the location of the threat to the IC
 - c. Stop the threat utilizing the appropriate level of force for the situation.
 - d. Communicate the location of injured victims for the RTF or RST.
 - 2. Rescue Task Force(s) and/or Rescue Strike Team(s)**
 - a. Coordinates with Rescue Group Supervisor. It is recommended that the Tactical Group Supervisor co-locate with the Rescue Group Supervisor.
 - i. Determine need and location of CCP
 - ii. Determines need and number of RTF/RST
 - iii. Provides force protection for RTF or Corridor Team(s) and LEO escort for /RST
 - b. Provides briefing to RTF/RST fire and law officers
 - c. Point of radio contact for law enforcement personnel in RTF/RST
 - i. Directs route of travel and destination of RTF/RST
 - ii. Identifies evacuation corridors and maintains overall security of these corridors.
 - 3. Corridor Team(s)**
 - a. Establish safe and secure evacuation corridors for access and egress for incoming personnel or for the safe extraction of personnel from critical areas.
 - b. Follow the Contact Team's route with the responsibility of searching and securing rooms and areas that were bypassed by the Contact Team and RTFs
 - c. Stand prepared to assist either the Contact Team or RTF/RST
- E. Once the tactical response segment of the plan of action is initiated, the Tactical Group Supervisor will work with the Rescue Group Supervisor to coordinate the formation and deployment of RTFs/RSTs into the Warm Zone
- F. The Tactical Group Supervisor shall maintain a timely and continual line of communication with the IC, keeping command apprised of all progress and significant developments.

- G. The tactical response shall continue until such time as the threat is captured or neutralized.
1. The Tactical Group Supervisor shall immediately inform the IC when the threat is isolated, captured and/ or neutralized.
 - a. The IC shall provide further direction to the Tactical Group Supervisor and make other notifications consistent with agency protocol and chain of command.
 - b. In the event of neutralization, the IC shall make immediate arrangements for:
 - Site security
 - Medical assistance to victims
 - Preservation of the crime scene
 - Initiation of the investigative process
 - Preparations for a return to normal activity
 - c. In the event a situation is neutralized, the IC shall evaluate the situation for the appropriate deployment of tactics and resources.

III. Rescue Group Supervisor (Fire) A Captain or Chief Officer responsible for the extraction of viable patients from the Warm Zone or CCP Triage/Treatment Area. Working in conjunction and co-locating with the Tactical Group Supervisor, organizes and communicates with fire personnel within the RTFs and/or RSTs working in the Warm Zone. If no Warm Zone exists, the Triage Unit leader will have the responsibility of coordinating the movement of patients to treatment areas.

- A. Coordinates with Tactical Group Supervisor. It is recommended that the RGS co-locate with the Tactical Group Supervisor at the ICP.
 1. Determines need and location of CCP.
 2. Determines need and number of RTF or RST based on:
 - a. Victim count and ambulatory status
 - b. CCP needs
 - c. Available resources
- B. Provides briefing to RTF and/or RST fire and law officers
- C. Coordinates extraction and movement of patients from Warm Zone/CCP to Patient Triage/Treatment Area
- D. Designate equipment staging and assembly area for RTF and/or RST.
 1. Area in Cold Zone should provide both cover and concealment.
 2. Fire and police personnel report to area in full PPE with tactical, mission- specific equipment and supplies.
 3. Access to established evacuation corridors.
- E. Point of radio contact for fire personnel in RTF or RST
 1. Communicate patient information from RTF or RST to Medical Group Supervisor

2. Coordinate with Tactical Group Supervisor regarding patient location and CCP location within Warm Zone

F. Rescue Task Force Procedures

1. RTF can be deployed to provide the following:
 - a. Provide point of wound care where there is an ongoing ballistic or explosive threat.
 - b. Treat, stabilize and provide patient movement in Warm Zone or from Warm Zone to Cold Zone
 - c. Movement of supplies from Cold Zone to Warm Zone
 - d. Other duties deemed necessary to accomplish mission.

2. RTF(s) are recommended when:
 - a. movement through open terrain which is not under complete control of law enforcement.
 - b. moving through the open areas of a mall or school yard.

3. Initial RTF(s)
 - a. Primary objective is to reduce mortality through the use of life-saving interventions for rapid hemorrhage, tension pneumothorax, and airway control in accordance with Tactical Emergency Casualty Care (TECC) guidelines. RTF(s) operating in the Warm Zone should not conduct triage. Non-ambulatory patients
 - b. that have been attended to by an RTF should be identified/prioritized through the use of red- or black-striped plastic tape. Red tape will be used to indicate an injured but viable patient, while black-striped tape will indicate a non-viable patient.
 - c. RTF shall advance in the Warm Zone treating as many patients as possible until they reach the furthest accessible patient, stop point, or run out of supplies. The RTF should begin extracting the furthest patients to the Patient Triage/Treatment Area or CCP.
 - d. Communicate number, location, and extent of injuries back to Rescue Group Supervisor.
 - e. Activities of RTFs in the Warm Zone will transition from treating patients where they lie to extracting them to CCPs or Triage Area. This will occur as the number of available RTFs outstrips the number of patients who have not yet been contacted.

4. Law enforcement personnel assigned to RTF
 - a. Will provide security and control movement of RTF. They should not assist with any patient care or movement of patients.
 - b. Shall remain with the RTF and should not separate themselves from fire personnel. There may be instances where the Warm

Zone suddenly becomes a Hot Zone. The law enforcement members of the RTF must be in position to immediately respond to that threat to ensure the safety of the team.

5. RTF Deployment

- a. RTF should move in and out of the Warm Zone only through entrances and corridors cleared by initial Contact Teams as identified by the Tactical Group Supervisor.
- b. Initial RTF continue moving through the Warm Zone until they run out of medical supplies or patients. At that time, they can start extracting patients to CCP or Triage/Treatment Area
- c. RTF shall be identified numerically in order of deployment (i.e., RTF 1, RTF 2 ... etc.).
- d. RTF will not deploy with less than 2 law enforcement members for force protection and will not self-deploy into the Warm Zone.
- e. RTFs must be able to move quickly. As such, it is generally not advisable for them to be equipped with defibrillators, large drug boxes, gurneys, or other equipment that can affect their agility.

6. RTF Communications

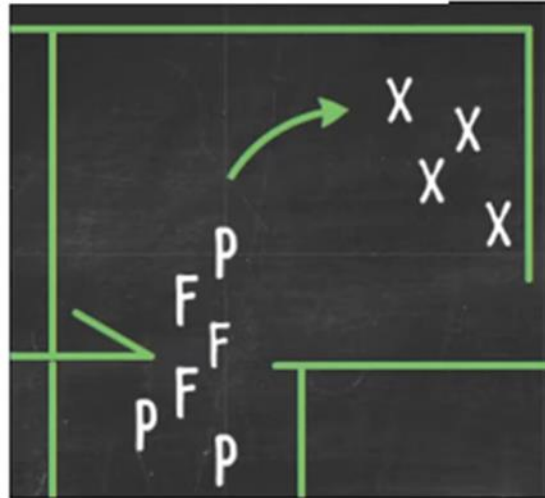
- a. The fire team leader and the law enforcement team leader within the RTF will engage in continuous face to face communication.
- b. Fire team leader in RTF shall maintain communication with the Rescue Group Supervisor via radio.
- c. Law enforcement team leader in RTF shall maintain communication with the Tactical Group Supervisor via radio.

7. Situational awareness

- a. All RTF members must maintain situational awareness and report to force protection if they see a weapon, explosive device, or any unusual situation.
- b. The RTF will identify areas of safe refuge as the team moves through the Warm Zone
- c. If the zone in which the RTF is operating changes from a Warm Zone to a Hot Zone due to direct or immediate threat, force protection personnel will direct the immediate evacuation of the team to appropriate cover.
- d. The suspect(s) may be among the victims. Law enforcement officers will make a visual and physical body sweep of all victims for weapons or other secondary threats.

8. Illustration:

Rescue Task Force



G. Rescue Strike Team (RST) Procedures

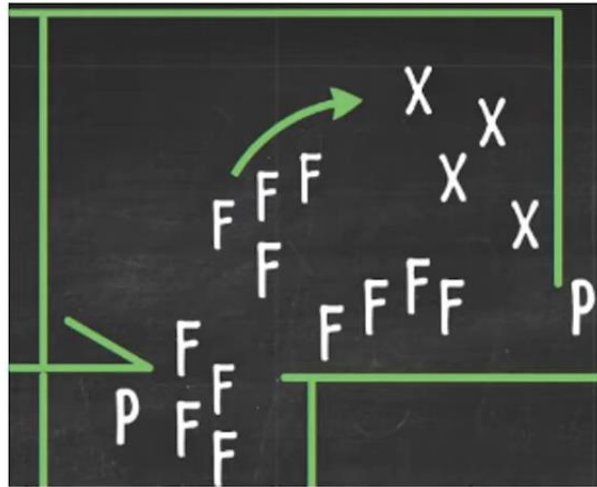
1. RST(s) can be deployed to provide the following:
 - a. Provide point of wound care where there is an ongoing ballistic or explosive threat.
 - b. Treat, stabilize and provide patient movement in Warm Zone or from Warm Zone to Cold Zone
 - c. Movement of supplies from Cold Zone to Warm Zone
 - d. Other duties deemed necessary to accomplish mission.
2. RST(s) are recommended when:
 - a. Operating in an enclosed building where areas, rooms and corridors can be cleared and/or secured.
 - b. A room, area or corridor has been cleared by law enforcement.
 - c. An area allows for LEOs to spread out along a particular area and post-up at key positions while fire freely moves within that area.
 - d. In most cases, a RST will require fewer LE personnel and allow for more rapid extraction of victims.
3. Initial RST(s)
 - a. Primary objective is to reduce mortality through the use of life-saving interventions for rapid hemorrhage, tension pneumothorax, and airway control in accordance with Tactical Emergency Casualty Care (TECC) guidelines. RST(s) operating in the Warm Zone should not conduct triage. Non-ambulatory patients that have been attended to by a RST should be identified/ prioritized through the use of red- or

black-striped plastic tape. Red tape will be used to indicate an injured but viable patient, while black-striped tape will indicate a non-viable patient.

- b. RST shall advance in the Warm Zone treating as many patients as possible until they reach the furthest accessible patient, stop point, or run out of supplies. They should begin extracting the furthest patients to the Patient Triage/Treatment Area or CCP
 - c. Communicate number, location, and extent of injuries back to Rescue Group Supervisor.
 - d. Activities of RSTs in the Warm Zone will transition from treating patients where they lie to extracting them to CCPs or Triage Area. This will occur as the number of available RSTs outstrips the number of patients who have not yet been contacted.
4. Additional RST fire personnel
 - a. Provide stabilizing treatment of patients.
 - b. Extracting/ evacuating critical patients, identified by initial RST, to Patient Triage/Treatment Areas or CCP
 - c. Provide secondary care to patients in established CCP.
 5. Law enforcement personnel assigned to RST
 - a. Escort the RST to the victim area that has been cleared by the LE Corridor Team(s). They should not assist with any patient care or movement of patients.
 - b. Shall remain with the RST and should not separate themselves from fire personnel. There may be instances where the Warm Zone suddenly becomes a Hot Zone. The law enforcement members escorting the RST must be in position to immediately respond to that threat to ensure the safety of the team.
 6. RST Deployment
 - a. RST should move in and out of the Warm Zone only through entrances and corridors cleared by initial Contact Teams and Corridor Teams as identified by the Tactical Group Supervisor
 - b. Initial RST continue moving through the Warm Zone until they run out of medical supplies or patients. At that time, they can start extracting patients to CCP or Triage/Treatment Area
 - c. multiple fire companies may be formed up to make one RST (example: Engine 1, Engine 2, and Truck 1 form RST 1)
 - d. RST shall be identified numerically in order of deployment (i.e., RST 1, RST 2 ... etc.)
 - e. RSTs must be able to move quickly. As such, it is generally not advisable for them to be equipped with defibrillators, large drug boxes, gurneys, or other equipment that can affect their agility.

7. RST Communications
 - a. The fire team leader and the law enforcement escort will engage in continuous face to face communication.
 - b. Fire team leader in RST shall maintain communication with the Rescue Group Supervisor via radio.
 - c. Law enforcement escort assigned to the RST(s) shall maintain communication with the Tactical Group Supervisor via radio.
8. Situational awareness
 - a. All RST members must maintain situational awareness and report to LE if they see a weapon, explosive device, or any unusual situation.
9. Illustration:

Rescue Strike Team



- IV. Casualty Collection Point (CCP) Supervisor (Fire)** Responsible for the short-term collection, sorting and limited first aid treatment of patients for rapid removal as soon as reasonably practicable to the Treatment/Transportation Area. The CCP Supervisor initially reports to the Rescue Group Supervisor but must establish and maintain liaison with the Tactical Group Supervisor or the law enforcement team leader located within the CCP.
- A. Used for large area facilities with multiple casualties where evacuation distances are long or impossible due to ongoing threat. Based on incident dynamics, multiple CCPs may be required
 - B. CCP provides cover to the injured and responders and is secured by law enforcement force protection.
 - C. Formal triage procedures may or may not be initiated or completed at the CCP depending on conditions, patients, resources, etc.

- D. Point of wound medical stabilization should occur prior to evacuation to CCP. However, in extended incidents, ongoing treatment and/ or advanced life support may be delivered in the CCP.
- E. Sorting of patients to prioritize movement to the treatment/ transportation area.
- F. Efforts should be made to not bring uninjured or deceased persons to the CCP.
- G. Patient tracking should be instituted at the CCP to ensure accountability for all patients. Every attempt should be made to ensure that patients have been searched for weapons inside the CCP and prior to movement to a treatment area.
- H. Provides IC or designee with current information on patients (e.g., total, acuity levels, and resource needs)

V. Medical Group Supervisor (Fire or EMS) Officer responsible to manage the triage, treatment, and transportation of casualties. When large numbers of patients are encountered, or when they are separated by a distance that makes it impractical to have one treatment area, a Medical Branch may be established.

- A. Operates in the Cold Zone
- B. Provides for the rapid triage, treatment, and transportation of injured persons
- C. Establishes/manages Patient Treatment Areas
- D. If Transportation Group Supervisor is not established, provides tracking and patient accountability.
- E. Litter or SKED operations
- F. Develop traffic plan for the ingress, loading, and egress of ambulances.
- G. Identify/ secure landing zones (LZs) in coordination with law enforcement.
- H. Coordinate with the Law Group Supervisor to send Fire and LE units to designated hospital(s) to assist with triage, treatment, and security.

VI. Fire Group Supervisor (Fire) Fire Captain or Chief Officer responsible for the suppression of fires and coordination of the non-EMS operational fire discipline needs of the incident. Additional groups (i.e., US&R Group, Haz Mat Group, etc.) may be established based on the needs of the incident.

- A. Assist law with evacuation of non-injured/ walking wounded to appropriate collection points.
- B. Haz Mat
 - 1. Hazard mitigation
 - 2. Patient/ responder decontamination
- C. Fire Suppression
 - 1. Attack strategy (offensive vs defensive)
 - 2. Consider unstaffed master streams
 - 3. Fast attack
 - 4. Limited salvage, overhaul, ventilation
 - 5. Pre-plan water sources and routes into incident

- D. Mitigate IDLH conditions by extinguishment, denying entry, or isolation.
- E. Utility control

- VII. Law Group Supervisor (Law)** A supervisor from the agency with primary jurisdiction responsible for all law enforcement functions outside of the Tactical Group.
- A. Outer Perimeter and access points
 - B. Coordinates force protection for ICP and other Cold Zone operations including search for secondary threats.
 - C. Witness coordination
 - D. Investigation
 - E. Family assistance centers - reunification, accountability, victim tracking, mortuary services etc.

FIRE SUPPRESSION CONSIDERATIONS

1. Evaluate scene safety with law enforcement before making any entry.
2. Determine with law enforcement if Force Protection is necessary.
3. Determine the fire attack strategy (offensive versus defensive).
4. Determine with law enforcement the location and status of victims or occupants and evaluate the necessity of evacuation.
5. Assess the risk of ammunitions, flash grenades, hot gases, or explosive hazards under fire conditions with law enforcement.
6. Consider the use of unstaffed ground master stream appliances and ladder pipes.
7. Consider using cover when applying hose streams for fire control or exposure protection.
8. Request Hazardous Material response resources to assist with decontaminating victim or safety personnel when there is a risk of exposure to pepper spray, tear gas, flash-bang devices, or radiological/biological/chemical hazards.
 - a. If a Haz Mat incident is identified/develops, the Hot, Warm, Cold zone will be defined and communicated to all personnel.
9. Consider, with law enforcement, establishing multiple Staging Areas for resources in safe and secured locations.
10. Develop a water supply plan in anticipation of a prolonged incident.

RESPONSIBILITIES OF ALLIED/ADJOINING LAW ENFORCEMENT AGENCIES

- I. Upon receiving information that an Active Shooter Incident is occurring in an adjoining jurisdiction, the allied jurisdiction field supervisors shall immediately initiate the process of staging available resources to appropriate locations that could complement a timely response if a deployment of resources is requested.
- II. It shall be the priority responsibility of the ranking allied agency field supervisor, watch commander, or senior field officer on duty, to evaluate the nature of the developing Active Shooter Incident and to deploy available resources consistent with that evaluation. The officer or supervisor who initiates that decision shall proceed only under the following conditions:
 - A. That any deployment shall only commence after notification to and with the concurrence of ranking personnel of the agency of jurisdiction.
 - B. Self-deployment without notification and concurrence of the agency of jurisdiction shall only commence after all reasonable attempts to notify the agency have failed.
- III. In all cases involving a decision to deploy law enforcement resources to an allied jurisdiction, the ranking agency field supervisor, or senior field officer who initiates that decision, shall insure all proper notifications consistent with that agency's chain of command are complied with or initiated.
- IV. In the event that ALL resources of the agency of jurisdiction are deployed in the incident, it shall be the responsibility of the initial arriving units from adjoining jurisdictions to evaluate the need to establish Incident Command. (Refer to "Initial Actions - Law Enforcement" page 10)

INCIDENT SUPPORT CONSIDERATIONS

1. Consider activation of agency's Emergency Operations Center.
2. Consider a local disaster declaration.
3. Consider activation of the South Bay Incident Management Team.
4. Consider establishing a Reunification Center to reunite family members, employees, etc.
5. Consider establishing a Family Assistance Center (FAC). Consider using community organizations and the Federal Bureau of Investigations to support the FAC.
6. Consider establishing a Witness Collection Point.
7. Consider establishing a "tip line" or information line.
8. Consider establishing a Base to support the "expanding incident."

9. Work with Santa Clara County Behavioral Health Services, Fire and Law Peer Support Groups, Santa Clara County Trauma Recovery Center, Open Doors, and other mental health professionals to support the long-term wellness of the victims, families, and first responders.

POST-INCIDENT INVESTIGATION

- I. In most Active Shooter/ Criminal Mass Casualty events, the investigative process will last much longer than the actual event and may involve multiple agencies. It is important for involved agencies to continue to work together to provide a complete and thorough investigation. Large events such as these may warrant mutual aid assistance through the Santa Clara County Mutual Aid Plan, as coordinated through the Santa Clara County Sheriff's Office.
- II. The primary investigative responsibility of an Active Shooter Incident shall lie with the law enforcement agency having jurisdiction over the location of the incident unless another law enforcement agency assumes primary investigative responsibility.
- III. A critical first step in the transition to the Post-Incident Investigation phase is a thorough briefing by initial responders at all levels.
- IV. Agencies are encouraged to coordinate their investigative efforts with:
 - A. Santa Clara County Office of the District Attorney
 1. Office of the District Attorney Bureau of Investigations
 - B. Office of the District Attorney Crime Laboratory
 - C. Federal Bureau of Investigation
 - D. Santa Clara County EMS Agency
- V. The Investigative Assistance for Violent Crimes Act of 2012 (HR 2076) authorizes the U.S. Attorney (through the deployment of the FBI) to assist, at the request of state or local authorities, with providing investigatory assistance in response to violent acts or shootings occurring in a place of public use and in investigation of mass killings (3 or more) and attempted mass killings.

DEPARTMENTAL ADMINISTRATIVE COMMITMENTS & RESPONSIBILITIES

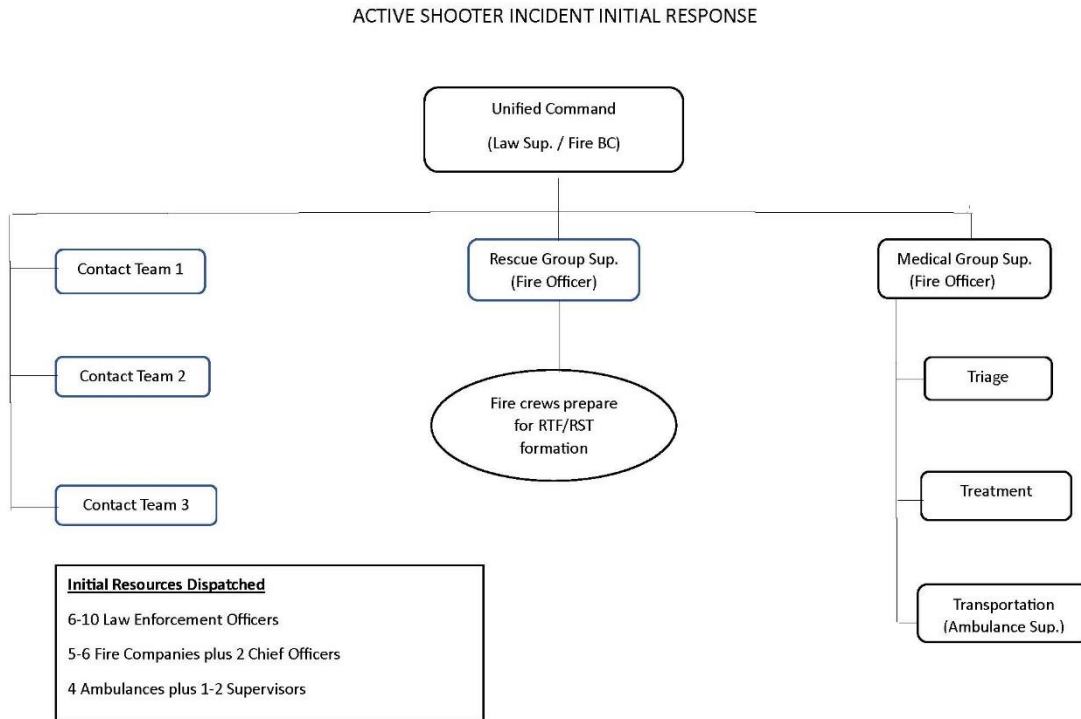
- I. Each agency is committed to ensuring their staff receives the necessary training to respond to an active shooter event.

- II. Agencies should develop and review their own department Active Shooter procedures, training, and tactics at least annually for the purpose of ensuring their system incorporates the most current technologies and tactical philosophies. Training should include tactical level and command level scenarios. Training should also include a multi-jurisdictional and multi-discipline component when possible. Consideration should be given to training in a variety of scenarios, including enclosed spaces and open spaces.

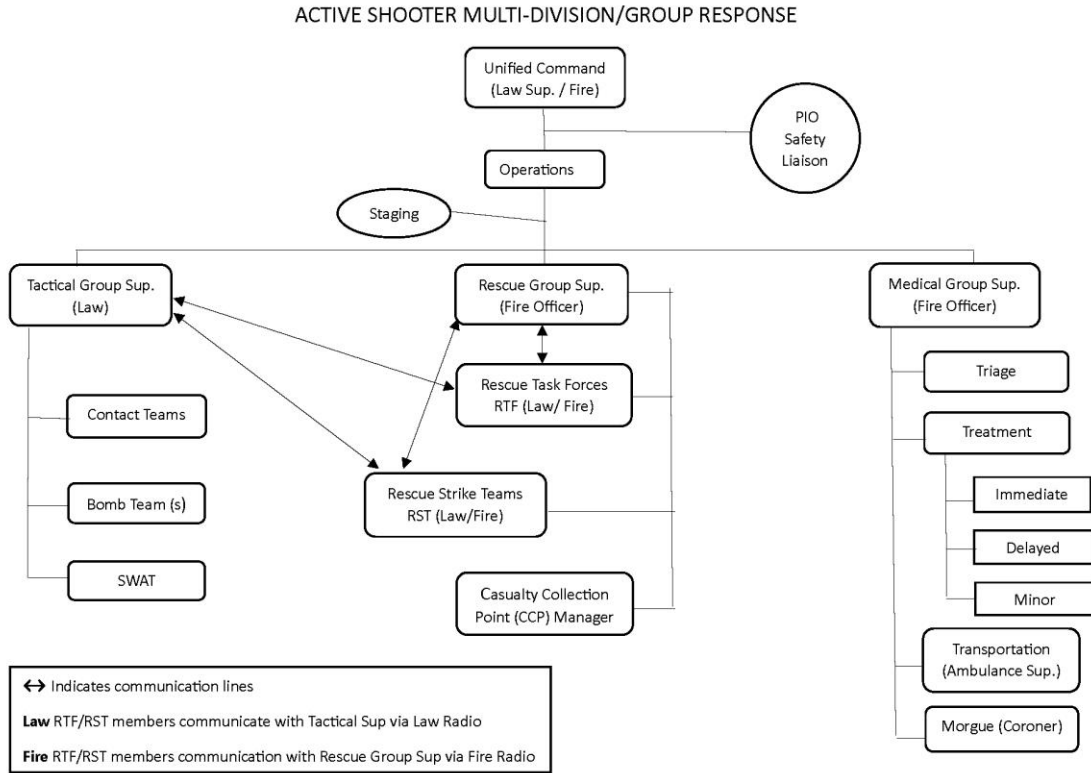
- III. In the event of an Active Shooter Incident, it shall be the responsibility of the law enforcement agency of jurisdiction to sponsor and organize an incident debriefing of the action for all interested regional agencies.
 - A. The debriefing should follow the event as soon as circumstances allow.
 - B. The intention and direction of the debriefing shall be for the education and preparedness of all regional interests.
 - C. The debriefing should include all involved parties from every agency involved. The use of a Critical Incident Stress Management Team should be strongly considered during this phase of the debriefing.

- IV. Agencies are encouraged to pre-plan for all large-scale events.
 - A. For large scale pre-planned events, agencies should consider forming joint Fire - Law Incident Action Plans for emergency response scenarios, including active shooter incidents and other incidents of mass violence.
 - B. Agencies should consider pre-staging resources and establishing Unified Command at joint ICP during large scale events.

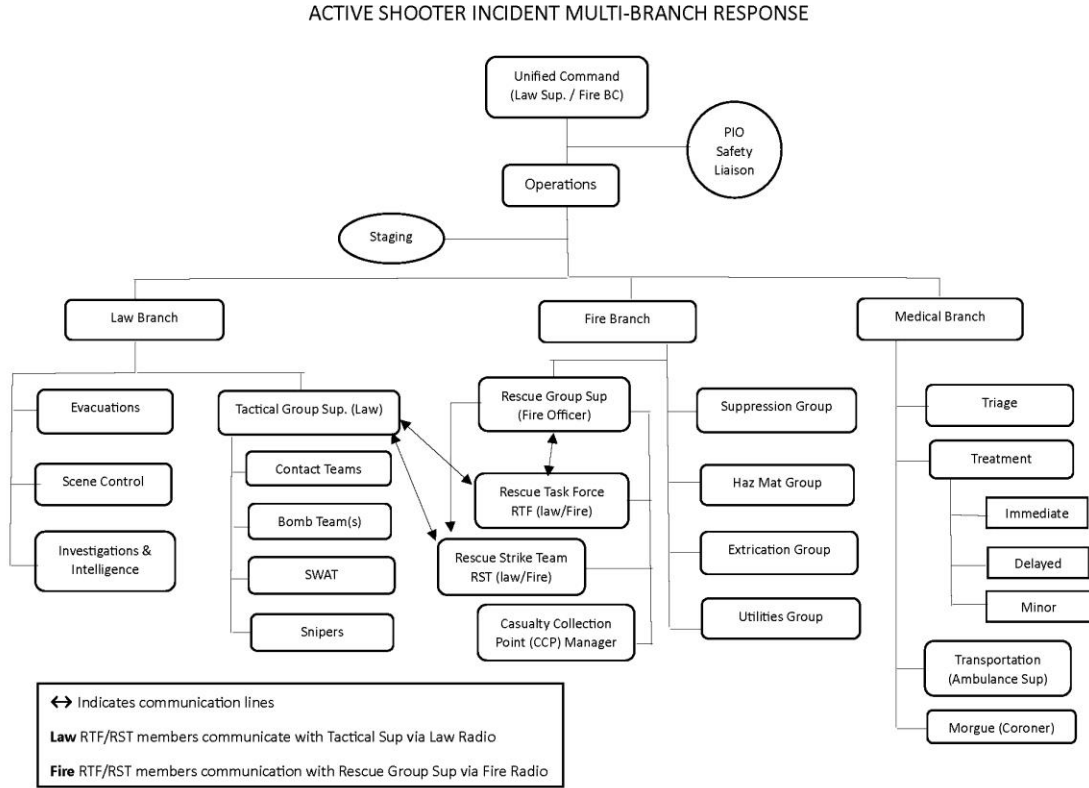
APPENDIX 1: Active Shooter Incident Initial Response



APPENDIX 2: Multi-Division Response Organizational Chart



APPENDIX 3: Multi-Branch Response Organizational Chart



APPENDIX 4: ACTIVE SHOOTER RESPONSE RECOMMENDED EQUIPMENT ITEMS FOR LAW ENFORCEMENT PERSONNEL

Equipment items listed below are suggested and recommended for initial deployment during an Active Shooter Incident. Based on evolving tactics, situational awareness, department, and personnel limitations, and debriefing of prior incidents, the list of individual equipment items for responding personnel is a guide and recommendation only.

A. RESPONDING LAW PERSONNEL (READILY AVAILABLE EQUIPMENT):

1. Ballistic Vest Carriers (Kevlar or Plate Carriers)
2. Credential Identification Affixed to Vest Carriers (Police, Sheriff, EMS, Fire)
3. Ballistic Helmets
4. Ballistic Shields
5. Rifle / Shotgun
6. Gas Masks / PPE
7. Breaching Tool Pack (Mini Ram, Halogen, Bolt Cutters)
8. Automated External Defibrillator (AED)
9. Additional Radio Batteries

B. ACTIVE SHOOTER TRAUMA RESPONSE BAG (LEO):

1. Extra Rifle / Handgun Magazines
2. Flashlights / Weapon Lights
3. Flex Handcuffs
4. Chem Lights / Sticks
5. Doorstops / Wedges
6. Dump / Foldable Pouch
7. Water Bottle
8. Tourniquets (Multiple)
9. Medical Scissors
10. PPE / Medical Gloves
11. Trauma Wound Dressing / Bleed Control Kit
12. Quik Litter / Rescue Sked

APPENDIX 5: ACTIVE SHOOTER RESPONSE RECOMMENDED EQUIPMENT ITEMS FOR FIRE/EMS PERSONNEL

Equipment items listed below are suggested and recommended for initial deployment during an Active Shooter Incident. Based on evolving tactics, situational awareness, department, and personnel limitations, and debriefing of prior incidents, the list of individual equipment items for responding personnel is a guide and recommendation only.

A. RESPONDING FIRE/EMS PERSONNEL (READILY AVAILABLE EQUIPMENT):

1. Ballistic Helmet with eye protection
2. Ballistic Body Armor (NIJ Level III or higher)
3. Active Shooter EMS waist pack or trauma bag
4. Radio for each team member
5. Optional considerations:
 - a. Patient Extrication Device (SKED, Backboard, Patient carry-all)
 - b. Forcible Entry tools
 - c. Flashlight
 - d. Thermal Imaging Camera

B. TRIAGE/TREATMENT BAG FOR FIRE/EMS:

1. Ribbon (Red, Black and White stripe)
2. Medical Tape
3. Shears
4. Eye Protection
5. Needle Decompression (10G)
6. Stretch Gauze 3"
7. Stretch Gauze 4"
8. Abdominal Pad
9. Extra Gloves
10. Multiple (3-5) Ziploc Bags with Treatment Kits including:
 - a. Emergency Trauma Dressing
 - b. 4X4 Dressing
 - c. CAT Tourniquet
 - d. Stretch Gauze 3"
 - e. SWAT Tourniquet
 - f. Nasal Pharyngeal Airway 30 and Lube
 - g. Petroleum Gauze 5X9
 - h. Abdominal Pad
 - i. Vented Chest Seal
 - j. Needle Decompression 10G