

Preparing for the Active Shooter in Spokane County

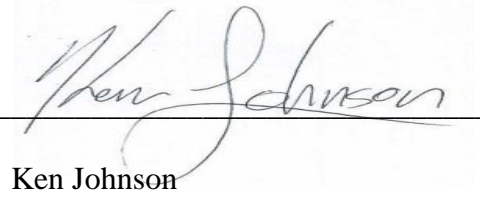
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CERTIFICATION STATEMENT

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 appropriate credit is given where I have used the language, ideas, expressions or writings of another.

Signed: \_\_\_\_\_

A handwritten signature in cursive script that reads "Ken Johnson". The signature is written in black ink and is positioned above a horizontal line. The name "Ken Johnson" is printed in a standard sans-serif font directly below the line.

Ken Johnson

### Abstract

The reality of Mass Casualty Violent Acts (MCVA) increasing in frequency according to a recent FBI report. The problem is that Spokane County does not have a current guideline for responding to and forming a Rescue Task Force with Law Enforcement. In Washington State Cheney Fire Department, Spokane Fire Department and the Spokane Valley Fire Departments now have operational teams. The purpose of the research was to develop a countywide operational guideline designed off of current trends and past lessons learned.

The action research method was utilized to answer the following research questions; a) What are other local agencies including law enforcement doing to mitigate acts of violence? b) What should be considered for law enforcement and fire personnel responding to a MCVA? c) What considerations must be taken to improve morbidity rates? d) What Washington laws or procedures impact the responses to MCVA?

The procedures in this research included a review of literature including related trade journals, and ARP's were reviewed. Active shooter policies from Spokane County departments were gathered for review. Many interviews occurred while training was being conducted, meetings and or interviews with department representatives.

The results found that the agencies involved share the vision of keeping the program very similar in order to not confuse law enforcement, and to reduce the risk to all personnel operating in warm zones. Empirical data collected from Spokane County RTF teams is included.

It is recommended that the guideline be adopted by the Inland Empire Fire Chiefs Association (IEFCA) to be included in the Field Operations Guide (FOG) in Spokane County and that all public safety personnel be educated on TECC.

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### Preparing for the Active Shooter in Spokane County

In the summer of June, 1994 Spokane County witnessed the horrors of a mass murder committed at Fairchild Air Force Base. Twenty-seven innocent people were wounded, four of the wounded, including the unborn child of one of the wounded were killed. Twenty-two of the victims were treated at various local hospitals. The shooter was taken down by Security Policeman Andy Brown a few minutes after 911 calls were being placed (A. Brown, personal communication, June 15, 2015). 2014 marked the 20 year anniversary of the incident, Now 20 years later local fire and police agencies are currently in the middle of training their personnel on events known today as Active Shooter incidents. Other similar but smaller events have occurred before and after the catastrophic date in Spokane County. However, only in the last five years have medical service providers questioned the stand back and wait practices of fire and EMS agencies and found some alternatives. Nationally we have learned from recent studies that events like this are becoming more frequent. The problem is that Spokane County does not have a current guideline for responding to active shooter incidents. Currently policies reflect the stand back and wait for an all clear from law enforcement. Cheney Fire Department is currently operating on lessons learned from training exercises dating back to 2005. The purpose of this research is for Cheney Fire Department to develop and implement an addendum to the Spokane County Field Operations Guide (FOG) to include a countywide operational guidelines for the Rescue Task Force. The effect of this research will improve mortality rates during Mass Casualties Violent Acts (MCVA). The research questions are (a) What are other local agencies

including law enforcement doing to mitigate Mass Casualties Violent Acts (MCVA)? (b) What should be considered for law enforcement and fire personnel responding to an MCVA? (c) What considerations must be taken to improve morbidity rates, (d) What Washington laws or procedures impact the responses to MCVA? An active research method will be utilized to develop the guidelines

### Background and Significance

Spokane County had its first large scale MCVA in June of 1994. The event brought in law enforcement and EMS personnel from all over the county as well as ambulances from neighboring counties. Responders relive that day every time the news covers the tragedy of another active shooter incident. Since July of 2005, Eastern Washington University Police and the Cheney Fire Department annually conducts joint training on MCVA. The first year it took over two hours for volunteer victims to get treatment. Personnel at Cheney Fire Department recognized the problem right away but how to correct it took several years of practice, patience, coordinated efforts and changes.

Located in Spokane County, Washington the City of Cheney (COC) was incorporated in 1883 and has an estimated current permanent resident population of 11,251 in an area of 4.27 square miles with a day time population of 25,000. According to the United States Census Bureau (2013) the city has 426 businesses and 4,183 housing units. The community has 38.8 percent of its population living below the poverty level.

An elected, seven-member council with an elected Mayor governs the COC. The Mayor oversees daily operations along with 92 employees. For fiscal year 2013, the COC operated on an annual budget of approximately \$20 million (Troy, 2014). It provides law enforcement, municipal court, fire protection, emergency medical, building code enforcement, street improvement, parks and recreation and administrative services. The COC also provides utility services including water, electric, sewage collection and disposal, and sanitation collection.

The City of Cheney has been home to Eastern Washington University (EWU) for over 130 years. The University plays a big role in the city today, accounting for 33% of the fire departments 911 calls. EWU has 13,000 students from 43 states and 70 countries housed in 50 large facilities on a 300 acre campus (<http://www.ewu.edu/about>).

The Cheney Fire Department (CFD) has four community volunteers, four resident firefighters, a career fire chief, an administrative secretary and nine career firefighters providing services to the community. The department operates on a three platoon system scheduled with three career, and two resident firefighters scheduled per day. Volunteer, resident and career firefighters are notified when additional help is needed with the use of digital pagers. The department staffs one station with five personnel per shift (2 minimum) and responded to 1,399 calls for service in 2014. CFD career staff are trained Advanced Emergency Medical Technicians (AEMT) or higher as Paramedics and each shift has an area of focus for the department. Inspections, Training and Maintenance are assigned to the Duty Officer (DO) of the shift while other staff carries additional duties (*CFD annual report*, 2013).

One component of the Executive Analysis of Fire Service Operations in Emergency Management course at the National Fire Academy's (NFA) Executive Fire Officer Program is to

reinforce local community all-hazard preparedness. Communities that neglect preparedness can be held accountable for lack of planning. This is outlined in unit 5: *The Emergency Operational Center and External Assistance*, with the terminal objective for students to be able to analyze how the Emergency Operations Center (EOC) policy, coordination, resources, and Operations Group will increase response and recovery readiness using risk assessment, capability assessment, and resource agreements. The activation of a community EOC depends on the magnitude of the incident and established community policies. The activation itself can take effect when normal channels of direction and control are disrupted from an event. One example in 2009, a local EOC was established in 30 minutes when a commuter plane crashed into a house near New York. The rapid activation helped the on scene commander immediately by removing the interaction with the media (Executive Analysis, 2014). This research also relates to the United States Fire Administrations (USFA) strategic plans goal to “Improve local planning and preparedness and improve the fire and emergency services’ capability for response to and recover from all hazards.” (USFA, 2014, November, p. 13).

### Literature Review

Mass casualty shooting incidents or Mass Casualty Acts of Violence (MCAV) are a challenge to any community. They are not new either; American history has acts occurring far back, specifically in schools. One such incident occurred in Bath, Michigan on May 18, 1927 at the Bath Consolidated School House. Farmer Andrew Kehoe devised two improvised explosive devices (IED’s) in the school, killing 45 people, 38 of them were children (Dotinga, 2012). This

event is known to be the most significant school incident on record but certainly not the oldest. The Pontiac's rebellion school massacre occurred on July 26, 1764. The incident occurred in Pennsylvania where varying reports indicate that 11 children were attacked along with the schoolmaster. All but one student died from their injuries (Strait, 2010). History shows these incidents have been occurring a long time but it's not something that stays in the media for long, these incidents seem to drift away with only those who witness the incidents left behind to pick up the pieces and get back to everyday life. One of the witnesses in the Bath, Michigan was interviewed when she was elderly. Bernstein, author of 2009's "Bath Massacre: America's First School Bombing, was worried about upsetting her while doing the interviews but the now elderly woman wanted people to learn about the incident and did not have any hesitation talking about what she had remembered during that dreadful day (Dotinga, 2012).

In 1999 the well-publicized shooting at the Columbine High School brought into question whether standing policies and practices used by law enforcement to activate and wait for Special Weapons and Tactics (SWAT) teams were relevant for the increasing threat of mass violence. What is being called the turning point of law enforcement tactics came after a heavy debate in the media. However, according to Dresher's research by tactical standards Columbine was a successful operation for the standards during that time. Agencies were trained to the five C's; Contain, Control, Call SWAT, Communicate with Perpetrator, Come up with tentative plan (Dreher, 2012, p. 21). The traditional deployment methods of securing a perimeter and waiting for SWAT to take over the scene was not the only option anymore. Other options were proposed and tested such as the rapid deployment tactics utilizing patrol officers to make entry and neutralize the threat (Williams, 2014, p. 8). In the rapid deployment methods law enforcements

primary mission is to stop the gunman. Traditional tactics and safety protocols are not utilized. These methods will allow for quick deployment giving law enforcement a tactical advantage to reduce loss of life. SEALE Police Academy research determined that aggressive action is the most effective response to stopping the killing. There are documented cases of officers having the tactical advantage in these situations and ending the killing spree (Dreher, 2012, p. 25). The Fairchild Shooting in Spokane County is one of these incidents when Senior Airman Andy Brown ended the violent event single handedly, his contribution to this research would be valuable.

Although active shooter incidents or mass casualty acts of violence such as Sandy Hook Elementary (Newtown, CT), and Century Movie Theater (Aurora, CO) continued to occur while law enforcement were still training it's officers. Much of the focus remained on law enforcement. Many professionals with medical backgrounds where asking questions and wanted information on the time to care. Dr. Jacobs, MD, MPH, FACS, Vice-President of Academic Affairs and Chief Academic Officer and Director, Trauma institute at Hartford Hospital made the statement "In one case, emergency responders were delayed 40 minutes because law enforcement didn't want to put them in danger. Most of these shooting events are over in 15 minutes and people can bleed to death within five minutes from these severe injuries. Responses to save victims have to be immediate, fully orchestrated and ready to go, day or night, in any city in the U.S." (American College of Surgeons [ACOS], 2013, p. 1).

In 2013 The Firefighters Support Foundation (FSF) released a free video program and power point program indicating that it was a third generation of The Rapid Treatment Model, people had been coming up with alternative ways to reduce the amount of time to care. The

United States Fire Administrations (USFA) position was for agencies to work together to become familiar with strategies and tactical operations. They also published a list of potential topics to cover. The International Association of Firefighters (IAFF) position was to embrace a more assertive approach to rendering life-saving care and rescuing viable victims in areas considered to be “warms zone” otherwise known as area’s not fully secured during such an event. It was also the position of the International Association of Fire Chiefs that fire service and EMS personnel become prepared for Active-Shooter Situations. The International Association of Chiefs of Police also released position statements supporting the collaboration of Fire and Law Enforcement agencies.

“The crucial dimension of hybrid targeted violence response strategies is to recognize the unpredictable, rapid, and fluid nature of these chaotic events. The most important factor to recognize is that when the alarm sounds it is the reaction by the first responders that will determine the level of success the attacker achieves. The call up of off-duty and on-call assets will not be the primary force that engages these threats. The utility of secondary responders should not be undervalued but they should not be over relied upon to disrupt a hostile event that occurs without notice. The attack initiation-to-termination timelines for most of the deadly attacks in the United States (for example, the Virginia Tech Massacre, Aurora theatre shooting, Wisconsin Sikh Temple shooting, Webster Firefighter ambush, Sandy Hook Elementary School massacre) reflect the reality that deaths occur quickly. Therefore, the whole emergency response community must be ready to immediately implement an effective and unified response strategy to these Black Swan events. Once all first responders accept this paradigm change then policy and procedural questions can be discussed in ways that lead to truly innovative strategies.”(Frazzano & Snyder, 2013, p. 1)

While these National agencies are calling for coordinated efforts the Firefighters Support Foundation (FSF) indicate a specific model that training in Tactical Combat Casualty Care (TCCC) and training in Rescue Teams or Tactical Medics are not fast enough and complicated.

The Rapid Response and Treatment Model being used by the FSF does not clearly state how the model was going to reduce the time to care. FSF also advocates staging initial fire personnel until a Forward Operational Base (FOB) was established by law enforcement. The model relies heavily on law enforcement to bring patients to the Causality Collection Points (CCP) where treatment then can be provided. No research was provided on how this model improved treatment times or improved morbidity rates. However, the message may be that the model that they are presenting best fits their community and the capability of their responders.

Arlington County Fire Department appears to be the first agency to document and develop justifications for and a documented model program. Matthew Dreher is known to be the coordinator of the Rescue Task Force program for the Arlington County Fire Department (Dreher, 2012). He has worked regionally, nationally, and globally to help other agencies develop a response to the active shooter incidents. People like Matthew Dreher were asking the questions why the fire service was changing its model. Those with military backgrounds in the fire service knew there was data to justify doing something different. However, very few documented programs are in existence. The Arlington County RTF program was able to take studies conducted on active shooter incidents and determine that the risk to fire service personnel was very low in areas that are clear but not secure. It was also determined that the immediate threat is mitigated in almost 98% of all incidents well before EMS or Fire responders arrive on scene. Arlington County Rescue Task Force teams selected more visible ballistic gear and implementing training in Tactical Emergency Casualty Care (TECC).

In Ventura County emergency responders from law enforcement and fire developed a Rescue Task Force model to reduce morbidity in active shooting incidents. The

information obtained for this research was retrieved from a video produced by a development team listed in the reference list. The opening introduction displays the words Medical Care Under Force Protection (Scott et al., 2014). The overall program is similar to that developed by Arlington County Fire Department. The Ventura California RTF model is a collaborative effort of many agencies and uses a slightly different method of delivery of medical treatment and PPE use as well as and a mnemonic of SCAB-E in for their medical treatment process. SCAB-E: Situation, Circulation, Airway, Breathing, Evacuation. The mnemonic is used to describe medical treatment process that is to be used in a hazardous area. The primary goal is to rapidly stabilize life threatening injuries where a patient lies and then evacuate (Steven & Angelo, 2014, p. 6). While it was unclear if members of their organization were trained in TECC guidelines, there are references to indicate that they were using similar research to align with existing county medical protocols.

While the research has been mostly emergency response based, consideration and awareness of the five E's introduced in the second year of the Executive Fire Officer Program must be explored, each of the E's can work with one another with the intent of improving the success of a program. They are education, enforcement, engineering, economic incentive and emergency response. "They are much more effective together than individually" (USFA, 2013, November, SM 3-41). Eastern Washington University (EWU) in 2008 developed in coordination with the Center for Personal Protection and Safety a training video that teaches students and faculty what to do during an active shooting incident. The training is still being conducted on campus on request and is very popular. Another aspect for a community risks reduction program for the fire service could include a joint partnership during these trainings. In the absence of

trained medical providers the occupants of the building may be forced to render medical care (McKay, 2013). Thus far the research has shown a parallel of partnerships with law enforcement. In the case of this research improving response efforts in Spokane County to Active Shooter Incidents can improve morbidity rates by 30% to 40%. There is an opportunity to teach hands only CPR and introduce ways to stop bleeding to occupants in a way that everyone can benefit?

According to a new guide recently released by the DHS, 51% of attacks with more than five injuries involved IEDs (Office of Health Affairs, June 2015, p. 9). The study does not indicate how many of these IED were actual working IED's but really serves more as a notice to agencies to train for the presence of them. It is apparent that the attackers are planning to maximize casualties delaying responses.

“Responders to active shooter incidents at Virginia Tech and in Aurora and Columbine in Colorado encountered various access denial schemes in the form of chemical munitions, fire, secondary IEDs, and mechanical obstructions. International IED and concerted attacks have utilized fire, smoke, chemical (chlorine), and security elements to challenge first responders and increase the damage and effectiveness of the attack” (Office of Health Affairs, June 2015, p. 14).

With the information provided in the research the high probability among injuries greater than five are noteworthy. It should be noted that I was not able to find any documented cases of law enforcement fatalities from IEDs have occurred. While there still remains a threat the point being made is the needed training. Risk managers in public safety may be inclined to over analyze the threats and continue with status quo however agencies who are not working with law enforcement should be looking for outside agencies who are to respond into their jurisdictions. While a cooperative effort among law enforcement and fire departments are being encouraged routine collaborative

training and exercises on response to IED and / or active shooter events must be conducted. “First responders must remain vigilant and aware of secondary devices or additional shooters when dealing with either IED or active shooter incidents.” (Office of Health Affairs, June 2015, p. 21)

In Public Safety Risk Managers are not full time positions in a majority of departments across the United States. The position often falls upon the Fire Chief or his designee as an additional duty. The responsibility is shouldered on the individual to make decisions to protect his personnel and when an agency is unable to provide adequate training due to, philosophical reasons or lack of funding it’s only natural for a Chief Officer or Risk Manager to make a policy that requires employees to not participate in an area they are not trained in. While we are seeing the negative effects of these policies and the reactions of the public we must recognize other forms of leadership decisions and support them. “Last year, public outrage ensued after firefighters and police officers stood on a beach in California and watched a man drown because budget cuts prevented the department from recertifying the firefighters in land based water rescues” (Alyn, 2012, p. 38). In this event, the public expected the firefighters to perform the rescue but policy driven decisions and the fear of discipline prevent action during a rapid decision process.

In April 2009, in Binghamton, New York law enforcement officers arrived on scene of a reported shooting but did not hear shots. The officers felt that not knowing where the shooter was warranted caution and called for SWAT. The wounded receptionist stayed on the phone the whole time giving information to the dispatchers

indicating the shooting had stopped, however because the officers determine that they did not know for sure. Inside the building more than 99 shots were fired, 15 victims were shot, only 2 victims survived. While the officers did arrive on scene only 2 minutes after the initial call 10:33 a.m. and several hours later at 12:40 p.m. a total 20 survivors were escorted out of the building. The officials added, “He was dead. We didn’t know it. If there’s a bunch of cops lying on the floor shot trying to rescue somebody else, it’s not going to help anybody.” However, it was stated that if active shooting was occurring those same officers would have gone in the building (Blair et al., 2013, p. 19). While this incident created a debate in law enforcement it was noted that some had placed themselves above the community they protected. To help with the debates policy holders had to develop a “priority of life” scale. (Blair et al., 2013, p. 20)

- 1) Innocent civilians, hostages, and victims
- 2) Police Officers
- 3) Suspects

While some can see rapidly changing environments that negatively affect the mission and make adjustments accordingly others will not for a variety of reasons. However, the term that’s the way we have always done it does not work in the eyes of a jury. In each of the shootings lawsuits are being filed and fire departments are now being targeted for lack of care and treatment of victims.

In summary the finding of this literature review has caused questions as to where the most impact would be when attempting to address the problem statement. It became

apparent during the literature review that some focus would be needed on what local lessons the Cheney Fire Department has learned through the many years of training. Additionally, it became obvious that there are several types of response plans being developed but some of the most compelling and responsive goals that showed promise were as simple as stop the killing and stop the dying. While change in public safety is often slow and resistant what does the public expect? The project will need to include a survey to understand whether our citizens know how long it takes to get care into one of these incidents and or do they expect public safety officials to take on a degree of risk. While the fire service does have listed priorities of life, property and incident stabilization it has not created a “priority of life” scale (Blair et al., 2013, p. 20). The fire service does have a risk management ethos that some have used in their agencies such as risk a lot to save a lot, risk a little to save a little. Another way to put it could be leader’s intent or mission command; in the absence of direction a crew is allowed to make a decisive and confident decision knowing they are doing what is in the best interest of the department.

The summary statements throughout the literature review helped develop the direction of the interview questions, as well as the survey. The research was very helpful when sharing information during the interviews. It brought out additional questions and information that helped build some common ground between agencies. A drop box account was created and participants were invited to share information. One significant change was noting the need for trainings to document the time from the formation of the RTF team to the extracting of all patients as well as providing data on what happened in

those drills. Due to this RTF members are now timing and presenting reports on final drill notes to include, start time of drills and time of first care provided to last care provided, treatments conducted and procedures provided, and After Action Review reports.

### Procedures

Action research was applied in determining answers to the research questions submitted for the applied research project during the Executive Analysis of Fire Service Operations in Emergency Management. The procedure utilized in preparing this action research consisted of using periodicals, educational material including text books and supporting guidelines. Reviewing the guidelines and research of other provided the background for the project. Interviews with various agencies in Spokane County assisted with building the final project contained in Appendix E. A few historical interviews were conducted using training notes and records dating back to 2005 in order to capture the years of lessons learned from training.

The purpose of the historical perspective can give understanding to the importance of working with law enforcement and how Reality Based Training (RBT) can gain the perspective on what events will likely occur. The perspective of how the department slowly went from standing two blocks away to entering into a building with law enforcement could only be captured through reviewing training records from 2005 to 2014 and interviewing those involved during those training sessions. Interviews scheduled with Fire Chief, Mike Winters of the Cheney Fire Department (CFD) on June 16, 2015 and Battalion Chief Aaron Bollar also with the CFD on June 15, 2015. A meeting was scheduled on June 8, 2015 with Corporal Byran Dornbos,

of EWU Police department who coordinated the trainings from 2005 to 2013. Mr. Dornbos was able to provide all past training records for review and accuracy of information.

Included in the procedures were several meetings, discussions and trainings with representatives from various police departments and fire departments in Spokane County who currently were developing or developed Rescue Task Force (RTF) resources. The first agency Cheney Fire Department (CFD) worked with was Spokane Fire Department (SFD) who had Lieutenant/Paramedic Kyle Chase as a lead instructor for their Rescue Task Force (RTF) program along with Paramedic Bob Nixon who also works with SFD. While Mr. Nixon was not interviewed for the research. However, he is credited for bringing his military training to the project. He is a Sargent First Class, senior instructor for the 68 Whiskey. He is currently with the 9<sup>th</sup> Battalion, 4<sup>th</sup> Brigade, 100<sup>th</sup> Division as a reservist. These interactions helped with the research by providing information on considerations that need to be considered when developing a program. Spokane Police Department detective Jay Kernkamp who is on the Spokane City SWAT was paired with Kyle Chase to move the program forward. They provided a wealth of knowledge and research that they have done and lessons that they have learned while moving the program forward.

Captain/Paramedic Chris Cornelius with Spokane Valley Fire Department and Sgt. H.J. Whapeles with the Spokane Sheriff's Department were lead operators for the RTF training for Spokane Valley Fire Department. While this research was being conducted the Cheney Fire Department, Spokane Fire Department had active teams and Valley Fire Department was just beginning their training with Sgt. H.J. Whapeles with the Spokane Sheriff's Department. Sgt. Whapeles had also been one of the lead instructors who has been providing free training for Law

Enforcement officers in Spokane County at Eastern Washington University (EWU) since 2005. Detective Jay Kernkamp with the Spokane Police Department has also helped out at EWU over the years of training.

Spokane Valley Fire Department invited Cheney Fire Department to attend the training being provided by Sgt. Whapeles. During the training sessions we had many discussions that provided overwhelming amount of information for the research. Sgt. Whapeles was also the one who introduced Andy Fayal whose background with the Navy was Explosive Ordnance Disposal (EOD), he attended one of the trainings and had similar experience when supporting other teams in the military.

Firefighter Chris Muñoz with the Cheney Fire Department was sent to training in California for several weeks to bring back some knowledge to help create the program in 2013. When he returned he was paired up with Cheney Police Department's Officer Oakes who is currently the fire arms instructor but also served in the Army bringing his operational experiencing of TCCC and Reality Based Training to the team. They helped provide current and related material for continued training for the fire department and the medical procedures being used. Firefighter Chris Muñoz was also teaching Cheney Police Department and Eastern Washing University Police Department on basics of TECC. Both departments had training but Firefighter Muñoz was able to improve the training with the information he gained from his experience gained in training. While Corporal Dornbos was out on family sick leave, Ralph Wilfong will represent Eastern Washington Police Department over the 2015 planning for the August 19<sup>th</sup> 2015 drill utilizing the JFK library on campus (Appendix D and H).

Various communications occurred with Andrew Fayal an EOD technician in the U.S. Navy. He was one of the EOD members who they blended with the SEAL teams. While doing this he made some fundamental changes to EOD operations. When he returned home he was tasked with writing an EOD support curriculum for the Naval Special Warfare for Navy EOD teams on the west coast. He deployed with Marcus Luttrell in Ramadi in 2006, where in his book "*Service*" *A Navy SEAL at War*. In Chapters 5-10 as well as in many of the photo's where Luttrell discuss what the EOD teams did for the teams and the changes Andrew Fayal was making. Andrew Fayal is a spokesman for cross training members. A. Fayal was first assigned to SEAL Team 3 in 2004 where he first met and worked with Chris Kyle, who is well known after the movie American Sniper was released. Fayals experience with these elite teams is very similar to what is now occurring with the formation of the RTF teams. His input to this research was very helpful in supporting the need of cross training and learning new ways to support each other. "The only way this is done is by training together" (A. Fayal, personal communication, June 18, 2015).

Andy Brown was also contacted because he is currently writing a book about the Fairchild Air Force Base Shooting that occurred here in Spokane County on June 20, 1994. He was the Security Policeman (MP) who ended the siege during that event, his research provided details beneficial to this research. The incident has been forgotten by many people and often when talking about Active Shooters you commonly hear "thank goodness it's never happened around here." It has happened, notably the casualty rates were very low compared with other shootings. Andy Brown was able to offer historical information and supporting details. Most studies exclude any incident before 1999. It was during this historical research that I realized that

it would have been beneficial to have research on where the injuries of the victims occurred.

When the incident occurred 27 people were involved and 5 perished, two of them being doctors, an 8 year old girl, a 39 year old mother and the unborn child of a wounded woman who was 5 months pregnant. The shooter was not included in these numbers. The significance of the incident was why the number of people who survived was so high compared to other events.

Captain Larry Marsh from Marysville Fire Department was interviewed for his unique response to a fire alarm on October 24, 2014, when on arrival it turned out to be a school shooting. This interview was not structured. Similar events appear to have occurred in other shootings and has happened accidentally in drills where fire alarms are activated due to gun powder smoke or activated pull stations. They were unaware of what they were walking into. The personal conversations occurred on March 5, 2015. He was the first response and was quickly escorted in by police to secure the alarm system and provide care.

An electronic survey tool was utilized in helping gather additional information. A monthly subscription was ordered through [www.surveymonkey.com](http://www.surveymonkey.com). The website helps with and provides instructions for developing and conducting a valid survey. The online help center with the Survey Monkey web site was used during the development of the questions. The survey questions were designed for two target audiences public safety and general public who may encounter an incident. The first question was a logic question of whether the person was in public safety or not. The answer would take them to an appropriate section of the survey. One being for Law Enforcement, Fire Departments and EMS agencies (Question 14 to Question 23). The other portion of the survey was designed for the general public (Question 2 to Question 13). Once the survey was completed, edited and reviewed by a statistics professional, the survey was

sent to fire departments and police departments around the United States. Professional contact lists were used to sample these agencies. The professional contact list came from Fire Chief Mike Winters and Police Chief Hensley who were asked to send the information out to their email listing after realizing randomly picking four email addresses from each state two from law enforcement and two from fire departments did not produce favorable responses. The second targeted audience was nonprobability sampling school districts, university campuses, college students and also business professionals to gather opinions of general people outside of emergency services. The process for selecting the population was based on local geographical availability of sample groups. The literature review created many questions which in turn caused the implementation of the survey to further study additional areas to consider.

Limitations to this research can be seen in the people being interviewed. All interviews included people who are currently building a program, who recognized the need for changes many years ago. The support for the topic generated large amounts of considerations for law enforcement and fire/EMS agencies. The volume of topics covered and lessons learned would make the project very long.

The survey may indicate that there is very little recognition for a need to have a better plan to reduce morbidity rates in these types of incidents. While talking with one local Fire Chief in Spokane County he questioned the common sense of the direction some agencies were taking. Whether going into the warm zone was practical. The professional response was to ask whether his agency had participated in any drills that included these types of incidents. He had not done so, I encouraged him to participate in one and see how he could improve treatment times in his agency. While over 83 law enforcement, fire department or EMS professionals across the U.S.

took the survey only 44 of them finished the survey. 88.6% (39) of the respondents were from the fire service, 6.8% (3) from law enforcement, and 4.5% (2) from EMS. While other conversations of this in large groups get major criticism from organizational leaders in the fire service, it may be possible when people taking the survey read that they were taking a survey that would help provide data to improve emergency responses in the United States that they disagreed with the survey immediately after seeing the first set of questions and terminated the survey. 39 people in the law enforcement and fire/EMS group did not complete the survey or rather skipped questions. Another possible reason may have been that questions were required and that at the end of the survey respondents were asked for personal information to be contacted. This setting was noticed after the initial round of surveys that went out. Over 200 invitations were sent out for the survey selecting contact information from 100 random police departments and 100 fire departments.

The last limitation was with the original invitations sent by email (83) there were 25 complete responses and 8 partial responses. The most successful return was the web link that was sent to different department heads asking them to forward on the survey. EWU had to approve the survey which caused a delay of over two months. However once the survey was approved over 50 responses came into the survey in a matter of a few days. The web link was set to only allow one response per computer. One noted limitation to sending a web link survey is the possibility for it to be sent to uncontrolled groups.

## Results

A brief history of the applied coordinated efforts in Spokane County and the Cheney Fire Department will provide the foundation for change. In 2007 Eastern Washington University's Police Department, at the direction of Deputy Gary Gasseling brought in an instructor to help teach officers basic tactics for active shooter incidents. At the time a combination of the 1996 Jean Cleary Act and the 1999 Columbine shooting brought about some local needed training that was supported by the University. On August 28, 2008, and each year thereafter until 2013, Corporal Bryan Dornbos would coordinate what would become an annual multi-agency training exercise on the campus of Eastern Washington University with no cost to those attending. It was in the winter of 2008 when the Cheney Fire Department was first approached to participate in the training. Battalion Chief G. Hartford (retired May 2011) would have on duty crews participate in the final drill that year (B. Dornbos, personal communication, June 8, 2015). "The scope of this exercise was to improve responding agencies abilities in the event of a large scale incident. We will be trying to improve all agencies abilities in working together in dynamic and stressful situations" (Dornbos, 2008 to 2013, 2008-1). The focal point of the days training for the multitude of officers throughout the day was the final drill of the day. The concept of the training was that no agency would be charged money to come; the invited instructors (who would be supported by their own agencies) and everyone was provided food and water by EWU. Training would start at 0700 and run until 1200 hours at the Art Building (Appendix D) and the list of attendees included, EWU Police Department, Cheney Police Department, Spokane County Sheriff, Washington State Patrol (WSP), and Cheney Fire Department.

The confidentiality of the final drill was paramount according to Corporal Dornbos, it formed the basis for what is known as Reality Based Training (RBT). The information about the drill was kept limited to only a few people. While training like this is critical to emergency services, people generally don't like it. People had a tough time with the idea of not knowing all the details. This was true for all agencies. The incident was modeled after Beslan school siege that occurred September 2004. During the training the fire truck was staged intentionally less than 75 yards in front of the scenario. According to Corporal Dornbos the drill was well over an hour into the drill before the first set of initial wounded officers who were hit with a simulated Improvised Explosive Device (IED) were then moved to the triage and treatment area set up behind the fire truck. The truck was not set up two blocks away because when setting up the training, planners felt the distance would slow the training down way to much if fire department were to stage so far away (B. Dornbos, personal communication, May 28, 2015). In the after action review conducted at 1400 that day, Cheney Fire Department's Battalion Chief G. Hartford had to explain the department policies for entering secure/unsecure buildings or areas. This occurred after officers questioned the need for them to pack the patients to the awaiting fire crews (Dornbos, 2008 to 2013).

The next years planning came to fruition with August 20, 2009 as the training date, now 0700 to 1500 hours with invites going out to all local law enforcement, fire and EMS agencies, the location would be in the area of Streeter and Morrison Hall (Dornbos, 2008 to 2013, 2009 p.1). The drill itself was modeled after Mumbai, India terrorist attack on November 26, 2008. Training components for the command post specifically notes Lt. Turcott of the WSP, Bruce Holloway, Fire Chief of Spokane County Fire District 3 and Lt. Mather of the Cheney Police

Department as command staff evaluators monitored a tabletop exercise for representatives from the Chiefs of North Idaho College (NIC), Washington State University (WSU), University Washington (UW), Central Washington University (CWU), Western Washington University (WWU) and Evergreen Police (Dornbos, 2008 to 2013, 2009 p. 3). One of the lessons noted in the after action review was that there were not enough officers on scene to evacuate of all the patients and the officers felt that it was taking them too long to evacuate all the patients to get them treatment, no specific time lines were noted.

Battalion Chief Aaron Bollar, who was a Lieutenant on the engine at the time of the drill, stated that he had a tough time with this drill after realizing that if an incident did occur we would by policy be forced to stand back and wait for victims to come to us or wait until law enforcement cleared us in. The drill looked similar to the fire department as the year before, we would stand back and wait for law enforcement to finish their drill (take down the shooter and then evacuate the patients which was second priority at the time) and then bring the victims to triage, treatment and transport area. This time behind the engine that was placed less than 50 yards away. B.C. Bollar stated that they would load the wounded in the back of a SWAT unit and drive them to the treatment area. He was not sure how long it took but said it felt like it took forever because all they could do is sit back and watch (B. Aaron, personal communication, June 1, 2015). Ironically, we now are hearing the firefighters of these incidents speaking out publicly about what it was like having to stand back and wait for the patients, the local public scrutiny becoming too much causing members to leave their careers with overwhelming guilt. Kyle Chase (2015) stated he attended training at FDIC where instructors reported first responders were having difficulty after the incidents. Many had not planned for or realized how agonizing it was

to stand back and wait for clearance to go in or wait for patients to come to them. It would take three more years, a total of five years for Cheney Fire Department to act on its realization that more could be done to save more people. Corporal Dornbos from EWU PD stated that every year the fire department got a little closer. It was on August 16, 2012 that a drill was planned by B.C. Bollar, after B.C. Hartford retired, to have officers escort firefighters onto the first floor of the building once officers determined there was no active shooting going on the first floor. Dornbos stated that Chief Winters immediately voiced his concern once he realized what was transpiring in the drill (B. Dornbos, personal communication, May 28, 2015). Policy currently stated that fire department personnel were to stand back until the scene was secure and Chief Winters (2015) stated personnel were going inside without proper personal protective equipment for that type of environment and lacked the proper training. When asked if he stopped the training he stated he did not because they had victims involved and it was already in motion, he just let it continue, and felt he would address it after the drill (M. Winters, personal communication, June 16, 2015). B.C. Bollar stated the he was worried that he would get in trouble for trying something new in training and when the verbal debate outside in the command post almost stopped the drill he felt he was going to get in trouble when he saw how upset the Fire Chief became! Once he was able to explain that it was training and it was our only way to learn the Fire Chief allowed the drill to continue. B.C. Bollar (2015) stated that he saw an improvement in the drill and that patients moved to the triage, treatment and transport area much faster. He admits that they didn't time the drills, but he noted it would take hours before and we now had patients coming out of the building a lot sooner.

The following year in the Cheney Middle School opened up their new building on August 21, 2013 for what was known as Operations Back to Basics. Law Enforcement would again use their typical round robin style rotation of stations throughout the day with a final drill at the end of the day. Cheney School District staff and their family volunteered as victims for the final drill. Spokane E-6 brought out the ALS, MCI trailer and participated in the drill as well. Spokane E-6 had just sat through a class that morning on a new program they were preparing to launch in Spokane. In the After Action Review the Engine crew stated they were doing something very similar and had just learned about it that morning. It was not the normal training staff down at Spokane Fire Department. The names and phone numbers of the instructors were exchanged. It was at this point when staff was invited down to sit in on the classes that were being taught by Paramedic/Driver Kyle Chase and Bob Nixon. The class introduced our staff to TECC and the Rescue Task Force (RTF). Ironically Cheney had once before heard about what the Army Rangers were doing which was a concept that was discussed by Resident Firefighter after a tour in Iraq, Eric Gallanger who joined the Army and became a Medic in 2004. Sadly at the time the County still did not support the use of tourniquets and other procedures still did not apply to local providers. Now local protocols in Spokane County changed and now favor tourniquet use.

***Research question (a;) What are other local agencies including law enforcement doing to mitigate Mass Casualties Violent Act (MCVA)?***

Spokane City now has four engine companies that RTF members voluntarily staff the engines. All members of the Spokane Fire Department were given the TECC training which covered the BLS portion. All members of the department also had received the awareness

training of the concept of RTF and the mitigated risks of entering into the warm zone. Members were then asked who was interested in volunteering for the program. Lt. K. Chase (personal communication, May 20, 2015) stated that “98% of the department volunteered to staff the engines.” Those who would volunteer were committing to enter into a warm zone with a Rescue Task Force which was made up of 1 (one) Advanced Life Support (ALS) member, and 2 or 3 Basic Emergency Medical Technician (EMT-B). Initially it was difficult to get support to move forward with it from administration after three emails and over many months he was able to get a meeting where he was able to get support from Spokane Assistant Chief Shaffer. (K. Chase, personal communication, April 16, 2015). The cadre of instructors created their program and did a lot of research and by the time they launched the instructional side of things they had a good direction. They’ve had many learned lessons and things they would change but that’s what happens when you take on and develop a new program. The key was to find people that were flexible, responsive and able to put their pride aside (K. Chase, personal communication, April 16, 2015). Kernkamp (2015) also added that it was important for their cadre to meet and communicate on a regular basis to prevent rumors and keep people from offending others. Police and Fire both have their guys that rub others the wrong way but chances are if you see one of the guys and he offends you chances are his own guys don’t like him either (K. Chase, J. Kernkamp, C. Cornelius, & H.J. Whapeles, personal communication, April 16, 2015). According to K. Chase (2015) it is very important for law enforcement to take the role in the tactical portion of the RTF teams, it’s what they do.

Spokane Valley Fire Department and Spokane County Sheriff’s Department selected their personnel from members who volunteered to take on the assignment to create their program

and equipment selection was based on standards and research done by Spokane Fire’s cadre in a meeting leading up to April it was decided to keep all RTF team equipped the same as to not confuse the law enforcement. All representatives agreed to support this to help with automatic aid responses in the future. It made sense to have everyone doing the same thing as much as possible. Sgt. Whapeles wrote in a correspondence, “The key to this was getting out front and making sure we were all on the same page before we started the process.”

Figure 1 – Personnel in a Warm Zone

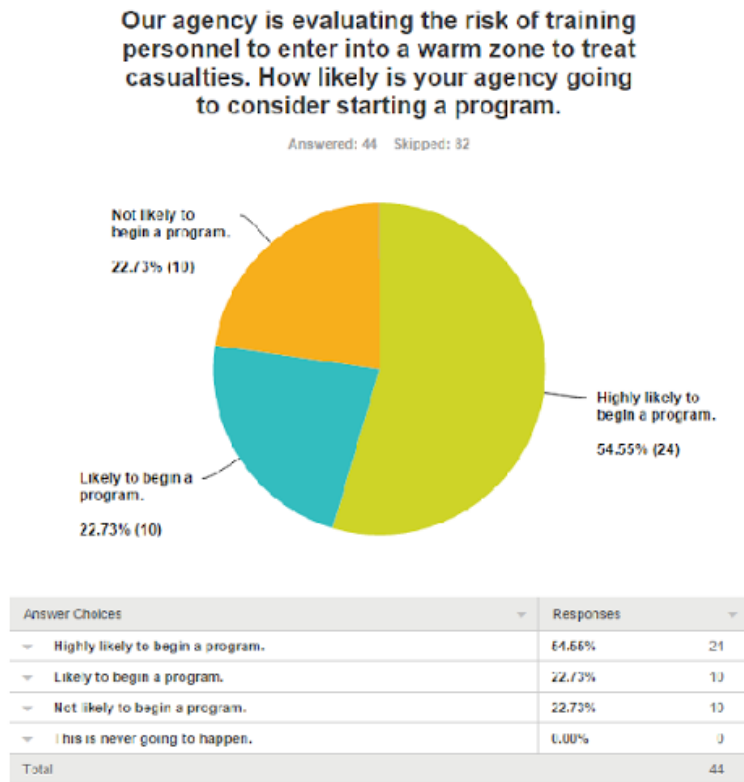


Figure 1 shows that 54.55% of agencies are highly likely to begin a program and 22.73% responded that their agency was likely to begin a program. Another 22.73% responded that their agency was not likely to begin a program. In this survey only three law enforcement agencies

participated. No agency (0%) stated this was never going to happen. This question is the fifteenth question in the survey (Appendix A). Please note that this was a question which only showed to those who answered that they were from law enforcement, fire departments or EMS agencies in question one. Questions fourteen through twenty three showed for those who answered yes (65.87%) to question one.

Figure 2 – Coordinated Training between Law Enforcement and Fire Department

**My agency has been doing coordinated training with law enforcement and fire departments. We are using the Rescue Task Force with force protection and practicing the elements of Tactical Combat Casualty Care (TCCC). This excludes swat medics.**

Answered: 44 Skipped: 02

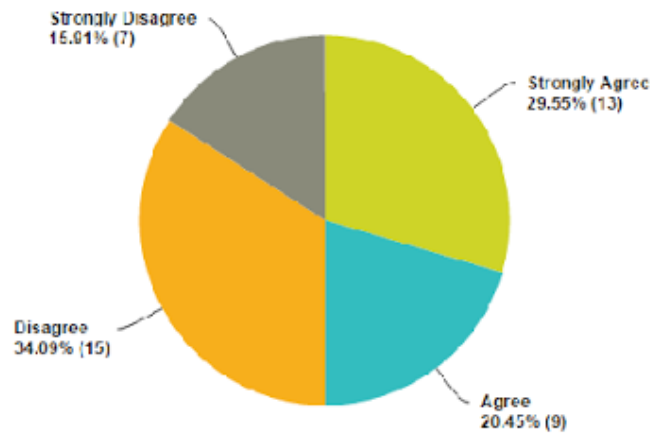


Figure 2 is showing that 29.55% strongly agree and 20.45% agree that their agencies are working with law enforcement. 15.91% strongly disagreed with the question and another 34.09% disagreed. This question is the eighteenth question in the survey (Appendix A). Please note that this was a question which only showed to those who answered that they were from law enforcement, fire departments or EMS agencies in question one. Questions fourteen through twenty three showed for those who answered yes (65.87%) to question one.

Another way to have phrased this question was to see if a RTF program was, in place currently, currently in training phase, currently in planning phase or no program at all. This produced better results. While it is shown in an historical section that Cheney Fire Department was working with law enforcement slowly realizing that the delay in care was a concern. Last fall Chief Winters stated that another Cheney employee gave a presentation at the National Fire Academy showing where the department was headed (M. Winters, personal communication, June 16, 2015). He stated that there was heavy criticism toward the topic with comments being made that it would never work. The above survey is an indication that there is growing support for RTF.

In a correspondence with Firefighter Chris Muñoz (personal communication, July 28, 2015) from the Cheney Fire Department he states that there are many current active situations where fire departments and personnel are now being sued for failure to act. The act of trying to make ourselves the number one safety priority does not go over well with the public and media. They also stated that while we maybe following our policies and procedures, it will not protect us from civil liability. This is supported by Figure 3.

Figure 3 – Level of Risk Expected by the Community

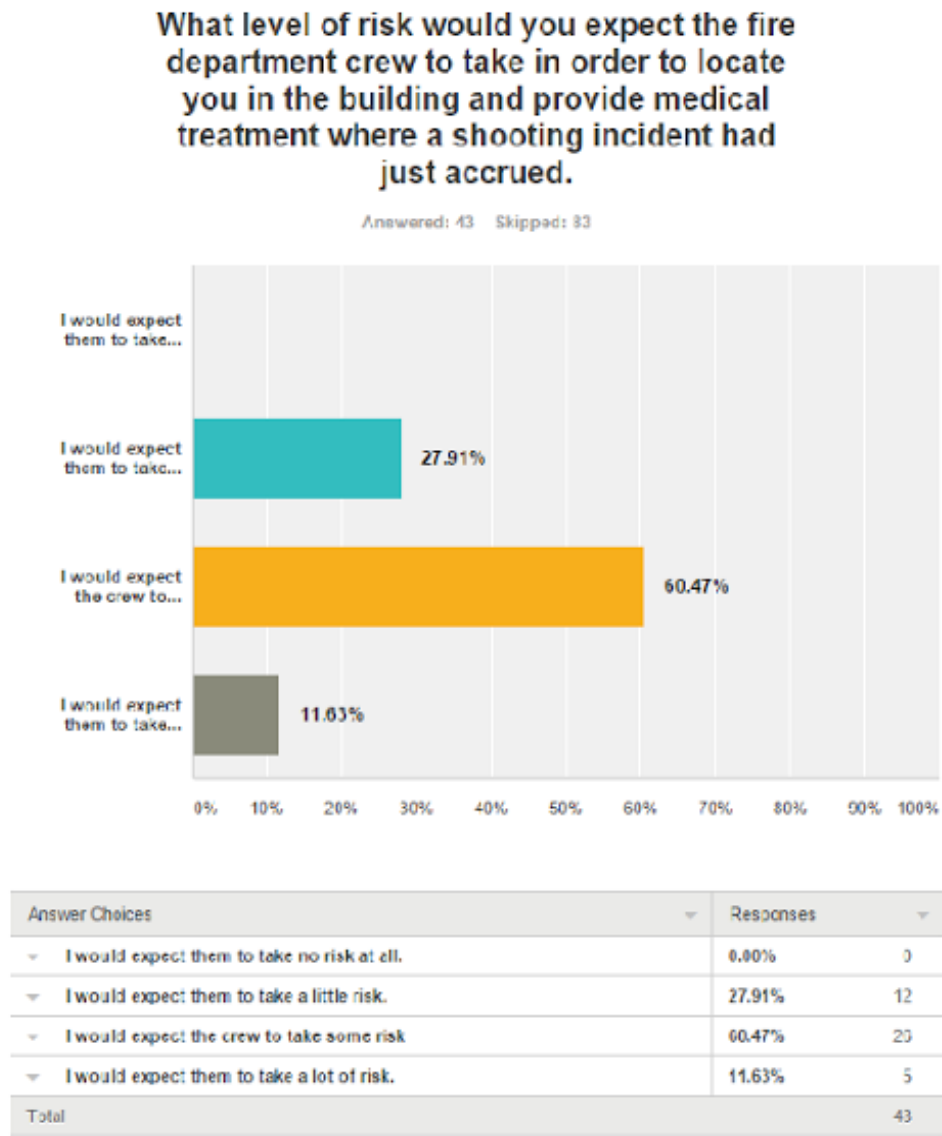


Figure 3 indicates that all of the group who answered the question were civilians and did not work for public safety. This is question 12 (Appendix A). This question is the fifteenth question in the survey (Appendix A). Please note that this was a question which only showed to those who answered that they were not from law enforcement, fire departments or EMS agencies

in question one. Questions two through thirteen showed for those who answered no (34.13%) to question one.

***Research question (b); What should be considered for law enforcement and Fire personnel responding to an MCVA?***

The first element to consider was getting the right information to the right people. Show the need for the change. C. Muñoz commented that the RTF concept can quickly spiral out of control and turn into 20 different ideas, none of which was the initial reason for the development (C. Muñoz, personal communication, July 28, 2015). This was also an important part echoed by all other representatives of the Spokane County group. Spokane Assistant Chief Shaffer finally approved a meeting and wasn't sure Spokane Police would have anything to do with it. K. Chase stated he used his contacts and explained the mission goals to a friend who was on the SWAT team. The result of explaining those mission goals created an opportunity to meet with members of Spokane Police Department who could direct change (K. Chase, personal communication, August 2, 2015). In turn that information went to the right people that got motivated people involved. H. J. Whapeles stated that "even politics can't get in the way of highly motivated and eager to learn personnel" (H. J. Whapeles, personal communication, August 1, 2015). All three agencies had these concepts pushed up the Chain of Command. K. Chase stated in each of his meeting it took him about 5 minutes and he could see the change in facial expressions and support for the concept.

Figure 4 – Support for Personnel to Enter a Warm Zone

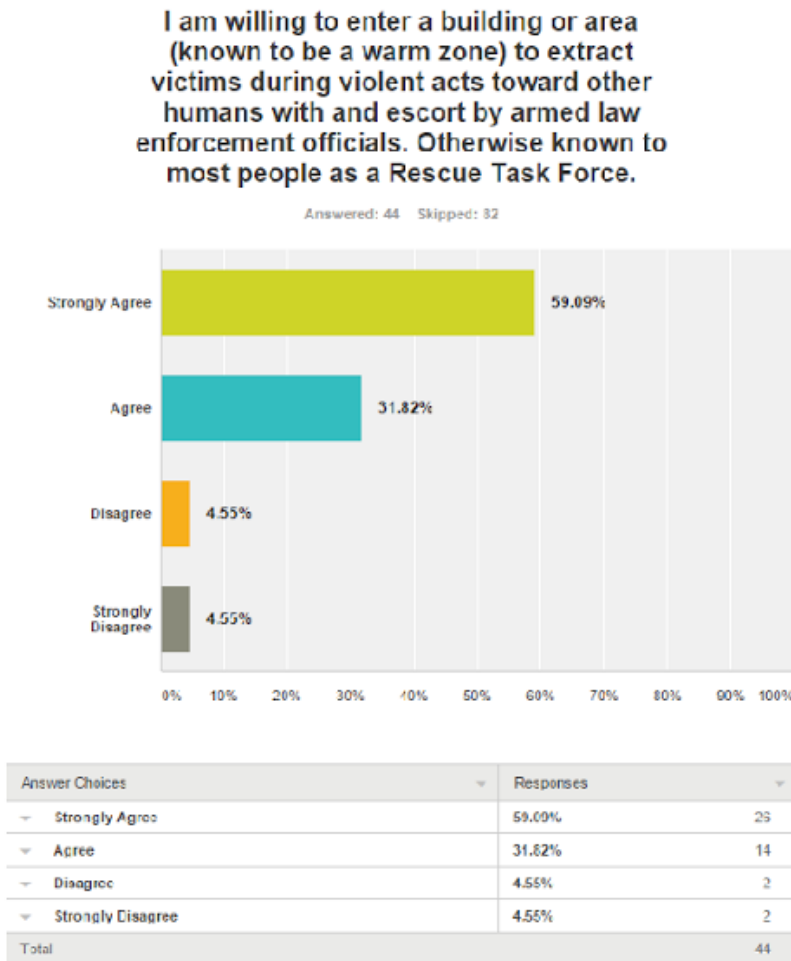


Figure 4 is showing that 59.09% strongly agree and 31.82% agree that they are personally willing to take the risk. 4.55% strongly disagreed with the question and another 4.55% disagreed. This question is the seventeenth question in the survey (Appendix A). Please note that this was a question which only showed to those who answered that they were from law enforcement, fire departments or EMS agencies in question one. Questions fourteen through twenty three showed for those who answered yes (65.87%) to question one.

It was pointed out during a meeting that one of the most prevalent problems that Spokane RTF cadre was having occurred in operations. The policy was too narrowly based and the recommendation to others was to not put into policy that the response is for active shooting incidents only and to use a broader term. The reason was because if SWAT teams were doing a high risk entry and they wanted to form an RTF team for a planned event then the policy was not accurate and the request was being turned down. When the officers who now have been cross trained realize the risk to their own guys they wanted to utilize the skills of the RTF teams (K. Chase, J. Kernkamp, C. Cornelius, & H.J. Whapeles, personal communication, April 16, 2015). Spokane County does not have career paramedics on their SWAT teams to care for wounded officers. There were plenty of questions and they had to come up with solutions. The solution came with training and the concern of mission creeping was lingering with administration. The formation of the RTF team in an Armored Personnel Carrier (APC) is considered a warm zone and you can move APC right into a hot zone to load the patient. Treatment can begin on the patient right away while the hot zone is still considered hot (K. Chase, J. Kernkamp, C. Cornelius, & H.J. Whapeles, personal communication, April 16, 2015).

One consideration that became a reality for H.J. Whapeles was the elements of cross training personnel, this meant he had to learn and adapt to other schedules which was a hurdle but he stated “The guys had a great attitude and were flexible. Just getting it off the ground was hard at first, as there were so many misconceptions of what the RTF teams would be doing in the beginning” (H. J. Whapeles, personal communication, August 1, 2015). Fayal (2015) also talks about the benefits of cross training personnel and how he saw the benefits in his own personal

experience in the Navy Explosive Ordinance Disposal (EOD) units (A. Fayal, personal communication, June 18, 2015). If I hadn't experienced the SEAL's pre-deployment training cycle, I would never have known how to support them. Likewise, I recognized that my teammates could offer me support in addressing the IED threat" (A. Fayal, personal communication, June 18, 2015).

When asked what considerations should other agencies consider when starting a program for responding to a MCAV, medical supplies were one concern. Medical supplies can be an issue in training. "Looking back I wish we had more training equipment, such as medical supplies." Using the supplies and having enough of them. Plan and try to have some ready to use, reuse and then replace (H. J. Whapeles, personal communication, August 1, 2015).

***Research question (c) What medical procedures are most effective and practical for agencies?***

Probably the most effective and reliable studies being conducted are being done by the military. It is through the military we have learned a great deal about what works and doesn't work. Prehospital Trauma Life Support (PHTLS) has been a part of a medics training since 1988. After the fifth edition was created the newly formed Committee on Tactical Combat Casualty Care began to extensively revise the military portion of the book and in 2004 a military version of the book was created and multiple chapters revised (MOSEBY JEMS, 2011).

Bob Nixon, a Paramedic Firefighter had the resources and the background to be able to provide the SFD with the training. He is an instructor for 68W Combat Medics in the military and was still active in the guard. He has become an invaluable resource for Spokane County with

his contribution of training and preparation of skill sheets (K. Chase, personal communication, May 20, 2015). “Point of injury care is what’s going to save all the savable lives. If we wait until the entire building has been cleared those folks who are on the verge of life or death are going to expire” (Nixon, 2015, p. 1).

Once SFD trained all of their members in TECC across the county chest seals were being applied on stab wounds to the chest and tourniquets were being used on severe cases in the field. Cheney Fire Department had several members attend the training as well which caused one firefighter in Cheney to recognize a pneumothorax on a stabbing patient and he apply a chest seal once it was recognized saving the guy's life. Its already helped beyond the scope of what we originally were intending (C. Muñoz, personal communication, July 28, 2015) . K. Chase stated he had not heard of a single tourniquet applied in his career and suddenly the procedures learned in class was being utilized in the field and in those cases it was needed. In one case a tourniquet was used to bring a doctor on site to perform a field amputation to extricate a patient (K. Chase, J. Kernkamp, C. Cornelius, & H.J. Whapeles, personal communication, April 16, 2015).

Law Enforcement in Cheney already had their own personal kits that had a tourniquet and H-bandages and QuickClot packages. Law Enforcement in Washington is not bound by any medical protocols and was able to buy what vendors would sell to them. While fire/EMS medical providers are governed by the Department of Health in Washington State certain procedures are more restricted. QuickClot is one of those procedures that Spokane County Medical Director is not supporting due to the lack of research. To work effectively direct pressure must be applied for three minutes. The product is receiving some considerations but is also known to cause blood clots and other complications, these items have been pulled by the military and 2<sup>nd</sup> generation

QuikClot Combat Gauze has taken its place. Officers still carry forms of the QuikClot that have been removed from service by the military due to problems noted in a Research Article of QuickClot Combat Gauze (Johnson et al., 2012, p. 2). In Cheney the firefighters have been working with Cheney Police Department and EWU Police Department to help with training. The fire department has lots of extra supplies to use for training and sharing allows for improved training for everyone and keeps our skills up. (B. Dornbos, personal communication, May 28, 2015)

Some police officers were trained in TCCC in the military which helped some officers understand what the intent was of the RTF teams which made them instantly see the benefit. Sgt. Whapeles was one of those people that had a background in TCCC and he states, "I believe that I also had a good focus on what the mission plan was for the RTF team and what the future of the team could be." (H. J. Whapeles, personal communication, August 1, 2015).

Figure 5 – Training Personnel

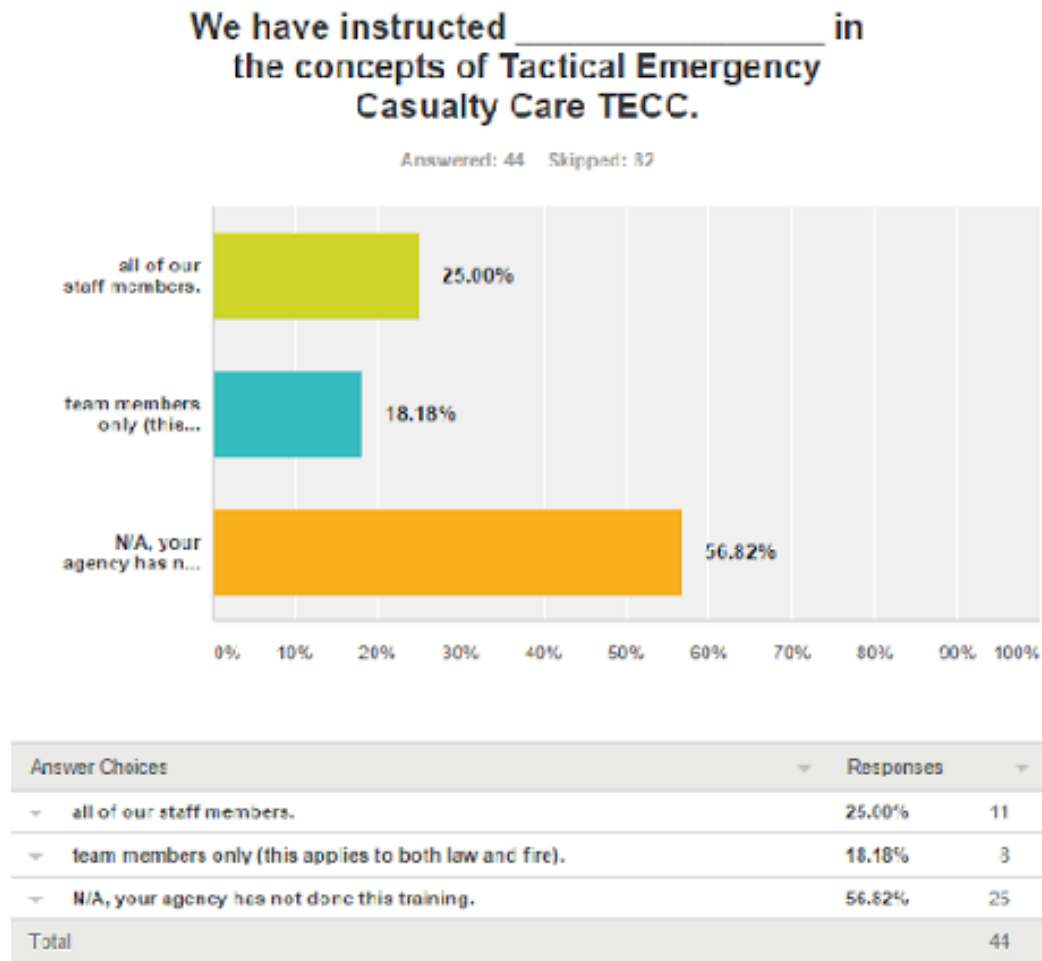


Figure 5 is showing that 25% of departments trained all their personnel in TECC which is the civilian version of TCCC. 18.18% trained team members only and another 56.82% checked that their agency has not done this training. This question is the twentieth question in the survey (Appendix A). Please note that this was a question which only showed to those who answered that they were from law enforcement, fire departments or EMS agencies in question one. Questions fourteen through twenty three showed for those who answered yes (65.87%) to question one.

Figure 6 – Mnemonics used for training

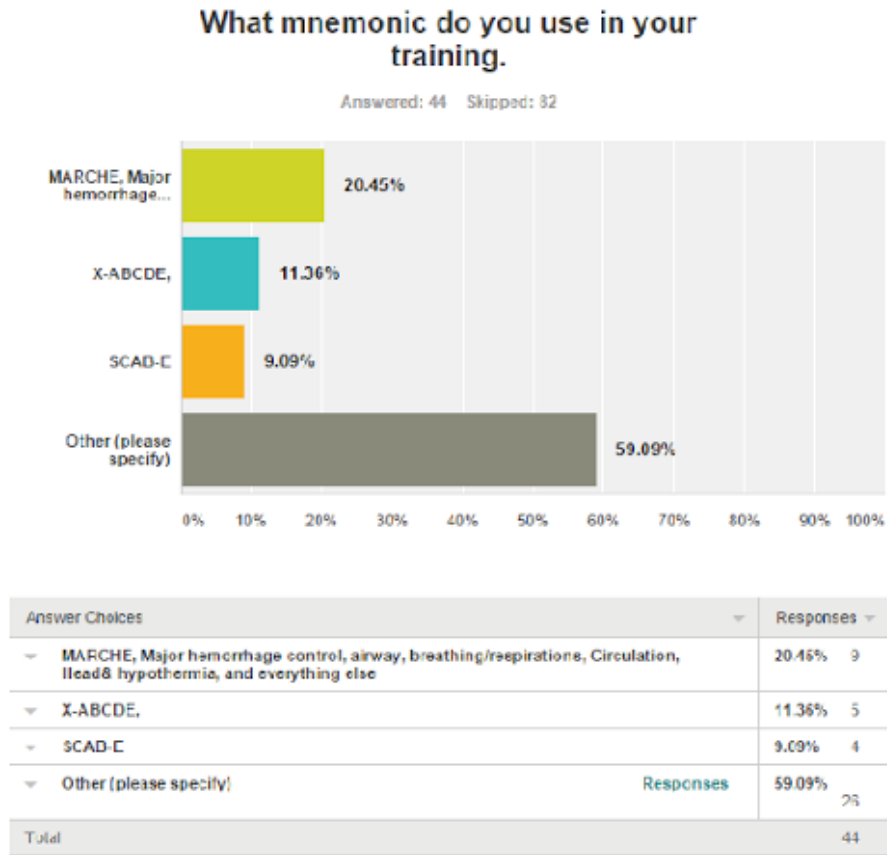


Figure 6 is showing that 20.45% (9) of agencies use MARCHE which stands for Massive Hemorrhage Control (M), Airway (A), Respiratory Mgt. to include pneumothoraces and needle decompression. (R), Circulation (C), Hypothermia and Head injury (H), Eye injury and everything else (E). 11.36% (5) use the mnemonic X-ABCDE which stands for Exsanguinating Hemorrhage (X), Airway (A), Breathing (B), Circulation (C), Deficit and Decontamination (D) and Expose (E). While 9.09% (4) checked that they use SCAB-E which stands for Situation (S), Circulation (C), Airway (A), Breathing (B) and Evaluate and Evacuate (E). 59.09% (26) respondents stated other and were asked to specify. The most common reply was not applicable.

This question is the twenty first question in the survey (Appendix A). Please note that this was a question which only showed to those who answered that they were from law enforcement, fire departments or EMS agencies in question one. Questions fourteen through twenty three showed for those who answered yes (65.87%) to question one.

Figure 7 – Books being used

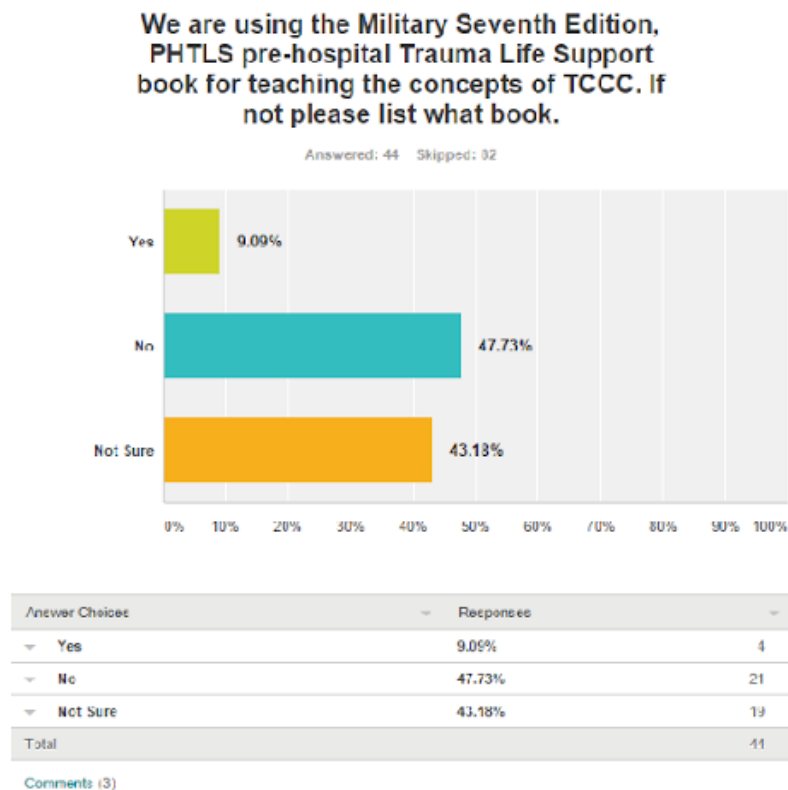


Figure 7 is showing that 9.09% (4) of the agencies use the Military Seventh Edition of the PHTLS book. 47.73% (21) stated that they did not use the book. While 43.18% (19) marked that they were not sure. The three comments mentioned were International Trauma Life Support, 7<sup>th</sup> Edition, 1 said they just used their basic paramedic training and 1 marked they did not have any training. This question is the nineteenth question in the survey (Appendix A). Please note that

this was a question which only showed to those who answered that they were from law enforcement, fire departments or EMS agencies in question one. Questions fourteen through twenty three showed for those who answered yes (65.87%) to question one.

It was Napoleon's surgeon in the 1700s who said that the fate of the wounded lies in the hands of the first person to render care (Wyllie, p. 2). Dr. Reed Smith stated we have data that shows the success of point-of-wound care his point being that we should not let this information go to waste or forsake the lessons learned (Wyllie, 2012). Kyle Chase and Sergeant H.J. Whapeles both have collected times on drills of point-of-wound care and evacuation of all wounded to a Casualty Collection Point (CCP). K. Chase States that he has times of 3 rescuers with 2 law enforcement as a RTF element treating five victims, stabilizing the injury and extracting them in under five minutes. While in Sgt. Whapeles final evaluations with Spokane PD Jay Kernkamp (Appendix G) reported during one of the drills that the first RTF element was overwhelmed by the amount of work presented as planned (thirteen patients), but handled the casualties very well. RTF members used some of the victims to help with the care and evacuation. It took 6 minutes for complete care and evacuation by the RTF team. There were over 10 Tourniquets applied during that time, along with multiple chest seals and pressure wraps. The RTF element also dealt with an IED that was found at 2 minutes into the countdown (Whapeles, 2015, p. 3). The results of these drills should also be noted that the scenario included simulated contact teams being deployed in the building searching for the initial shooter. Contact teams simulated reporting the initial locations of victims and requested RTF teams giving the team an initial mission. The buildings used to conduct the trainings were done in schools that had been turned over to other agencies for training purposes.

***Research question (d) What laws or procedures impact the responses to MCVA?***

Kyle Chase stated he knew there had to be a solution in mind after Sandy Hook Elementary School Shooting that occurred on December 14, 2012, in Newtown, Connecticut. “My son asked if the Valley Fire Department would come get him if a shooting occurred at his school, I answered of course but the reality was way different” (K. Chase, personal communication, August 2, 2015) Polices in the County did not allow such a practice. After returning from an EMS Today Conference in Washington DC in 2013, Kyle Chase signed up for a class that talked about the need for Law Enforcement and Fire Departments to work together to come up with solutions to reducing the mortality rates in MCVA. The lead instructor was Dr. Reed Smith the Operational Medical Director of Arlington County Fire Department. When Kyle Chase returned from the conference he was convinced that it could be done in Spokane and that it was the right thing to do (K. Chase, personal communication, August 2, 2015).

When Cheney Fire Department first began to recognize that there was a better way then standing back and waiting for an all clear there were still elements that were missing and could be improved upon. “Making a change like this you need to focus on the big picture and show the need” (C. Muñoz, personal communication, July 28, 2015). The department now was facing the next step and actually officially developing a plan and coming up with equipment needs and building support from administration. The main concern was safety of responders and getting the appropriate training (M. Winters, personal communication, June 16, 2015).

Washington Administrative Code (WAC) 296-305-02012 addresses body armor and that if the employer documents a need for body armor, the employer must provide the necessary equipment and ensure: (a) The body armor fits properly, (b) Employees are trained in the use and limitations of the body armor; and (c) the body armor is worn when necessary. The department is in compliance and purchased four tactical vests that could be adjusted quickly. In Figure 8 you can see the ballistic vests that are assigned to the apparatus. Two different departments in the County are represented in the picture. Spokane Valley issued the vest per person and members carry their equipment with them on and off duty, along with pagers. (K. Chase, J. Kernkamp, C. Cornelius, & H. J. Whapeles, personal communication, April 16, 2015)

Figure 8 - CFD and SFD training at EWU 2013



Figure 8 shows two different agencies having the same gear the locations of the equipment is nearly identical. In Spokane County law enforcement officers from different agencies can easily identify who they will be forming an RTF team with to improve the efficiency of the overall mission.

Another administrative code that affects the RTF element is WAC 296-800-16005 which directs a department to look for and identify hazards or potential hazards in the workplace and determine if PPE is necessary on the job. It also makes a point to consider other ways to get hazardous jobs done, reduce hazardous processes and apply engineering controls to reduce or eliminate hazards. Up until this point departments used the stand back and wait for law enforcement as a way to eliminate hazards. “This is a high risk, low frequency event and training can reduce the risk, this is why supporters are advocating working with law enforcement because whatever is appropriate and manageable for your area will develop” (K. Chase, personal communication, August 2, 2015). Chris Muñoz states that firefighters go into warm zones day in and day out. We have levels of protection that are appropriate for what we are dealing with and receive appropriate training on those areas, when we cross into the hot zone such as a structure fire we wear appropriate PPE (C. Muñoz, personal communication, July 28, 2015).

The Department of Health (DOH) certifies prehospital care providers and governs the Emergency Medical Services Certification Requirements as well as the Scope of Practice. Since medical professionals are looking towards data for solutions. We know from Colonel Gray’s empirical research using data from world war two in which he concluded that 60% of preventable combat deaths occurred from extremity hemorrhage and 33% from tension pneumothorax and another 6% from airway obstruction (Mosby Jems, 2011). More recent data is available of course but it was and is data collected when only medics provided more advanced care. Members of the RTF teams in Spokane Fire Department, Spokane Valley Fire Department and Cheney Fire Department each have collaboratively been working toward changing the EMT

protocols to allow needle thoracentesis on appropriate patients during obvious site of injury events.

Figure 9 – C-TECC Skill sets based on provider level

Provider Level	Tourniquets**	Pressure Bandage w/ packing	Hemostatic Agents	Tourniquet De-escalation	Needle Thoracentesis	Surgical Airway	NPA	Blind Airway Insertion Device
LEO*	X	X	X				X	
EMR or equivalent	X	X	X		X***		X	X
EMT	X	X	X	X	X***		X	X
Advanced EMT	X	X	X	X	X	X***	X	X
Paramedic	X	X	X	X	X	X	X	X

\* Law Enforcement Officer; may have CPR/Basic First Aid Training.

\*\* Already included in NREMT skill sheets.

\*\*\* Only with proper training, specialized protocol and OMD approval. Ideally, this is a skill that should be performed by all providers, but need to prove safety and efficacy prior to inclusion of additional provider levels.

Other EMS/medical related skills such as patient assessment, chest seal placement, splinting, and hypothermia management should be considered standard for all levels of providers. Additional skills can be considered with specific agency approval.

Figure 9 is the recommended skill set from the Committee on Tactical Emergency Casualty Care (C-TECC). Dr. Nania is now taking the procedure along with backing from these departments to get state approval for the protocol at the EMT level for trained RTF members (Dr Nania is a progressive and motivated doctor who is the Medical Director for the EMS program throughout Spokane County). Currently only Advance Life Support (ALS) or Paramedics can perform the procedure. The concept behind the idea is that Basic Life Support (BLS) will be able to do the procedure and since it is a basic procedure instructed to every soldier in the military, and 33% of preventable combat deaths are from a tension pneumothorax then let's get the

training (K. Chase, J. Kernkamp, C. Cornelius, & H.J. Whapeles, personal communication, April 16, 2015). There is a need for more focus on reducing the casualties from these horrific acts of violence.

”Strawder in an article appearing in Joint Force Quarterly (2<sup>nd</sup> Qtr 2006) describes the need or more aggressive medical care for combat casualties and states that approximately 67% of severe ballistic injuries (gunshot wounds) die within the first 30 min and approximately half of these are those bleeding to death (strawder 2006). Arguably some of the best examples of physically fit and healthy human are American’s combat military personnel. Even so, 67% of those receiving gunshot wounds die, half bleed to death. Studies abound that support the concept that many deaths in combat are potentially salvageable if the wounded are provided appropriate care quickly enough” (Mathews, 2014, p. 63)

Sergeant Whapeles mentions it in his correspondence that we need to change the procedures on the needle decompression practice in the County. Chris Muñoz from the Cheney Fire Department also addresses this topic. He states statically if you have 30 victims you are likely to see 10 patients that will present with a suspected tension pneumothorax, currently only ALS providers would be able to provide treatment to those patients. In training when those 30 patients are spread throughout the building you will have to have a paramedic in each RTF element or those patients cannot be treated in Washington State, it’s time to change that! (C. Muñoz, personal communication, July 28, 2015).

During the August 2015 drill a body camera worn on a firefighter captured an RTF element calling for a medic to conduct a decompression. A second patient was located at four minutes into beginning the entry into the warm zone, where the firefighter conducted the exam and applied a halo chest seal in under 50 seconds. The firefighter/ EMT recognized that a needle decompression was needed. At 8:13 seconds a second request for a medic was made for the procedure and again at 9:41. The four person RTF element made up of two law enforcement and

two firefighters treated 4 patients and extracted them to the casualty collection point in 11 minutes. Two were walking wounded and one was drug out on a tarp. The 4<sup>th</sup> patient at 11:17 the patient still did not have a thoracic needle decompression. This one drill showed the need for all RTF members, EMT's and above to have the capability to conduct a thoracic needle decompression.

### Discussion

The events that unfolded on April 20, 1999, at Columbine High School is known to be the law enforcements turning point "Crucible". It was not the first shooting incident that had occurred and it certainly would not be the last. The difference was a nationally publicized event that showed officers waiting to assemble SWAT teams while the two suspects terrorized their classmates and teachers for 40 minutes. Soon after the law enforcement community collectively agreed that

1. "Some critical situations cannot wait for SWAT.
2. First Responders (i.e., patrol officers) need tactical training to address ongoing, life-threatening incidents like an active shooter.
3. First responders must be empowered through training policy and procedure, and equipment to swiftly and effectively respond to and stop an active shooter" (Blair et al., 2013, p. 13).

Fire Departments who are not working with their own local law enforcement agencies will likely be faced with civil lawsuits for failure to act. The expectation of risk is expected according to several sources (K. Chase, 2015; C. Muñoz, 2015; Rickman, 2014). The Cheney

Fire Department first began in 2005, I would like to think that there is enough information out there for others to avoid the years of seeing START triage take precedence over bleeding or waiting two hours for a scene to be cleared, before treatment can be provided. There still is a need for triage and RTF teams are using it to expedite evacuations. The point has been made over and over but the reality is that many leaders will not get these messages. In fact, in a survey conducted by the IAFC only 76% of fire departments have a policy relating to active shooters (Roberts, 2012; Piper, 2013). This should not be surprising information really because most of the United States is made of rural fire departments. The National Volunteer Fire Council provides resources that can help agencies get started and at least develop a plan with local law enforcement. We are finding out these incidents will happen in any town U.S.A. (Byrd, 2013, p. 27).

Figure 1, Is the result of a survey question of whether agencies were likely to begin a program, over 77.28% stated they would likely begin a program or were highly likely to begin a program (Appendix A, Q15). The type of program will need to fit your agencies capabilities and to do that you truly have to get out there and train. It appears that there is a clearer understanding than just a few years ago (Blair, 2013; McKay, 2013; Scott, 2014). Even still, Bryd (2013) found that agencies are continuing to see a varied response to these incidents. Some literature mentions a single officer should engage, while others are referring to tactical advantage. The more flexible term “tactical advantage” is up to interpretation to local officers and local agencies to develop their own policies (Byrd, 2013, p. 18). It is hard to predict what personnel will do in these situations but it is apparent in these studies that the intent of the policy needs to be educated or rigid systems can expect personnel to take the position of no action is a safe action. Justifying

your perception of risk may have been an easy way out a few years ago, but that will change and fire departments will now likely shoulder huge financial liability. It is my interpretation that these findings show that people are willing to do training and take on risk to decrease the mortality rates of others. The study also shows that we are expected to take some risk and citizens don't realize that the event will cause a delay in fire department responses because 72% responded the fire department would be on scene to treat injuries in less than 10 minutes. (Appendix A, Q12 and Q11)

In the survey that was conducted in Appendix A, question seventeen was an indication that 59.09% strongly agreed or agreed 31.82% supporting the concept of going in with law enforcement to provide quicker treatment. Similar results occurred in Pipers (2013) research, as well as K. Chase (2015) who stated in Spokane Fire Department 98% of the people volunteered for the duty assignment among four stations. It is my interpretation that if an agency wants to do the right thing for the right reason then people should get behind it. It was best stated by H.J. Whapeles that "not even politics can get in the way of highly motivated and eager to learn personnel" (H. J. Whapeles, personal communication, August 1, 2015).

Recently the president signed into law the Investigative Assistance for Violent Crimes Act of 2012, This law granted the attorney general the authority to assist in the investigations of "violent acts and shooting occurring in a place of public use" as well as the investigation of what is termed "mass killings and attempted mass killings" (Blair & Schweit, 2014, p. 5). This does indicate the importance of quick federal assistance in what may be a heavily publicized event. This action will likely assist local Emergency Operations to properly handle the long term impacts and recovery. It was Blair et al, 2013 who referred to an Incident Commander (IC) who

activated their Emergency Operations Center (EOC) and was able to divert most of the media away which allowed on scene resources to continue rescue efforts without the added pressure on scene. This will be a pivotal portion of a policy, activating the EOC through dispatch would allow for early preparation and activation.

Cross training with law enforcement is needed but unfortunately past practice of City Managers and the Association of National Cities looking at ways to cut funding to public safety have looked at this type of action for years. This type of cross training is not for personnel to deliver the service it is designed to create and enhance support. Figure 2 shows 29.55 % of surveyors stated they agreed that their agency was working together with LE. Another 20.45% agreed that they were training with LE. A. Fayal (personal communication, June 18, 2015) also feels that cross training for the EOD members into the SEAL teams was beneficial. Not for the military to make cuts to other programs but to increase the efficiency of the teams. The whole concept of working with law enforcement is supported in each of the papers reviewed (Byrd and Piper, 2013; Wehmeyer, 2014). After attending the training that H. J. Whapeles instructed for Spokane Valley Fire Department, the experience helped me to wrap my head around how we could better support the officers. One of the comments I remember H.J. Whapeles saying was that when he asked fellow SWAT members what they wanted to make sure the firefighters were trained in, they responded that they didn't want to have to take care of the firefighters in a stressful environment. (H. J. Whapeles, personal communication, August 1, 2015). Basically what they didn't want to have to do is babysit our personnel when conditions rapidly deteriorated. It is interpreted that the agencies to conduct the training must be given the resources it needs and the fortitude to create the cross training. Officers can benefit from participating in

the trauma scenarios practiced by fire crews and get their hand on the equipment more often; it is a long term relationship we are building. As a side note for agencies, all the personnel in Spokane County who have been moving this forward have shared a common goal and supported each other in one way or another. The workload is spread out and some players do offer more than others but there are no ego's getting in the way. All involved have been respectful, helpful and encouraging. If there are any persons who want the center of attention or unwilling to publicly speak about their mistakes, then there is no room to grow and no willingness to improve. Have the right people, in the right place, at the right time that is only my specific finding from this research.

“Patrol personnel and other first responders will need to be empowered to make immediate life-saving decisions in active shooter events. With this empowerment also comes training; however, training must also be provided to the supervisors and managers who are relinquishing the decision –making authority” (Blair et al., 2013, p. 17). This in the military is being called mission command.

Hard and fast policies are contributing to increased loss of life; one example occurred in 2009, in Binghamton, New York. Officers arrived on scene of a reported shooting within 2 minutes of the first 911 calls. However, entry into the building was delayed because officers did not hear any shots fired on arrival. Officers waited for SWAT teams, because there was no active shooter at the time. The officers reported they did not know the shooter was already dead on arrival (Blair et al., 2013, p. 19). Inside the building 11:13 a.m., approximately 40 minutes later SWAT team members arrived and at noon escorted 10 survivors out, at 12:40 another 10 survivors were escorted outside. The shooter had killed 13 victims and wounded 2 before killing

himself. The officers inadvertently and naturally reverted back to policy and training as they arrived on scene and did not hear active shooting. The police response again created questions and a debate over the role of first responders to an active shooter incident (Blair & Schweit, 2014, p. 20). In the fire service the three priorities have long been instructed as life safety, incident stabilization and property preservation (International Association of Fire Chiefs, Fire and Life Safety Section [IAFC], 2013). Blair & Schweit (2014) have developed a priority of life scale to help police officers make critical decisions in the field. The order of importance starts off with innocent civilians, hostages, and victims, second is police officers and third is suspects.

Figure 4 or question seventeen in (Appendix A) directly makes a connection on how departments likely have the support from the line personnel and that agencies that do not have programs are facing resistance can conclude that it is likely not the line personnel stopping the progress. In another study M. Piper (2013) found that 42% of their personnel agreed that they were willing to enter a Mass Casualty Acts of Violence (MCAV) with law enforcement as a RTF team. An additional 55% also strongly agreed with the questions. Only 3% either disagreed or strongly disagreed (Piper, 2013, p. 27). This was the same for Spokane Fire Department, after their initial training where 98% of the department showed support with the mission of the RTF teams and volunteered to participate (K. Chase, personal communication, May 20, 2015). People support the concept of and the mission objective of stop the killing and stop the dying.

A common Risk Model posted on the wall at Spokane Fire Department training center is to risk a lot to save a lot and risk a little to save a little. It is simple and effective, the Chief is authorizing his personnel to take make decentralized decisions in emergencies. Agency personnel need to be instructed on leader's intent which can also be reflected in all policies. A

simple email will not work, it's easier but counterproductive in these models. Another aspect of this type of decision making is called Mission Command.

“The nature of military operations requires responsibility and decision making at the point of action. Leaders and subordinates who exercise initiative, within the commander’s intent, create opportunity by taking action to develop the situation. Agile leaders are comfortable with uncertainty and understand that disciplined initiative is an important part of being adaptive. Successful Army leaders adapt their thinking, their formations and their employment techniques to the specific situation they face. Adaptive leaders realize the concrete answers or perfect solution to the operational problems are rarely apparent. They understand that there may be periods of reduced uncertainty as the situation evolves. Agile and adaptive leaders use initiative to set and dictate the terms of action. They accept they will often have to act despite significant gaps in their understanding. Agile and adaptive leaders make timely adjustment in response to changes in their operational environment.” (Department of the Army, 2014, p. 1-2)

The mission command philosophy enables commanders to mitigate the uncertainty of operations by reducing the reliance of personnel to ask for direction during a time a critical event transpires. The understanding is that some decision must be made quickly and are better made at the point of action.

While it appears that many departments across the U.S are not convinced that they should be taking such extreme risks. Others are considering quantitative data, training and education to adapt to new challenges. In an unclassified FBI *Study of Active Shooter Incidents in the United States Between 2000 and 2013* (2014) the study reviewed 160 incidents in all but 2 of the incidents a single shooter was located and incapacitated within minutes. Another study from (NYPD) also showed incidents have a 98% chance of only having one person and taken down within the first 10 minutes. This was consistent with a drill ran in 2012 in the Spokane Valley Mall where officers in training exercise found, located and dispatched the threat in under 10

minutes. Then it would take another 45 minutes before the first person was actually receiving treatment. Also noted was the private ambulance company refused to take two reds patients going against the county protocols. There were a lot of lessons learned during that drill. (K. Chase, personal communication, August 2, 2015).

Another question might linger among some on whether it's appropriate to risk a lot to save a lot. While others may even consider not taking any risk for any type of gain will want to consider this survey on what level of risk was expected by the community. In Appendix A, Q15; we find that 60.47% of members of the public expect us to take some risk, 27.91% would expect us to take a little risk and 11.63% stated they would expect fire department crews to take a lot of risk and not one person, 0% marked for the fire department to take no risk at all. My interpretation of this is that if we don't get on the same page in the fire service then civil lawsuits will disable many departments.

Mass Fatalities Managing the community response introduced to the study that agencies will also need to consider a mass fatalities response plan. Teahen (2013) states community planners need to consider more than how many bodies they can store. "They fail to consider the time-intensive labor of managing resources and personnel, conducting a comprehensive search of the scene, recovering the remains, identifying and returning the remains, and ensuring that the family members of the deceased are treated with compassion, dignity, and respect" (Teahen, 2012, p. 4). This is why the Incident Management Teams / EOC will need to be activated in the RTF high response category.

"Each firefighter is only one person. But if all firefighters are taught, expected, and do work together, the sum of their individual part can become much greater than just them together"

(Okroy & Lubnau, 2004, p. 10). “Risk versus gain analysis is a very personal one.” (Okroy & Lubnau, 2004, p. 58). Looking at the same situation people have different opinions. Fixation and situational awareness can be improved with training. “One of the very first incidents that led to the development of Crew Resource Management (CRM) was the crash of an Eastern Airlines jet into the Florida Everglades. All of the people in the cockpit were fixated on a burnt out light bulb, and no one was flying the plane (lacking of Situational Awareness). Basic pilot training teaches all pilots to fly the plane. The highly experienced pilots of that airplane forgot” p 69 costing the lives of all souls on board. My interpretation with using this information in the research is that we benefit from the team being more fluid if we learn to enhance each other capabilities and support each other. Train personnel to not be fixated on the problem and allow the one team member to fix his problem while the team works to maximize its effectiveness (K. Chase, J. Kernkamp, C. Cornelius, & H. J. Whapeles, personal communication, April 16, 2015).

Here is an example of failure to communicate- “on April 16, 2007, Virginia Tech student Seaung-Hui Cho shot and killed 32 other students and faculty members, before ending his life. The incident started and the shooter left the scene and then came back (Fagel, 2014, p. 142). Another way to interpret this that dispatchers also need awareness training on active shooter studies. One example is information sharing on what the suspect looks like as well as collect detailed information. This could lead to an Incident Management Team (IMT) with the PIO gathering local assets and agencies to communicating to the public about details that may help apprehend the suspect.

If we can learn from the research of hands only CPR and keep things simpler when trying to educate we may encourage more participation. The results of the survey indicated 59.52% of people would most likely help in a MCAV, another 35.71% said they would help if they had access to gloves (Appendix A, Q13). The fire service would be able to teach the simple four step method to stop bleeding and support law enforcement efforts in education. The problem has become that public CPR and First Aid has become too long. Increasingly employers in Washington require employees to show proof of training required by the state causing employees to spend their own personal time to get employer required training. This method causes not only the business to not only miss out on educating employees on proper steps in the company but the fire department's partnership in preparing the employees for emergencies is being lost. Businesses often are unable to turn to the fire department to teach many of these programs because those public education positions have been cut or don't even exist. Departments who can rely on stabilized funding still have the ability to reach out to companies and teach employees such methods. Departments who have adopted the engine company as their public educators may use these methods in businesses and in the schools. Similar research is found in studies conducted by McKay (2013) Byrd (2013) and Rickman (2014) where they gathered research about the occupants of the building providing aid. The results of this can be depicted from the FAFB shooting in 1994, Andy Brown, (personal communication, June 15, 2015) records he shared with me included data that the shooting spree lasted for an estimated 2 minutes before the mentally ill shooter was stopped (name intentionally not listed). Additionally, the first rescue unit was brought right up to the first patient and security was provided. While this was happening reports of a second possible shooter on the roof of another building was being

searched for. The Dispatcher was so busy and overwhelmed he was missing opportunities to gather additional information, such as the description of the shooter, dispatchers need to be able to have back up dispatchers on a moment's notice in order to share the work load and disseminate information to through proper channels.

Witnesses stated A. Brown was shot at several times but he does not remember it, he stated he was focused on hitting the target. We now know this as auditory exclusion, a natural occurrence of people in high stress situations studies show it as the bodies way of providing focus to areas that matter, these area's can be managed if adequate levels of skills and training occurs.

The most relevant and influential information occurred at the hospital were reports of doctors and nurses pulling patients behind cover and treating them as soon as the sounds dissipated. The results of this research provides compelling support for the efforts of education on four ways to stop bleeding. Direct pressure, indirect pressure, elevation and tourniquets. This can be co-instructed with LE while they teach the concepts of RUN, HIDE and FIGHT. This also should be a model for fire service personnel in training, firefighters should be instructed in each one and when the appropriate response might be in comparison to where the shooter is. Captain Larry Marsh (M. Larry, personal communication, March 5, 2015) responded to a fire alarm on October 25, 2014 when on arrival his crew was rushed in to treat 5 victims from a shooting that occurred in Marysville, WA. One of the first things a partnership could lead to is teaching firefighters what options they have if they find themselves in a warm or hot zone. This can be considered awareness training however, these options are available to a RTF teams who find

themselves in a rapidly changing environment. Teaching all firefighters this concept can help build situational awareness.

Another lesson learned in this research is that dispatchers will need to increase staffing and build in contingency plans. Byrd (2013) is consistent with these findings recommends training for dispatchers as well. This also supports a need for NIOSH type reports for these incidents for others to learn from as well as public safety to learn from. Hubbard's talks about the confusion of the 911 calls where people are reporting shooting and secondary shooters being announced which add to the already chaotic environment. These occurrences obviously will slow down rescue efforts if no training has been provided. (Ergenbright & Hubbard, 2012, p. 239). Information collected and shared by Andy Brown (A. Brown, personal communication, June 15, 2015) shows similar results from the dispatcher due to the confusion, resulting in missed opportunities to locate patients and collect additional details about the shooter or locations of victims.

The new age of terrorism may likely cause another paradigm shift in law enforcement and fire service. The incident on May 3, 2015 in Garland, Texas by two would-be jihadists was quickly ended by five Garland officers who shot the heavily armed attackers outside the Garland School building (Gillman, 2015). The sharing of information of our own police officers on a regular basis has given all Cheney Fire Department personnel a greater situational awareness. The type of information shared is not shared with the general public. Later that same month a local warning came out that several suspects being monitored by the FBI. The warning placed a priority on locating these individuals in order for them to be removed from the country (B. Dornbos, personal communication, May 28, 2015). Another incident that is relevant here is the

relationship that has been forged between the departments, Muñoz (personal communication, April 2, 2015) recalls a fire alarm where officers quickly arrived on scene and escorted us through the building. “We knew something was up and they led the way as we pointed where the alarm source was in order for us to check the area out.” After the incident they revealed that they had been on scene, same location, same floor of a mental person who they felt was very disconnected and capable of initiating a violent event. They wanted to make sure their contact an hour early was not ambushing on us.

In situations seen around the world in 2015, specifically Paris January of 2015 and Kenya College in April of 2015 the attackers want to cause high body counts and disrupt operations. In order for us to meet the goal of stop the killing and stop the dying. There will have to be some adaptive thinking and flexibility in the crews on the ground. Consistently the reports are calling for policies that allow for decisions to be made at the point of action. Flexible policies are being encouraged, this was found in Blair et al (2013), Pipers (2013) research also indicates this as well. Finally Kyle Chase (personal communication, May 20, 2015) also stated his department didn’t want a large policy either but also noted that it still could be changed to allow for more flexibility.

Examples of this can be seen in combat and this research includes Andy Fayal personal accounts of changes in the military. He had indicated in a training session with Spokane Valley Fire Department and Spokane County Sheriff in April of 2015 that he went through some of the same growing pains that we are currently seeing among the three Spokane County Agencies. “We had to make changes due to IED saturation in Ramadi, Iraq in 2006” (A. Fayal, personal communication, June 18, 2015). Integration of the EOD teams with the Naval Special Warfare

(SEAL) was new. The results of the improved efficiency of the teams and missions were getting done in a safe and efficient manner using adaptive techniques that he knew he would have to account for when he got home or his career would be over (A. Fayal, personal communication, June 18, 2015).

During times where increased violence could escalate the fire service should not be surprised if local law enforcement come up with more adaptive solutions. One particular training scenario being conducted here in Spokane County has the SWAT Armored Personnel Carriers (APC) bringing medics close up to the scene in case someone needs medical attention due to a high threat/risk mission. The APC houses the RTF team the whole time unless the injury occurs and then officers load the injury in the back while the medic provides care under cover (K. Chase, personal communication, August 2, 2015). Police Officers who have medical training or certifications have stated they do not feel comfortable with more advanced procedures and would rather have a fire medic available. The special relationships built through joint training will bring out the best in all personnel. Spokane County Fire District 9 firefighters performed acts of heroism and saved the lives of two Spokane Deputies who were shot in the line of duty. Their actions push the limits of their policies but the intent and reasoning of the crew along with good leadership allowed those individuals the comfort of taking the risk to provide for care of the officers. All agencies should strive to have that type of supportive relationship. Their action is supported in the below quote.

”Strawder in an article appearing in Joint Force Quarterly (2<sup>nd</sup> Qtr 2006) describes the need for more aggressive medical care for combat casualties and states that approximately 67% of severe ballistic injuries (gunshot wounds) die within the first 30 min and approximately half of these are those bleeding to death (Strawder 2006). Arguably some of the best examples of physically fit and healthy human are American’s combat military personnel. Even so, 67% of those receiving gunshot

wounds die, half bleed to death. Studies abound that support the concept that many deaths in combat are potentially salvageable if the wounded are provided appropriate care quickly enough” (Mathews, 2014, p. 63)

Local resources available to Spokane County agencies and the proximity of the departments do support the TECC guidelines. In Spokane County training with fire departments have been underway for several years and LE began using TECC several years before in our drills in Cheney, Washington (A. Bollar, personal communication, June 15, 2015). Surprisingly in the survey on Appendix A, questions twenty. Figure 5 – Training personnel. Only 25% agencies are training all their personnel in TECC, another 18.18% are saying that they are only training team members and 56.82% have not done this type of training. Piper (2013) indicated there was a definite need for training. Wehmeyer (2014) adds that benefit of TECC offers threat based guidelines.

While the Military Seventh Edition of PHTLS prehospital Trauma Life Support appears to be consistently used in Spokane County, across the U.S. there maybe either other sources or the concept is still so new that not many people really know what to look for yet. 47.73% stated they were not using the book, and that could mean they are using something different or have not been trained yet. Comparing research indicates no reference to book being used. Another source book was mentioned in Figure 7 but, I was not able to find it on the internet.

Washington laws required the use of ballistic vest when responding to such incidents. Initial vest configuration was a level III which is consistence with the direction of others (Byrd, 2014). Now local agencies are considering ballistic plates to cover a more wide range of weapons. The programs will need modifications to equipment and policies after agencies begin

Reality Based Training (RBT), changes will be made as new data comes in or when local needs change.

My own interpretation of the study results is that there is compelling evidence to support a single operational guideline for the Spokane County area. The collaboration and support of not only your local police department but also be thinking about the U.S. Marshals, DEA, Border Patrol, FBI, ATF agents in your area. They can also benefit from the training and maybe be escorting RTF teams into buildings. It is very encouraging to see so many survey responses stating that they would be willing to take on the risk. It was also interesting to find that people still expect the same responses from the departments even during a MCAV. This research suggest that citizens likely do not correlate the inherent risk or they didn't realize most department maybe placing their lives above the citizens whom they have been sworn to protect taking a no risk stance in these incidents. Some LE agencies have begun adding and training medical personnel out of necessity. Officers are a lot like firefighters in that they will fix a problem when they see one. One person interviewed called the collaborative effort a force multiplier and after seeing the process develop, I would have to agree!

Organizational implications from the study imply that the department is on the right path and will need to continue its involvement with the county and that development of the run cards may take on additional agreements. The study also indicates that public education to soft targets will also be a critical aspect of improving mortality rates. Schools have long ago cut out most skill based lessons and more focus has been placed on academics and athletics. Partnering with the schools could improve a skill by bringing back First Aid and CPR into the schools. The most notable result of the study was the realization that others agencies will need to be preparing to

take on more risk. Dispatchers in Spokane County will need to be updated on the research in order to help facilitate an incident. Preplanned operations that are trained on will be more successful!

### Recommendations

Recommendation (a): Spokane County needs to adopt and add a single RTF operations guide to be included in the field operations guidelines. Departments in Spokane County should continue to coordinate training and RTF instructors and department representatives should continue to meet on a quarterly basis.

Recommendation (b): Spokane County agencies should continue to pursue the adoption of a Mass Casualty Act of Violence (MCAV) agreement with the County EMS director where additional protocols are granted by the State or local protocols to include needle decompression. The initial management of pneumothorax injuries as recommended by Committee for Tactical Emergency Casualty Care. This is specifically regarding the pneumothorax injuries.

Recommendation (c): All law enforcement and fire department/ EMS personnel be training in TECC protocols using the Military Seventh Edition of PHTLS Prehospital Trauma Life Support. One of the most beneficial recommendations Cheney Fire Department received is that there are many people out there promoting and selling training services that claim to have extensive backgrounds and the solutions. A department could spend up to \$6,000 dollars for one person's training. It's a new topic that many are personally financially benefiting from. The best options are likely the relationships your agency can foster with partnerships. Cheney Fire Department has been working with Cheney Police department and the EWU Police department

have been training with area agencies at no cost. Like I stated previously many departments have a hand in making these drills beneficial at no cost to anyone. These relationships will take personnel who are flexible, cooperative and patient. If you don't have these types of people leading and instructing the program then it will not work and people will separate and do their own thing which will not improve morbidity rates in violent acts. This type of action is not productive and in the end will not meet the goals of "stop the killing and stop the dying." (Blair et al., 2013, Chapter 4) Our enemies study the tactics just as we do theirs and they will change. If we are not able to recognize, adapt and reanalyze in an efficient manner then we are likely as a Country going to see mortality rate remain the same or even increase.

Recommendation (d): Encourage and develop a collaborative working relationship with the soft targets to teach basic aid using supplies available in their environment. A simple program such as Hands only CPR and four ways to stop bleeding would be advised. It is also a project where students could bring in old cloths to learn how to make bandages. The items then could be left in a box in a closet to build up supplies. They don't expire and it's relevant. The elementary school kids are having fun doing it and they don't need to know why. They'll just enjoy the interactions with the firefighters.

Recommendations for future readers and leaders in the fire service, data collection after the events is critical, so critical that DOJ was recently approved by President Obama to send the FBI along with federal funding to add in research and help as needed. To collect and properly report incident information for these events federal support and direction is needed, this would also include mandated requirements of training and data collection. Studies need to be conducted to gather information pertinent to the fire service and EMS. Having the Federal Bureau of

Investigations (FBI) research data that is important to the fire service is not the answer. Possible sources are; Incident Management Teams, National Institute for Occupational Safety and Health (NIOSH), National Fire Administration (NFA).

The fire service has ways of supporting these incidents with Type 1, 2 or 3 Incident Management Teams that can be requested. They have been used for anything from the Space Shuttle Columbia Disaster, The attack on the World Trade Center on September 11, 2001, earthquakes around the world, wildland fires, they are all risk teams that are made up of people from Law Enforcement, Forest Service, Fire Departments, EMS agencies and other state agencies. While funding for the teams may come from state mobilizations agreements from the state, funding to support data collecting for the fire service does not currently exist in Washington State also it is worthy to note that none of the information collected by these teams or any type of documentation is recorded and archived by one agency, yet millions of dollars are being spent by these teams in all risk environments. The National Fire Administration's (NFA) seems to be the most logical collection point.

National Institute for Occupational Safety and Health (NIOSH) is another possible source to study the incidents. Currently firefighter fatalities are sometimes studied by NIOSH but do not appear to be consistent as they do not study every fatality. NIOSH was also created for work place safety and the programs goals do not completely fit the needed data for medical providers. The CDC for Disease Control and Prevention also does research but again may lack the flexibility due to program goals and directions. These sources provide great resources and have not really addressed active shooters in an adaptive manner.

National Fire Incident Reporting System (NFIRS) currently does not have a way to track these incidents. There is no NFIRS code to isolate this type of event and it may need to be added to the coding in order for the fire service to study it better. Also a temporary solution could be to educate people on how to classify this data through the NIFIRS until coding is fixed.

The medical side is not being studied very well and surely Washington EMS information Systems (WEMISIS) could be required in Washington, funding for these programs have long dissipated. National EMS Information System (NEMISIS) is the guide and may need to gear up to make changes to allow for analyzing injury statistics for violent acts. However, there is resistance to any requirements being placed on volunteer departments due to the lack of resources to do the work and ability to fund these requirements. The military wound statistics are helpful in these incidents and have current guidelines being recommended by the Committee for Tactical Emergency Casualty Care. The research will need to be relevant to the fire service and EMS providers to improve mortality rates. Examples may include injury sites, time of care, reason for delayed treatment; treatment guidelines in the County providing the service, recovery efforts and process of continue care at the hospital. The National Fire Administrations role in these types of events should mirror the FBI's role.

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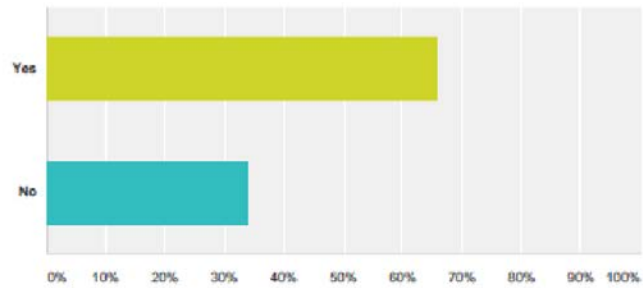
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APPENDIX A, First Survey to find lessons learned.

**Q1 Do you work in Law Enforcement, EMS or the Fire Service?**

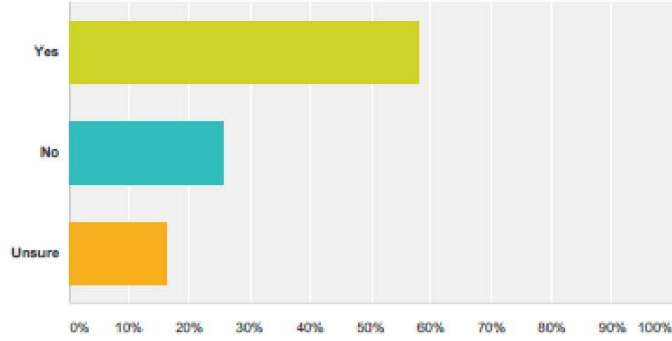
Answered: 126 Skipped: 0



Answer Choices	Responses	
Yes	65.87%	83
No	34.13%	43
<b>Total</b>		<b>126</b>

**Q2 Have you ever intervened in an emergency to help someone else?**

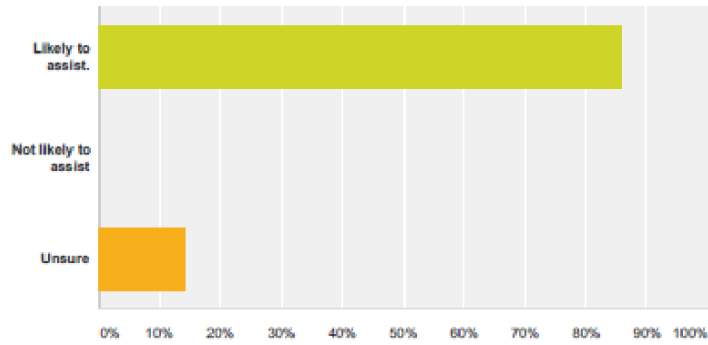
Answered: 43 Skipped: 83



Answer Choices	Responses	Count
Yes	58.14%	25
No	25.58%	11
Unsure	16.28%	7
<b>Total</b>		<b>43</b>

**Q3 Would you be willing to help someone who has been injured in a vehicle accident?**

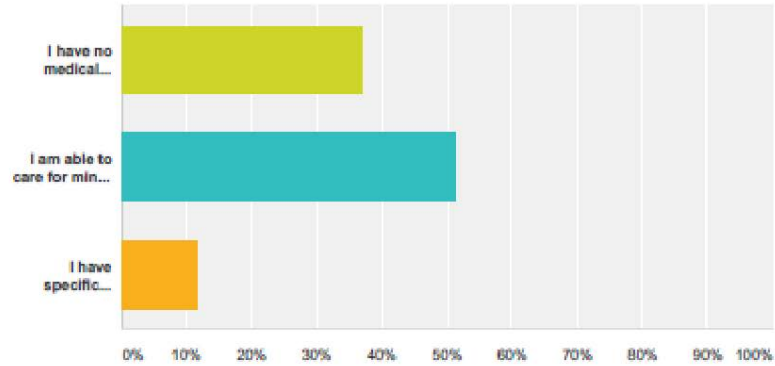
Answered: 42 Skipped: 84



Answer Choices	Responses	Count
Likely to assist.	85.71%	36
Not likely to assist	0.00%	0
Unsure	14.29%	6
<b>Total</b>		<b>42</b>

**Q4 Do you have any medical training?**

Answered: 43 Skipped: 83



Answer Choices	Responses
I have no medical training	37.21% 16
I am able to care for minor wounds only	51.16% 22
I have specific medical training that can help with severe injuries.	11.63% 5
<b>Total</b>	<b>43</b>

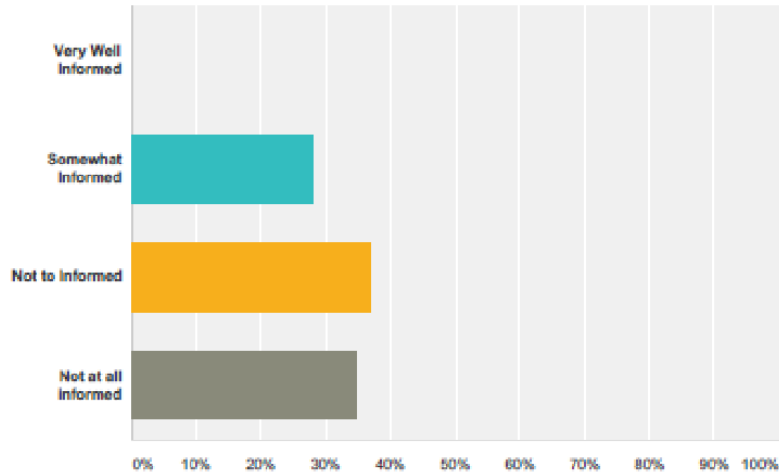
**Q5 If you answered that you have specific medical training in questions three, please tell us what level of training you received and with what organization.**

Answered: 9 Skipped: 117

#	Responses	Date
1	Military first responder	7/28/2015 6:32 PM
2	Brief training on how to stop severe bleeding; first aid training many years ago	7/28/2015 3:29 PM
3	First Aid through campus program CPR Training through campus program Programming is not available anymore and any re-certification will have to be done on our own time and expense. So all my certification is now expired.	7/28/2015 3:05 PM
4	First Aid/ CPR	7/28/2015 1:15 PM
5	First aid CPR	7/28/2015 12:34 PM
6	First Aid - Red Cross, Advanced First Aid - EWU, EMT - volunteer fire department	7/20/2015 9:05 PM
7	National Certified Athletic Trainer	7/9/2015 9:05 AM
8	Red Cross: CPR & basic first aid.	7/6/2015 2:41 PM
9	1st responder	7/1/2015 11:00 AM

**Q6 How well informed are you regarding the care for critical injuries such as a gun shot wound or blast injuries.**

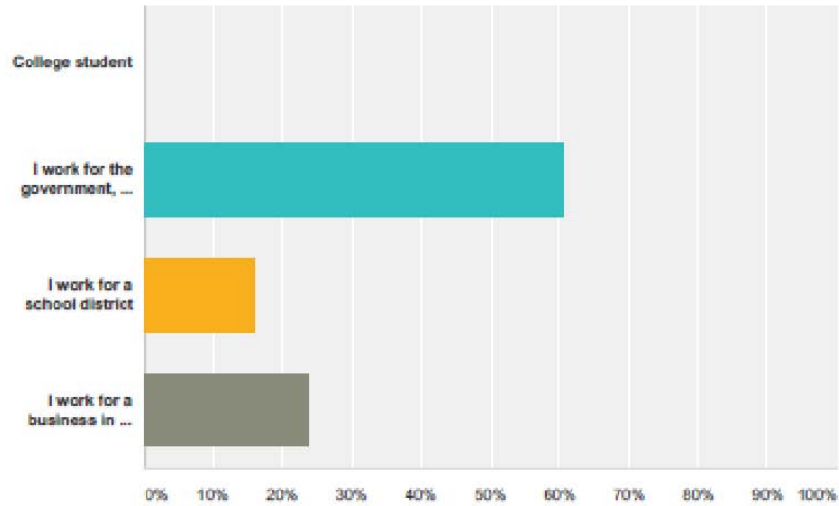
Answered: 43 Skipped: 83



Answer Choices	Responses	
Very Well Informed	0.00%	0
Somewhat Informed	27.91%	12
Not to Informed	37.21%	16
Not at all Informed	34.88%	15
<b>Total</b>		<b>43</b>

**Q7 How would you best describe your affiliation with the community you live and work.**

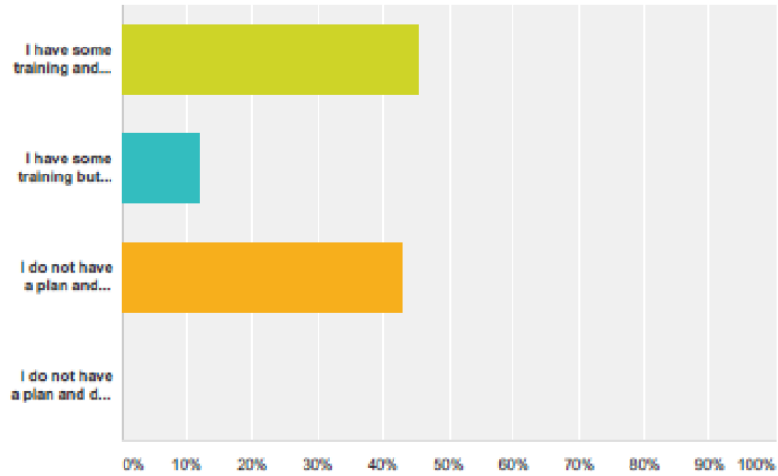
Answered: 38 Skipped: 88



Answer Choices	Responses
College student	0.00% 0
I work for the government, not in public safety	60.53% 23
I work for a school district	15.79% 6
I work for a business in or near my community	23.68% 9
<b>Total</b>	<b>38</b>

**Q8 Do you feel that you are adequately prepared to react to an act of violence incident like an active shooter walking into a building you are presently located in.**

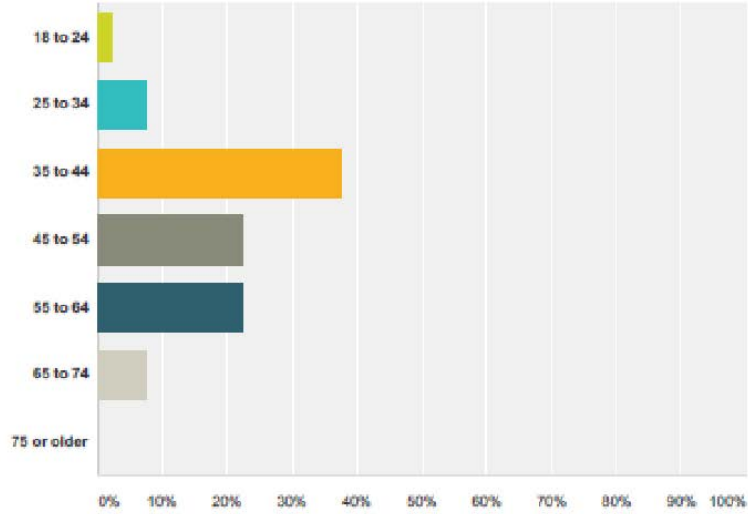
Answered: 42 Skipped: 84



Answer Choices	Responses
I have some training and have a plan of action	45.24% 19
I have some training but don't remember very much of it	11.90% 5
I do not have a plan and could use some training	42.86% 18
I do not have a plan and do not need training	0.00% 0
<b>Total</b>	<b>42</b>

**Q9 What is your age?**

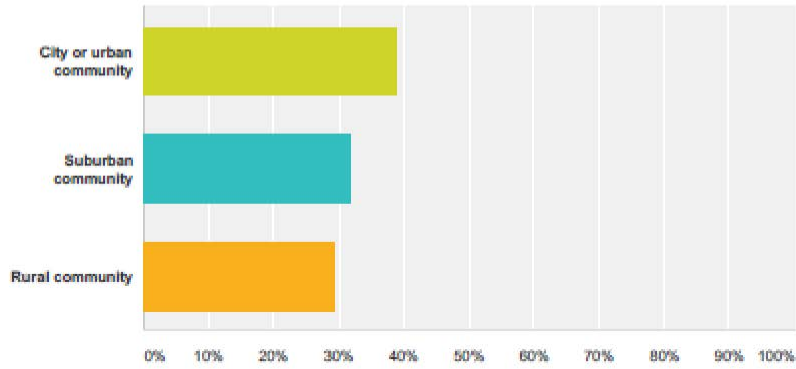
Answered: 40 Skipped: 86



Answer Choices	Responses	
18 to 24	2.50%	1
25 to 34	7.50%	3
35 to 44	37.50%	15
45 to 54	22.50%	9
55 to 64	22.50%	9
65 to 74	7.50%	3
75 or older	0.00%	0
<b>Total</b>		<b>40</b>

**Q10 In what type of community do you live?**

Answered: 41 Skipped: 85

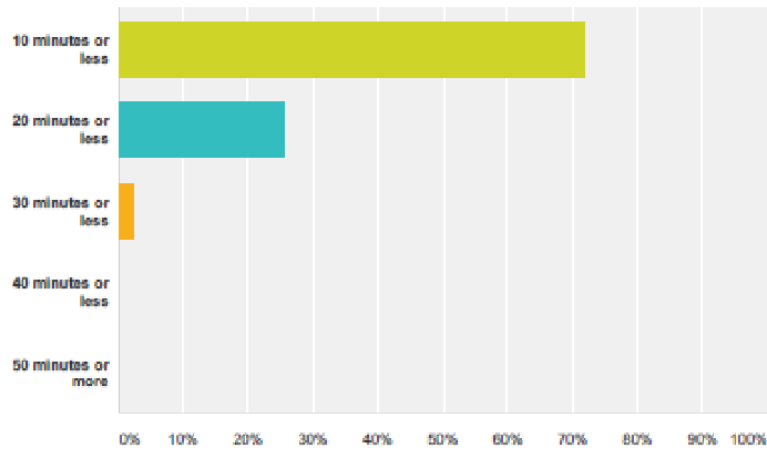


Answer Choices	Responses	
City or urban community	39.02%	16
Suburban community	31.71%	13
Rural community	29.27%	12
<b>Total</b>		<b>41</b>

#	Other (please specify)	Date
	There are no responses.	

**Q11 How long do you think it would take for the fire department to arrive on scene to treat a seriously injured person due to an incident of violence such as an active shooter or bombing.**

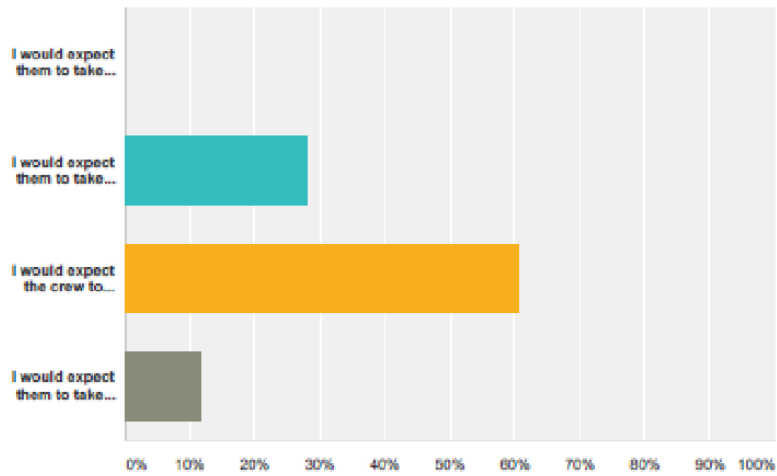
Answered: 43 Skipped: 83



Answer Choices	Responses
10 minutes or less	72.09% 31
20 minutes or less	25.58% 11
30 minutes or less	2.33% 1
40 minutes or less	0.00% 0
50 minutes or more	0.00% 0
<b>Total</b>	<b>43</b>

**Q12 What level of risk would you expect the fire department crew to take in order to locate you in the building and provide medical treatment where a shooting incident had just accrued.**

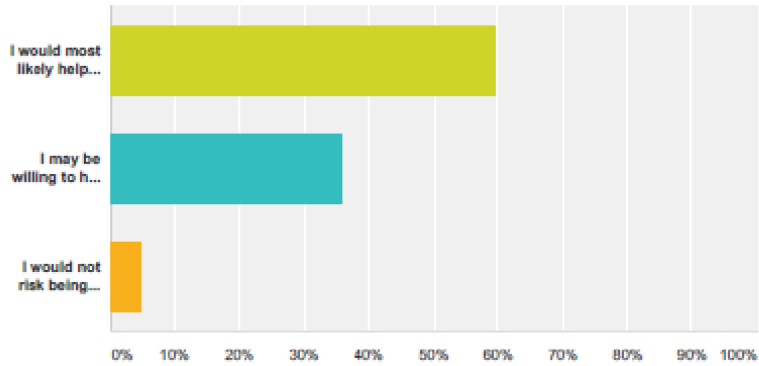
Answered: 43 Skipped: 83



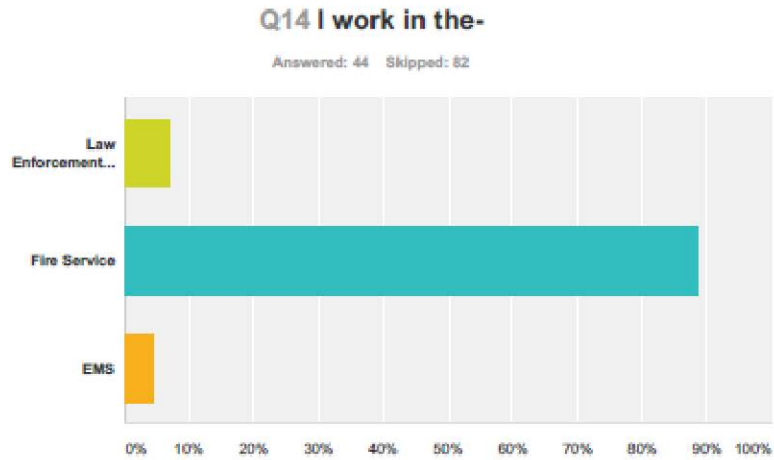
Answer Choices	Responses
I would expect them to take no risk at all.	0.00% 0
I would expect them to take a little risk.	27.91% 12
I would expect the crew to take some risk	60.47% 26
I would expect them to take a lot of risk.	11.63% 5
<b>Total</b>	<b>43</b>

**Q13 Would you be willing to help someone without having protective equipment; example would be rubber gloves to protect yourself from infectious diseases.**

Answered: 42 Skipped: 84



Answer Choices	Responses
I would most likely help without protective equipment.	59.52% 25
I may be willing to help under the right conditions. Gloves being provided.	35.71% 15
I would not risk being infected.	4.76% 2
<b>Total</b>	<b>42</b>

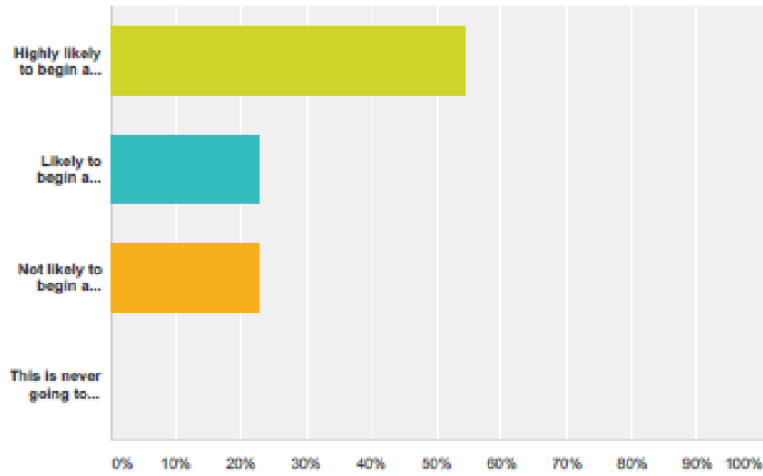


Answer Choices	Responses
Law Enforcement Community	6.82% 3
Fire Service	88.64% 39
EMS	4.55% 2
<b>Total</b>	<b>44</b>

\*Question 14 is the first question that was answered as a result of the logic Question 1. If people stated they were in Law Enforcement, Fire and EMS.

**Q15 Our agency is evaluating the risk of training personnel to enter into a warm zone to treat casualties. How likely is your agency going to consider starting a program.**

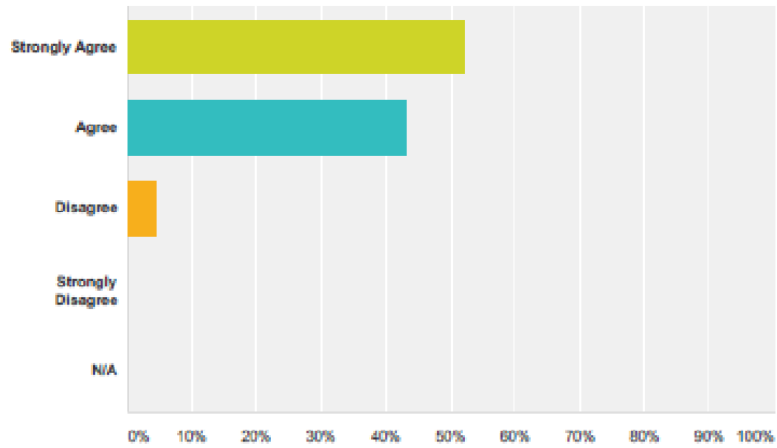
Answered: 44 Skipped: 82



Answer Choices	Responses
Highly likely to begin a program.	54.55% 24
Likely to begin a program.	22.73% 10
Not likely to begin a program.	22.73% 10
This is never going to happen.	0.00% 0
<b>Total</b>	<b>44</b>

**Q16 I am adequately prepared to conduct radio communications utilizing our Incident Radio Communication Plan.**

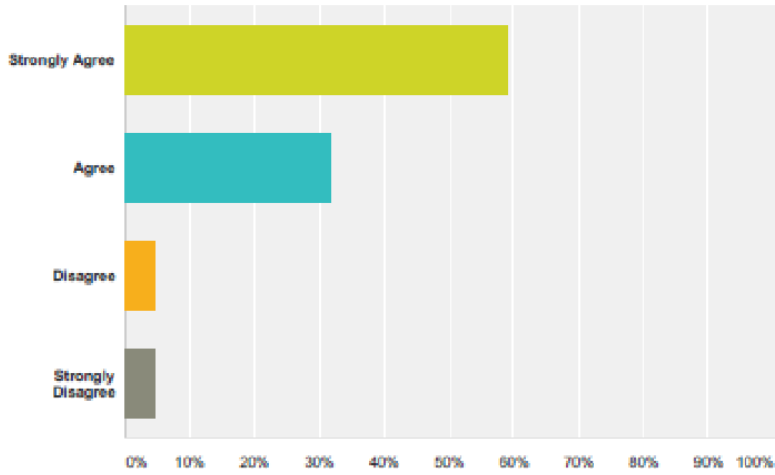
Answered: 44 Skipped: 82



Answer Choices	Responses	
Strongly Agree	52.27%	23
Agree	43.18%	19
Disagree	4.55%	2
Strongly Disagree	0.00%	0
N/A	0.00%	0
<b>Total</b>		<b>44</b>

**Q17 I am willing to enter a building or area (known to be a warm zone) to extract victims during violent acts toward other humans with and escort by armed law enforcement officials. Otherwise known to most people as a Rescue Task Force.**

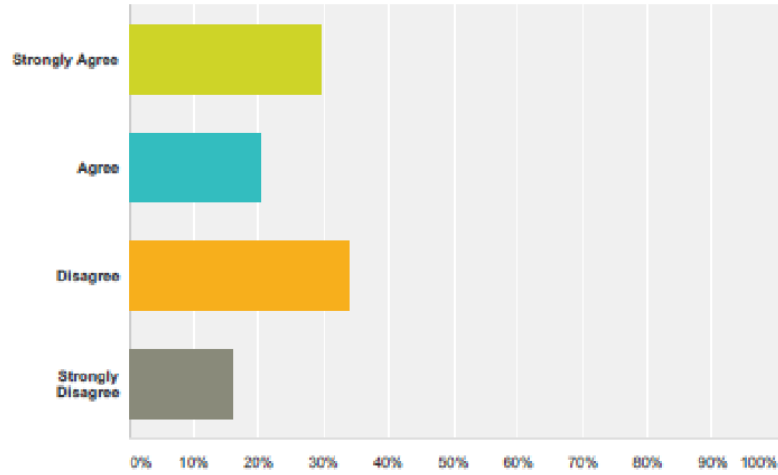
Answered: 44 Skipped: 82



Answer Choices	Responses	Count
Strongly Agree	59.09%	26
Agree	31.82%	14
Disagree	4.55%	2
Strongly Disagree	4.55%	2
<b>Total</b>		<b>44</b>

**Q18 My agency has been doing coordinated training with law enforcement and fire departments. We are using the Rescue Task Force with force protection and practicing the elements of Tactical Combat Casualty Care (TCCC). This excludes swat medics.**

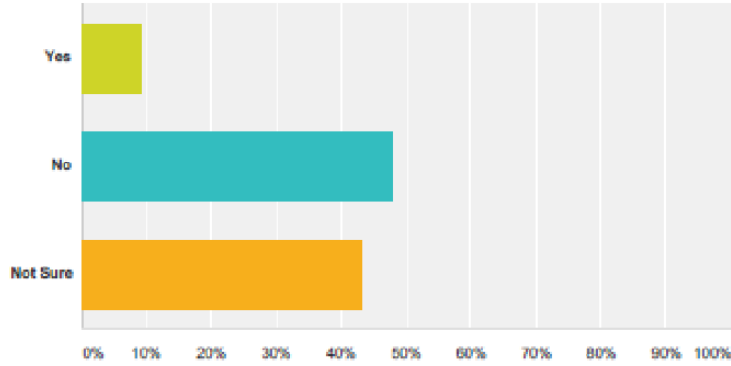
Answered: 44 Skipped: 52



Answer Choices	Responses	
Strongly Agree	29.55%	13
Agree	20.45%	9
Disagree	34.09%	15
Strongly Disagree	15.91%	7
<b>Total</b>		<b>44</b>

**Q19 We are using the Military Seventh Edition, PHTLS pre-hospital Trauma Life Support book for teaching the concepts of TCCC. If not please list what book.**

Answered: 44 Skipped: 82

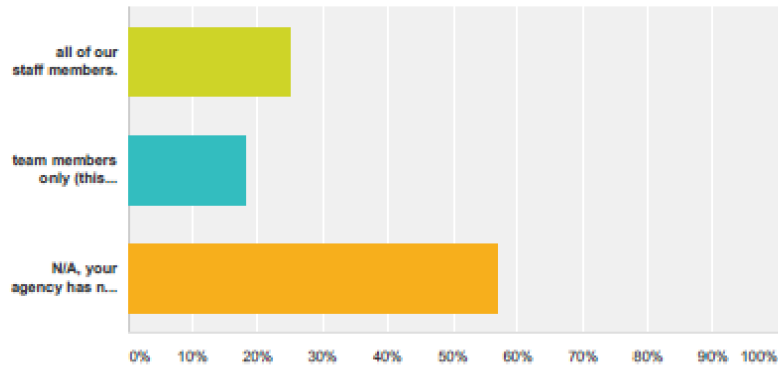


Answer Choices	Responses	
Yes	9.09%	4
No	47.73%	21
Not Sure	43.18%	19
<b>Total</b>		<b>44</b>

#	Other (please specify)	Date
1	International Trauma Life Support, 7th Edition	7/5/2015 12:17 PM
2	We use our basic paramedic training	7/1/2015 7:09 PM
3	Have not done any training	7/1/2015 11:06 AM

**Q20 We have instructed \_\_\_\_\_  
in the concepts of Tactical Emergency  
Casualty Care TECC.**

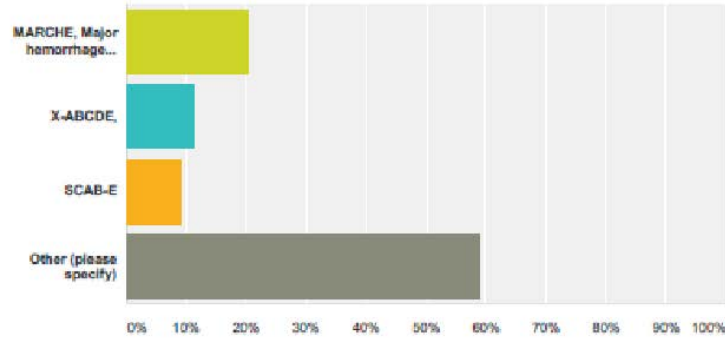
Answered: 44 Skipped: 82



Answer Choices	Responses
all of our staff members.	25.00% 11
team members only (this applies to both law and fire).	18.18% 8
N/A, your agency has not done this training.	56.82% 25
<b>Total</b>	<b>44</b>

**Q21 What mnemonic do you use in your training.**

Answered: 44 Skipped: 82



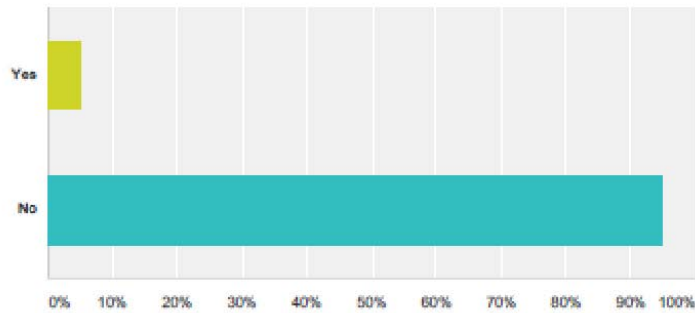
Answer Choices	Responses
MARCHE, Major hemorrhage control, airway, breathing/respirations, Circulation, Head& hypothermia, and everything else	20.45% 9
X-ABCDE,	11.36% 5
SCAB-E	9.09% 4
Other (please specify)	59.09% 26
<b>Total</b>	<b>44</b>

#	Other (please specify)	Date
1	Does not apply	7/28/2015 6:37 PM
2	Don't have one	7/28/2015 6:11 PM
3	unknown	7/14/2015 2:50 PM
4	unknown	7/9/2015 11:47 AM
5	None	7/7/2015 12:03 PM
6	In development	7/7/2015 7:47 AM
7	N/A	7/6/2015 12:43 PM
8	N/A	7/6/2015 8:18 AM
9	Don't know. I haven't received the training.	7/5/2015 1:48 PM
10	None,	7/5/2015 8:49 AM
11	N/A	7/5/2015 8:05 AM
12	RTF	7/4/2015 11:55 AM
13	Have not done training yet	7/4/2015 8:41 AM
14	We don't use a mnemonic.	7/3/2015 10:28 AM

15	not using a specific one	7/3/2015 7:17 AM
16	None	7/2/2015 8:21 AM
17	Don't know, not a team member	7/2/2015 7:48 AM
18	We just use our local EMS protocols	7/1/2015 7:09 PM
19	None	7/1/2015 2:27 PM
20	N/A	7/1/2015 11:43 AM
21	N/A	7/1/2015 11:35 AM
22	none	7/1/2015 11:17 AM
23	Have not done any training	7/1/2015 11:06 AM
24	Unknown	7/1/2015 9:59 AM
25	We have yet to start training	6/26/2015 1:16 PM
26	None	6/26/2015 12:56 PM

**Q22 Has your agency responded to a IED or shooting incident that injured more than 3 people at one time.**

Answered: 19 Skipped: 107



Answer Choices	Responses
Yes	5.26% 1
No	94.74% 18
<b>Total Respondents: 19</b>	

#	If yes could you give the year and name of the incident	Date
1	August 7, 2011 - 7 Victims and the shooter were killed	7/7/2015 12:03 PM
2	N/A	7/5/2015 1:48 PM
3	N/a	7/4/2015 4:38 PM

## APPENDIX B, Collection of Rescue Task Force (RTF) Terms/ Acronym

### **Active Shooter**

A suspect who's activity is immediately causing death and serious bodily injury. The activity is not contained and there is immediate risk of death and serious injury to potential victims (Steven & Angelo, 2014, p. 4).

### **Acts of Violence**

Includes but is not limited to large scale complex incidents such as school shootings, workplace violence, active shooter and terrorist activities, as well as smaller scale and/or less complex incidents such as suicide attempts, single patient shootings and stabbings, domestic violence injuries, and assaults (Steven & Angelo, 2014, p. 4).

### **Armored Personnel Carrier (APC)**

In Spokane City and Spokane County these surplus military vehicles were being tested as a mobile warm zone for carrying or staging RTF teams in hot zones or keeping RTF team safe in moving hot zones. An example of this might be a riot. (K. Chase, personal communication, May 20, 2015).

### **Barricaded Suspect**

A suspect who is in a position of advantage, usually barricaded in a room or building, and is armed and has displayed violence. May or may not be holding hostages and there is no indication that the subject's activity is immediately causing death or serious bodily injury (Steven & Angelo, 2014, p. 4).

### **Casualty Collection Point**

The Casualty Collection Point (CCP) is a forward location where victims can be assembled for movement from areas of high risk to the triage/treatment areas. It is a temporary location to stage patients while awaiting further treatment. Based on incident dynamics, multiple CCPs may be required. Law enforcement may evacuate patients out of the Hot Zone to the Warm Zone border for RTF management or, RTFs may evacuate patients to the Warm/Cold zone border for transport to treatment area(s) (Steven & Angelo, 2014, p. 4).

### **Cold Zone**

Area of the incident where victims shall be moved to after rescue. The cold zone is also where transport resources and additional personnel will remain to support triage, treatment, and transport operations (Steven & Angelo, 2014, p. 4).

**Concealment**

Anything that prevents you from being seen but will not stop a bullet (Steven & Angelo, 2014, p. 4).

**Contact Team**

Contact teams are used by law enforcement to rapidly deploy to the active shooter incident. It is usually comprised of the first few officers on scene. Primary objective is to stop the shooter from inflicting death or injury. Contact Teams will bypass dead, wounded and panicked citizens to neutralize the active threat (Steven & Angelo, 2014, p. 4).

**Cover**

Anything that will stop a bullet (Steven & Angelo, 2014, p. 5).

**C-TECC**

Committee for Tactical Emergency Casualty Care

**Direct Threat**

Immediate threat to life exists. The situation is highly dynamic and varies depending on complexity and circumstances of the incident (Steven & Angelo, 2014, p. 5).

**Force Protection**

Actions taken by law enforcement to prevent or mitigate hostile actions against personnel, resources, facilities and critical infrastructure (Steven & Angelo, 2014, p. 5).

### **Force Protection Group**

A law enforcement group with the responsibility to prevent or mitigate hostile actions against personnel, resources, facilities and critical infrastructure. Coordinates with Rescue Group in establishing Rescue Task Forces (RTF) (Steven & Angelo, 2014, p. 5).

### **Hot Zone**

Areas wherein a direct and immediate threat exists. A direct and immediate threat is very dynamic and is determined by complexity and circumstances of the incident. Examples of direct and immediate threat are active shooters and unexploded ordinances. These areas are where Law Enforcement has deployed contact teams to isolate or neutralize the threat. Fire personnel will not operate in a Hot Zone. This may also be classified as the inner perimeter by law enforcement (Steven & Angelo, 2014, p. 5).

### **Indirect Threat**

Threat that can be mitigated or reduced, but not completely eliminated or secured (Steven & Angelo, 2014, p. 5).

### **JSOM**

Journal of Special Operations Medicine

## **MARCH**

The mnemonic used for TCCC **M**assive hemorrhage, **A**irway, **R**espirations, **C**irculation,

**H**ypothermia. For departments or agencies that may be caring for the patient for an extended amount of time other mnemonics can be utilized in training. Examples found in research included PAWS (Pain control, Antibiotics, Wounds and Splinting), another one located was RAVINEs (Resuscitation with fresh whole blood, Reduce tourniquets within 4 hours, Airway and or Cric care package checks, Ventilate, Initiate telemedicine and evacuation, Nursing Care including monitoring and trending of vitals, Environmental considerations.)

## **Rapid Deployment**

The swift and immediate deployment of law enforcement resources to on-going, life threatening situations where delayed deployment could otherwise result in death or great bodily injury to innocent persons (Steven & Angelo, 2014, p. 5).

## **Rescue Group**

At violent incidents Rescue Group is responsible for the medical care and evacuation of patients located in the Warm Zone. This is accomplished by assigning firefighters to a Rescue Task Force (RTF). The firefighter members of the RTF report to the Rescue Group Supervisor, but work for and at the direction of the lead law enforcement officer of the RTF to which they are assigned.

Rescue Group may also be responsible for other operations that will take place within the Warm

Zone. This can include objectives such as fire suppression, forcible entry, and fire alarm system activation/deactivation (Steven & Angelo, 2014, p. 5).

### **Rescue Task Force**

The Rescue Task Force (RTF) is a team or teams of trained fire personnel deployed with armed law enforcement personnel to provide rapid care and rescue in areas where there is an ongoing indirect threat (ballistic, explosive, etc.). Teams provide this care and rescue only while under the protection of armed law enforcement personnel.

RTF can/should be deployed for the following reasons:

- i. Treatment of victims in a warm zone
- ii. Removal of victims from the warm zone to a Casualty Collection Point (CCP) and/or to the Cold Zone
- iii. Movement of equipment/supplies from the cold zone to the warm zone.
- iv. Any other activities within the warm zone that are deemed necessary for a successful RTF operation.

RTFs rapidly stabilize life threatening injuries where victims are found, and/or in Casualty Collection Points (CCP). After providing rapid lifesaving medical care, RTFs will evacuate patients to treatment areas and/or Casualty Collection Points. An RTF is comprised of law enforcement personnel providing force protection and fire personnel providing medical care. Comprised of a minimum of one law enforcement officer (LEO) and two firefighters. The Task Force Leader (TFLD) will be a LEO. The firefighter RTF members report to the Rescue Group Supervisor but are assigned to the RTF TFLD (Steven & Angelo, 2014, p. 6).

**SCAB-E**

SCAB-E: Situation, Circulation, Airway, Breathing, Evacuation. Mnemonic used to describe medical treatment process that is to be used in a hazardous area. Goal is to rapidly stabilize life threatening injuries where patient lies and evacuate (Steven & Angelo, 2014, p. 6).

**SOMA**

Special Operations Medical Association

**Tactical Emergency Casualty Care (TECC)**

Forward deployment of stabilizing medical interventions in civilian disaster scenarios. TECC guidelines are based on the military Tactical Casualty Combat Care (TCCC) principles. TECC guidelines take into account the specific needs of civilian EMS providers serving civilian populations. These principles focus on the three most common cause of preventable death in combat (active shooting) situations; 1) extremity hemorrhage, 2) tension pneumothorax, and 3) airway obstructions. All of these are treatable in the field with minimal equipment (Steven & Angelo, 2014, p. 6).

**Violent Incident Personnel Protective Equipment (PPE)**

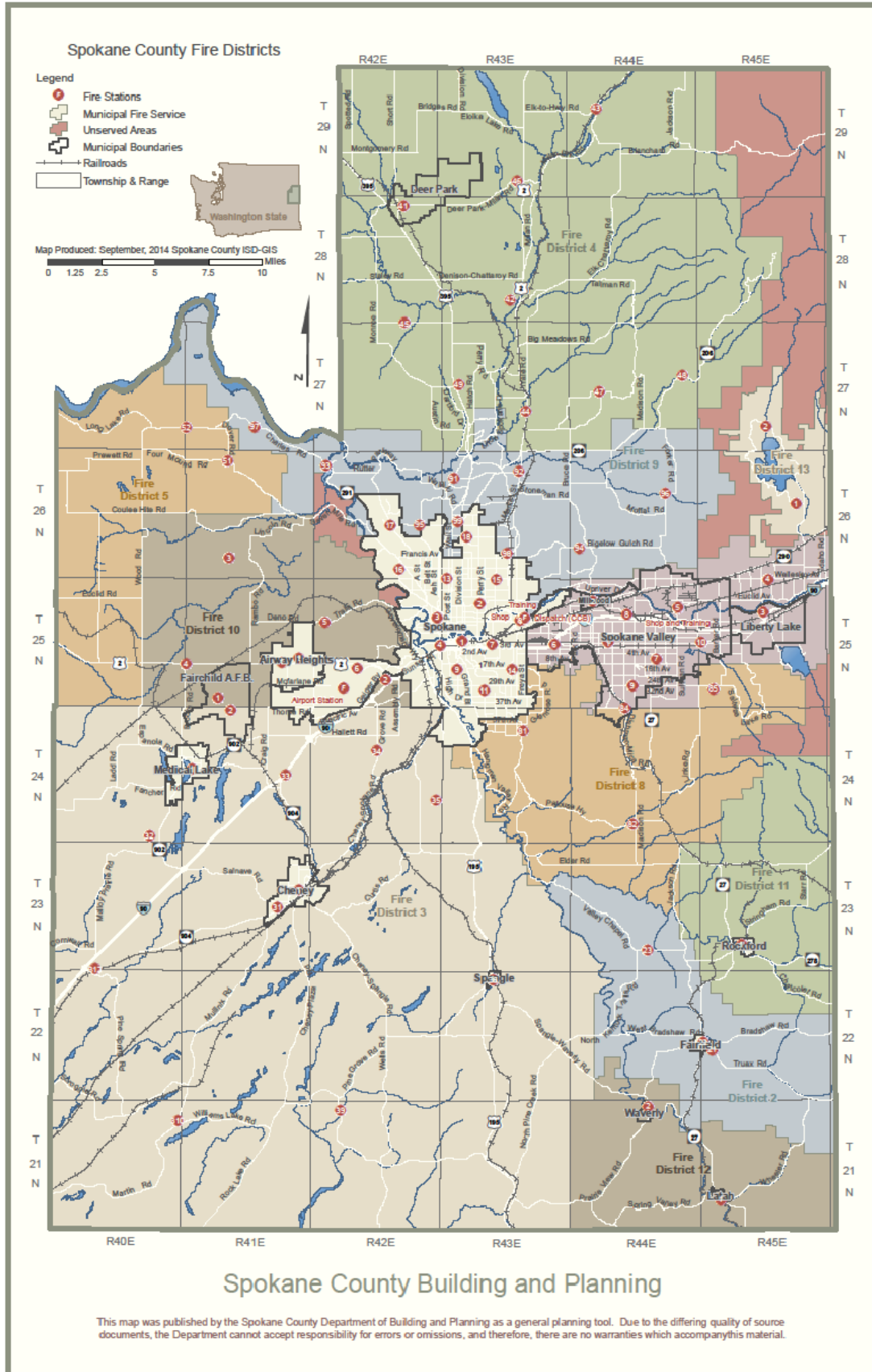
The required PPE for violent incidents will be body armor, structure helmet and brush coat or EMS jacket. All personnel will wear the required PPE while on scene regardless of their assignment or work locations. PPE not only protects on scene personnel it is used as an

identification method while working on a very dynamic multi-discipline response. (Steven & Angelo, 2014, p. 6).

### **Warm Zone**

Areas that have been cleared by Law Enforcement where there is minimal or mitigated threat. These areas can be considered clear but not secure. These areas are where Rescue Task Forces (RTF) deploy. RTFs rapidly stabilize life threatening injuries where victims are found, and/or in Casualty Collections Points (CCP), followed by evacuation to treatment areas. Only Fire personnel being provided Force Protection by law enforcement as part of an RTF will enter the Warm Zone. Law Enforcement has sole authority to determine warm zones. (Steven & Angelo, 2014, p. 7).

APPENDIX C, Map of Spokane County Fire Departments and Stations



APPENDIX D, Map Eastern Washington University Campus (EWU)



## APPENDIX E, Spokane Regional Field Operational Guideline addendum RTF (FOG)

## A. Purpose

- a. Stop the Killing and Stop the Dying in Acts.
- b. To establish policies and procedures for the use and dispatch of the Rescue Task Force.
- c. To establish a common set operational procedures for law enforcement and fire departments to assemble and create a Rescue Task Force.

## B. Definition

- a. The *Rescue Task Force (RTF)* is a team that is deployed to provide point of wound care to victims where there is an on-going ballistic or explosive threat. The RTF team or teams will treat, stabilize, and remove the injured while wearing ballistic Protective Equipment.
- b. The *Mass Casualty Act of Violence (MCAV)* shall be known as the act of a single person or group actively engaged in killing, conducted an act of such killing or attempting to kill people.
- c. The *Contact Team* is the initial set of officers who form immediately on arrival to the scene and deploy to gain the tactical advantage. The Contact Team will locate the shooter regardless of whether the act is still being committed.
- d. The *Treat Zones* known to be hot zone, warm zone and cold zone will be utilized to mitigate the risk of personnel and ensure a common terminology among agencies.

## C. Responsibilities

- a. Fire Dispatch Responsibilities
  - i. Determine the number of perpetrators and inform responders
  - ii. Obtain a description of perpetrators and inform responders
  - iii. Determine the approximate number of patients, their location (s) and inform responders.
  - iv. Notify the Area Coordinator, Fire Chief and prepare to deploy IMT team to incident.
- b. Law Enforcement
  - i. Responsible for identifying the need for RTF teams activation and deployment.
  - ii. Noting and relaying locations and numbers of victims.
  - iii. Responsible for all RTF team security and movement
  - iv. Establishing secure corridors for RTF movement when appropriate.
- c. Fire Department
  - i. Responsible for rapid (TECC) victim care.
  - ii. Communicating the number and severity of victims.
  - iii. Identifying the need for additional RTF resources
  - iv. Victim evacuation

- v. Provide the level III vest matching current operational programs. Black with Red Rescue.
- d. Command
- i. Law Enforcement will have command of the scene and will form unified command to rapidly deploy RTF teams. One of the primary goals is to eliminate or confine the threat and establish threat zones so the RTF teams can be deployed, otherwise known as Stop the killing and stop the dying. With this goal in mind RTF teams can be deployed into warm zones.
  - ii. Assign a Staging area with a 20 Officer and determine traffic flow to and from scene
  - iii. Assign a 20 officer to coordinate the casualty collection point (CCP)
  - iv. Assign a Triage Group
  - v. Assign Treatment Group
  - vi. Assign a Transport Group
- e. General
- i. **RTF Group:** Established when multiple RTF teams will be deployed. RTF group should be established prior to teams entering the warm zone. The RTF Group may work from a casualty collection points. The RTF Group Supervisor will be responsible for the monitoring the status and location of RTF teams and coordinating the evacuation of victims from the CCP to triage/treatment areas.
  - ii. **RTF Team:** An RTF team will be made up of at least 2 trained FD members one of which ideally being ALS and at least 2 law enforcement officers assigned for security of each team.
    - Law Enforcement is assigned for security and has no patient care roles.
    - RTF teams will report with Ballistic equipment out fitted with appropriate treatment supplies that will fulfill treatment protocols of TECC.
    - Treatment protocols used, personnel will closely follow the guidelines of the Committee for Tactical Emergency Casualty Care.
    - Areas of operations (Designated by Command)
      - a. **Hot Zones:** Area of known direct & immediate hazard to life. Ex; A shooter is able to fire on the team. RTF teams will not operate in these areas.
      - b. **Warm Zones:** Areas cleared by LE but not 100% secured (minimized threat). Primary RTF deployment area. This is the zone where RTF teams will treat patients before movement.
      - c. **Cold Zones:** 100% secured cleared by LE. Fire Department staging, triage, treatment and transport will operate in this area.

- d. **Casualty Collection Point (CCP):** transition area where patients are brought to by RTF for evacuation to cold zones. This is a secured area at the edge of the warm zone. The RTF Group Supervisor should be located at the CCP.

#### D. Operations

- a. **RTF Dispatch:** All non-RTF companies will follow existing Police Operations Policy (Stage)
- b. **RTF Low:** Indications of more than 1 victim which appears localized to a smaller level event.
  - Closest ALS units
  - Closest BLS units
  - 20, 21 (Command officers)
  - Closest RTF Unit
  - 2 Ambulances
  - Ambulance Supervisor
- c. **RTF High:** Multiple victims in a large scale or uncontrolled event. Any active shooter incident in a school, mall, business, large public event etc.
  - Closest 2 ALS units
  - Closest 5 BLS units
  - 20, 21, 22, (Command Officers)
  - 5 Ambulances
  - 2 Helicopters
  - Ambulance Supervisor (20)
  - 4 RTF Units
  - ALS MCI trailer
  - BLS MCI trailer
  - Activation of Local EOC
  - MIST Team reports to local EOC
- d. **Communications:** Prior to deployment a dedicated talk group/channel for RTF Group use will be established.
  - i. Formation of RTF, Law Enforcement on
- e. **Team Safety:** As Hot and Warm zones collapse inwards and cold zones expand, additional personnel may enter the areas to expedite treatment and evacuation of victims. This will be coordinated with the RTF Group Supervisor. If the Warm Zone changes to a Hot Zone due to a changing/increasing threat, all RTF teams will withdraw from the area to appropriate cover.

- f. **Training:** Cross training of firefighters will occur at the direction of law enforcement. The medical training through the use of TECC will be the guide for responders in Spokane County.
  - i. All personnel including law enforcement will be instructed on TECC and include treatment in scenarios.
  - ii. IED awareness training is needed to improve efficient of the teams.
  - iii. Run, Hide and Fight. It's what options we have in our tool box to respond to a rapidly changing environment. All firefighters will need to be trained in Run, Hide and Fight. This shall occur with all staff members. Best instruction provided by law enforcement resources.

## APPENDIX F, 2015 Training Announcement

**Rescue Task Force Training Exercise****Training Announcement**

**Date:** Wednesday, 19 August 2015

**Location:** Eastern Washington University

**Time:** 1100 to 2000 hours

**Introduction:**

In past years we have conducted an annual active shooter exercise that involved area law enforcement agencies and fire departments. Last summer we conducted a smaller exercise at Reid School that introduced the concept of the “Rescue Task Force,” or RTF. RTF combines specially trained and equipped medics with police officers to make quick entry into a “warm zone” to begin early treatment and evacuation of victims of a mass casualty incident.

RTF came about as a result of several well publicized mass shootings incident where medics were held back until the scene was completely cleared which resulted in the deaths of individuals who could potentially have been saved with early intervention. Cheney Fire Department has been working with the EWU Police Department in bringing this concept to our campus in the event of a major incident.

We are well aware that schools have been the target of lone actors numerous times in the past. While the lone actor is still a major threat there is increasing concern worldwide that state sponsored terrorism is encouraging and training small teams to carry out much more coordinated attacks against “soft” targets in Europe and in the United States. We are high on the list of such soft targets.

**Uniform and Equipment Requirements:**

Law enforcement personnel should come in their regular uniforms and carry normal duty gear. All lethal and non-lethal weapons should be secured in a vehicle. A security checkpoint and pat down will be in effect. Air-soft weapons for use in the exercise will be issued. Eye protection will be required and will be issued if you do not have your own. Gloves and long sleeves are highly recommended.

Fire department personnel should also come in their regular uniforms with the same eye protection requirement and gloves and long sleeves recommendations. RFT team members should bring full RTF issue gear.

**Exercise Summary:**

Staging area for vehicles and equipment will be Lot 3 on Washington Street. Registration and security check will begin at 1100 hours. Safety and general briefing will begin promptly at 1200 hours followed by several classroom sessions. Exercise scenarios will begin by 1400 hours and will conclude by 1900 hours followed by debrief and cleanup. The exercise ends at 2000 hours.

Training will begin with short scenarios involving a shooter, some victims, a contact team and one or more RTF teams to locate, treat and extricate the victims. Victims will be moved to a Casualty Collection Point (CCP). Scenarios will become increasingly difficult as the training progresses.

**Registration:**

Please RSVP no later than Wednesday 12 August 2015. You will receive further information at that time.

Cpl. Bryan Dornbos

EWU Police Department

Phone: 509.370.4762 Email: [bdornbos@ewu.edu](mailto:bdornbos@ewu.edu)

Thank you and we look forward to seeing you at the exercise.

## APPENDIX G, Spokane County Training Center Rescue Task Force Final Evaluation

May 29,2015

**Rescue Task Force Final Evaluation**

This is the final training of the 7 day training cycle for the Rescue Task Force. There will be three scenarios that will incorporate all the skills listed in the prior training outlines. Each scenario will be graded on communication, tactics and officer safety, tactical combat care, and organization of evacuation. The scenarios will take place at the Spokane County Training Center, which is located in a large converted middle school at 6011 N. Chase Rd in Otis Orchards. The Training center has an entire wing that has two large gyms, a cafeteria and several classrooms that will be utilized for the training. The scenario area is larger than one floor of most office buildings in the Spokane Valley area and is about a quarter of the size of most schools in the area. It is also close to the size of half of the Spokane Valley Mall.

*Evaluators*

Sgt H.J. Whapeles, Spokane County Sheriff's Department SWAT and RTF instructor.

Detective Jay Kernkamp, Spokane Police SWAT and Spokane City RTF instructor.

**Scenario #1**

13 Actors will be placed throughout several class rooms and gyms with various injuries that need to be treated. The wounds will be colored pictures of real bullet wounds on a laminated card. The actors will act out the symptoms of the injury so that the RTF can evaluate the treatment and evacuation importance. The first responding RTF team will have two police officers for security and will be allowed two more as units arrive. They will select an IC for delegation of duties and coordination. Teams will move into the scenario area with the security only. Teams will be forced to use a leap frog option to evacuate the casualties from the rooms as there is only 4 security members. This will evaluate the coordination of the teams, proper TCCC and evacuation of casualties. The RTF team will have a five minute delay from when the shooting began until the first RTF arrives on scene. The goal is to have the entire scene evacuated and casualties treated in under 30 minutes total time since the start of the incident.

**Evaluation:**

Initial contact team immediately encountered someone inside the door way. They quickly assessed the injuries and instead of wasting the time treating him there, they pulled him through the door way to the casualty collection area and moved on. As the second team entered the scenario, they came up to the

first team evacuating the next victim. Communication was minimum at this point and they did not communicate were they had just extracted the casualty. At one point, the teams tried to link up, but they quickly figured it was more efficient to move in multiple teams. The Communications improved after the first initial team contacts and was very fluid after the first two minutes of the scenario. There was an IED that was a self-initiated that I placed at the front of the door to a hallway. The RTF team stopped what they were doing and determined the IED was not a threat at this time and moved passed. They were very fluid in their movements and expedient in their evacuation. The total time to completely clear over 30 rooms, treat and evacuate casualties was 18 minutes, well under the time mark.

**Items to work on:** Tactical combat care. There were two incidents in which a victim had an arterial bleed and a secondary injury that was non- life threatening and the responder treated the later. However In both incidents, the firefighter recognized the mistake and quickly transitioned to the atrial bleed.

**Overall :** The RTF did an outstanding job in quickly clearing and treating the casualties. The time in which it took to clear this large area and evacuated was well under the time given. The casualty care was above average and the tactical movement spot on.

## Scenario #2

This scenario was a large scale casualty scene in which all 13 casualties were spread out with in a large gym. Each casualty had to be treated and evacuated, as there was a timed IED in the room that had to be located as well. The timer was set for ten minutes and was on a countdown switch. A victim was to come running out the doors to the outside of the school and yell that there was casualties in the gym. The first RTF three man team was given entry into the scenario, with instructions that the rest of the team could not enter until two minutes went by. There was a loud stereo playing a specific CD that was made for active shooter scenarios. It played alarms and screams the entire time. The victims were also screaming and were somewhat uncooperative and they were frantic and disorientated. The scenario was designed to test evacuation and casualty care under stress.

**Evaluation:** The first team went inside and immediately assessed the casualties. A count was done as the RTF entered the room and relayed back to the IC on how many they were dealing with. The first three RTF members were overwhelmed by the amount of work presented as planned, but handled the casualties very well. They also used some of the victims to help with the care and evacuation. The timed IED was found at 2 minutes into the count down. It took 6 minutes for complete care and evacuation by the RTF team. There were over 10 Tourniquets applied during that time, along with multiple chest seals and pressure wraps.

**Items to work on:** The only glitch was an RTF member removed two of the three casualties by the IED, but treated the third casualty by the IED. It was suggested to him to move the victim away from the IED so that he does not bump it on accident. This is a training issue as we did not cover in abundance the

handling of casualties in IED situations. It was only discussed to move the casualty in class room training. This will be addressed in further training by myself.

**Overall:** Both myself and Detective Kernkamp were impressed on the efficiency of the movement and the completion of the scenario. We did not expect the RTF team to complete the scenario with 4 minutes to spare. Overall the team did a great job in this scenario.

### **Scenario #3**

This scenario is to test communication and individual movement. Two teams were inserted at opposite ends of the school. Casualties were inserted all over the school and hidden inside the rooms. The teams were to make entry into the school, develop their own pattern of movement, and keep in contact with the other team and their location. They were to develop a tactical meeting area and a completed search of every room in their area of responsibility. Each casualty was to be evacuated from the location they were found and removed from inside the school.

**Evaluation:** Both teams quickly realized the most efficient way to move down long hallways was to break the four man RTF teams into two man small elements and use one group for casualty care and the other for evacuation, which is what we were looking for them to come up with. They moved with good speed, but were slow enough for the evacuation team to catch up at each collection point. They communicated well with each other. I had set up a part in the scenario that if they were not keeping up with the other teams location, that both teams would have entered a room together and had security teams pointing guns at each other. Both teams were able to identify the problem before they entered the area and make adjustments.

**Items to work on:** No deficiencies were seen in this scenario.

**Overall:** Both teams communicated well and moved through the school with good tactics and speed. All Victims were found, even the one hiding from the suspect. Both teams made sure all rooms had been accounted for and cleared.

Overall all the scenarios were handled correctly and efficiently. Detective Kernkamp agreed on the fact the Spokane Valley RTF team and the Spokane City Fire RTF team are on the same level of operational abilities, and that both teams would be able to work together with little to no problems.

APPENDIX H, Additional Photos of Multi Agency Training at EWU August 2015



“The secret of change is to focus all of your energy, not on fighting the old, but on building the new.” Socrates



**Picture 1.** Member of Spokane Valley Fire Department and invited guest from outside Spokane County prepare to provide treatment and evacuate the patient to the casualty collection point.



**Picture 2.** An officer from Central Washington University (CWU) and the Washington State Patrol (WSP) were selected to integrate into a Rescue Task Force element with two firefighters to locate, treat and extract wounded patients reported by the contact team.



**Picture 3,** Rescue Group Supervisor Chris Muñoz coordinating RTF crews in an August 2015 training. The simulated drill is showing a secure corridor. Out of picture range has additional officers near the casualty collections point (CCP).



**Picture 4,** Treatment of most wounded people is conducted by one person but in this case the patient was taken to additional cover for treatment and ALS care was needed.



**Picture 5,** RTF personnel are trained to treat until they run out of equipment, here the officers instructed RTF to find cover.



**Picture 6**, Washington State Patrol officer provides security in the RTF. WSP should be included in all trainings with the RTF in the Spokane County. It is highly likely that they will be responding and could be effectively intergrade into a RTF element because they are familiar with responding and working with many agencies.



**Picture 7**, Drags tarps used in the training can be used by one person, two people or even four. The most efficient crews treated the most patients when they treated and moved to the next patient and called for another RTF to evacuate the patients in the warm zone. In those cases it was noted that the total some of the patients received quicker care.



**Picture 8,** A U.S. Marshal helps evacuate a patient as part of the RTF. While conducting these trainings it was found that the more training that occurred the more each person discovered ways to assist the other.



**Picture 9,** Example of the benefits of the joint training, Cheney Police Officers practice pressure on a junctional wound while providing cover fire. All officers carry kits for treating themselves. There substantial value in fire and police carrying the same medical gear. CFD assists in the training and provides extra practice gear so officers can utilize the gear they carry without taking it out of service. The firearms instructors in Spokane County have started to integrate treatment protocols in firearms training, reality based training scenarios encourages rapid and proper self-treatment in training.

APPENDIX I, Inventory List of Equipment Carried

**1 Rescue Task Force vest**

**Front of vest (mounted)**

- 2 Small Carabiner
- 1 Roll of 1" tape
- 1 Permanent marker
- 2 ARS decompression needle
- 2 Chemlight
- 1 Trauma shears
- 1 Glove pocket (4 pairs of purple gloves)
- 1 Flagging pocket (1 roll of black & white flagging)

**Radio pocket**

**Front pocket**

- 4 Halo chest seals
- 2 H bandages
- 3 Z-Pack dressing
- 2 ARS decompression needles
- 6 NPA's
  - (3 - 24's)
  - (3 - 14's)

**Left pocket**

- 2 H bandages
- 5 5x9's

**Right pocket**

- 4 CAT tourniquet
- 3 Coban wraps

**Back pocket**

- 1 Moving tarp

**ME Bag**

- 1 Halo Chest Seal
- 1 H Bandage
- 1 ARS decompression needle
- 1 CAT tourniquet
- 1 Coban
- 1 Z-Pack Dressing
- 1 24 NPA
- 1 5x9

**ARK Bag**

**Top pocket**

- 5 Throw bags
- 1 Halo chest seal
- 1 H bandage
- 1 14 NPA
- 1 24 NPA
- 1 Z-Pak dressing
- 1 CAT tourniquet
- 1 ARS decompression needle
- 1 Black gloves
- 1 Purple gloves

**Front of bag**

- 2 Chem lights

**Front top pocket**

- 10 5x9 Pad
- 2 Clamps

**Front bottom pocket**

- 3 IV start kits
  - 2 18g catheters
  - 2 Alcohol preps
  - 1 Tegaderm
  - 1 IV lock
  - 1 10cc saline flush
- 2 IV Drip Sets

**Left pocket**

- 4 H bandages
- 4 Coban wraps
- 4 Halo chest seals
- 4 Z-Pak dressing
- 4 CAT tourniquet

**Right pocket**

- 2 King airway
  - 1 41"-51"
  - 1 5'-6'
- 2 1000ml saline IV bags
- 4 ARS chest decompression needles