Active Shooter Response Implementation for the Red, White & Blue Fire Protection District

Charles A. Hoehn

Red, White & Blue Fire Protection District

Breckenridge, Colorado

Certification Statement

I hereby certify that this paper constitutes my own product, that where the language of others is set forth, quotation marks so indicate, and that the appropriate credit is given where I have used the language, ideas, expressions, or writings of others.

Signed: 

Abstract

Active shooter and hostile events are contemporary problems that have upended the modern fire service and demanded adaptation. The problem is the Red, White & Blue Fire Protection District has not defined an expected level of engagement for active shooter incidents. The purpose of this research was to explore the implementation of active shooter response programs and identify elements which may be beneficial to Red, White & Blue. The Descriptive research method was used to answer the following questions: a) What is Red, White & Blue Fire District's current level of preparedness for active shooter incidents? b) What is the willingness of Red, White & Blue providers to engage in an active shooter response? c) What are regional and national experiences in active shooter response implementation? d) What elements of active shooter response implementation would benefit the Red, White & Blue service model? The procedures employed in this research were a literature review of contemporary and pertinent text, articles and past research; training records and empirical evidence; and a diversity of survey instruments. The results of the research have demonstrated that regional fire and EMS providers have been prudent in their response to this emerging threat. The results have also highlighted opportunities for further growth and conformity to broader considerations. The recommendations offered included continuous training toward mastery of subject; improving integrated response relationships; improving equipment interoperability through coordinated specification and purchasing; updating existing policy to reflect a new paradigm of measured risk; engaging community stakeholders in the planning processes; developing ASHE specific community risk reduction efforts; and incorporating ASHE advancements into existing accreditation processes.

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Active Shooter Response Implementation for the Red, White & Blue Fire Protection District

The Pulse nightclub shooting on June 12, 2016, in Orlando, Florida resulted in 49 fatalities and 53 wounded. During the time of the shooting, the Orlando Fire Department was at a point of transition in their approach toward active shooter response. They had been working on a plan for three years; had purchased 20 bulletproof vests, which were never issued; and had yet to formalize their training or develop policy and procedure (Aboraya, 2018). The department, admittedly, had yet to shift their active shooter response paradigm from a position of absolute scene safety to one of acceptable risk.

With no discrimination toward population or demographic, this scenario continues to play out across our nation. With each incident, the facts become more clear: active shooter incidents last 12 minutes on average; 37% last less than 5 minutes; the offender is a single shooter 98% of the time; 43% of incidents are over before law enforcement arrives; and 40% of shooters end up killing themselves (Brown & Gould, 2016). More importantly, however, "The most significant preventable cause of death in the prehospital environment is external hemorrhage control" (Jacobs, 2015, p.3), thus "the sooner first responders initiate rescue and treatment of the wounded, the greater chance that the victims will survive" (Delaney & Smith, 2013, p. 50).

Similar to Orlando at the time, the problem is the Red, White & Blue Fire Protection District (RWB, District) has not defined an expected level of engagement for active shooter incidents. The purpose of this research is to explore the implementation of active shooter response programs and identify elements which may be beneficial to Red, White & Blue. It is my intention to use the Descriptive research method to determine active shooter response implementation appropriate to Red, White & Blue. I will explore fire and EMS active shooter response characteristics through a literature review. I will analyze training data and empirical

evidence to distinguish a level of preparedness. I will also utilize surveys to determine internal compliance and external practices as they pertain to this problem. Through this effort, I will attempt to answer the following questions: a) What is Red, White & Blue Fire District's current level of preparedness for active shooter incidents? b) What is the willingness of Red, White & Blue providers to engage in an active shooter response? c) What are regional and national experiences in active shooter response implementation? d) What elements of active shooter response implementation would benefit the Red, White & Blue service model?

Background and Significance

The Red, White & Blue Fire District is located in the resort community of Breckenridge, Colorado. The District, founded in 1880, is an all-hazards emergency response agency. The District encompasses 126 square miles of Summit County, Colorado. The District employs 58 career staff across four divisions: administration, operations, community risk management, and training. The District serves a full-time population of roughly 10,000 permanent residents, which can surge to more than 50,000 people during peak tourism periods. The District answers 2325 calls for service annually, responding with two engines, one ladder truck, two ambulances, and one battalion chief distributed between four response stations. The District is an accredited agency through the Commission on Fire Accreditation International (CFAI); holds a Class 2 rating through Insurances Services Organization (ISO): and is currently pursuing EMS specific accreditation through the Commission on Accreditation of Ambulance Services (CAAS). The mission of the District is, "Together, building a safer community through prevention, preparedness, and response."

The District has a wide array of occupancies and venues that qualify as distinctly susceptible to active shooter threats. To begin with, the only public high school for Summit

County is located within RWB's jurisdiction. The high school is fed by six elementary schools throughout the county. Two of these public elementary schools and four early child care facilities are located in the Breckenridge area. The District is further home to the Colorado Mountain College (CMC) Breckenridge campus. The enrollment of each is outlined in Table 1.

Table 1

Educational Facility Enrollment

School	Enrollment
Colorado Mountain College – Breckenridge	1,281
Summit High School	3150
Breckenridge Elementary	235
Upper Blue Elementary	304
Little Red Schoolhouse	103
Timberline Learning center	75
Carriage House	65
Breckenridge Montessori School	20

In addition to local schools, Summit County government has positioned their administrative staff and functions inside the Old County Courthouse building located in downtown Breckenridge. In terms of larger assemblies, there are four places of worship within the District, each of different denomination, as well as a dedicated conference center located within one of the larger resort occupancies. As a premiere ski and outdoor recreation destination, Breckenridge is further host to countless special events, most notably: Oktoberfest, Wine Classic, Film Festival, Lighting of Breckenridge and Race of the Santa's, International Snow Sculpture Championships, Dew Tour,

Independence Day, Mardi Gras, and the Summer Beer Festival. Similarly, seasonal on-resort exposures such as ski chair lift lines and chair lift occupants, present a target rich environment for a person of malicious intent, often compounded with an elevated shooter potential comparable to the October 2017 Las Vegas country music concert shooting.

As profiled in the Executive Analysis of Fire Service Operations in Emergency Management (EAFSOEM) course, many of the occupancies most susceptible to an active shooter threat have also been categorized as Critical Infrastructure (CI) as specified in the RWB Accreditation Standards of Cover. An impact to schools, assemblies, or the tourism economy would have numerable cascading effects beyond the initial incident (Federal Emergency Management Agency [FEMA], 2016, p. SM 4-20). The cumulative effects would predictably trigger the activation of the Summit County Emergency Response Plan coordinated by the County Emergency Manager and applicable Emergency Support Functions (ESF).

Red, White & Blue Fire District has yet to experience or respond to an active shooter incident within any of these target areas. We have, however, experienced numerous gun violence scares to this effect. In March 2017, “police received a report from anonymous tip line Safe2Tell warning of a student who was making credible threats against several people” ("Second Gun Scare," 2018, p. 1). In March 2018 Summit Middle School in Frisco, Colorado was evacuated as a result of live ammunition found at a bus stop outside the building ("Second Gun Scare," 2018). More recently, in April 2018, a 15-year-old Summit High School student was arrested for “allegedly planning to carry out a school shooting and giving out sticky notes to students he would spare” (“Sheriff Says Summit High Student,” 2018, p. 1).

In response to the palpable and demonstrable threat of a mass shooting in our community, Red, White & Blue has initiated the process of preparing for such an incident. This has been

done in conjunction with local law enforcement, Summit Fire and EMS, Summit County Ambulance Service, and the High Country Training Center. Beginning in 2016, the county agencies solicited the expertise of Centurio Training & Consulting of Golden, Colorado. Comprised mostly of law enforcement officers from the Arvada, Colorado police department, Centurio instructors have collectively responded to the Columbine High School shooting, Granby, Colorado bulldozer incident, Platte Canyon High School shooting, and Youth with a Mission shooting. The training package they have introduced to Summit County includes Rescue Task Force (RTF) operations and Tactical Emergency Casualty Care (TECC). According to District training records (Appendix A), the training was initiated in May of 2016 as a didactic active shooter, victim rescue, and EMS roles presentation. In July 2016, Centurio staff returned to Summit County and built on this foundation by conducting live movement drills with fire, EMS and law enforcement at Summit High School. County-wide training was intensified and reinforced once again at the Summit County shooting range during the summer of 2017, at which time drills were compounded by the accompaniment of blank shots being fired overhead, simulating a more realistic and stressful environment. Finally, the culmination of these trainings took place in May of 2018 at the Beaver Run Resort Conference Center in Breckenridge. During this training, Rescue Task Forces of fire and EMS personnel with forced protection from law enforcement were formed; coordinated movements were executed down hallways and into rooms; and victims were treated and removed from the hostile environment. The last component of this tutelage is a full-scale scenario, tentatively planned for summer 2019, incorporating the aforementioned components as well as an incident command structure. This exercise is intended to reinforce and solidify the engagement criteria of a unified command, contained and subdued shooter, and known victim(s).

To formalize this intention, Summit County response agencies have been building towards, but have yet to adopt, a contemporary active shooter/hostile event (ASHE) policy. The initial attempt at this is a 2015 document titled the Summit County Multi-Agency Active Threat Response Guidelines (Appendix B). This guideline is a rudimentary, awareness level document intended to allow fire and EMS agencies to operate safely in an active shooter environment. The document, reflecting the tepid and uncommitted environment at the time, hints at acceptable risk, but is weighted more toward absolute scene safety. The document, unsupported by any formal training at the time, had yet to embrace RFT or TECC tactics. Summit County agencies also adhere to a more established Mass Casualty Incident Response Guideline (Appendix C). This guideline has been harmonized with response running orders and designates response levels, command and leadership roles, communications, and patient destination considerations.

At the conclusion of the May 2018 exercise, Red, White & Blue began in earnest the process of acquiring personal protective equipment (PPE) specifically for active shooter response. By this time, both Summit Fire & EMS and Summit County Ambulance Service had already purchased tactical vests, helmets, and trauma kits for their responders. RWB was subsequently provided eight trauma kits through the County EMS Board but were functionally inoperable without the accompanying vest and helmet. Through the resourcefulness of an RWB firefighter/paramedic, the District aligned with an organization called Shield616 from Colorado Springs, Colorado to provide RWB responders with the necessary gear. Shield616 is a benevolent, non-profit organization committed to equipping every first responder with a ballistic armor package. In December 2018, RWB and Shield616 introduced eight complete sets of ballistic protection, representing $16,000 in charitable contributions and grant funding. With an

ultimate goal of twelve complete sets of tactical PPE, RWB intends to continue this effort until the goal is met.

RWB is on the precipice of actualizing many of the critical components of a sound active shooter response. The District is now confronted with the challenges of formalization, cultural integration, and sustainability both in terms of competency and funding. The examination of this problem and the eventual contribution to a regional resolution are aligned with multiple United States Fire Administration's (USFA) goals. RWB's efforts in this context contribute to USFA Goal 1, "Reduce Fire and Life Safety Risk through Preparedness, Prevention, and Mitigation"; Goal 2, "Promote Response, Local Planning, and Preparedness for All Hazards"; and Goal 3, "Enhance the Fire and Emergency Services' Capability for Response to and Recovery from All Hazards" (United States Fire Administration [USFA], 2014, p. I).

Literature Review

The Department of Homeland Security (2008) has defined an active shooter as, "an individual who is actively engaged in killing or attempting to kill people in a confined and populated area; in most cases, active shooters use firearm(s), and there is no pattern or method to their selection of victims" (p. 2). From a historical perspective, the nation's first recorded campus shooting took place on November 15, 1840, at the University of Virginia in which a professor, John A.G, Davis, was shot and killed by a student, Joseph Semmes (Rosenwald, 2018). Since that time, active shooter/hostile event data has increased exponentially, culminating in 289 mass shootings within the United States in 2018 as of October 17 (Gun Violence Archive website, 2018). The large majority of these shootings have taken place inside schools, religious assemblies, businesses, and at public events (Blair, Burns, Curnutt, & Nichols, 2013). Amidst this devolution, the State of Colorado has been host to two of the more

synonymous active shooter incidents in modern history, the 1999 Columbine School massacre, and the more recent 2012 Aurora Theater shooting.

Prior to Columbine, both law enforcement and fire and EMS responders took a very orthodox, cautious, and restrained approach toward these high-risk incidents. Law enforcement's standard for response at the time "was focused on the '5 Cs': contain, control, call SWAT, communicate with the perpetrator, come up with a tentative plan" (Delaney & Smith, 2013, p. 49). With Columbine as a barometer, law enforcement quickly recognized that this strategy was ineffective and antiquated. Law enforcement had resolved that the request, assembly, and response of a dedicated SWAT team did not compliment the time-sensitive nature of an active shooter response (Blair et al., 2013).

Compounded by the data that a new victim could be acquired and killed by a single shooter every five seconds (Rielage, 2009), law enforcement appropriately shifted their paradigm to a "rapid emergency deployment of law enforcement officers, regardless of SWAT capabilities, in order to neutralize the shooting threat quickly" (Dyer, Eblan, Jones, Kue, & Mitchell, 2014, p. 355). First arriving officers would now move toward the sound of shooting without hesitation, either individually or as part of an impromptu two to four person team, gaining increased situational awareness from victims or evacuees as they advanced (Blair et al., 2013). With a singular focus of expeditiously eliminating the threat, the new ethos of law enforcement sought to aggressively limit shooter trigger time thereby minimizing casualties (Delaney & Smith, 2013). This shift afforded patrol officers the flexibility to engage in the incident and make immediate and critical decisions without the authorization of supervisors (Blair et al., 2013). The success of this new strategy was demonstrated in the 2009 Fort Hood mass shooting, in which "The response, engagement and the neutralizing of the shooter by two civilian police

officers within five minutes of the first shots being fired saved countless additional lives" (Rielage, 2009, p. 31).

In addition to their new posture towards engagement, law enforcement also understood the need to bridge the gap with EMS and contribute to more aggressive medical intervention when possible. As the majority of injuries are from gunshot wounds, "67% of severe ballistic injuries die within the first 30 min and approximately half of these are those bleeding to death" (Fagel, 2014, p. 62). This ultimately led to the introduction of Tactical Emergency Casualty Care principles in active shooter incidents. Albeit not their primary mission, law enforcement is now subscribing to hemorrhage control, tourniquet application, wound packing, and airway management training. The utilization of this skill set is best suited for the initial phase of the incident in which shooting is still occurring, and the threat has yet to be contained. Fagel (2014) concludes that TECC interventions allow law enforcement to provide self-care or care for a fellow officer if engaged by the shooter but are yet inaccessible by EMS. This has been further illustrated through the recommendation of gunshot wound kits as requisite equipment to law enforcement officers' tactical vest compliment (Hyderkhan, 2014).

EMS and fire agencies have been similarly compelled to re-evaluate their posture in active shooter scenarios. Equally plagued by SWAT response and integration delays, EMS and fire agencies too recognized the potential to improve morbidity rates. According to John O'Shea, Chief of Blacksburg Rescue and responder to the Virginia Tech shooting, "Over time, with experience and review of after-action reports of mass shootings worldwide, it became clear that to truly make a difference in patient outcome, a change in EMS tactics was long overdue" (Bulloss, 2014, p. 30). From a liability standpoint, Johnson (2015) states, "Fire Departments

who are not working with their own local law enforcement agencies will likely be faced with civil law suits for failure to act" (p. 51).

As with most change, this transformation has endured its fair share of challenges. Handicapped by policy dictating absolute scene safety, EMS intervention had been previously limited to SWAT medics whose primary obligation was team member support and less so civilian victims (Delaney & Smith, 2013). The concept of measured risk in lieu of entrenched stage and wait doctrine was met with resistance early on by EMS and fire service providers, who claimed it was not within the scope of their job responsibilities (InterAgency Board, 2016, p. 29). According to Delaney et al. (2013), "The most common argument against Fire/EMS warm zone operations in active shooter/active killing scenarios is that 'operating in an unsecured environment is too much risk for the responders to assume'" (p. 50). Analogously, "Previously published studies have shown that EMS provider comfort level and willingness to respond to weapons of mass destruction (WMD) events was directly related to the training they had received" (Dyer et al., 2014, p. 351).

As RTF and TECC curriculums evolve and have become more explicit in terms of tactics and equipment, the stigmas associated with the expectation to act have gradually diminished amongst medical responders (Pulvermacher, 2016). In his research, Hinds (2015) "found that there is widespread agreement on the need for medical personnel to deploy as rapidly as possible into areas in which victims of ballistic and explosive injuries are located" (p. 27). Similarly, Piper (2013) asserts that "collaboration and cooperation with stakeholders is the key to minimizing the impact of an active shooter incident" (p. 28). The maturation and integration of law enforcement, fire, and EMS would ultimately become the nexus for the Rescue Task Force and "warm zone" concepts. Paramount to this aggregation is the THREAT acronym (threat

suppression, hemorrhage control, rapid extrication, assessment, transport) as codified by the 2013 Hartford Consensus (Pulvermacher, 2016). Furthermore, the InterAgency Board (2015) has concurrently derived ten best practices as it relates to this interdisciplinary effort:

- Ensure leadership prioritizes and supports the development and implementation of proactive ASHE-relevant joint policies, procedures, training, exercises, and equipment.
- Integrate and improve coordinated pre-event law enforcement, fire, and EMS policy
- Create and integrate a common operating language.
- Integrate and improve coordinated command and incident management across all responder disciplines.
- Adopt the Rescue Task Force concept.
- Employ Tactical Emergency Casualty Care.
- Implement Casualty Collection Points.
- Develop and communicate evidence-based guidelines for fire/EMS ballistic protective equipment.
- Establish evidence-based guidelines and education for medical and rescue equipment
- Promote two-way public communication as an essential component for effective ASHE response (p. 5).

Although active shooter incidents reside more in the domain of law enforcement (Delaney & Smith, 2013), it is specifically advised that a “unified, co-located incident command must be established as soon as the initial first responder arrives on the scene” (InterAgency

Board, 2015, p. 13). This premise has proven challenging, as the prevalence of limited staffing often dictates that eligible law enforcement supervisors engage directly in threat suppression efforts before establishing a command presence (Berkowsky, 2016). This becomes even more prohibitive as many fire and EMS agencies adhere to rules of engagement which preclude them from initiating a RTF response in the absence of an established unified command (Pulvermacher, 2016). As fire agencies implement ICS on a more routine basis, one recommendation is for fire personnel to establish a command structure, designating groups and divisions and managing the peripheral demands "in anticipation of a police commander joining the command post once law enforcement neutralizes the offender" (Berkowsky, 2016, p. 50). It is further recommended that these practices be pre-established and rehearsed at a regional level to reinforce interagency relations (Hyderkhan, 2014).

Finally, the National Fire Protection Association (NFPA) has recently taken up the charge of providing a guidance document for ASHE events and has published a provisional standard in May 2018. The 46 member technical committee who constructed the standard have adjudicated that every community is vulnerable to this risk and that a standby disposition is inconsistent with the duty to act in such cases. NFPA 3000: Standard for an Active Shooter/Hostile Event Response Program is based on the tenets of whole community participation, an integrated response, unified command, and a planned recovery. Formalizing the patchwork of previous concepts and visions, this document is assembled into 20 chapters, promoting five core principles of risk assessment; incident management; financial management; communication center support; and competencies for fire and EMS responders (Downey & Goldfeder, 2018). It is the ambition to normalize ASHE community risk management efforts to the extent that school fire drills have virtually eradicated school fire deaths, the last of

significance being the Our Lady of the Angels School fire in 1958 (National Fire Protection Association [NFPA], 2013).

The literature reviewed has decidedly influenced both the scope of this project as well as the sense of urgency to assimilate the findings. It is evident that through collaborations such as NFPA 3000, emergency services as a whole have emerged from respective silos and aligned in best practices which are much broader than just tactical considerations and equipment procurement. The value of stakeholder engagement beyond the insular first responder cadre cannot be overstated. The intentional planning with community leaders, emergency management, the public, healthcare officials, non-governmental partners, and facility managers is essential to the overarching efficacy and resiliency of a community (Downey & Goldfeder, 2018). During the course of this research, two more tragic active shooter incidents have occurred. On October 27, 2018, 11 people were killed in Pittsburg, Pennsylvania while worshiping at a synagogue. Another 12 people were killed on November 7, 2018 in Thousand Oaks, California while patronizing a country music bar. Given the frequency of this narrative, it is further evident that every day an organization is delinquent in ASHE planning and policy development is another day communities are unnecessarily subject to these outcomes.

Procedures

The procedures exercised in this research have been framed to compliment the purpose of the research, to explore the implementation of active shooter response programs and identify elements which may be beneficial to Red, White & Blue Fire District. The process began with a literature review concurrent to attendance at the EAFSOEM course. This was accomplished through the Learning Resource Center (LRC) at the National Emergency Training Center (NETC). The literature solicitation sought to broaden and cultivate awareness of key principles,

and at the same time, unveil the findings of others. The intent of the literature canvas was to diversify the literature both in format and conventions to include textbooks, scholarly articles, journals, reports, and prior research. The literature review was additionally supported using the interlibrary loan process through the local Breckenridge, CO library to extend access to literature too large to duplicate. The body of literature was then segmented into key concepts and restructured into a relevant sequence.

The research was further focused to assess specific, local exposure and adaptations to ASHE risk. Prior incidents and training records were analyzed to discern the amplitude and progression of regional risk and response efforts. This was substantiated with empirical evidence garnered through personal observations in training, ballistic PPE acquisition efforts, and incident response. Local schools were also contacted by telephone to obtain enrollment numbers in an effort to illustrate immediate exposures.

An internal survey was conducted (Appendix D) to assist in answering research questions regarding RWB's current level of preparedness as well as the willingness of providers to engage in active shooter interventions. The survey was distributed to all 47 RWB operational employees and was open to response for a period of 60 days. The selection of this group was on the basis of their participation in the aforementioned training elements as well as their familiarity with RWB critical infrastructure and ASHE risk. The survey was a mixture of yes/no, multiple choice, linear scale, and short answer questions.

Similarly, a regional survey (Appendix E) was conducted as a comparative measure to gauge regional experiences in active shooter response implementation. This survey was distributed to partner agencies Summit Fire & EMS and Summit County Ambulance Service. This survey was again distributed to all operational employees of both organizations in an effort

to evoke the largest sample set and therefore greatest statistical significance. As with the internal RWB survey, this population sample offered diversity in the personalization of the problem, as many of the respondents live in the community, have children in schools, and frequent places of assembly and local special events. This survey was also open to response for a period of 60 days and was of similar composition to the internal survey.

Expatiating on these themes, a national survey was conducted (Appendix F) to elicit contemporary experiences beyond the confines of Summit County. The external survey sought to affirm or disprove regional sentiment and augment an answer to the question of what elements of an active shooter response would benefit RWB's service model. As the problem of ASHE is universal to all communities, this sample selection was not exclusive to any one demographic or agency type; volunteer, combination, or career. The survey was facilitated through the International Association of Fire Chiefs (IAFC) Executive Fire Officer section and was also available for a period of 60 days. The survey used the same question format as the regional surveys and netted 30 responses during the time it was available. As with all of the surveys conducted, all questions required a response with the exception of open-ended, short answer questions.

The greatest limitations of the procedures used were largely confined to the survey instruments. Each of the three surveys was centric to an integrated response and void of whole community participation and planned recovery elements as advocated through NFPA 3000. The myopic assumption that the survey instruments should be specific to fire and EMS agencies and their integration into an established law enforcement framework inadvertently excluded critical stakeholder testimony. To a lesser degree, limitations were also experienced in the literature

review process. As a contemporary issue with an extensive body of current literature, there was a paradoxical challenge in distilling the selections to focus explicitly on the research problem.

Results

The results of the procedures utilized have offered lucidity to the research questions and enhanced examination of the active shooter problem. The responses to the internal RWB survey (Appendix G) serve to decipher the question, what is Red, White & Blue Fire District's current level of preparedness for active shooter incidents? When asked if they felt RWB was adequately prepared to handle an active shooter incident, three of the 15 respondents responded in the affirmative, six neither agreed nor disagreed, and another six clearly indicated they did not feel RWB was adequately prepared. When posed a follow-up question soliciting comment on how RWB could do a better job at preparing for this type of incident, the majority of the respondents articulated a desire for continued training and acquiring ballistic PPE. Contrary to this sentiment, RWB employees indicated they felt they had personally received adequate training in RTF and TECC operations, with just two individuals responding that they did not. This response parallels the respondents' stated level of comfort working in ballistic protective equipment, with just two personnel expressing their apprehension to do so. Finally, in response to the research question, what is the willingness of Red, White & Blue providers to engage in an active shooter incident, all of the respondents indicated they were willing to enter a "warm zone," with six agreeing and nine strongly agreeing.

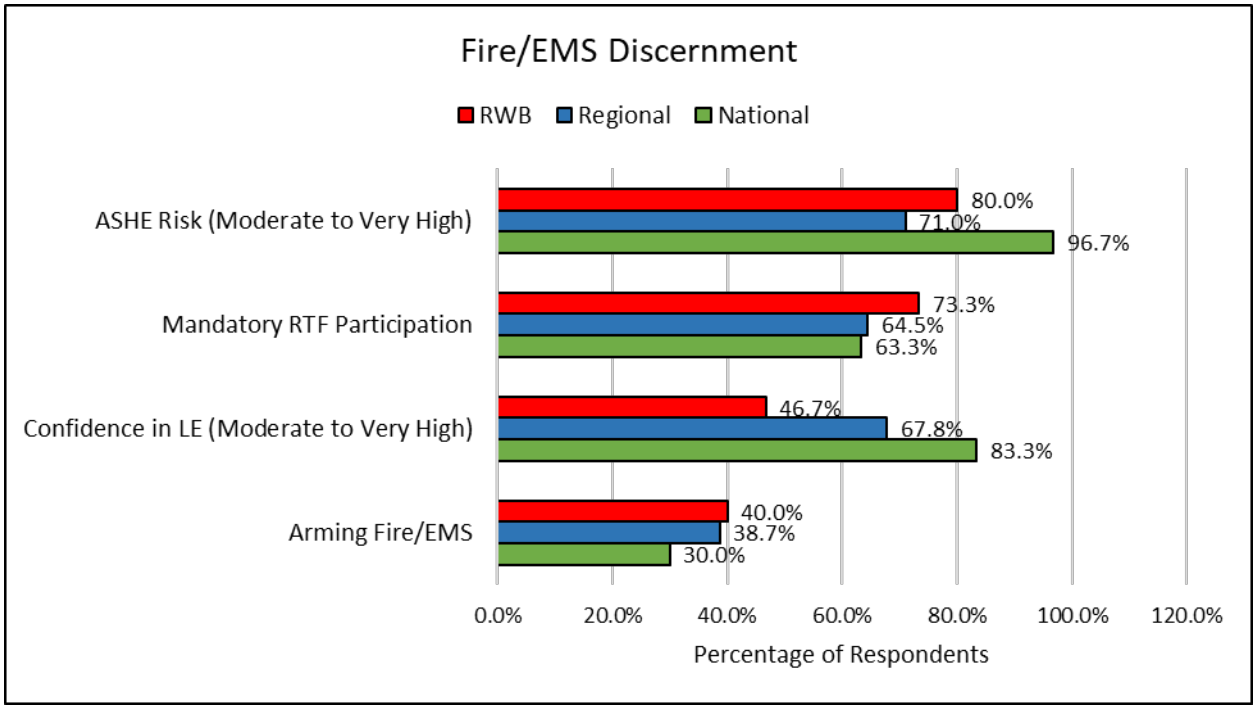
Widening the lens of results, partner agencies in Summit County were appraised of their perspectives in a similar fashion. The examination of the regional survey (Appendix H) helped remedy the question, what are regional and national experiences in active shooter response implementation? When asked whether they felt their organization was adequately prepared to

handle an active shooter incident, partner agencies demonstrated markedly greater confidence than RWB respondents with a contrasting shift toward the affirmative. When asked the same follow up question as to what they felt their respective agency could do to better prepare, respondents categorically indicated continued and enhanced training in the discipline. Absent from this discourse were concerns with equipment allocation, as all surveyed agencies with the exception of RWB had placed ballistic PPE in-service prior to the time of survey. The only outliers to this response were suggestions to qualify or certify tactical paramedics and to have a clear written plan available to all personnel. From an individual standpoint, regional responders indicated they too felt they had received adequate training in RTF and TECC, with only seven of 31 respondents answering to the contrary. Likewise, the majority of regional respondents expressed overall confidence in working in ballistic PPE, with only six individuals specifying that they did not. When gauging their willingness to enter a "warm zone" in this context, only 71% of respondents were resolute in their readiness to do so, as opposed to 100% of RWB employees.

Survey results from beyond Summit County offered even greater diversification and depth to the question of regional and national experiences in active shooter response implementation (Appendix I). Of the 30 different agencies that responded, roughly 67% were suburban populations, 27% urban, and the remainder rural. Remarkably, 14 of these agencies indicated they had already experienced an active shooter incident. When asked whether or not their organization currently had an active shooter policy, 90% answered in the affirmative. In an assessment of their respective organization's preparedness, most respondents indicated they were response primed, with only three signaling unfavorably. To support this supposition, more respondents than not felt their organization had received adequate training in RTF and TECC,

with 16 agreeing or strongly agreeing to the question. In terms of PPE, 67% of the organizations had already made ballistic vests and helmets available to their responders; 20% stating they had one or the other; and a marginal 13% having none at all. When probed about the fortitude of their organization to engage in "warm zone" operations, 87% felt their constituents were compelled to do so, and 93% indicated they were personally willing.

Figure 1



Each of the three surveys also included tangential questions regarding perceived risk of an active shooter incident; compulsory participation in RTF operations; confidence in law enforcement as part of a RTF; and arming fire and EMS personnel. As illustrated in Figure 1, the risk of an ASHE event is regarded as consequential across all three demographics, with greater expectancy nationally than locally. Nevertheless, RWB employees perceived their role in RTF operations as mandatory to a greater degree than other sample groups. RWB employees declared the least amount of confidence in law enforcement ability to provide force protection

and felt most compelled of any group to carry a supplemental firearm while engaging in RTF operations.

Finally, an analysis of the aforementioned data offers settlement to the question, what elements of active shooter response implementation would benefit RWB? Unanimous to all three surveys, continuous and dynamic RTF and TECC training are requisite to proficiency in the high-risk, low-frequency ASHE environment. Furthermore, increasing the supply of ballistic PPE invariably adds value to available RWB personnel by expanding the number of potential RTF teams. Integrating training and equipment into a whole team concept, a trusted and reciprocal relationship between RWB and local law enforcement is fundamental to incident efficiency and efficacy, both the context of RTF tactics as well as unified command. A crowning element which incorporates the previous three is a contemporary regional ASHE policy offering guidance and continuity to both response and recovery obligations.

Discussion

The relationship between the study results and the specific findings of others align well in terms of overarching strategy and tactics but contrast greatly in regards to community engagement, planning, and recovery. Summit County law enforcement, as a whole, has transitioned resiliently to SWAT indifferent, rapid deployment tactics rooted in principles of limiting shooter time and casualty minimization. This reform, indoctrinated nationally through evidence-based findings, has been initiated and fortified locally through formalized, multi-disciplinary training. The findings are congruent with the premise that, “The worst possible thing an officer on an active shooter scene can do is fail to act. Failure to act will mean certain death and injury to the innocent trapped by the murderer” (Blair et al., 2013, p. 84). Although not as institutionalized in their profession, many of these officers have also willingly embraced

and participated in the Tactical Emergency Casualty Care components of these trainings, and electively carry the requisite tourniquets and gauze on their persons.

The study results have also spotlighted the progression of regional fire and EMS providers and their adherence to discernable best practices. Summit County providers have seemingly assimilated to the posture of measured risk in ASHE response, as prescribed in the findings of others. It is evident that RWB and partner agencies have a pragmatic appraisal of local risk; are intrepid in their personal competencies; and have expressed a collective willingness to assume this responsibility as part of their job. This triad has been promoted throughout the findings of others, including the Hartford Consensus, which states, "Victims with life-threatening external bleeding must be treated immediately at the point of wounding" (Jacobs, 2015, p. 2).

In reference to the regional interplay between these disciplines, it is apparent that an anemic impression of law enforcement competency is somewhat unique to Summit County. As I am uncertain as to the nature of this anomaly, anecdotal evidence suggests perceived incompetence during training evolutions as the root cause. Similarly, the heightened emphasis on unified command, effortless in other incident types such as wildland fires and motor vehicle accidents, remains unpracticed and untested in the active shooter context. The findings of others resolve that fortified training efforts yield greater confidence in each other's proficiencies, and "more EMS providers felt more comfortable working jointly on rescue operations with law enforcement personnel in response to an active shooter incident after training participation" (Dyer et al., 2014, p. 353). Consequently, the concept of fire and EMS providers being armed during RTF operations is not supported in the study results and is unfounded in the findings of others.

Furthermore, RWB and regional partners have matured to a level of compliance with many of the performance measures and formative recommendations of others. Summit County has achieved dutiful advancements in training, equipment, and integrated response dimensions of the InterAgency's ten best practices as well as NFPA 3000: Standard for an ASHE Program. Notwithstanding, study results have conversely demonstrated the need to improve existing policy, implement casualty collection points, and promote two-way public communication (InterAgency Board, 2015). Moreover, the Summit County planning process has been deficient in the embodiment of whole community, in which "everybody plays a role in preparing for, managing, and recovering from these hostile events" (Downey & Goldfeder, 2018, p. 6). The duty to engage the public, parents, municipal leaders, hospital staff, mental health professionals, and school administrators promises to minimize the broader impact of cascading effects to the community.

The organizational implications of these results to RWB are thematic of fostering regional relationships. RWB is primarily challenged with broadening the participation of ASHE planning to include whole community stakeholders. This effort requires the mobilization of RWB executive staff to cultivate higher profile relationships and expend political capital as necessary. RWB is also challenged by overcoming stigmas, perceived or legitimate, associated with law enforcement's ineptitude in Rescue Task Force tactics. This forecasts to be a sensitive issue as offhand criticisms could be detrimental to established relationships and diminish any gains that have been made. Lastly, having never experienced an active shooter event, the community is uniquely susceptible to complacency and change impedance. RWB is therefore challenged with instilling a sense of urgency to elevate these relationships and advance the cause of ASHE best practices.

Recommendations

With the ever-increasing reality of active shooter and hostile events, emergency services have an obligation to prepare both themselves and their community for the inevitability. The research has delineated a baseline disposition for the Red, White & Blue Fire District, and has validated the scope and trajectory necessary to progress the initiative. It is imperative that RWB act decisively and without delay, or be subject to the very real consequences of inaction. The recommendations to do so are as follows:

- It is recommended that RWB, along with partner agencies, continue to train toward mastery of RTF and TECC disciplines, including a formal evaluation of each exercise. It is further recommended that all agencies review after action reports as they become available to learn from external experiences.
- It is recommended that RWB and law enforcement continue to train as an integrated response in an effort to improve trust and break down any barriers that would be prohibitive to a multi-agency response. This should include a focus on unified command and established communications.
- It is recommended that RWB coordinate ballistic PPE specification and purchasing with partner agencies to ensure interoperability. It is further recommended that RWB incorporate ballistic PPE into the existing capital replacement expenditure plan, thereby ensuring the sustainability of resources.
- It is recommended that RWB, along with partner agencies, update and improve the Summit County Multi-Agency Active Threat Response Guidelines to reflect contemporary ASHE strategy and tactics and a greater inclination toward measured risk.

- It is recommended that RWB engage a broader spectrum of community stakeholders as a cooperative enterprise to better anticipate and attenuate peripheral and cascading effects of an ASHE event.
- It is recommended that RWB develop and conduct ASHE specific community risk reduction efforts in schools, places of worship, workplaces, and other susceptible environs. It is further recommended that this design be analogous to monthly fire drills and incorporate formalized programming such as the ALICE® training program.
- It is recommended that RWB incorporate ASHE planning, policy, and procedure into both CFAI and CAAS accreditation documentation.

The replication of this research by future readers is eminently dependent on the respective organization's current level of preparedness. The researcher should anticipate constructing survey samples that are reflective of existing partnerships and regional affiliations. The research could be strengthened through the inclusion of law enforcement in the external surveying as well as expanding the content beyond paradigms of response and PPE. Given the breadth of literature, the researcher will also be confronted with discretion in content regionalism and specificity. Finally, ensuing research could elaborate on the concept of whole community as the foundations of NFPA 3000 mature and propagate more specific and actionable demonstrations.

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Appendix A

Andrew Hoehn <ahoehn@rwbfire.org>

RE: active shooter trainings
1 message

Leslie Wagner <lwagner@rwbfire.org> Tue, Jan 15, 2019 at 2:08 PM
To: Andrew Hoehn <ahoehn@rwbfire.org>

Hi Drew,

Hope Honduras is another rewarding visit!

Here is what I found in the way of Active Shooter Trainings.

2016: Two training sessions in May 18 and July 28. Attached is a HP's training attendance detail for both days.

2017: Unfortunately our predecessor did not keep good records for this training. No hard copy signature rosters were found and training entry was made in HP's for both A (7/26/17) and B (7/28/17) shift personnel but not C (7/12/17). I attached a copy of A shift a.m. session, with detail, hoping the training description will help with your needs. If you need proof of attendance, I'm sure we can write a letter explaining such. With that said, C shift personnel from both SFE and RWB did not get credit for this....we should discuss how to resolve.

2018: C-Shift was completed May 2, it did not get entered into High Plains but entered in Emergency Reporting, detail attached.

The only other document found is a 2016 outline and letters of support for a grant - document attached.

Let me know what you think.

Leslie Wagner

Office Manager

Summit Fire Authority / High Country Training Center

P: 970-668-4330 / F: 970-668-4342

lwagner@rwbfire.org

From: Andrew Hoehn <ahoehn@rwbfire.org>
Sent: Sunday, December 16, 2018 9:32 AM
To: Leslie Wagner <admin@highcountrytc.com>
Subject: active shooter trainings

Leslie,

A follow up to our conversation the other day... Would it be possible to assemble a document that encapsulates all of the Centurio active shooter training that have been provided to Summit County? I believe these began in MAy, 2016 and include a classroom component, High School scenarios, shooting range scenarios, and Beaver Run scenarios. I would like to use this document as an appendix for my current EFO research paper. I hope this isn't asking too much, but you clearly navigate the available documentation better than me. Thanks for your help and please let me know if I can do anything to assist. ~Drew

Appendix B

Summit County Multi Agency
Active Threat
Response Guidelines
January 2015

PURPOSE:

To establish the parameters for a response to the active threat incident wherein Fire/EMS personnel are more involved in the preservation of life during the initial phases of these fast moving events.

In order to develop incident objectives and maintain accountability, Fire/EMS officers should assume the role of Incident Command with the understanding that their scope of total control is limited until which time the unified command structure can be established between - but not limited to - Police, Fire, EMS, or any other responding entity.

TERMS:

Active Threat – Any individual(s) in possession of weapons, knives, or explosives intent on causing harm to innocent civilians and/or emergency responders.

Hot Zone – Any area inside or outside that represents the immediate location of the person(s) who have been identified as a threat. The Hot Zone may be subject to changing locations throughout the incident of which will be dictated by the event as it unfolds.

Warm Zone – Any area within the hot zone that law enforcement has cleared and maintained control, of which has been deemed an acceptable risk for Fire/EMS responders to enter. The Warm Zone may be subject to changing locations throughout the incident of which will be dictated by the event as it unfolds.

Staging / Level I & Level II – Level I any area designated as close in where a visual of the hot zone can be obtained. Level II any area designated as a safe staging area away from the incident where resources are out of harm's way but can be quickly called upon.

PRIORITIES:

1. Provide a communication link between Law Enforcement & Dispatch for Fire/EMS
2. Establish and account for a continuous rotation of Fire/EMS resources
3. Assist in removing/re-routing the uninjured to a safe location
4. Access, treat and remove the injured by whatever means necessary
5. Make the necessary notifications to assisting agencies – FFL, SMC, Mutual Aid resources

ACCEPTABLE RISK CRITERIA:

1. There are victims with life threatening injuries in need of immediate attention.
2. Fire/EMS has been provided information by a credible source - recognized as any authority on scene - of a specific need at a specific location.
3. Fire/EMS has clear access and egress points.

SAFETY:

1. The active threat environment is a law enforcement incident. Fire/EMS personnel should make every effort to support these events understanding that scene safety is significantly compromised or non-existent.
2. Crews should remain in designated Level I or Level II staging areas until called into the scene. While staged, crews should monitor the assigned Ops. Channel and develop situational awareness via whatever means possible – Law Channels, map books, pre-plans, bystanders, etc.
3. In the event that the threat is still at large and personnel have been called into the scene (Outside locations), crews should make every effort to approach with a law enforcement escort. If no escort is available personnel can commit after having obtained situational awareness and determined that the need to act outweighs the risk to their own well-being following the acceptable risk criteria as outlined above.
4. In the event that the threat is still present and personnel have been called into the scene (Inside locations), crews should make every effort to enter with a law enforcement escort. If no escort is available personnel can commit after having obtained situational awareness and determined that the need to act outweighs the risk to their own well-being following the acceptable risk criteria as outlined above.
5. Personnel/Crew location, Integrity, and Communications are paramount to safety. Consider assigning Divisions for any areas not visible by command. Be mindful of friendly fire incidents between agencies during armed conflict. Make sure that you are readily identifiable as Fire/EMS and make every effort to work as a crew or team when functioning in a warm zone environment.

COMMUNICATIONS:

1. The Fire Battalion Chief, EMS Supervisor, or Duty Officer who assumes Incident Command will monitor both Law and Fire/EMS Ops channels.
2. Crews responding, or already assigned to a staging area, should monitor both Law and Fire/EMS Ops channels to obtain situational awareness. For accountability purposes, crews should not self-dispatch from a staging area. Orders to mobilize will come from the individual(s) in charge of mobilizing resources as the requests are made and crews will be tracked similar to entry and exit of Haz-mat incidents.
3. Law Enforcement will function on the Summit County Law Channel and Fire/EMS will communicate on the designated Operations Channel of which will be assigned based of the location of the event. Requests to mobilize EMS units should come direct from personnel on scene not through dispatch.

RESOURCES:

1. The initial dispatch to a confirmed active threat should include a district page, SCA, EMS Supervisor and a Battalion Chief. Plan on requesting additional resources as incident and location dictate.
2. As soon as possible, outside of normal business hours, all senior Fire/EMS administrators should be notified via whatever means necessary to provide additional command staff.
3. For confirmed multiple injuries on initial dispatch, make immediate notifications to include FFL, SMC, and mutual aid resources.

SPECIAL CONSIDERATIONS:

1. Expect that law enforcement will block most access points. Have a travel plan should you need to remain mobile or retreat. Do not get blocked in if at all possible.
2. Once assignment is complete, crews should advise of location and provide a PAR, then retreat to a designated safe area and await reassignment. It is important that personnel never convene while the threat is still at large.
3. Be mindful of secondary attempts – Fires, Explosives, Haz-Mat, etc.
4. If an engine or ambulance arrives on scene prior to a Battalion Chief or EMS 10, they are to assume a Level I staging position and await further instructions. If confronted with immediate injuries coordinate movement with law enforcement and proceed into the scene. If no escort is available personnel can commit after having obtained situational awareness and determined that the need to act outweighs the risk to their own well-being following the acceptable risk criteria as outlined above.
5. Community notifications, crowd control, road closures, and other routine procedures normally handled by Law Enforcement may not be addressed in the initial phases of an active threat incident. These responsibilities may fall on Fire/EMS personnel.
6. Re-unification of those who flee from the hot zone must be accounted for by designating a specific location as a re-unification center.
7. Be mindful of the limited resources that we have available. Do not over commit people until the incident begins to stabilize.

SEQUENCE: *From initial dispatch until Unified Command is established*

1. Assume Command
2. Establish Level I and Level II staging areas
3. Monitor Law Channel and Fire/EMS Ops. Channel
4. Stage one Engine and one Ambulance in level I staging with Incident Command
5. Mobilize resources as requested from level 1 staging to requested area
6. Repeat 4, Repeat 5, Continue cycle as needed
7. ***If/ when*** applicable institute the use of the MCI treatment, triage, and transport areas
8. Establish Unified Command as soon as resources become available
9. Re-establish Incident Objectives

Appendix C

Summit County Multi Agency
Multiple Causality Incidents
Response Guidelines
September 2014

Objective: To establish guidelines for response to multiple casualty incidents (MCI) in order to assure rapid, efficient and effective Emergency Medical Services (EMS) treatment and transportation of patients across multiple responding agencies.

Scope: All Summit County Emergency Response Agencies.

1) **Definitions**
   a) MCI Response Levels-
      i) The following response numbers are only guide lines and response levels may be adjusted based on incident and patient severity
      ii) First Alarm 6-15 Patients (Local)
      iii) Second Alarm 16+ Patients (Neighboring Counties)
      iv) State – Any event requiring more resources than Neighboring Mutual Aid Partners can supply
         (1) Requests through EOC or EMSystems
   b) Leadership and Roles
      i) All MCI will follow accepted ICS practices
      ii) Operations Section – Manages tactical operations of the incident
         (1) Operational and Medical Groups may be assigned based on life safety, incident stabilization needs, or to maintain span of control and will follow existing agency guidelines, policies, and protocols
         (2) Patient Care and Transport Roles (Detailed role responsibilities can be found in Appendix C)
            (a) Triage Officer – Responsible for prioritizing patients for extrication based on the START algorithm
            (b) Treatment Officer – Responsible for tracking, treatment, and determining transport priorities of patients once extricated to a safe area
            (c) Transport Officer – Responsible for the coordination and tracking of patients being transported from the incident
            (d) Summit Medical Center (SMC) Liaison- Coordinates patient destinations with local, regional, and state medical facilities

2) **Incident Command and Control**
   a) The AHJ will designate an Incident Commander (IC)
   b) First arriving units will initiate ICS, take command, complete a scene size up, and obtain a initial patient count
   c) All MCI responses will follow the Incident Command System (ICS), based on best practices described in the National Incident Management System (NIMS)
   d) Whenever possible the use of Unified Command (UC) is encouraged, allowing all stake holders a voice in the response.
   e) A Safety Officer should be designated by IC/UC for all MCI
   f) Any qualified personnel, regardless of agency affiliation may fill lead roles. It is suggested that the Transport Officer and SMC Liaison be filled by ambulance personnel, due to their extended knowledge of facility and transport capabilities.

4) **Communications**
   a) All communications will be based on the Summit County accepted communication practices. (Appendix A)
   b) SCCC will assign command channels as required by the incident
      i) Command and/or County Wide Channels should be utilized for direct communications between IC and SCCC only
   c) IC may assign Tactical Channels as incident operations require
   d) Mutual Aid Channels may be required and will be assigned according to Summit County accepted practices
   e) Coordination of patient transports should be via the 800mhz system
      i) Talk Groups
         (1) SASMC (Preferred)
         (2) AMB TAC
         (3) SAC (Flight for Life Dispatch)
   f) Patient reports to receiving facilities
      i) All transport reports to local medical facilities should be delivered through the SMC Liaison to minimize confusion.
      ii) Transport reports to facilities outside the county will be given per that facilities protocol

5) **Response**
   a) All responses will follow the MCI Running Orders (Appendix B) based on geographic location
      i) Considerations should be made for the need of secondary patient transports
   b) As staffing allows ambulance/medic units should be moved to level two staging to be utilized as needed (Appendix 1)
   c) If ambulance crew is assigned to ICS roles, that ambulance should be made available for patient transport

6) **Patient Destination**
   a) Patients destinations will be based on local and state defined capabilities and protocols
   b) It is the goal to move patients to definitive care in the most efficient manner and alternative means may be utilized
   c) Local facilities should be used for the most critical patients (RED)
   d) Non-critical patients may be held in treatment area until resources arrive
      i) Weather conditions may require patients to be transported to a holding area
         (1) Pre-designated holding are listed in appendix D
   e) SMC Liaison will coordinate all patient destinations
      i) EMSystems and EMTrack should be utilized whenever possible
   f) Transport officer is responsible for all tracking of patients leaving the scene
      i) Tracking sheets shall be utilized and reconciliation will be completed prior to close of the incident
      ii) Patient information Needed
         (1) Name
         (2) Triage Tag Number
         (3) Sex
         (4) Approximate Age
         (5) Transport agency
         (6) Destination

7) **Notifications**
   a) Notifications will be based on level and complexity and will follow script (Appendix C).
   b) Unless otherwise specified notifications will be made by SCCC
   c) 1st Alarm
      (1) Summit Medical Center ER
         (a) ER staff needs incident name at the earliest moment to begin EMTrack incident to track patient
      (2) Emergency Manager
      (3) County Wide Chief Officer
      (4) CDOT (High Way Incidents)
      (5) Neighboring Dispatch Centers (Advisement)
      (6) Rescue 10 Advisement

(7) SPIO

ii) 2nd Alarm

(1) All of 1st Alarm notifications

(2) WEBEOC alert

(3) Mutual Aid Request

8) Changeability

1.1. This procedure will be reviewed and updated as necessary.

Appendix D

RWB Active Shooter Survey

* Required

1. **I would consider the risk of an active shooter incident in Summit County as:** *
Mark only one oval.

	1	2	3	4	5	
Extremely High	◯	◯	◯	◯	◯	Extremely Low

2. **I consider participation in Rescue Task Force operations (tactical medical care without absolute scene safety) as:** *
Mark only one oval.

◯ Mandatory
◯ Optional
◯ Other: _____

3. **I feel my organization is adequately prepared to handle an active shooter incident.** *
Mark only one oval.

	1	2	3	4	5	
Strongly Agree	◯	◯	◯	◯	◯	Strongly Disagree

4. **I feel my organization can do to better job at preparing for an active shooter incident by:**

_____
_____
_____
_____
_____

5. **I have confidence in local law enforcement's ability to ensure the safety of fire and EMS providers as part of a Rescue Task Force.** *
Mark only one oval.

	1	2	3	4	5	
Strongly Agree	◯	◯	◯	◯	◯	Strongly Disagree

6. **I feel I have received adequate training in Rescue Task Force operations and Tactical Emergency Casualty Care.** *
Mark only one oval.

	1	2	3	4	5	
Strongly Agree	◯	◯	◯	◯	◯	Strongly Disagree

7. **I feel confident working in ballistic protective equipment (vest & helmet).** *

Mark only one oval.

	1	2	3	4	5	
Strongly Agree	◯	◯	◯	◯	◯	Strongly Disagree

8. **I feel that I should be allowed to carry a firearm while engaged in Rescue Task Force operations.** *

Mark only one oval.

- ◯ Yes
- ◯ No

9. **I am willing to enter a "warm zone" as part of a Rescue Task Force to treat and remove injured victims.** *

Mark only one oval.

	1	2	3	4	5	
Strongly Agree	◯	◯	◯	◯	◯	Strongly Disagree

Appendix E

Summit County Fire/EMS Active Shooter Survey

* Required

1. **I would consider the risk of an active shooter incident in Summit County as:** *
Mark only one oval.

	1	2	3	4	5	
Extremely High	◯	◯	◯	◯	◯	Extremely Low

2. **I consider participation in Rescue Task Force operations (tactical medical care without absolute scene safety) as:** *
Mark only one oval.

◯ Mandatory
◯ Optional
◯ Other: _____

3. **I feel my organization is adequately prepared to handle an active shooter incident.** *
Mark only one oval.

	1	2	3	4	5	
Strongly Agree	◯	◯	◯	◯	◯	Strongly Disagree

4. **I feel my organization can do to better job at preparing for an active shooter incident by:**

_____
_____
_____
_____
_____

5. **I have confidence in local law enforcement's ability to ensure the safety of fire and EMS providers as part of a Rescue Task Force.** *
Mark only one oval.

	1	2	3	4	5	
Strongly Agree	◯	◯	◯	◯	◯	Strongly Disagree

6. **I feel I have received adequate training in Rescue Task Force operations and Tactical Emergency Casualty Care.** *
Mark only one oval.

	1	2	3	4	5	
Strongly Agree	◯	◯	◯	◯	◯	Strongly Disagree

7. **I feel confident working in ballistic protective equipment (vest & helmet).** *

Mark only one oval.

	1	2	3	4	5	
Strongly Agree	◯	◯	◯	◯	◯	Strongly Disagree

8. **I feel that I should be allowed to carry a firearm while engaged in Rescue Task Force operations.** *

Mark only one oval.

- ◯ Yes
- ◯ No

9. **I am willing to enter a "warm zone" as part of a Rescue Task Force to treat and remove injured victims.** *

Mark only one oval.

	1	2	3	4	5	
Strongly Agree	◯	◯	◯	◯	◯	Strongly Disagree

Appendix F

Active Shooter Preparedness Survey

Please allow me to introduce myself. My name is Drew Hoehn and I serve as a Battalion Chief with the Red, White & Blue Fire District in Breckenridge, CO. We are an Accredited, all career organization with a resort population that fluxes between 10,000 permanent to 60,000 with guests. We run ALS ambulances and have an ISO rating of 2. In addition to my normal shift duties, I also serve as the EMS Coordinator for our organization. I am currently in my third year of the Executive Fire Officer Program, and am conducting a survey focusing on active shooter response. I greatly appreciate your assistance in this effort and I look forward to incorporating your responses into my research.

* Required

1. **The population I serve can be best described as:** *
   Mark only one oval.
   - ◯ Urban
   - ◯ Suburban
   - ◯ Rural
   - ◯ Frontier

2. **My organization has experienced an active shooter incident.** *
   Mark only one oval.
   - ◯ Yes
   - ◯ No

3. **I would consider the risk of an active shooter incident in my community as:** *
   Mark only one oval.

	1	2	3	4	5	
Extremely High	◯	◯	◯	◯	◯	Extremely Low

4. **My organization has an active shooter response policy.** *
   Mark only one oval.
   - ◯ Yes
   - ◯ No

5. **Participation in Rescue Task Force operations (tactical medical care without absolute scene safety) in my organization is:** *
   Mark only one oval.
   - ◯ Mandatory
   - ◯ Optional
   - ◯ Undefined
   - ◯ Not Applicable

6. **My agency is adequately prepared to handle an active shooter incident:** *
   Mark only one oval.

	1	2	3	4	5	
Strongly Agree	◯	◯	◯	◯	◯	Strongly Disagree

7. **I have confidence in my local law enforcement's ability to ensure the safety of fire and EMS providers as part of a Rescue Task Force.** *
Mark only one oval.

	1	2	3	4	5	
Strongly Agree	◯	◯	◯	◯	◯	Strongly Disagree

8. **My organization has received adequate training in Rescue Task Force operations and Tactical Emergency Casualty Care.** *
Mark only one oval.

	1	2	3	4	5	
Strongly Agree	◯	◯	◯	◯	◯	Strongly Disagree

9. **My organization has provided ballistic vests and helmets for fire and EMS personnel.** *
Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Other: _____

10. **I feel that fire and EMS personnel should be allowed to carry a firearm while engaged in Rescue Task Force operations.** *
Mark only one oval.

- ◯ Yes
- ◯ No

11. **I feel response personnel in my organization are willing to enter a "warm zone" as part of a Rescue Task Force to treat and remove injured victims.** *
Mark only one oval.

	1	2	3	4	5	
Strongly Agree	◯	◯	◯	◯	◯	Strongly Disagree

12. **I am willing to enter a "warm zone" as part of a Rescue Task force to treat and remove injured victims.** *
Mark only one oval.

	1	2	3	4	5	
Strongly Agree	◯	◯	◯	◯	◯	Strongly Disagree

13. **Additional Comments:**

_____

_____

_____

_____

_____

Appendix G

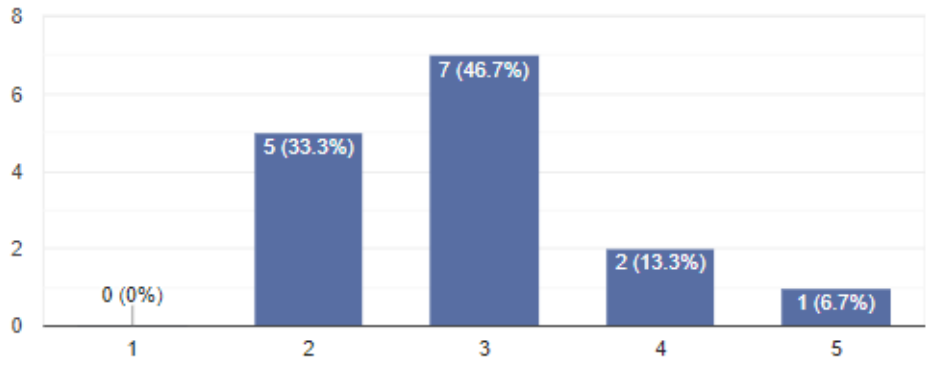
RWB Active Shooter Survey

15 responses

Publish analytics

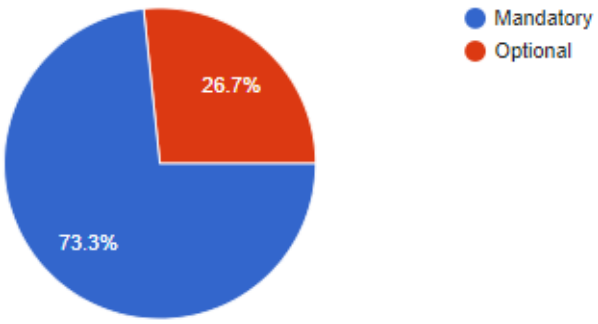
I would consider the risk of an active shooter incident in Summit County as:

15 responses



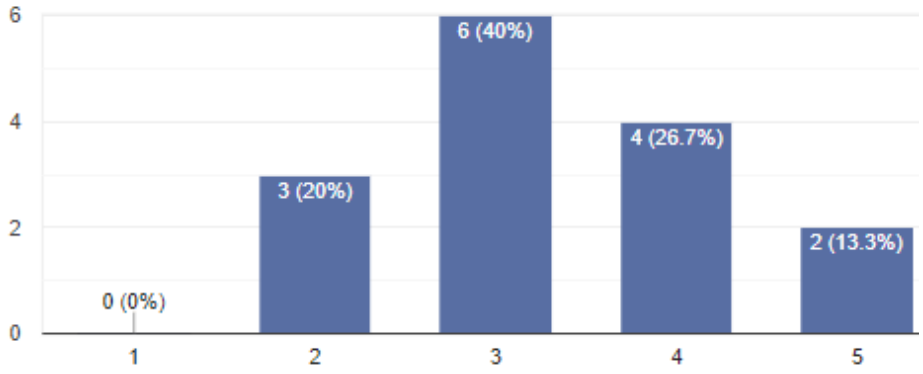
I consider participation in Rescue Task Force operations (tactical medical care without absolute scene safety) as:

15 responses



I feel my organization is adequately prepared to handle an active shooter incident.

15 responses



I feel my organization can do to better job at preparing for an active shooter incident by:

11 responses

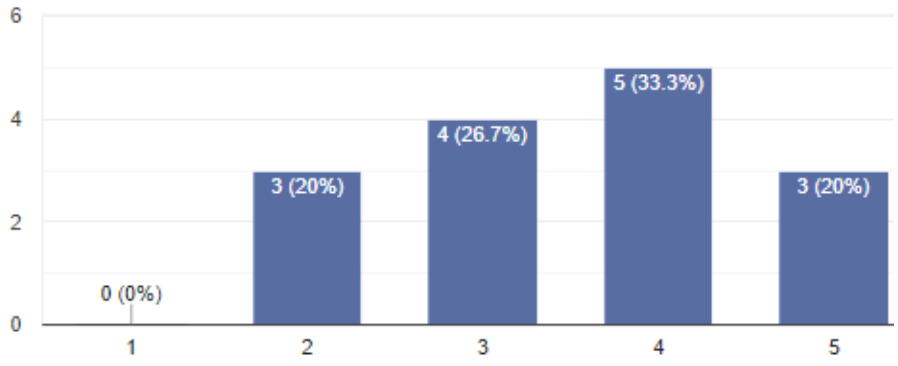
Buy appropriate ppe
Continuing to train on active shooter topics so we do not forget what we have learned. Also, important to train and keep up our relationships with the local law enforcement agencies.
Equipment purchases including vests.
Obtaining ballistic helmets and vests for first due apparatus and semi-annual training with local LE in RTF operations to maintain/improve muscle memory in a tactical environment
Always keeping it a subject to talk about
Training more by running scenarios at various locations, including the schools. Trying to make scenarios more realistic/intense.
Providing equipment required to do an entry. Proficiency come with more training.
Training, training, training. Purchase and/or place in service the proper equipment and train with it. Send interested individuals to a CCL class and host regular trainings at a range with an experienced instructor.
Having the proper PPE.

Training and having proper equipment. (vests)

1. Taking a firm stance on determining if this is a service we will or will not provide. 2. providing tactical PPE and rescue equipment.

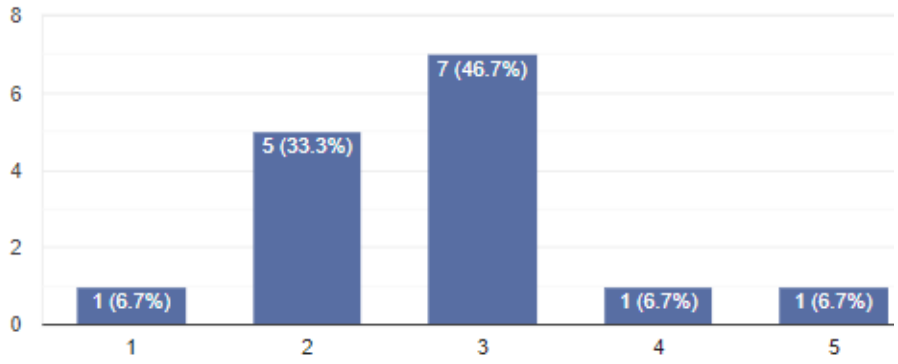
I have confidence in local law enforcement's ability to ensure the safety of fire and EMS providers as part of a Rescue Task Force.

15 responses



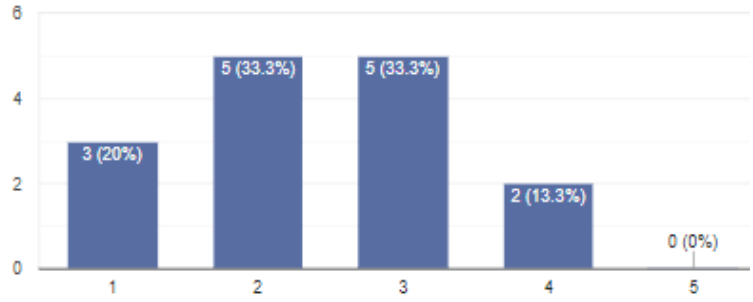
I feel I have received adequate training in Rescue Task Force operations and Tactical Emergency Casualty Care.

15 responses



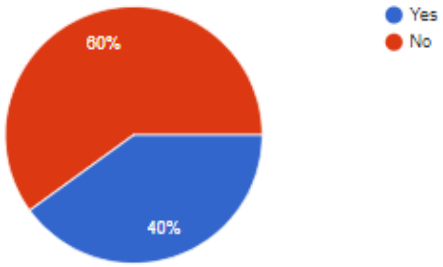
I feel confident working in ballistic protective equipment (vest & helmet).

15 responses



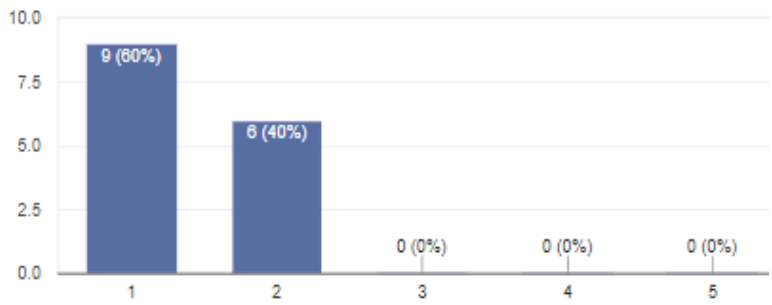
I feel that I should be allowed to carry a firearm while engaged in Rescue Task Force operations.

15 responses



I am willing to enter a "warm zone" as part of a Rescue Task Force to treat and remove injured victims.

15 responses



Appendix H

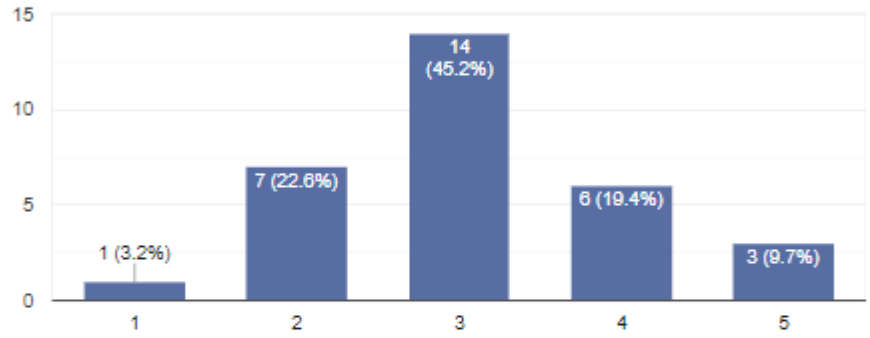
Summit County Fire/EMS Active Shooter Survey

31 responses

Publish analytics

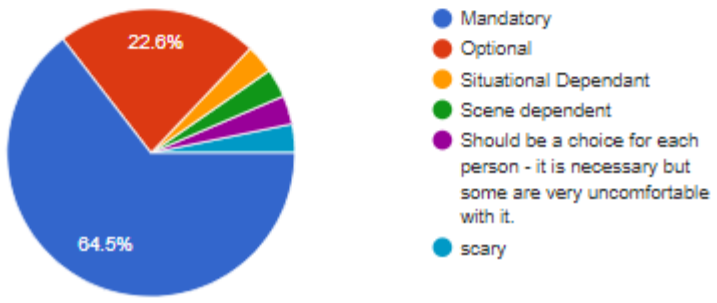
I would consider the risk of an active shooter incident in Summit County as:

31 responses



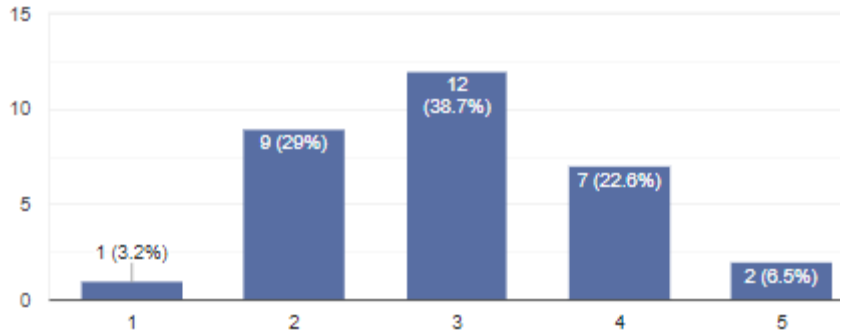
I consider participation in Rescue Task Force operations (tactical medical care without absolute scene safety) as:

31 responses



I feel my organization is adequately prepared to handle an active shooter incident.

31 responses



I feel my organization can do to better job at preparing for an active shooter incident by:

28 responses

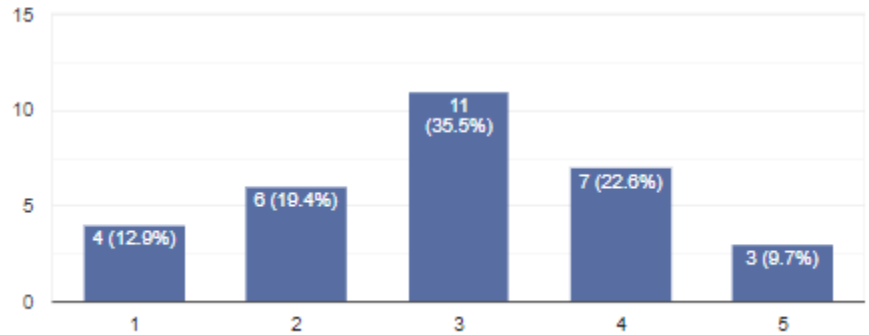
More training
Continuous repetitive training
Working with the different Law enforcement agencies more.
more frequent training
Regularly training on the matter, not just a couple times a year
While we have done a lot to prepare, there needs to be follow up and training to ensure compliance
Taking it seriously, the chiefs getting behind the training and realization that with ski lift lines and elevated shooting advantage points to those lift lines ie condo buildings, this is a very real threat to consider!
Having more individuals attend training.
training with law enforcement more often
spending more time on it

Additional training with LE and by carrying the body armor on the apparatus instead of staging it in the bay.
Continuing to build upon trainings already held
Having a way to fight back.
Having more PPE and appropriate treatment supplies readily available on every unit
More frequent scenario based trainings. "Live Fire" trainings to help with stress inoculation.
Providing SCAS with the same equipment as fire
Quarterly training
Taking the training more seriously and requiring those who participate to take it more seriously
Annual active shooter joint training with outside resources as trainers
I think it's something that we don't think about often enough and therefore are relatively unprepared for should we actually be placed in the situation

We should have qualified tactical paramedics that do regular joint training with Fire, and law-enforcement
further training
more interagency training
Training more often
Having a clear written plan accessible to all staff. Offering some canned/online presentation material for staff to review twice/year and for newly hired staff to have some idea of what the plan is. Continue to train once a year on the basic operations of it all.

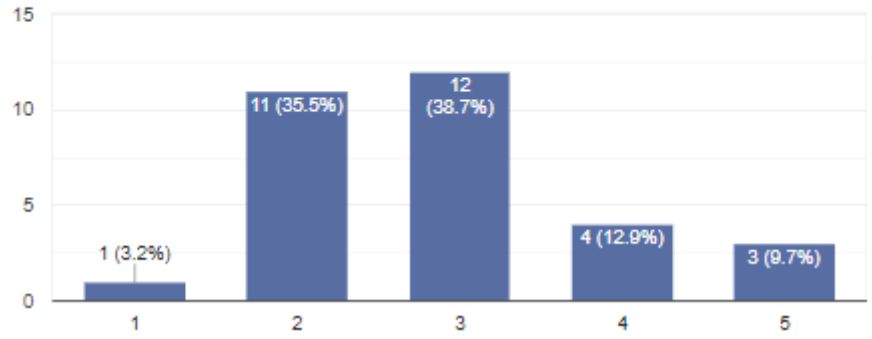
I have confidence in local law enforcement's ability to ensure the safety of fire and EMS providers as part of a Rescue Task Force.

31 responses



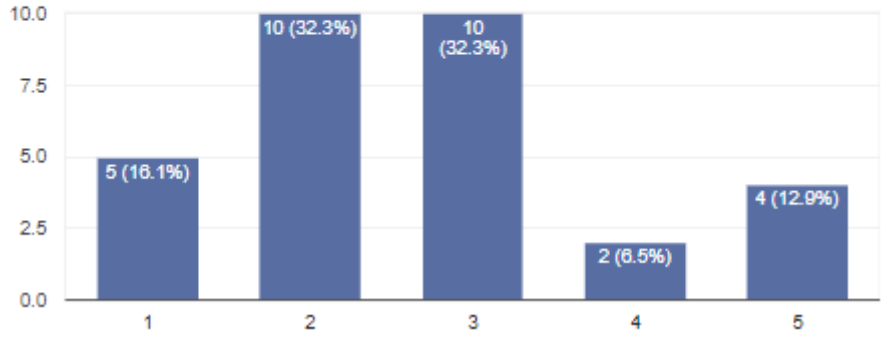
I feel I have received adequate training in Rescue Task Force operations and Tactical Emergency Casualty Care.

31 responses



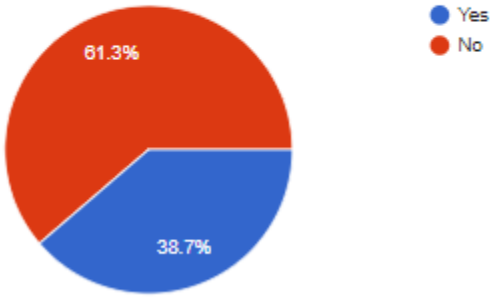
I feel confident working in ballistic protective equipment (vest & helmet).

31 responses



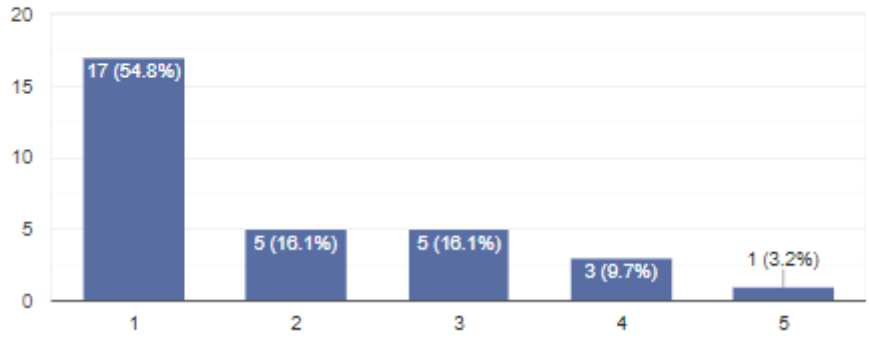
I feel that I should be allowed to carry a firearm while engaged in Rescue Task Force operations.

31 responses



I am willing to enter a "warm zone" as part of a Rescue Task Force to treat and remove injured victims.

31 responses



Appendix I

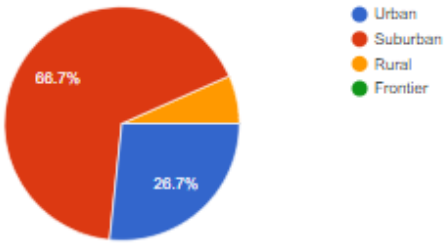
Active Shooter Preparedness Survey

30 responses

Publish analytics

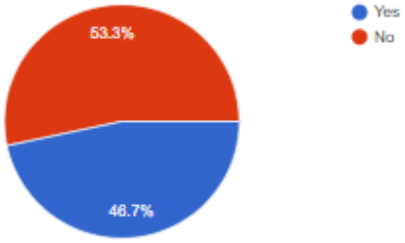
The population I serve can be best described as:

30 responses



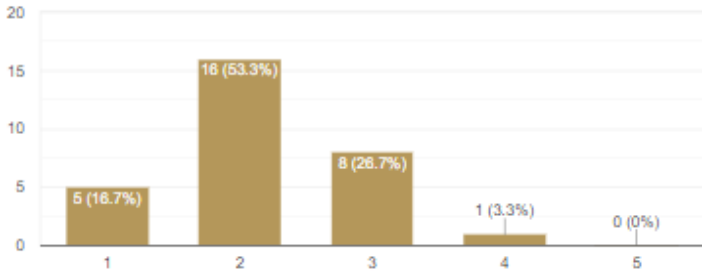
My organization has experienced an active shooter incident.

30 responses



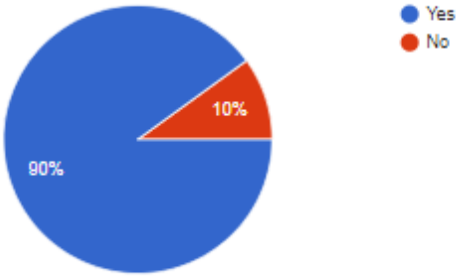
I would consider the risk of an active shooter incident in my community as:

30 responses



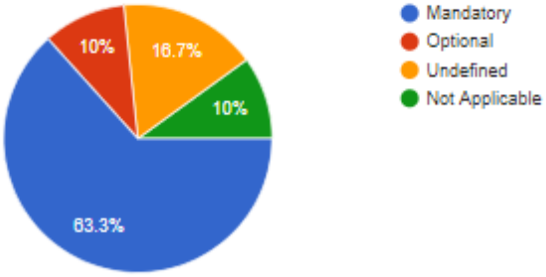
My organization has an active shooter response policy.

30 responses



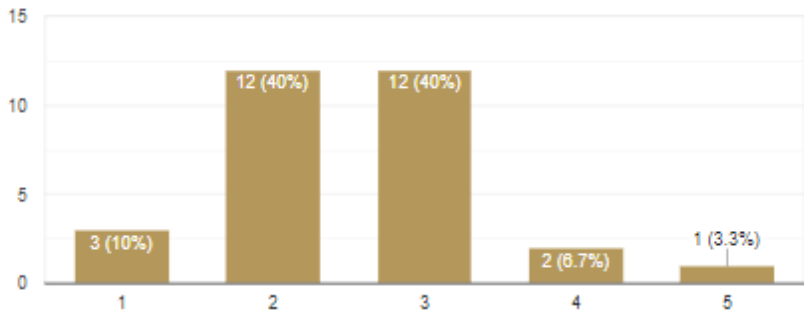
Participation in Rescue Task Force operations (tactical medical care without absolute scene safety) in my organization is:

30 responses



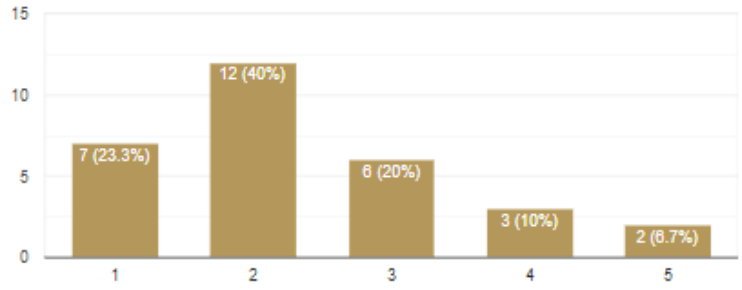
My agency is adequately prepared to handle an active shooter incident:

30 responses



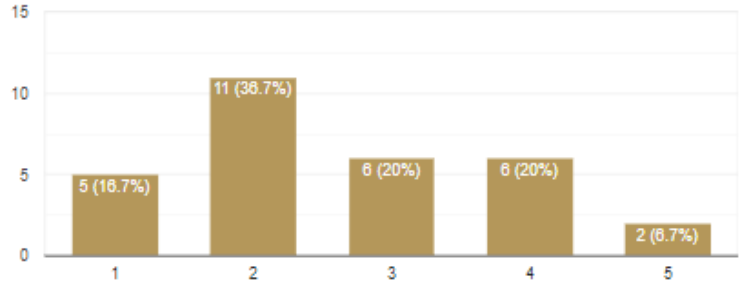
I have confidence in my local law enforcement's ability to ensure the safety of fire and EMS providers as part of a Rescue Task Force.

30 responses



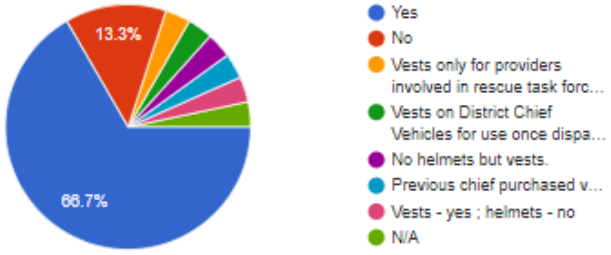
My organization has received adequate training in Rescue Task Force operations and Tactical Emergency Casualty Care.

30 responses



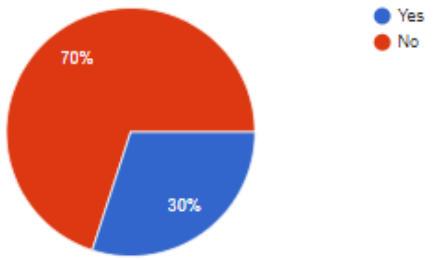
My organization has provided ballistic vests and helmets for fire and EMS personnel.

30 responses



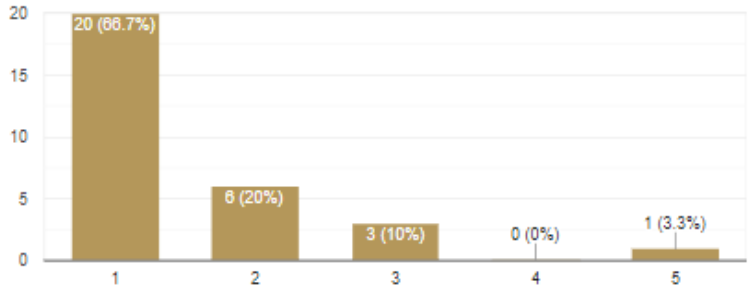
I feel that fire and EMS personnel should be allowed to carry a firearm while engaged in Rescue Task Force operations.

30 responses



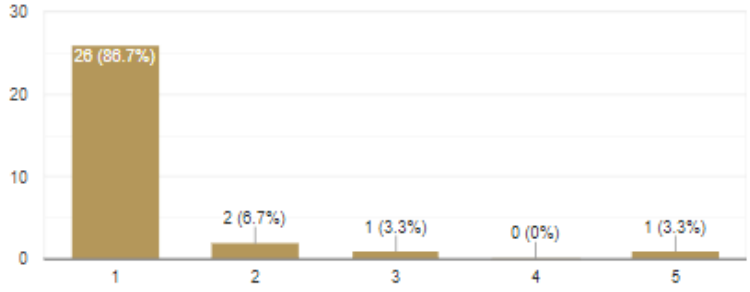
I feel response personnel in my organization are willing to enter a "warm zone" as part of a Rescue Task Force to treat and remove injured victims.

30 responses



I am willing to enter a "warm zone" as part of a Rescue Task force to treat and remove injured victims.

30 responses



Additional Comments:

5 responses

If you require more information, please feel free to reach out. Joe Pulvermacher, Fitchburg (WI) Fire Rescue, jpulvermacher@fitchburgwi.org, 608-327-9449

For the final question, I am willing, with proper equipment and training. While I have taken state academy classes on active shooter incidents, there is no partnership with our local police and no desire in management of either organization to work together. Hopefully, in the future it will improve. Best of luck with your ARP.

We have just finished our initial training on the RTF concept so we are still in the training phase. We have also just finished our SOP and received our equipment.

Question 5: We have ballistic protection but still require scene security be provided by law enforcement for us to go into a warm (partially secure) zone.

NFPA 3000 gives guidance - throughout the U.S. there are many areas without combined EMS/Fire and some that are combo of that and LE - one size does not fit all. This is why the standard of NFPA 3000 allows for guidance to work with each community as preparedness, respond, and recover.