# Developing procedures following the Emanuel AME active shooter incident in Charleston, South Carolina

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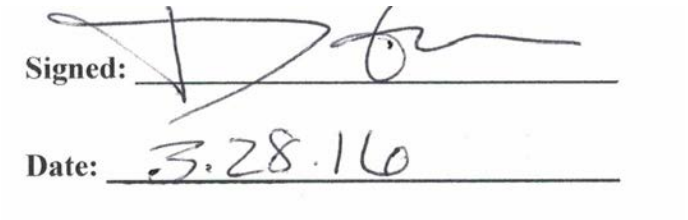
**Certification Statement**

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.



**Abstract**

The Charleston Fire Department (CFD) did not have a standard operating procedure (SOP) for responding to active shooter incidents. Specifically, the problem was that the CFD did not have procedures for responding to an active shooter event that occurred on June 17, 2015, where nine citizens perished in the Emanuel African Methodist Episcopal (AME) Church in Charleston, South Carolina. Therefore, the purpose of this research was to develop an SOP for the CFD to utilize when responding to active shooter incidents.

During this action research project, the following research questions were focused upon:

R1: What procedures are other fire departments utilizing to respond to active shooter events in the United States?

R2: What did the firefighters that responded to the Emanuel AME active shooter event on June 17, 2015 in Charleston, South Carolina experience due to a lack of procedures to follow?

R3: What do the firefighters that responded to the active shooter event at the Emanuel AME Church on June 17, 2015 in Charleston, South Carolina believe would have helped them procedurally during the response?

The research procedures utilized department SOP's from other United States fire departments and interviews with three of the first four CFD firefighters on scene. Results indicated that there was a lack of communication, continuity, procedures, and safe operations on the scene of the Emanuel AME shooting. One hundred percent of the interview participants indicated confusion and a lack of organization on the scene. The researcher recommends the adoption of the SOP that was developed during this project as well as the implementation of a joint training program for all responding agencies in the Charleston area.

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**Developing procedures following the Emanuel AME active shooter incident in Charleston, South Carolina**

Active shooter incidents have increased over the last decade, creating a new type of hazardous environment. This is not an event that many firefighters have experienced or may ever experience. However, standard operating procedures (SOP's) need to be developed and continually practiced to ensure that if this type of incident were to occur, then firefighters would have proper protocols for their actions. Unfortunately, without SOP's to be followed, it is difficult for any type of emergency responder to provide adequate service to the victims while simultaneously keeping themselves safe.

An example of this occurred on June 17, 2015 when an active shooter entered the Emanuel African Methodist Episcopal (AME) Church in Charleston, South Carolina and tragically shot nine civilians. Unfortunately, the Charleston Fire Department (CFD) did not have a specific active shooter SOP to follow. This issue has also been identified in other locations where active shooter incidents have occurred and firefighters did not have proper protocols to utilize. Considering the aforementioned, a problem was identified that needed to be researched more in-depth to develop viable solutions.

Specifically, the problem was that the CFD did not have procedures for responding to an active shooter event that occurred on June 17, 2015, where nine citizens perished in the Emanuel AME Church in Charleston, South Carolina. Historically, the City of Charleston had not experienced this type of citizen tragedy before June 17, 2015. However, with the increase of active shooter events, it is imperative that the department now develop procedures for these types of incidents. Therefore, the purpose of this research study was to develop an SOP that can be utilized by the CFD when responding to active shooter events.

This was an action research project. The research questions that guided the project consisted of the following:

R1: What procedures are other fire departments utilizing to respond to active shooter events in the United States?

R2: What did the firefighters that responded to the Emanuel AME active shooter event on June 17, 2015 in Charleston, South Carolina experience due to a lack of procedures to follow?

R3: What do the firefighters that responded to the active shooter event at the Emanuel AME Church on June 17, 2015 in Charleston, South Carolina believe would have helped them procedurally during the response?

Research question one was answered with an analysis of other United States fire department procedures for active shooter events. Research questions two and three were answered with interviews of three of the first four CFD firefighters that responded to the active shooter event on June 17, 2015 in Charleston, South Carolina. They were asked two questions developed by five emergency responders each with over 20 years of progressive learning in the fire service.

## Background and Significance

An active shooter incident, as defined by the FBI, is where "individuals are actively engaged in killing or attempting to kill people in a … populated area" (FBI, 2013). These incidents do not incorporate domestic violence, drug, or gang related events. Research indicated that active shooter incidents have increased over the last decade. Specifically, a study completed by the FBI indicated that 160 incidents occurred between 2000 and 2013 with an average of 11.4 incidents occurring annually. These incidents led to 486 deaths and 557 wounded (FBI, 2013).

Other research indicates that the number of active shooter events is much larger than the above referenced statistics. For example, many newspapers and websites are claiming upwards of almost 300 active shooter incidents in 2015. However, these sources could not be connected to any viable scholarly research, where the FBI's study could. Therefore, for purposes of this research, the FBI's empirical study was utilized.

The incident to be discussed occurred on June 17, 2015 at the Emanuel AME Church in Charleston, SC. At approximately 2100, 21-year-old Dylan Roof entered the church and joined parishioners during a bible study. "After approximately an hour of studying, the defendant stood up…pulled out a handgun and began shooting the parishioners inside the hall, striking nine victims" (Charleston Police Affidavit, 2015). Eight of the nine victims were found dead at the scene, with one being pronounced dead at the hospital. Responders from the CFD were among the first to administer care. Unfortunately, the CFD did not have specific procedures for responding to this type of event.

From an organizational perspective, this study is imperative for the safety of first responders, for the increased service offered to the citizens, and for the effectiveness of the CFD. From the FBI's study, the number of active shooter events is continuing to increase. Therefore, the CFD must develop a specific procedure to follow. Furthermore, the CFD can utilize this event as a learning platform for organizations on how to respond to active shooter incidents. While this research focuses on developing procedures for the CFD, the impact of the research can be utilized on a larger scale.

The location of the incident is significant to the study due to its rich history. Research indicated that the Emanuel AME Church is the oldest AME church in the south where it was formed in 1816 by Morris Brown. He organized a movement for members of the Charleston

Methodist Episcopal Church to create their own respective congregation after burial ground disputes. Shortly thereafter, the members named the church after the AME movement of 1787 that took place in Philadelphia, Pennsylvania. Then in 1822, a church founder was accused of plotting a slave revolt. He was not convicted in the case. However, during the proceedings, the church burned to where nothing was salvageable (Emanuel AME, 2015).

The church continued to worship even into 1834 when all African American churches were outlawed. After more than 30 years of underground worship, the church was reintroduced to the public adopting the name Emanuel, which means *God is With Us*, in 1865. With this new name and permission to worship, the congregation had a church constructed in 1872 at the current site of 110 Calhoun Street in Charleston, South Carolina. Fourteen years later, the great earthquake of 1886 damaged the structure severely, which led to a new structure opening in 1891 with a restoration project being later completed in 1949 (Emanuel AME, 2015).

There is a definite linkage between the research problem and the specific content areas of Executive Analysis of Community Risk Reduction (EACRR). Specifically, the research problem identified that the CFD did not have procedures for responding to an active shooter event that occurred on June 17, 2015, where nine citizens perished in the Emanuel AME church in Charleston, South Carolina. The specific content area that relates to the problem is the main premise of the course, community risk reduction. This is defined as “emergency response with prevention” which also involves “identifying and prioritizing risks, selecting and implementing strategies, monitoring and evaluating activities, and involving community partners, all in an effort to better protect residents and firefighters” (FEMA, 2015, pg. SM 1-8). If we were to utilize the principles of community risk reduction for active shooter events, responders and citizens would be better equipped for this type of incident.

The established problem relates directly to the United States Fire Administration goals. Specifically, it relates to "Goal 2: Promote response, local planning and preparedness for all-hazards" and "Goal 3: Enhance the fire and emergency services' capability for response to and recovery from all hazards" (FEMA, 2015, pg. ix). As the fire service becomes more involved in active shooter incidents, the public and responders must work together to plan, prepare, and implement appropriate procedures. With community effort, vigilance, and leadership, these events can be reduced in the future.

## Literature Review

In 2013, the Federal Bureau of Investigation (FBI) completed the study entitled, *Active Shooter Incidents in the United States Between 2000 and 2013*. This study was one of the first of its kind to delve into the dynamics of active shooter incidents and to quantify them statistically. There had been speculation for years regarding the official definition of an active shooter event as well as the official number of them. However, the above referenced study not only quantified the statistical data but also provided qualitative research from responders that experienced one of these events first hand.

In the FBI's study, 160 active shooter incidents were verified. Of these 160 events, research indicated that they occurred in small and large areas and in 40 of the 50 States. The majority of them, 70%, occurred in educational and commerce arenas. However, they also occurred in government agencies, places of worship, in the streets, health care facilities, and in military environments. The offenders victimized individuals of all ages, genders, races, religions, and cultures (FBI, 2013).

Further findings of the study indicated an increase of events annually. Specifically, from 2000-2007, 6.4 events occurred on an annual basis, whereas from 2008-2013, the annual event

average climbed to 16.4. The study identified the duration of 63 incidents with 70% of them ending in less than 5 minutes and 30% of them ending in less than 2 minutes. With many of these incidents being of short duration, civilians were forced to take life-saving actions. Considering this, of the 160 incidents studied, 107 of them ended before law enforcement arrived due to citizen involvement, the shooter leaving the scene, or the shooter committing suicide. Therefore, the study specified that all individuals should be educated on the facts of active shooter events and steps to take if they were ever involved in one (FBI, 2013). This is especially apparent for firefighters as they will likely be one of the first on scene.

Dr. Katherine Schweit, whom is a special assistant to the executive assistant director of the FBI's Criminal, Cyber, Response, and Services Branch, identified other evidence regarding active shooter events. Her research indicated that historically active shooter events have occurred most often in areas where police departments were smaller due to budget shortfalls and lack of personnel. The incidents she identified lasted an average of 12 minutes, with 37% lasting less than five minutes. She stated that statistically, the perpetrator is usually a male operating alone where they end the situation by killing themselves. Fifty-seven percent of the time, an officer arrives during the active shooting. In turn, the shooter becomes upset and directs their attention to the officers rather than the bystanders. These officers are predominately patrol units that either respond alone or with a partner. When an officer does respond alone, 3 out of 4 of them must take definitive action against the subject. Unfortunately, a third of those officers are shot by the offender (Schweit, 2013).

In contradiction of the FBI's and Dr. Schweit's research, John R. Lott (2014), President for the Crime Prevention Research Center, has deemed the FBI's study as incredibly flawed due to his claim of their manipulation of data. His research professes that the FBI made numerous

mistakes in their 13-year study. His study focused on a longer period of time from 1977 through the first six months of 2014. His results indicated that once the biases and mistakes of the FBI were addressed, the annual growth of homicides was cut in half. Furthermore, his research indicated that mass public shooting deaths only increased by less than one percent over this 37-year span. His research further indicated that the FBI included incidents that were not categorized as mass shootings and that they missed more than 20 events where at least two individuals were murdered in a single location. Moreover, with the predominance of these cases occurring during the first few years of the study, it allowed the FBI to bias their results that indicated an increase in active shooter/mass shooting events (Lott, 2014).

**Planning Emergency Response to Active Shooter Incidents**

In recent years, fire departments have turned their attention to active shooter events to prepare themselves to provide care for the citizens, but also to keep themselves safe. However, Hamilton (2014) stated that fire service organizations are still defining their role in response to active shooter events. His research indicated that the biggest considerations for emergency service providers in determining their procedures is their number of personnel, the size of the area protected, their level of training, geography, and equipment. Furthermore, strategy and tactics for smaller departments differ to those of larger departments due to the factors mentioned above. Specifically, “major cities have championed emergency services response to active-shooter and mass-casualty incidents because of the size of the population they serve” (Hamilton, 2014, pg. 55). However, Hamilton (2014) attests that the fire service as a whole cannot rely on one set of policies or procedures.

Hamilton’s (2014) research also indicated different steps that are important for organizations to follow when developing procedures for active shooter events. First, fire service

organizations must develop pre-incident plans for all target hazards in their local area as well as major events that may draw the attention of an active shooter. Fire departments should collaborate with police, emergency medical services, target hazard management, and major event organizers. During this collaboration and preplanning, specific details including the following should be focused on:

- Detailed floor plans.
- Entry and egress points.
- Utility control locations.
- Occupant loads.
- Business operation times.
- Facility points of contact.
- Door and lock construction.
- Window construction.
- Stairwell locations.
- Times of high occupancy and low occupancy.
- Staging areas (Hamilton, 2014).

When the active shooter event occurs, the pre-incident plan will then be utilized to provide a detailed incident action plan, once the shooter is neutralized. Following this, law enforcement will clear the hazardous area and deem it safe for other emergency responders to proceed. Once law enforcement clears the area, firefighters can enter the scene to administer care. However, law enforcement should still be close by to provide firefighters protection. Once victims have been located, firefighters and EMS will remove victims utilizing much of the preplan information (Hamilton, 2014).

A “canned approach” can be utilized for specific target hazards in local areas; however, these approaches may need to be updated frequently (Hamilton, 2014, pg. 59). The positive with the “canned approach” is that drills can be completed between numerous emergency organizations to better prepare them for the actual events (Hamilton, 2014, pg. 59). The approach may change when the event occurs due to unknown factors; however, the drills completed still prepared the agencies to respond in a collaborative effort. One of the aspects that may change the response is the number of victims. This will determine the amount of resources needed for that particular incident (Hamilton, 2014).

Next, incident management on this type of event requires an Incident Commander (IC) that is well versed in stressful environments and organizing them for the best possible outcome. Research indicated that fire departments and their members use the incident management system (IMS) on multi-unit events more often than police or EMS providers. Therefore, firefighters trained in IMS will be better prepared than the other organizations that mostly utilize single unit responses. However, this does not mean that police and EMS are not prepared for the management of this complex of an incident. It simply comes down to frequency. This situation occurred in the Sandy Hook response in Newton, Connecticut where the system was overwhelmed due to a larger number of ambulances on scene without a sufficient command model in place (Hamilton, 2014).

In accordance with the National Incident Management System (NIMS), an active shooter event is characterized as a level 4 incident. This level of an incident is one that can be handled with that particular jurisdictions structure fire response. Therefore, success for the IC and the responders will depend on the response level of the department (Hamilton, 2014).

With the IC in place at an active shooter event, tactical methodologies can then be followed. For example, the utilization of a Rescue Task Force (RTF) that promotes Tactical Emergency Casualty Care (TECC) guidelines which are based on the militaries' combat medic procedures. To coincide with the TECC guidelines, experts from the FBI and the American College of Surgeons collaborated as the Hartford Consensus to develop protocols that would increase victim survivability. From this collaboration, the pneumonic THREAT was developed and placed into action (Hamilton, 2014).

The THREAT pneumonic places focus on the victims in six specific areas. These areas include, "**T**hreat Suppression, **H**emorrhage Control, **R**apid **E**xtrication to Safety, **A**ssessment by Medical Providers, and **T**ransport to Definitive Care" (Hamilton, 2014, pg. 62). Specifically, the threat will be suppressed by police, with hemorrhage control, rapid extrication to safety, assessment by medical providers, and transport to definitive care being handled by firefighters and EMS (Hamilton, 2014).

**Fire/EMS Response at Active Shooter Events**

Krebs (2014) claimed that fire and EMS usually stage in a safe location away from the scene of an active shooter event until police clear the area. While this is still the major practice of fire departments, Krebs recommended more than a decade ago that fire and EMS take a more aggressive stance. In 2014, he found the aggressive stance of some departments impressive because they utilized preplanning, RTF's that wear body armor into the warm zone, interagency training, and a greater focus on hemorrhage control. However, even though this paradigm is shifting, decision makers must fully understand the seriousness of placing their personnel in the warm zone without them being fully protected (Krebs, 2014).

Krebs (2014) also indicated that joint training is a necessity for success on active shooter incidents. He claimed that the scene is not the proper arena to give new ideas a try. With the seriousness of an active shooter event, protocols should be developed and then practiced continuously for operational efficiency. When police, fire, and EMS collaborate to develop procedures and then practice them, a plethora of knowledge and experience is available. Krebs (2014) further stated that police should train EMS and firefighters how to maneuver in the security perimeter, that EMS should train firefighters and police officers on hemorrhage control, and that firefighters should share their forcible entry knowledge with police (Krebs, 2014).

Krebs (2014) also researched the history and importance of body armor for fire/EMS providers on active shooter events. His research indicated that before the 1992 civil unrest in Los Angeles (LA), firefighters in that area already had body armor available on their apparatus. This was due to the gang problem in LA. Today, most organizations do not provide each of their firefighters with body armor due to budgetary constraints. However, an alternative would be to have departmental armor available that can be readied in minutes in case there is an active shooter event. Yes, body armor will protect the first responder from many handgun shots. However, it will not protect them against the more powerful rifle rounds. With 25% of active shooter events involving rifles, this poses a major threat for firefighters who may think they are 100% protected. Therefore, if armor is chosen to be utilized, it must be designed with ballistic plates for optimal protection (Krebs, 2014).

Krebs (2014) recommended that when responding to these events, firefighters should not carry the normal cache of equipment. Operators will need to move fast and efficient through the scene to ensure they are not in the line of fire. Therefore, he recommends firefighters carry

bandages, tourniquets, nasopharyngeal airways, and oropharyngeal airways in a small backpack for ease of movement (Krebs, 2014).

Krebs (2014) stated that once crews have their body armor on and small backpack ready, they will meet with law enforcement to move quickly through the scene to find down victims. While doing so, responders must remember to stay away from windows, if possible, as the shooter will be able to penetrate them with their cache of weapons. Furthermore, responders must be careful not to leave themselves in an open area where they are easily accessible to the shooter (Krebs, 2014).

Once a victim is found, Krebs (2014) recommends that firefighters utilize the START triage method, which focuses on respiration, pulse, and mental status (RPM). RPM is utilized to determine if the patients need immediate, delayed, or minor care or are deceased. As responders begin to triage, they should start with the first identified victim where it should only take 30 seconds. Responders are working against time in these situations. Therefore, quick patient access, quick triage, and quick treatment will increase victim survivability. However, responders must be vigilant and when the first sign of shooting occurs, they need to move to a safe location.

These scenes are unstable; therefore, even though police have cleared the area, it is imperative to have situational awareness in case the situation deteriorates. This is a different thought process then previous firefighters had where they believed these types of events should be left to armed officers. However, research shows that with a collaborative effort, more victims can be saved and more responders can work safely on these types of scenes (Krebs, 2014).

The aforementioned findings and observations influenced this research project in many ways. First, with the history and statistics of active shooter events indicating that they take place in any type of organization or population, it was imperative that this project was completed to

provide firefighters the proper response package and training before an incident such as this occurs again in Charleston. Next, with the current research on body armor and trauma kits, the SOP developed from this research will include the use of both of these important pieces of equipment. Furthermore, the research identified key areas that need to be focused upon while not only developing procedures but training on them as well. Finally, the biggest influence was the fact that operational efficiency is indicative of multi-jurisdictional collaboration, meaning that the procedures developed in this project will be shared with the Charleston Police Department (CPD) as well as Charleston County Emergency Medical Service (CCEMS).

## Procedures

This applied research project was conducted to develop SOP's that can be utilized by the CFD when responding to active shooter events. The research focused on three main questions:

R1: What procedures are other fire departments utilizing to respond to active shooter events in the United States?

R2: What did the firefighters that responded to the Emanuel AME active shooter event on June 17, 2015 in Charleston, South Carolina experience due to a lack of procedures to follow?

R3: What do the firefighters that responded to the active shooter event at the Emanuel AME Church on June 17, 2015 in Charleston, South Carolina believe would have helped them procedurally during the response?

Research question one was answered with an analysis of other United States fire department procedures for active shooter events. A total of 20 members from emergency service agencies in the United States were emailed a request to utilize their active shooter protocol for the development of a procedure for the CFD. Due to the short duration allowed for the

completion of this research, a one-month deadline was given in the email request for all SOP's to be sent. Six individuals responded that they had no active shooter policy, 4 individuals responded with their active shooter policy attached to their email with permission for the researcher to utilize it, and 10 individuals did not respond to the SOP request. Once the deadline passed, the SOP's were analyzed and assessed with the findings detailed in the results section.

Research questions two and three were answered with interviews of three of the first four CFD firefighters that responded to the active shooter event on June 17, 2015 in Charleston, South Carolina. They were asked via phone if they would be willing to participate in the study. Of the total four CFD firefighters that initially responded on June 17, 2015, three agreed to participate. If they did agree to participate, they were assured that their identities would be kept 100% confidential. They were assigned participant numbers ranging from 1 to 3.

Once the participants agreed to an interview, the researcher met with them in a private room. They were asked two questions developed by five emergency responders each with over 20 years of progressive learning in the fire service. The questions were validated following their development by a group of five firefighters to ensure they were clear and understandable. The following two questions were utilized in the interviews with the firefighters that arrived first on scene of the active shooter event in Charleston, South Carolina on June 17, 2015:

1. What did you experience due to a lack of procedures to follow on the scene of the Emanuel AME active shooter incident?
2. What do you believe would have helped you during the response to the Emanuel AME active shooter incident?

The interviews focused specifically on these two questions to obtain information that could be correlated with the analysis of other organizations active shooter procedures.

Eligibility requirements for participants included their employment with the CFD and officially responding to the active shooter event on June 17, 2015 as documented in Firehouse Software. Firefighters from the CFD were specifically targeted for the research due to their status as the first responders on scene of this active shooter event. Other public service organizations responded to the event, however, their experiences were not used in this research project.

Limitations of this research project consisted of the use of only four different departments' procedures rather than a larger sample from other fire departments in the United States. It was not possible for the researcher to attain procedures from all fire service organizations due to the short duration allotted for this project. Specifically, the researcher was not able to gain communication with every possible department that could be utilized. While the procedures that were obtained did offer great information, more procedures from a larger department sample would have allowed the research study to be more exhaustive in nature. A second limitation consisted of only interviewing three of the first four responders. Numerous other entities responded to the event, however, they were not interviewed due to the limited resources allotted for the research.

## Results

The following research questions were utilized to provide results for developing a procedure for the Charleston Fire Department response to active shooter events. This problem was presented specifically, on June 17, 2015, where nine citizens perished in the Emanuel AME Church in Charleston, South Carolina at the hands of an active shooter.

**R1: What procedures are other fire departments utilizing to respond to active shooter events in the United States?**

This research question was answered with an analysis of other fire service procedures for active shooter events. The guidelines/procedures are identified by respective organizations below. This was done for organizational purposes of the research.

**Northern Virginia Joint Action Guide for Active Shooter Events**

The first SOP analyzed was entitled, *Joint Action Guide for Active Shooter Events*. This procedure was developed by law enforcement and fire/EMS departments of Northern Virginia. It was a collaborative effort between the following entities in Northern Virginia:

- City of Alexandria
- Arlington County
- City of Fairfax
- Fairfax County
- Town of Leesburg
- Loudon County
- City of Manassas
- City of Manassas Park
- Metropolitan Washington Airports Authority (MWAA)
- Prince William County
- Stafford County
- Town of Vienna

The purpose of the active shooter manual was to "establish guidelines for deployment into incidents involving acts of violence and to identify modes of operation" (Northern Virginia, 2015, pg. 1). The procedure went on to state that acts of violence present unique circumstances that require a cooperative effort from public safety agencies to reduce the threat and provide quick response for those that are injured or are in danger. Furthermore, responders will more than likely be placed in dangerous situations that they do not normally operate in. This creates a high risk/low frequency event. Fire and EMS personnel may be required to enter dangerous areas that have not been deemed safe by police. The goal of the *Northern Virginia Joint Action Guide for Active Shooter Events* was to offer guidance and best practices to entities on response to active shooter events in order to take positive steps toward mitigation and recovery efforts.

This was the first procedure composed in this particular region. The recommendations included in the document were based on in-depth studies of active shooter events around the region, state, country, and international arenas. The procedure specified that the "actions recommended were based on consensus between regional law enforcement and fire/EMS" (Northern Virginia, 2015, pg. 1). Furthermore, no document can "address every possible situation, scenario, or possibility" (Northern Virginia, 2015, pg. 1). In the closing paragraph of the procedure, it states, "as public safety officials, we have a responsibility to continue to study, learn, and grow from these tragic events" (Northern Virginia, 2015, pg. 1). Therefore, public service entities should continue to update their active shooter policies to stay up-to-date with national best practices and the paradigm shift in this arena.

Procedurally, the Northern Virginia guideline focused on getting victims and possible victims out. This was based on their interview with a survivor of the Virginia Tech shooting who stated, just "Get us out" (Northern Virginia, 2015, pg. 1). Furthermore, one of the first

critical actions is to establish a unified command (UC) between public service agencies. This will allow for better organization of the incident and will prioritize the incident objectives. The success of an event of this magnitude will rely largely on the collaboration between public service entities to establish the incident management system that "adheres to the agreed upon incident command system as defined by the National Incident Management System (NIMS)" (Northern Virginia, 2015, pg. 1). The agreed upon goal in the incident management system must be to treat the injured at or near where they are wounded, extract victims from the high threat environment, and rapid transport for medical care. The key elements outlined during this phase are:

1. Rapid integration of representatives from public safety agencies.
2. Effective sharing of information.
3. Joint critical decision making.

The Northern Virginia guideline specifies six key items for rapid access, treatment, and transport of the injured. These items are as follows:

1. Unified Command must be established quickly.
2. All personnel should be trained and equipped to provide Tactical Emergency Combat Care (TECC) interventions.
3. Access routes for EMS transport units must be an ongoing consideration for all responders.
4. Staging areas must be established and communicated to responding agencies early.
5. A joint law enforcement and fire/EMS staging location shall be established and communicated to avoid unnecessary self-deployment and scene congestion.
6. Request additional resources early (Northern Virginia, 2015, pg. 1).

The next area of the *Northern Virginia Joint Action Guide for Active Shooter Events* focused on the four primary models of high threat patient care: Escorted Warm Zone, Protected Corridor, Protected Island, and Law Enforcement Rescue. The procedure specifically states that "these models should only be utilized after a careful risk/benefit analysis is completed" (Northern Virginia, 2015, pg. 4). Furthermore, the models may be used independently or in conjunction with others, or in a phased approach (Northern Virginia, 2015, pg. 4). Below the four primary models are discussed further.

1. "Escorted Warm Zone Care (Rescue Task Force)
    a. A Rescue Task Force (RTF) is a team(s) of Fire/EMS and Law Enforcement who assemble for the purpose of rapid patient treatment within a warm zone.
        - These items are identified by numbers, for example, RTF 1, RTF 2, and their primary purpose is the rapid transformation of patients. These teams may transition to extract patients from an area once treatment is believed complete.
        - RTF teams are developed from the unified forward deployment area.
    b. This model is the most rapid method for entering area(s) and reaching victims.
        - It requires the least amount of law enforcement officers.
    c. An RTF is a minimum of two law enforcement, but the preferred is four officers.
        - An RTF can be defined as two, or as many Fire/EMS personnel as deemed necessary.
        - Law enforcement will be assigned for protection.
    d. An RTF can extract patients as the situation dictates.
    e. May require ballistic protection for all responders.

f. Highest risk to responders since the threat may still be active in other parts of the building or area of operations.

g. Highest level of coordination because it requires a multi-disciplined team of fire/EMS and law enforcement personnel.

2. Protected Corridor Model

    a. A Protected Corridor is a pathway secured by law enforcement.

    b. Law enforcement secures area(s) and remains posted.

    c. Fire/EMS does not require an escort in protected areas(s).

    d. May not require ballistic protection for Fire/EMS.

    e. Requires more officers because each officer can only cover what is in his/her sight and weapon capabilities.

    f. Potentially a longer time interval to patient care than the RTF model because more law enforcement personnel are needed to secure area(s).

3. Protected Island Model

    a. Law enforcement establishes a protected casualty collection point (CCP) with the structure or area of operations.

    b. Law enforcement conducts rescue operations to move patients from unprotected area(s).

    c. Fire/EMS operates within the CCP. Patients are then moved out of the CCP through a protected corridor or law enforcement escorted extraction.

    d. May not require ballistic protection for Fire/EMS.

    e. Potential delay in care since law enforcement has to secure area(s) and establish the CCP.

f. Patient care may be delayed if interventions are not performed prior to moving the patient to the CCP.

4. Law Enforcement Rescue Model
    a. Law enforcements primary mission is to eliminate the threat.
    b. Law enforcement may remove patients when resources/circumstances are not available to support the other models.
    c. Law enforcement may initiate TECC care when appropriate.
    d. Additional law enforcement personnel needed for the operation.
    e. Potentially removes officers away from the primary mission.
    f. Potential delay in patient care" (Northern Virginia, 2015, pgs. 4-5).

The document goes on to outline different actions utilized in the above models such as extraction, casualty collection point (CCP), evacuation, command, and tactical emergency casualty care (TECC). First extraction teams are utilized to remove patients and will be identified by Extraction 1, Extraction 2, etc. These teams are deployed from the unified forward deployment area. There must be a minimum of three responders with at least one being a law enforcement officer that provides protection. Special considerations for extraction teams are as follows:

- To ensure the most expeditious transfer of care, command must deploy extraction resources as soon as possible.
- Extraction teams should bring the TECC bags.
- Ballistic protection may be necessary during the extraction phase.
- Fire/EMS should wear a traffic vest to ensure they are easily identifiable.

The casualty collection point (CCP) is defined as an area that can be established for treatment, triage, and other medical needs while waiting for evacuation to occur. The guidelines specify that the main goal is to remove victims. Therefore, responders should not delay the transport of patients to a medical facility in order to move them to a CCP. If transport is available, it must be utilized rapidly. Special considerations for the CCP are as follows:

- Proximity to evacuation assets.
- Patient and provider flow.
- Ability to search patients for weapons and other threats upon entry/exit.
- Ensure proper and adequate personnel are available.
- Ensure adequate medical and evacuation supplies are readily available (Northern Virginia, 2015, pg. 6).

Evacuation is also an area that was focused upon in the Northern Virginia procedures. Specifically, it stated that an "evacuation is a systematic removal of non-injured under law enforcement direction" (Northern Virginia, 2015, pg. 6). Command will make the ultimate decision when removing the non-injured. They will also designate an area for the patients to be taken upon evacuation where EMS resources are available.

Also included in this procedure was a Fire/EMS checklist for command. It consisted of the following areas:

- Announce the location of the staging area.
    - Avenues for approach.
    - Transportation corridor.
- Establish Command
    - Co-locate with law enforcement command.

- Joint personnel assembly area for deployment.
    - RTF Group Supervisor/Manager.
    - RTF.
- Bring all equipment necessary for deployment.
- Request additional resources based on available intelligence and communication.
    - EMS Task Force.
    - Suppression / Special Operation Response.
    - Mutual aide.
    - Determine the need for/location of CCP's.
    - Obtain hot, warm, and cold zone information from law enforcement.
    - Ingress and egress plan for transport units.
    - Establish additional command positions.
    - Consider resources to address patients on periphery.
    - Refer to preplan if available (Northern Virginia, 2015, pgs. 7-8).

The final area of the procedure was Tactical Emergency Casualty Care (TECC). This is a set of best practices for the treatment of trauma victims in high threat pre-hospital conditions. The past fifteen years of military conflict was utilized to build the guidelines for TECC where they were modified to fit civilian incidents. Specifically, TECC "guidelines are regionally agreed upon treatment principles of the wounded in high threat, mass casualty incidents" (Northern Virginia, 2015, pg. 9). The goals of TECC are identified on the following page:

1. “To establish a medical framework that balances the threat, civilian scope of practice, differences in civilian population, medical equipment limits, and variable resources for all atypical emergencies and mass casualty events.
2. To provide for aggressive forward deployment and principles for point of wounding management trauma in high threat and mass casualty environments.
3. To provide care guidelines that account for on-going threat and operations to minimize provider risk while maximizing patient benefit.
4. To identify and treat those casualties with preventable causes of death and keep patients alive long enough to reach the hospital” (Northern Virginia, 2015, pg. 9).

During TECC, responders are urged to take with them a TECC bag that includes the following equipment:

- Tourniquet.
- Compression bandage.
- Nasal airway.
- Hemostatic gauze.
- Duct tape.
- Chest decompression needle.
- Chest seal.
- Gauze.
- Ace bandage.
- Mylar space blanker.
- Scissors.

**Burlington Fire Department Active Shooter Standard Operating Procedure (SOP)**

The purpose of the *Burlington Fire Department Active Shooter SOP* is to outline procedures for effective, safe, and efficient operations during active shooter events where casualties are expected. The department's policy indicated that all personnel will be properly trained and equipped to perform at an active shooter incident" (Burlington Fire Department, 2016, pg. 1). Furthermore, the policy specifies that the department will develop procedures and train on these procedures with law enforcement to provide consistency with national best practices. All personnel will be offered continual training as the standards change for an active shooter response. The SOP goes on to state that incident priorities are life safety, incident stabilization, and property conservation (Burlington Fire Department, 2016, pg. 1).

Burlington Fire Department's response to an active shooter event includes a battalion chief, three engine companies, one aerial, and two EMS units. For them, it provides a minimum of 14 personnel initially. If further requests are necessary, the IC is urged to call for more. In the below chart, Burlington Fire Department's response to active shooter events is outlined. The resources provided differ for each district, however, the number of resources remain the same until the IC calls for more, if necessary.

| AREA | RESPONSE |
|---|---|
| DISTRICT 1 | Engine1,2,3 Tower 1, Rescue 1,2, and Car-12 |
| DISTRICT 2 | Engine 2,1,4 Tower 1, Rescue 2, 1 and Car-12 |
| DISTRICT 3 | Engine 3,1,2, Tower 1, Rescue 1, 2 and Car-12 |
| DISTRICT 4 | Engine 4,2,1, Tower 1, Rescue 2,1 and Car-12 |
| DISTRICT 5 | Engine 5,1,2, Tower 1, Rescue 1,2 and Car-12 |

Fire command will be established by the primary responding agency. Unified Command (UC) should then be established with law enforcement. As long as the suspect is mobile, law enforcement will have primary control of IC. Once the perpetrator is apprehended or neutralized, command will transfer to the fire department commander for recovery efforts. The IC will ensure that personnel perform recovery tasks carefully as the area is a crime scene.

Burlington Fire Department specifies the equipment that will be utilized on an active shooter response is as follows:

Hasty Medical Kit

1. Tourniquets.
2. Trauma dressings.
3. Trauma airways.

Personal Protective Equipment.

1. Ballistic protection equipment.
2. Patient transport devices (Burlington Fire Department, 2015).

Response procedures for the Burlington Fire Department during an active shooter event include the following steps:

1. Upon receiving the call to an active shooter incident, all responders will stage their apparatus in an area that provides safety and cover. The initial battalion chief assigned to the call will meet with the police department's officer in charge and establish UC.
2. All fire department members will stage in preparation for deployment into the warm zone as a part of the RTF.
3. Fire department members not assigned to the RTF will establish medical triage in the cold zone.

4. If additional EMS units are needed, they will be dispatched and sent to the staging area. All EMS units will stage until called to medical triage by the transport officer.
5. During more complex incidents, safety zones will be created. Fire department members must understand that the zones are fluid and can change as the incident changes. The zones consist of the following:
    a. The hot zone is an operational environment based on geography that consists of the incident location with an immediate and direct threat to personnel and their safety. This area is not secure. RTF teams will not be deployed into the hot zone.
    b. The warm zone, also called the indirect threat zone, is an operational area based on geography, which has a potential threat to personnel and their safety. This zone usually exists between the hot and the cold zone. It is secured by police before it is deemed the warm zone. RTF teams can enter this zone and rapidly remove patients. Fire department members will wear jackets or safety vests for proper identification in the warm zone.
    c. The cold zone is an operational area outside of the warm zone where responders can administer care with little threat to their safety. Personnel will provide treatment to patients in this area. This area can be utilized as a CCP, for triage, or to transport victims (Burlington Fire Department, 2016).

UC is focused upon in Burlington Fire Department's SOP for active shooter events. The SOP states that UC is the "integration of command personnel from each responding agency to a multi-jurisdictional or multi-agency operational event to enhance communication, planning, and logistics for all responding agencies by the utilization of shared resources, knowledge, and expertise" (Burlington Fire Department, 2016, pg. 3). Once UC is announced,

all other agencies will report to the command post (CP) for continuity. The CP will be set up in a safe area, preferably in the cold zone or an off-site location. Most of the time, the police department will designate this area. The SOP further indicates that the IC structure should be expanded as needed based on the following considerations:

1. If the size and complexity of the emergency changes, the IC structure must evolve with it.
2. The main change in utilizing the IC system on a large event is the rate of growth of the emergency, which increases the need for UC.
3. When the IC determines that the current command structure is not sufficient, he/she has the liberty to change it (Burlington County, 2015).

The SOP also states that other agency representatives will participate in the UC structure. The agencies include but are not limited to: Department of Transportation (DOT), school administration, and the Division of Emergency Management and Homeland Security (DEMHS). Furthermore, the IC will develop the incident action plan (IAP), designate a command channel, designate a Public Information Officer (PIO), consider deploying an Incident Management Team, and consider the use of a Critical Incident Debriefing Team (Burlington County, 2015).

Burlington Fire Department's rescue procedures for an active shooter event consist of the utilization of a RTF. This team will be comprised of two law enforcement personnel responsible for forced protection and two fire department members. At least one of the fire department members on the RTF will be at a minimum A-EMT certification (Burlington County, 2015).

The RTF will operate in the warm zone on the assignment by command. The RTF will also triage and treat patients for life threatening injuries and remove them from the warm zone to a transport crew or an area designated as medical triage. The care offered by the RTF in the

warm zone should center on life threatening hemorrhage control and rapid evacuation (Burlington County, 2015).

During violent or hostile incidents, fire department actions will be coordinated between agencies at the CP based on the consideration of scene control, evidence preservation, and patient treatment. During these operations, it is imperative that the safety of the responders is continually monitored. If an active fire is present on the scene of a violent event, the fire will be allowed to burn until the scene has been secured by police. Command should call for additional resources and assign them to staging. Furthermore, an IAP must be developed specifically for fire attack (Burlington County, 2015).

**Hillsboro, Oregon Fire and Rescue Active Shooter Standard Operating Procedure**

After dispatch determines that there is an active shooter event, they will dispatch a medical box alarm code 3 which consists of two fire department apparatus and an emergency medical service apparatus. While the apparatus is in route to the scene, the following should be considered:

1. Patient information such as number, age, and condition.
2. Type of structure responding to, time of day, and surrounding areas.
3. Descriptions of the perpetrators and their weapons.
4. Approaching with safety in mind.
5. Call for additional resources if needed.

The first arriving apparatus will stage at a safe distance and relay that location to all incoming units. As units arrive to the scene they should consider the following:

1. Approach and stage at a safe distance.
2. Consider manmade and natural barriers on approach into the incident.

3. Determine a safe location for command to be set up.
4. Move EMS operations to another channel.
5. Utilize an additional radio channel for all secondary incoming units.
6. Determine control zones including hot, cold, and warm zones.
7. Consider expanding the incident command system for complex incidents.
8. Consider separate staging areas for family and friends of patients.
9. Notify the hospital of the number of patients and their status (Hillsboro Fire and Rescue, 2015).

Once the first unit arrives and is in place, they must meet up with the IC or the police department and unify command. The fire department commander will complete the following in order to begin the unification of command:

1. The fire department officer in charge will radio for the police department officer in charge and set a location for them to meet face to face.
2. Radio traffic during this process should be minimal to allow operators on the ground the opportunity to utilize the channel (Hillsboro Fire and Rescue, 2015).

Once the fire department units are on scene, the two apparatus will link into one unit and perform the following:

1. Consolidate all needed medical equipment onto one apparatus.
2. Do not transfer equipment that is not needed for emergency medical care.
3. Firefighters will wear helmets and other identifying clothing such as reflective vests.

Once the initial threat has been neutralized, the CCP will be set up and firefighters will be escorted there by police. The CCP must have the following:

1. The area must have sufficient entrance and egress for victims and for responders.

2. Location of the area should be in a place that offers maximal protection, i.e. walls, limited glass, etc.
3. CCP entrance and egress should be controlled allowing only victim or responder usage.
4. Police will set up protection for firefighters during this phase of the incident. The first arriving fire apparatus will link up with the police department for this protection before they make any type of entry.
5. Firefighters will then be escorted to the CCP and identify if it is sufficient for their operations. If it is not, they will discuss with police a better location.
6. Once the CCP is established and agreed upon, a fire officer will become the CCP medical point of contact.
7. Available police will provide treatment and triage as well.
8. Victim transfer from the scene to the hospital will be coordinated through command to ensure continuity.
9. Once all victims have been transported, the CCP will be terminated and all resources will return to the staging area (Hillsboro Fire and Rescue, 2015).

Hillsboro Fire and Rescue SOP includes a quick reference for their response to an active shooter event. The quick reference is included on the next page (Hillsboro Fire and Rescue, 2015).

# JOINT OPERATIONS PROTOCOL

## Response to Criminal Mass Casualty Incident

## Quick Reference Guide

| | Police | Fire |
|---|---|---|
| **Response** | a. Gather Intelligence, victim/shooter locations?<br>b. Radio priority for first arriving officers<br>c. WCCCA will patch HB1 and OSP37 | a. Medical box alarm Code 3 stage for police<br>b. Patched channel OPS37<br>c. Other resource logistics OPS38 |
| **Arrival** | a. HB1 will be primary frequency, (interior), use Wash A for alternate (exterior) frequency.<br>b. Parking consideration for incoming Fire/EMS<br>c. Immediacy of threat / type of weapons, explosives, or any stated threats or objectives<br>d. Location of suspect and victims<br>e. Utilize Rapid Response Tactics as needed<br>f. Announce entry location and number of officers entering<br>g. Potential to switch to Talk 2 (simplex) on interior.<br>h. Later arriving units should prepare for Fire security, assemble at Fire stage.<br>**i. Sgt/Lt radio C1 (BC) for link-up** | a. Stage in cold zone<br>b. OPS38 working channel for addition incoming resources<br>c. OPS37 for urgent information. Intent to be used for real-time intelligence<br>d. Consider expanding ICS for complex incident.<br>e. Provide scene safety<br>f. Determine hot and warm zones<br>g. Preliminary number of casualties<br>h. Consider transportation access, (ground / air).<br>i. Coordinate with MWA supervisor early<br>**j. C1 radio to Police for link-up**<br>k. Consider additional staging locations, media, family, etc. |
| **Operations** | **INTERIOR**<br>a. Establish a (FOB) within the hot zone. The FOB is used to more efficiently direct incoming LE resources.<br>b. Continue with Rapid Response Tactics until threat is reasonably mitigated.<br>c. Identify and secure a CCP (FOB?)<br>d. Notify UC when CCP is set.<br>e. Initiate hot zone corridor lockdown security<br>f. Begin victim movement to CCP<br>g. Update UC on number of injured.<br>**EXTERIOR**<br>h. Establish link-up with CCP Apparatus Officer at fire stage.<br>i. Establish overwatch and apparatus security<br>**INTERIOR**<br>j. Security element leader will stay with Fire Lt throughout CCP process.<br>k. During the CCP process, LE can continue with sweeps, (CCP outward).<br>l. Once Fire departs – initiate scene search and evacuation. | **EXTERIOR**<br>a. First arriving apparatus will be assigned Medical<br>b. Merge personnel and gear in lead apparatus in preparation for inbound CCP designation<br>c. CCP Apparatus Officer should have physical link-up with police coordinating overwatch and security needs for ingress / egress and engine.<br>d. UC will give Fire "green light" to proceed to CCP once CCP is identified and secured.<br>e. CCP Apparatus Officer (with LE coordination) determines when to proceed to the CCP<br>**INTERIOR**<br>f. Upon arrival at CCP, establish MCI protocols<br>g. Once Fire is introduced into CCP, patch may be removed.<br>h. Contact MRH for patient/bed prioritization and destination.<br>i. Begin Transport<br>j. Once completed, Fire return to staging |

**Poudre Fire Authority Active Shooter Response Operational Directive**

The purpose of the *Poudre Fire Authority's Operational Directive* for active shooter events is to provide guidelines for the creation and deployment of a RTF during an active shooter event. During an active shooter incident, law enforcement will directly engage the perpetrator while bypassing the injured in an attempt to mitigate the situation in the hot zone. While it is not safe for the fire department to enter the hot zone, there may be times when victims can be removed in the warm zone by an RTF (Poudre Fire Authority, 2014).

Specific definitions were outlined in Poudre Fire Authority's Operational Directive for an Active Shooter event:

- Active Assailant – An individual actively engaged in killing or attempting to kill people in a confined populated area typically using firearms.
- Casualty Collection Point (CCP) – A secured area commonly found within the warm zone where injured victims of the incident may be directed or relocated. During initial operations, the CCP should be identified and utilized by law enforcement for preliminary victim placement. Once appropriate resources are available, advanced triage and treatment may be provided as necessary to facilitate favorable patient outcome and rapid movement to the transport area. The presiding goal is rapid transport over all else. Law enforcement will be responsible for securing this area and providing security for all non-law enforcement personnel.
- Contact Team -- A group of armed law enforcement officers, usually 2-4, assembled for the purpose of neutralizing or mitigating a threat and thereby reducing the number of casualties.

- Force Protection – Actions taken by law enforcement to prevent or mitigate hostile actions against personnel, resources, facilities, and critical infrastructure. These actions include escorts of RTF teams into the warm zone in order to conserve the operational ability of fire and EMS resources so they can be applied as needed.
- Improvised Explosive Device (IED) – A device placed or fabricated in an improvised manner incorporating destructive, lethal, noxious, pyrotechnic, incendiary, or chemicals designed to destroy, incapacitate, harass, or distract.
- Rescue Task Force (RTF) - A group consisting of armed law enforcement officers and firefighters with ballistic protection assembled for the purpose of the rapid removal of viable victims during an active assailant incident. This response can be deployed to work during these incidents or any other scenes that require law enforcement escort in a warm zone.
- Tactical Casualty Combat Care (TCCC) – A set of guidelines developed by USSOCOM, United States Special Operations Command, to properly train non-medics to deal with the preventable causes of death in the field.
- Tactical Operations Officer (TOO) – A law enforcement officer located in the warm zone overseeing the contact/rescue team's deployment. The TOO is responsible for coordinating and communicating the need for an RTF as a force multiplier for rescue efforts and assists in determining the location for a CCP (Poudre Fire Authority, 2014).

Upon arrival to an active shooter event, law enforcement and the Poudre Fire Authority will utilize UC to organize the incident, deploy RTF, and establish control zones consisting of the hot, warm, and cold zones. The hot zone will be any area where known life threats exist such as where the shooter is actively engaging either victims or responders. The warm zone is any

area that has been cleared by law enforcement where minimal life threat exists. This is where the RTF will deploy with protection of law enforcement to remove victims rapidly. The cold zone is determined as any area where there is a low threat such as CCP, staging, triage, or transport (Poudre Fire Authority, 2014).

The first arriving engine will stage at a safe location determined by law enforcement and request a battalion chief to respond. He/she will then establish command for all incoming fire and EMS resources. Resources should also have been requested to begin setting up the RTF operation. Next, the first arriving officer will determine the best route for incoming units that allows them to make a safe entry to the staging area and free of possible IED's. All personnel will then don ballistic vests and helmets while readying the TCCC equipment. Upon entry, firefighters will direct the walking wounded to an area of refuge. If available, direct them to the CCP (Poudre Fire Authority, 2014).

When the battalion chief arrives on scene, he/she will develop a communication plan with law enforcement to ensure that all information is being relayed to the fire/EMS units in a timely manner. He/she will then assume command from the first arriving officer and request any additional resources that are needed. UC will then be established with law enforcement and EMS to ensure that RTF working zones, staging, CCP, and resources needed for triage, treatment, and transport are available. The battalion chief will then reevaluate the location of staging to ensure it is still appropriate as the scene may become mobile. Next, the RTF staging area will be determined with the use of UC. During the incident, the battalion chief will monitor the RTF staging area and the work time of RTF personnel (Poudre Fire Authority, 2014).

When other support resources arrive, they are to stage in a safe location as directed by the IC and don ballistic gear. They will either report to an RTF staging area or to a CCP as directed

by command. If possible, they will have a police escort during that time. The officer may be assigned the supervisor for the CCP while his/her personnel provide triage and treatment. Fire protection of the scene will rest on the secondary arriving units (Poudre Fire Authority, 2014).

The first arriving EMS apparatus is to stage in a safe location as determined by IC. If they are the first unit to arrive on scene, they will establish command and then transfer to the first Poudre Fire unit that arrives on scene. EMS may be tasked with transporting patients rapidly. Also, they could be assigned to a group or division for an alternate location of triage, treatment, or transport (Poudre Fire Authority, 2014).

An RTF deployment will take place during an active shooter event. Poudre Fire Authority has specific guidelines for this deployment to ensure optimal safety and operational efficiency. Below are the steps for the RTF deployment:

1. When UC agrees to deploy the RTF, teams will move to the warm zone for rapid victim removal and transport to a CCP.
2. Law enforcement will deploy available resources into the warm zone to assist and protect RTF teams.
3. RTF teams will be organized by numbers and will not deploy until being given the order by command. Information regarding victims should be relayed to command by the RFT teams as soon as possible.
4. The RTF team will provide TCCC to patients and remove them to the CCP or another area for quick transport. Victims that are able to walk will be directed to self-evacuate using a safe corridor. Patients who have perished will be marked by crossing their legs.

The RTF will also direct the walking wounded to triage where they will receive TCCC following applicable medical protocol. They will also coordinate transport from the scene to triage with a shuttle, if possible. Furthermore, an RTF can be deployed for any means necessary to accomplish the mission (Poudre Fire Authority, 2014).

**R2: What did the firefighters that responded to the Emanuel AME active shooter event on June 17, 2015 in Charleston, South Carolina experience due to a lack of procedures to follow?**

To provide answers to R2, interviews were conducted with three of the first four responding firefighters to the scene of the Emanuel AME Church shooting on June 17, 2015. Three were only interviewed as one did not want to participate in the research. The participants were kept anonymous and only identified by participant number, not by name. They were asked, "What did you experience due to a lack of procedures to follow on the scene of the Emanuel AME active shooter incident?"

**Answers.**

***Participant 1.***

> What I experienced was a lack of communication. There was no unified cohesion between different agencies as far as police and fire so trying to get a clearer understanding of what we were going into, what to expect; there just wasn't that at all. PD repeatedly said that the scene was clear and that they had checked the building, but obviously that wasn't the case. After we got inside and noticed all the bodies and started working people, there was a police officer in the back hall and he never told us that there was another person back there that was still alive. So even inside the building, there was no communication.

After we got the last living victim out, myself and two other firefighters were standing by the doorway and that's when the closest door swung open and a lady and a kid came out. We had no idea that there was anybody else in the building. PD continuously said that the building was clear so there was a lot of fear and it wasn't really recognized until after the scene because then you started to think back that we just ran into this building and we didn't know if this guy was still there or not. We were so focused on what we were doing and what PD said as far as it being clear so after the event it was a real eye opener because there could have been a guy in this room or that room.

It seemed like there was chaos around us. The crew that I was working with that day was always together and in communication with each other so we knew what we were doing, where each person was. Just like at a fire, you always want to be in voice or eye contact of your crew and that's how we stayed together and that's how we worked. Looking at how EMS and PD were, they were just scattered around and no one knew what the other person was doing. Even across the radio you could hear just a lot of chaos.

***Participant 2.***

When we got called in, it came in as an alpha response for a traumatic injury. As we got inside the engine, the notes on the MDT said gunshot wounds so first of all I asked dispatch if the scene was safe and she said scene was safe and that CPD was on scene. When we proceeded to pull out of the station, I was talking to the guys in the back and telling them we had a gunshot wound and that the scene was safe. That's when dispatch said over the radio that we had eight patients. I then

called for three more engines and I turned around to the paramedic on the engine and told him that he would be doing the triage.

We got on scene and there were a lot of cop cars lined up on the street. Dispatch gave us the address to the Emanuel Church but we thought it was going to be by the hotel because it looked like a person was lying down by the front door and there were cops over there so we proceeded to stop and get out of the engine. When we did that, the cops said no, no, no it's the church. We got back in the engine and drove over to the church.

One thing that was apparent was that the scene was still an active shooter scene. It was a little bit chaotic when we got on scene as far as we didn't know how many patients there were. We got by the front door on the first division on the bravo side and that's when we asked if it was safe to come in and PD said yes. We asked him how many entry points we had and they said they had two doors. We told them as long as they cover those doors we are going to go to work. We then started going patient to patient.

Command was already established by Battalion 103 when he arrived on scene right after us. I think they ran command right outside of the church. Obviously no one had any experience like this. We were just going to patient to patient. One lack I saw was that PD said there's a guy in the back having trouble breathing a few minutes before we found him. That would have been very helpful to get that person that was lying there. We get back to the area where we were working to get our EMS stuff and that's when the lady and the young child

opened that door where we were pretty much working. It could have been the shooter.

***Participant 3.***

Lack of procedures started off really with dispatch alone. When Engine 103 got the call, we were called to an alpha response for eight people shot. We arrived on scene. There was confusion on scene of where it exactly was. We had a few police officers standing outside. It looked like a body was outside but it turned out to be just a bunch of clothes. So I stopped and ran over to the police officer and asked if this was one of the bodies and he said no, they're in the church. So we got back on the engine and pulled up towards the church. We got out and by then Engine 102 was behind us.

When we first arrived on scene there was a lot of chaos. People were running everywhere trying to get inside the building. It was still an active shooter scene and I made contact with the first officer as I walked into the building. I saw several bodies scanning from right to left that were down and I asked the officer if the active shooter was still around. He said, 'We're unsure, we cleared the building twice.' So we still had an active shooter and had to let everybody know what was going on. One of the other officers mentioned that they were all deceased, 'so you don't need to go in there.' I thought to myself, you can't make that call. I have to make that call after an assessment. I was then put on triage and we basically worked from right to left. When we started working the patients, not necessarily working them, we were just checking for life; just straight triage.

> It was very methodical. There were several people under tables. There were a few off behind the initial bodies and we just started.
>
> I grabbed the monitor with the medic and just started checking for life. We thought there was one that had life, but they didn't. We finally got through that initial triage and one of the other firefighters went towards the back and noticed there was another patient by the door, with an officer standing there, who was still alive, breathing four to five times per minute. They called me over there so I ran to check him out and I asked the officer why we weren't notified that he was still alive. So lack of communication with police officers. That was the gentlemen you saw us working on the gurney on the news. So quick triage, worked them, and then transported him. I went to the hospital with another firefighter to work that patient the best we could so I left the scene from there.

**R3: What do the firefighters that responded to the active shooter event at the Emanuel AME Church on June 17, 2015 in Charleston, South Carolina believe would have helped them procedurally during the response?**

To provide answers to R3, interviews were conducted with three of the first four responding firefighters to the scene of the Emanuel AME Church shooting on June 17, 2015. Three were only interviewed as one did not want to participate in the research. The participants were kept anonymous and only identified by participant number, not by name. They were asked, "What do you believe would have helped you during the response to the Emanuel AME active shooter incident?"

**Answers.**

***Participant 1.***

Strangely enough, I took some classes in New Mexico about suicide bombers and they talked about the active shooter. So, once we realized what was going on, I thought about that and a couple of things I remembered from that class. The class helped and I think it's something that everyone needs to be involved in. I think there needs to be more parallel training between CPD and CFD so we know what to expect of each other and we have an actual protocol that says if this is happening we wait for PD to do this, then this needs to be said or this needs to be verified.

To have joint training between all agencies, especially the sheriff's department because they will be involved in bomb calls is a suggestion. I think all of that is very important as well as classes and training. Online training is ok but you can get distracted. When you're in a classroom setting with other people you can talk to them regarding an experience that you haven't and you can learn from them. I think training and having an actual written protocol of what we should and should not do. I think that is very, very important for us.

***Participant 2.***

I think we are well trained on diverse EMS calls for gunshot wounds and everything else so that's why I had my paramedic complete the triage. Having a little more protection could have helped because we were not clear if the shooter was still there or not. Obviously it was a chaotic scene. We were outside for almost 30 minutes after the incident while we were waiting on our other two guys

to come back from helping EMS and you still had people walking by us. Nothing was barricaded; nothing was blocked off, so it was a little scary because the shooter could have still been around. That scene was wide open.

I knew I had more patients then firefighters so that's why I called for more manpower. I was thinking eight victims so I figured four engines all together would be able to do the job. I would have like to have witnessed more structure that day of closing the scene from PD. I should have said that we were making entry times fours like I would say on a structure fire so they knew where we were. We should all be accounted for as we are at a structure fire."

***Participant 3.***

Initial dispatch right off the bat. This is not a typical event that we go to. This is something that you don't really train for often or at all. You just don't expect it to happen. Initial dispatch should not have been an alpha response if you have eight victims down. There was also miscommunication with police officers and us. We need to do more training with them, especially with active shooters because in this day and age this is just the way it's going to be. So I think our issue here is being able to start working together, being able to deal with an active shooter event.

Like I said before, PD can't call whether they're dead or not. We have to do that. Also, PD must clear the building and make sure it's safe for us to go in, which means we may need more police officers on scene. I don't know if they had them or not but it's just more communication between the two. My past experience we could actually talk to police over the radio, which made it a lot

easier to communicate with any type of active shooter or any type of triage. So communication, definitely, that was the biggest thing.

## Discussion

### The Relationship Between the Study's Results and the Findings of Others

The relationship between the study's results and the findings of others indicated that an SOP needed to be developed for the CFD in their response to active shooter events. Furthermore, research indicated that the CFD and the surrounding emergency service organizations must train together to allow for a more organized and safer response to these types of tragic events. Both of the aforementioned were integral parts of other organizations implementation of an active shooter SOP.

All three interviews of responding CFD firefighters indicated that there was confusion, lack of communication, and a lack of scene security on the Emanuel AME incident. Specifically, P1 stated that there "was a lack of communication. There was no unified cohesion between different agencies as far as police and fire so trying to get a clearer understanding of what we were going into, what to expect; there just wasn't that at all". In support of P1, P3 indicated that the "lack of procedures started off really with dispatch alone. When Engine 103 got the call, we were called to an alpha response for eight people shot. There was confusion on scene of where it exactly was…When we first arrived on scene there was a lot of chaos. People were running everywhere trying to get inside the building".

In comparison with the findings of others, the CFD is not the only fire service organization that has been challenged on active shooter incidents due to a lack of procedures that would lead to the above statements from responding firefighters. Specifically, Hamilton (2014) indicated that in recent years, fire service organizations turned their attention to active shooter

incidents to prepare themselves to provide care for the citizens, but also to keep themselves safe. However, Hamilton (2014) went on to state that fire departments are still defining their role in response to active shooter events. He posited that the major consideration for emergency service providers in determining their procedures is their number of personnel, the size of the area protected, their level of training, geography, and equipment. Furthermore, strategy and tactics for smaller departments will differ to those of larger departments due to the factors mentioned above. His research indicated that "major cities have championed emergency service response to active-shooter and mass-casualty incidents because of the size of the population they serve" (Hamilton, 2014, pg. 55).

In further comparison with the study's results and the findings of others, it is imperative that emergency service organizations perform joint training before their response to an active shooter incident. All three interview participants indicated a lack of joint training and unified response as a weakness on the scene of the Emanuel AME active shooter incident. Specifically, P1 posited that, "there needs to be more parallel training between CPD and CFD so we know what to expect of each other and we have an actual protocol that says if this is happening we wait for PD to do this, then this needs to be said or this needs to be verified. So to have joint training between all agencies is important".

In support of the aforementioned statement, Krebs (2014) claimed that joint training is a necessity for success on active shooter incidents. He exclaimed that the scene is not the proper arena to give new ideas a try. With the seriousness of an active shooter event, protocols should be developed and then practiced continuously for optimal operational efficiency. When police, fire, and EMS collaborate to develop procedures and then practice them, a plethora of knowledge and experience is available. Krebs (2014) went on to state that police should train EMS and

firefighters how to maneuver in the security perimeter. Furthermore, EMS can train firefighters and police officers on hemorrhage control, with firefighters sharing their forcible entry knowledge with police (Krebs, 2014). The aforementioned techniques and practices would have made the response for not only CFD firefighters safer and more efficient but for all responding agencies as well.

**Interpretation of the Study's Results**

The practice of developing an SOP for fire service organizations is imperative for the safety of responders and the quality of service provided to the citizens. This is due to the rise of active shooter events across the country and the likelihood that a fire service organization will respond to one eventually. Unfortunately, the results indicated that there are many departments that do not have any type of specific active shooter procedure. Some have violent incident procedures but none focusing on just active shooters. With the seriousness of these events, departments must develop these procedures with the lessons learned from other organizations and then institute an intense training program between responding agencies. Therefore, a plan needs to be designed to not only develop an active shooter SOP but also the training curriculum that coincides with it.

Further interpretation of the study's results indicated that command level officers must perform training focusing on UC and open communication. This will allow for a strong command structure and more organization for the responding firefighters. This is an integral part of the active shooter response along with the above specified SOP and training curriculum. Couple all three of these together and a fire service organization will provide the best service possible on this type of tragic incident.

### Organizational Implications of the Results

The organizational implication of the results suggested that the CFD needed an SOP and training program for the response to active shooter incidents. This will allow firefighters to have a specific plan from the call from dispatch to the end of the event. Furthermore, the SOP must entail specified training competencies based on developing national best practices for responding to active shooter incidents. This will ensure the most up to date response, equipment, and tactics.

A training plan must also be developed for all joint responding agencies in the Charleston Metro area. This is important as different agencies will respond with each other in certain geographical areas. If there is not a cohesive response developed from a training plan, future active shooter events in Charleston will present the same challenges that the Emanuel AME incident did. Furthermore, organizationally for the CFD, it will allow for further growth and improvement as the CFD is always looking to be a dynamic and evolutionary organization. With the rise in active shooter events, the progressiveness of the CFD, and the fact that CFD firefighters responded to one of the worst active shooter events in history, we should be leading the way in the development of procedures and training courses for these types of events.

## Recommendations

This applied research project was conducted to develop an SOP for the CFD in response to active shooter incidents. With the results collected from SOP's from other public service organizations and interviews with three of the first four CFD firefighters to respond to the active shooter event on June 17, 2015, the following recommendations were made in hopes that firefighters will be enabled to respond to these tragic events in a safe manner while providing the best service possible.

1. Develop and implement a training program between the CFD, the Charleston Police Department, the Charleston County Sheriff's Office, and Charleston County Emergency Medical Service for responding to active shooter events. Research from the first arriving firefighters indicated that there was no continuity between resources. Specifically, P1 stated, "There was no unified cohesion between different agencies as far as police and fire so trying to get a clearer understanding of what we were going into, what to expect; there just wasn't that at all".
2. Develop a countywide SOP to allow for a seamless response between all agencies. Research from *Northern Virginia's Joint Action Guide for Active Shooter Events* indicated that "Acts of Violence present unusual circumstances which require a collaborative response from public safety agencies to mitigate the threat and provide immediate treatment to those injured" (2015, p. 1).
3. Design and implement a uniform to respond to active shooter events for CFD firefighters to offer optimal safety and protection. Specifically, supply ballistic vests and helmets on all 16 department engines, 4 aerials, and battalion chief vehicles. Each engine and aerial should be supplied with four ballistic vests and four ballistic helmets. Battalion chief vehicles will be equipped with two ballistic vests and two ballistic helmets. Research from the *Poudre Fire Authority Active Shooter Response Operational Directive* indicated that all responding apparatus to active shooter incidents are equipped with ballistic gear. Firefighters, officers, and chief officers are required to don the ballistic gear if they are utilized on scene. Therefore, this recommendation is essential for the effective and safe response of CFD firefighters.

4. Develop and utilize a quick reference protocol when responding to active shooter incidents. Research from *Hillsboro, Oregon Fire and Rescue Active Shooter Standard Operating Procedure* indicated that a quick response protocol was essential in the continuity and effectiveness of their collaborative response. Refer to page 37 in the results section for an example of a quick response protocol.
5. If the above mentioned recommendations are not doable due to budget, then grants should be research and utilized to provide the proper equipment and training for responders. This type of event is catastrophic for the community and can also be for responders if they are not equipped and trained properly. Leaders will have to answer for the lack of operational readiness when one of these incidents occurs in their respective department's response area. These events require proactive measures, rather than reactive.
6. Future readers of this research are recommended to utilize the aforementioned recommendations in their own respective organization to produce an effective SOP, training program, and response to active shooter incidents.
7. Future readers of this project should conduct their own research in their respective response area to ensure their procedures are appropriate for their specific operational environment.

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Appendix A

**Charleston Fire Department**

**Standard Operating Procedure** *Active Shooter*

**Effective Date 4/04/2016**

1.0 Purpose:
The purpose of this Standard Operating Procedure is to provide direction for Charleston firefighters in response to an active shooter incident.

2.0 Scope:
This Standard Operating Procedure applies to all Charleston firefighters and entities that respond with the Charleston Fire Department on an active shooter incident.

3.0 Definitions:
The following definitions are intended to clarify key elements that may be found within this SOP. General terminology, abbreviations, and common terms that are not defined within this document may be found within referenced SOP's, Operating manuals, Standards, Codes, or similar reference text. Where terms are not defined through the methods authorized by this section, such terms shall have ordinarily accepted meanings such as the context implies. Webster's Third New International Dictionary of the English Language, Unabridged, shall be considered as providing ordinarily accepted meanings.

1. **Active Shooter:** An individual actively engaged in killing or attempting to kill people in a confined and populated area.
2. **CAN:** Conditions, Actions, Needs.
3. **Casualty Collection Point (CCP):** A secure area established by collaboration of law enforcement and command personnel where all casualties and victims will be collected for witnesses and treatment.
4. **Hot Zone/Inner Perimeter:** An isolated zone where law enforcement officers are in tactical positions with protective gear and weapons engaged and their primary purpose is mitigating a hostile and/or violent incident or suspect.
5. **Warm Zone:** Location of the CCP, treatment area, transport loading area, and or area secured after the threat is immobilized or secured.
6. **Cold Zone/Outer Perimeter:** Area of staging resources, Unified Command Post.
7. **Rescue Task Force (RTF):** A group consisting of armed law enforcement officers and firefighters with ballistic protection assembled for the purpose of the rapid removal of viable victims during an active assailant incident. This response can be deployed to work during these incidents or any other scenes that require law enforcement escort in a warm zone.
8. **Unified Command:** The integration of command personnel from each responding agency to a multi-jurisdictional or multi-agency operational event to enhance communication, planning, and logistics for all responding agencies by the utilization of shared resources, knowledge, and expertise.

4.0 Policy:

It is the policy of the Charleston Fire Department that all personnel will be properly trained and equipped to perform at an active shooter incident. The Charleston Fire Department will continue to develop procedures, continually train, and coordinate with law enforcement response to be consistent with nationally recognized response procedures. Initial and ongoing training will be coordinated with law enforcement and EMS personnel.

5.0 Procedure:

The information in this section is intended to provide guidance on the procedure(s), sequence of events, or order of activities needed in order to successfully comply with this SOP. All members are expected to utilize their knowledge, skills, education, and training in order to ensure success while utilizing the information provided below as the minimum acceptable level of performance.

5.1 Response to an active shooter event should consist of three engines and a battalion chief.

5.2 The first arriving engine will:

- 5.2.1 Stage as directed by law enforcement or dispatch. If there is no direction, then stage ¼ mile away and turn off all responding lights and sirens.
- 5.2.2 Establish command for incoming fire and EMS resources.
- 5.2.3 Prepare for the Rescue Task Force (RTF) operation.
- 5.2.4 Determine best route for incoming units to travel to the staging area. Consider areas out of the line of sight of suspected danger, in line of approach to location, or possible predetermined area from preplans.
- 5.2.5 Don supplied ballistic vest and helmet.
- 5.2.6 Ready the EMS trauma and O2 bag.
- 5.2.7 Enter secured areas once PD clears them.
- 5.2.8 Direct wounded to an area of refuge or triage.
- 5.2.9 Establish a Casualty Collection Point (CCP) with the help of police.
- 5.2.10 Begin triage and assessment of patients as long as the scene is secure.

5.3 The responding battalion chief will:

- 5.3.1 Gather additional information from dispatch and connect with PD to establish a Unified Command (UC) once on scene.
- 5.3.2 Upon arrival, obtain a CAN report from the first arriving officer and assume command.

5.3.3 Establish UC with law enforcement and EMS. Coordinate RTF working zones, staging, a CCP, and assign appropriate resources for triage, treatment, and transport.

5.3.4 Utilize department based accountability procedures, i.e. passport system.

5.4 The additional engines will:

5.4.1 Stage in a safe location designated by the Incident Commander (IC).

5.4.2 Don ballistic PPE consisting of vest and helmet.

5.4.3 Report to the RTF area or CCP as directed by command. A law enforcement escort should be utilized for this.

5.4.4 Crews will provide triage and or treatment at the CCP or with the moving of patients.

5.4.5 Crews may be assigned to the RTF.

5.4.6 Provide fire protection, if necessary.

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|---|---|
| Authorizing Signature<br>Charleston Fire Department Fire Chief | |
| Date: | |