



Training Standards for Basic Tactical Casualty Care and Coordination with EMS during Terrorism Incidents

Emergency Medical Services Authority
California Health and Human Services Agency

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Training Standards for Basic Tactical Casualty Care and Coordination with EMS during Terrorism Incidents: Guidelines for Law Enforcement, Fire Service, and Emergency Medical Services Personnel

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INTRODUCTION

Statutory and Regulatory Basis

This document provides the framework for training standards necessary for the preparation of law enforcement, fire service, and emergency medical services personnel to respond to terrorism incidents. It incorporates two requirements now found in statutes and regulations.

First, it recognizes the regulatory requirements found in California Code of Regulations, Title 22, Division 9, Chapter 1.5 that guide the training of public safety personnel in first aid and cardiopulmonary resuscitation. Specifically, this document highlights the specific training criteria concerning tactical casualty care. Second, it adds the statutory elements found in AB 1598 (Rodriguez, Chapter 668, Statutes of 2014) that provide for additional requirements regarding coordination with emergency medical services personnel during terrorism incidents or active shooter events.

These two requirements taken together will guide both training programs and first responder agencies, including law enforcement, fire, and emergency medical services (EMS), on development of curriculum and protocols related to the coordinated response to active shooter and other terrorism related multi-casualty events.

This document is focused upon describing the care provided at the basic life support level as those skills are authorized under existing California Regulations for public safety personnel who have received training at the public safety first aid and CPR level, or those individuals trained at the Emergency Medical Technician (EMT) level (California Code of Regulations, Title 22, Division 9, Chapter 2.) Individuals who are certified or licensed at an advanced level including Advanced EMTs (AEMT) or paramedics should consult with their local EMS agency for guidance on scope of practice and local protocols for use during tactical operations.

Legislative Intent

In enacting AB 1598, the legislature made several important additions or changes to statutory language found in California Health and Safety Code 1797.116, 1797.134, California Government Code 8588.10, California Penal Code 13514.1 and 13519.12 to better prepare public safety personnel to provide tactical casualty care and coordinate with emergency medical services during terrorism incidents.

For the purposes of AB1598, and this document, a “terrorism incident” includes, but is not limited to, an active shooter incident. An “active shooter incident” is an incident where an individual is actively engaged in killing or attempting to kill people.

The California legislature noted in their intent language that “since the Columbine High School shootings that occurred in 1999, more than 250 people have been killed in the United States during what has been classified as active shooter and mass casualty incidents.” They observed that “these incidents involve one or more suspects who participate in an ongoing, random, or systematic shooting spree, demonstrating the intent to harm others with the objective of mass murder.” Moreover, the legislature said, “It also became evident that these events may take place in any community or venue and that they impact fire and police departments, regardless of their size or capacity. Local jurisdictions vary widely in available emergency response resources, staffing, and equipment allocations.”

In enacting AB1598, the legislature was prescribing that protocols and training for response to active shooter incidents must be established locally to work within the resource capabilities and limitations of each jurisdiction. The legislature intended AB1598 to do the following:

- Require the development of collaborative protocols and relationships between local and state first response entities, including law enforcement agencies, fire departments, and emergency medical services providers and agencies, in order that those entities shall act effectively and in concert to address active shooter incidents across California.
- Require first response entities to seek collaborative training opportunities, including, but not limited to, table top or simulation exercises, to assess plan implementations, and to include other entities that may be involved in active shooter incidents in those trainings, such as schools, city or county personnel, and private businesses.
- Require basic and ongoing training for law enforcement agency personnel, fire department personnel, emergency medical services personnel, and the personnel for other first responders include, as appropriate, training and education on active shooter incidents and tactical casualty care.

It was the intent of the Legislature that each first response entity, in collaboration with other law enforcement agencies, fire departments, and emergency medical services providers and agencies, develop protocols for responding to active shooter incidents.

Those protocols must be reviewed annually to ensure that they are current, and address any policy, geographic, or demographic changes that warrant a response strategy review. The Legislature intended that the protocols address all of the following:

- The roles, responsibilities, and policies of each entity in responding to an active shooter incident.

- Pre-assessment and contingency planning that includes identification of potential targets within the jurisdiction.
- Implementation of an Incident Command System (ICS), including emergency protocols for a unified command structure for entities responding to an active shooter incident.
- Interagency communication issues and needs, including, but not limited to, radio interoperability and establishment of common language, terms, and definitions to be used on the scene of an active shooter incident.
- Identification of resources for responding to an active shooter incident, including, but not limited to, primary and secondary needs and hospitals.
- Tactical deployment of available resources for responding to an active shooter incident.
- Emergency treatment and extraction of persons injured in an active shooter incident.

EMSA Statutory Requirements regarding this Document

As part of Division 2.5 of the California Health and Safety Code, the California Emergency Medical Services Authority (EMSA or authority), is charged with setting training standards for all levels of emergency medical care personnel including public safety, Emergency Medical Technicians (EMT), Advanced EMT (AEMT), and paramedics.

Specifically, EMSA also has a role in setting the medical training standards described in this document consisting of tactical casualty care and coordinating with emergency medical services (EMS). The Health and Safety Code notes this below:

1797.116. (Terrorism Response Training Standards)

(a) The authority shall establish additional training standards that include the criteria for the curriculum content recommended by the Curriculum Development Advisory Committee established pursuant to Section 8588.10 of the Government Code, involving the responsibilities of first responders to terrorism incidents and to address the training needs of those identified as first responders. Training standards shall include, but not be limited to, criteria for coordinating between different responding entities.

(b) Every EMT I, EMT II, and EMT-P, as defined in Sections 1797.80, 1797.82, and 1797.84, may receive the appropriate training described in this section. Pertinent training previously completed by any jurisdiction's EMT I, EMT II, or EMT-P personnel and meeting the training requirements of this section may be submitted to the training program approving authority to assess its content and determine whether it meets the training

standards prescribed by the authority. (Amended by Stats. 2014, Ch. 668, Sec. 3. Effective January 1, 2015.)

Role of the California Tactical EMS Advisory Committee

The California Tactical EMS Advisory Committee was initially formed in 2013 to share information and best practices statewide among Tactical emergency medical services (TEMS) leaders. The committee is designed to collaborate and harmonize the efforts of State and local agencies, groups, individuals, and training programs representing law enforcement, emergency medical services, and fire service centered about tactical emergency medical services. Through the cooperative efforts of law enforcement, fire service, and EMS, the committee can identify a shared direction for the improvement of TEMS activities in California.

The formation of this Committee was inspired by Ken Whitman, POST Special Consultant, who championed the multi-disciplinary nature of tactical EMS. As a tribute, this Committee is nicknamed the Whitman Committee.

This Committee was formalized upon the passage of AB1598 (Rodriguez, Statutes of 2014) that added Health and Safety Code 1797.116 and 1797.134 effective January 1, 2015.

*1797.134. (EMS & Peace Officer Training Coordination)
The Interdepartmental Committee on Emergency Medical Services or another committee designated by the director shall consult with the Commission on Peace Officer Standards and Training regarding emergency medical services integration and coordination with peace officer training. (Added by Stats. 2014, Ch. 668, Sec. 4. Effective January 1, 2015.)*

In conformance with the statute, Dr. Howard Backer, Director of the California EMS Authority, has formally designated the California Tactical EMS Advisory Committee as the body responsible, under Health and Safety Code 1797.134, for carrying out the activities described in Health and Safety Code 1797.116.

Subcommittee

A subcommittee, chaired by Val Bilotti RN, reviewed the requirements for Public Safety First Aid and CPR training and AB1598, and provided the framework for this document.

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APPLICATION OF TRAINING STANDARDS

First responder resources vary greatly at the local levels across the state. For this reason, preparing for terrorist incidents or active shooter events must be coordinated at the local level based on each area's unique resources and needs. Local first responder agencies should work together on developing protocols, policies and combined training to prepare for active shooter or terrorist events.

Target Audience

This document is meant to provide guidance to training programs for public safety personnel, to include peace officers, fire service personnel, and public lifeguards, to ensure that those individuals are prepared and maintain a skill set that incorporates the basic elements of tactical casualty care and coordination with emergency medical services.

EMTs, Advanced EMTs (AEMT), and Paramedics are trained to provide a higher level of medical care. However, the concepts of tactical casualty care are not presently part of the required curriculum found in the California regulations. Consequently, it is highly recommended that all EMTs, Advanced EMTs, and paramedics are trained to the standards described in this curriculum.

Separately, Tactical Medicine training, approved by POST and EMSA, is geared towards EMT and paramedics in law enforcement or SWAT operations and is further described in the Tactical Medicine Guidelines published by POST and EMSA.

Policies by Local Agencies

Public safety, first responder, and EMS agencies in a local area should establish policies on protocols and coordinated response to active shooter and/or terrorism related events based on a needs assessment for local training. Policies developed should encourage joint training and exercises between law enforcement, fire service, and EMS personnel.

Those local policies should be reviewed annually to ensure their continued application.

Curriculum Content Review of Training Programs

Training programs shall develop curriculum and training that meet the following standards. Adherence to the minimum topics is essential to ensure that both the regulatory standards and AB1598 standards are met.

Pursuant to HS 1797.116, training program approving authorities are required to assess the content of training programs and determine whether it meet the training standards prescribed by the California EMS Authority. Therefore, programs that offer training programs that purport to meet the requirements of these requirements, and are offered for EMT, AEMTs, and Paramedics, must submit their curriculum for evaluation to the local EMS agency or the California EMS Authority.

The California EMS Authority serves as the training program approval authority for programs offered by California Commission on Peace Officer Standards and Training (POST), California Highway Patrol, or the State Fire Training. EMSA will maintain a list of approved tactical casualty care training programs on the EMSA website. California EMS Authority can also approve programs that will have a statewide application.

Programs seeking approval for tactical casualty care shall be evaluated and categorized as follows:

PROGRAM CATEGORIES:

1. Basic Tactical Casualty Care/Tactical First Aid (WITHOUT Active Shooter/EMS Coordination) – 4-8 hour program
2. Basic Tactical Casualty Care/Tactical First Aid (WITH AB 1598 Active Shooter/EMS Coordination) – 4-8 hour program
3. Basic Tactical Casualty Care/Tactical Lifesaver (WITH AB 1598 Active Shooter/EMS Coordination) – 16-24 hour program

Initial and Ongoing Training

Programs are expected to be competency based. No specific hourly requirement has been set that serves as a minimum level of training to meet the training standards outlined in this document. However, to meet the requirements the instructor must ensure that the students have demonstrated a level of competency in the topics described in the Curriculum Content section through written and skills testing. This is highly dependent upon the students' prior experience in medical care and tactical operations.

For initial training at the Tactical First Aid level, it is anticipated that a minimum of 4-8 hours of training will be required to meet the training topics for the most well prepared students with a strong background in both medical care and tactical team operations. This Tactical First Aid level of training can be with or without the required AB1598 component.

For initial training at the Tactical LifeSaver level, more complete training programs will find that 16-24 hours of total training is required to standardize the knowledge and skills levels for both the basic tactical casualty care and coordination with emergency medical services components, and provide adequate time for realistic scenario practice and competency testing.

Training programs who wish to offer these approved programs shall seek approval in advance from either their local EMS agency or the California EMS Authority. Since many training programs will also be continuing education providers, the criteria found in the California Code of Regulations, Title 22, Division 9, Chapter 11, EMS Continuing Education may be utilized to guide the approving authority and the entity seeking approval. The application form for training program approval is found in Chapter 4 of this document. Training program approval shall be for 3 years. Training programs shall keep records of student trained, and original documents related to written and skills competency testing for 4 years. These records are subject to review by the approving authority.

Training programs shall issue certificates that reflect the title of the approved course and the number of hours of training to students that successfully complete the course.

Prior and current training should be evaluated by local first response entities in order to avoid duplicative training. Local first response entities should seek collaborative training opportunities, set training goals and objectives as identified by a collaborative training needs assessment. Review of training goals and objectives should be included in the annual policy review.

Pursuant to the regulations for public safety first aid and CPR training, the 8 hour refresher training every 2 years should include the elements of tactical casualty care and coordination with emergency medical services.

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CURRICULUM CONTENT FOR BASIC TACTICAL CASUALTY CARE AND COORDINATION WITH EMERGENCY MEDICAL SERVICES DURING TERRORISM INCIDENTS

Combined training developed at the local level should include at minimum the following topics:

1 History and Background

- History of active shooter and domestic terrorism incidents
- Define roles and responsibilities of first responders including
 - Law Enforcement
 - Fire
 - EMS
- Review of local active shooter policies
- California Law and Regulations
 - California Code of Regulations, Title 22, Division 9, Chapter 1.5
 - Health and Safety Code 1797.116 (Amended by AB1598, Rodriguez, Chapter 668, Statutes of 2014)
- Scope of Practice and Authorized Skills and Procedures by level of training, certification, and licensure zone¹
- Brief history of Tactical Combat Casualty Care (TCCC)
- The Hartford Consensus (2013)
 - THREAT
 - Utilize the acronym to identify crucial action in an integrated active shooter response

2 Terminology and definitions

- Hot zone/warm zone/cold zone
- Casualty collection point
- Rescue task force
- Cover/concealment

3 Coordination Command and Control

¹ NOTE: Always stay within scope of practice for level of certification/licensure and follow the protocols approved by the local EMS agency

- Incident Command System/National Incident Management System
- Mutual Aid considerations
- Unified Command
- Communications, including radio interoperability
- Command post
 - Staging areas
 - Ingress/egress
- Managing priorities—some priorities must be managed simultaneously

4 Tactical and Rescue Operations

- Tactical Operations
 - The priority is to neutralize the threat
 - Contact Team
 - Search and rescue operations
- Rescue Operations
 - The priority is to evacuate civilians and injured parties
 - Integrated police/fire/EMS movement and coordination
 - Formation of Rescue Task Force (RTF)
 - Force protection
 - Casualty collection points
 - Patient movement
 - Other local methods for tactical operation and EMS integration (i.e. rescue corridor, shrink Hot Zone)

5 Basic Tactical Casualty Care and Evacuation

- The priority is to care for the wounded
- Individual First Aid Kit equipment
- Understand the Priorities of Tactical Casualty Care as applied by zone
- Demonstrate the following medical treatment skills:
 - Bleeding control
 - Apply Tourniquet
 - Self-Application
 - Application on others
 - Apply Direct Pressure
 - Apply Israeli Bandage
 - Apply Hemostatic Dressing with Wound Packing, utilizing California EMSA-approved products
 - Apply Pressure Dressing
 - Airway management
 - Perform Chin Lift/Jaw Thrust Maneuver
 - Place casualty in the Recovery Position
 - Place casualty in the Sitting Up/Lean Forward Airway Position
 - Insert Nasopharyngeal Airway, if approved by the Local EMS agency

- Breathing, to include chest/torso wounds
 - Apply Vented and Non-Vented Chest Seals
- Recognition and Treatment of Shock
- Prevention of Hypothermia
- Penetrating Eye Injuries
 - Cover Eye with Rigid Shield
- Perform Secondary, Head-to-Toe Assessment
- Fracture Management
- Management of Burns
- Documentation of Care
- Evacuation and Patient Movement
 - Drags and Lifts
 - Demonstrate Modified Fireman's – Hawes Carry (1 person)
 - Demonstrate Shoulder-Belt drag – Seal Team 3 Carry (2 Person)
 - Demonstrate Rapid Shoulder-to-Shoulder drag (2 person)
 - Carries
 - Demonstrate Fore-Aft Carry (2 Person)
 - Demonstrate Side-by-Side Carry (2 person)
 - Demonstrate Side-by-Side Carry (3 person)
 - Patient Movement
 - Use Soft-Litter
 - Use SKED or similar device
 - Use local movement devices
- Demonstrate knowledge of local multi-casualty/mass casualty incident protocols
 - Triage procedures (ie START or SALT)
 - Treatment
 - Coordinate transport to higher level of care

6 Medical Planning and Threat Assessment

- Scene Size-up
- Pre-assessment of Situation
- Pre-assessment of Risks and Threats
- Medical Resources Available

7 Practical Skills/Scenario Training

- Medical skills
 - Bleeding control
 - Airway management
 - Respiratory Care, including open chest wounds
- Patient extrication and evacuation
- Self and Buddy Care scenarios in hot and warm zones
- Coordinated law enforcement/fire/EMS response with formation of Rescue Task Force, following ICS and unified command principles

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TRAINING PROGRAM REQUEST FOR APPROVAL FORM

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875



Tactical Casualty Care Training Program
Request for Approval

Applicant Agency: _____

Date of Application: _____

Program Director: _____

Contact Information: _____

Approval Date: _____

- Course being requested for Approval (Identify which program)
 - Basic Tactical Casualty Care/Tactical First Aid (WITHOUT Active Shooter/EMS Coordination) – 4-8 hour program
 - Basic Tactical Casualty Care/Tactical First Aid (WITH AB 1598 Active Shooter/EMS Coordination) – 4-8 hour program
 - Basic Tactical Casualty Care/Tactical Lifesaver (WITH AB 1598 Active Shooter/EMS Coordination) – 16-24 hour program
- Class Schedule (with Hourly distribution)
- Course outline and curriculum (that meets the minimum requirements of the course under review)
- List of psychomotor skills and tactical medical scenario practiced and demonstrated
- Written and skills competency examinations
- Written course safety policy
- Instructor resumes

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RESOURCE GUIDE 1: CALIFORNIA TACTICAL CASUALTY CARE GUIDELINES

**BASIC TACTICAL CASUALTY CARE (TCC)
CALIFORNIA QUICK REFERENCE GUIDE**



HOT ZONE / DIRECT THREAT CARE (DTC) / CARE UNDER FIRE (CUF)	
1.	Mitigate any threat and move to a safer position.
2.	Direct the casualty to stay engaged in operation, if appropriate.
3.	Direct the casualty to move to a safer position and apply self-aid, if appropriate.
4.	Casualty Extraction: Remove casualty from unsafe area, to include using a soft litter or SKEDCO as needed. Move casualty using a Modified Fireman's Carry, if necessary.
5.	STOP LIFE-THREATENING EXTERNAL HEMORRHAGE, using appropriate PPE, if tactically feasible: - Apply effective tourniquet for hemorrhage that is anatomically amenable to tourniquet application.
6.	Consider quickly placing casualty in position to protect airway. Recovery Position , if tactically feasible, and not able to extract casualty immediately.
WARM ZONE / INDIRECT THREAT CARE (ITC) / TACTICAL FIELD CARE (TFC)	
1.	Law Enforcement casualties should have weapons made safe once the threat is neutralized or if mental status is altered.
2.	AIRWAY MANAGEMENT: a. Unconscious patient without airway obstruction: - Chin lift or jaw thrust maneuver. - Nasopharyngeal airway if approved by LEMSA - Place patient in Recovery position. b. Patient with airway obstruction or impending airway obstruction: - Chin lift or jaw thrust maneuver. - Nasopharyngeal Airway - Allow patient to assume position that best protects the airway, including sitting. - Place unconscious patient in Recovery position.
3.	BREATHING: a. All open and/or sucking chest wounds should be treated by applying an Vented Chest Seal or three-sided occlusive material to cover the defect and securing it in place. Monitor for development of a tension pneumothorax
4.	BLEEDING: a. Assess for unrecognized hemorrhage and control all sources of bleeding. If not already done, use a tourniquet, appropriate pressure dressing. b. For compressible hemorrhage not amenable to tourniquet use, apply a hemostatic dressing with a pressure bandage. c. Reassess all tourniquets that were applied during previous phases of care. Consider exposing the injury and determining if a tourniquet is needed. If a tourniquet is not needed, use other techniques to control bleeding and remove TQ. d. Apply Emergency Bandage or direct pressure to the wound, if appropriate. e. For hemorrhage that cannot be controlled with a tourniquet, apply hemostatic Dressing .
5.	SHOCK a. Elevate Lower Extremities.
6.	PREVENTION OF HYPOTHERMIA: a. Minimize patient's exposure to the elements. Keep protective gear on if feasible. b. Replace wet clothing with dry if possible. Place onto an insulated surface ASAP. c. Cover the casualty with self-heating Blanket or rescue blanket to torso. Place hypothermia prevention cap on the patient's head. Use dry blankets, poncho liners, sleeping bags, or anything that will retain heat and keep the patient dry.

7.	PENETRATING EYE TRAUMA: If a penetrating eye injury is noted or suspected: a) perform a rapid field test of visual acuity; b) cover the eye with a rigid eye shield (NOT a pressure patch).
8.	REASSESS CASUALTY AND TREAT OTHER CONDITIONS AS NECESSARY: a. Complete Secondary Survey checking for additional injuries or conditions. Inspect and dress known wounds that were previously deferred. b. Consider Splinting known/suspected fracture or Spinal Immobilization, if indicated. c. Use Nerve Agent Auto-Injector (ie Duo-Dote) for Nerve Agent Intoxication. d. Use Epipen for Anaphylactic Reaction.
9.	BURNS: a. Aggressively monitor airway and respiratory status for casualties with smoke inhalation or facial burns, including oxygen or cyanide antidote treatment when significant symptoms are present. b. Estimate TBSA and cover burn area with dry, sterile dressings.
10.	MONITORING: Apply monitoring devices or diagnostic equipment if available. Obtain vital signs.
11.	PREPARE CASUALTY FOR MOVEMENT: - Move packaged patient to site where evacuation is anticipated. - Monitor airway, breathing, bleeding, and reevaluate the patient for shock
12.	COMMUNICATE WITH THE PATIENT IF POSSIBLE: - Encourage, reassure, and explain care.
13.	CARDIOPULMONARY RESUSCITATION (CPR) AND AED: Resuscitation in the tactical environment for victims of blast or penetrating trauma who have no pulse or respirations should only be treated when resources and conditions allow.
14.	DOCUMENTATION: Document clinical assessments, treatments rendered, and changes in the patient status. Forward this information with the patient to the next level of care.

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RESOURCE GUIDE 2: MEDICAL PLANNING AND THREAT ASSESSMENT QUICK REFERENCE GUIDE

TACTICAL MEDICAL PLANNING AND THREAT ASSESSMENT CHECKLIST



TACTICAL EMS PERSONNEL

PRIMARY MEDIC _____ Lic. Level _____
 SECONDARY MEDIC _____ Lic. Level _____
 BASE HOSPITAL _____ RADIO CHANNEL _____
 MEDICAL EQUIPMENT AND LOCATION _____

MEDICAL INTELLIGENCE (MISSION AND PATIENTS)
1. Mission Type ?
2. Number of Potential Patients?
3. Ages of Potential Patients?
4. Pre-Existing Conditions?
5. Special Populations? (Pediatric, Elderly, Language)
6. Other

MEDICAL THREAT ASSESSMENT (TEAM)
1. Weather, including Temperature (Cold, Hot) and Precipitation (Rain, Snow)? - Wind? Wind Direction? - Health Considerations?
2. Hazardous Materials? Explosive Threats? - Chemical? - Nuclear/Radiological? - Improvised Explosive Devices?
3. Biological Threats?
4. Animal Threats?
5. Plant Threats?
6. Regional Specific Threats?
7. Personal Protective Equipment Needed (Ballistic Vest, Helmet, Mask)?

MEDICAL PLANNING AND RESOURCES
1. Location of Key Areas - Staging Area _____ - Casualty Collection Point(s) _____ - Triage Area/Treatment Area _____
2. EMS Transport - Ground Ambulance _____ Standby Location? - Air Ambulance _____ Landing Zone, Laid Long?
3. Hospital - Closest Hospital _____ - Trauma Center/Burn Center _____
4. Support Services - Poison Control System 1-800-222-1222 - Veterinary Services? Animal Control? - Mental Health/Chaplain? - Social Services/CPS? - Public Works?
5. Other?

TEAM HEALTH CONSIDERATIONS
1. Completed Team Medical Records? - Access to Records?
2. Exposure Protection
3. Hydration
4. Food/Nutrition
5. Extended Operations, Inc. Sleep/Fatigue
6. Need for Rehabilitation station/First Aid station - Medical Equipment - OTC Meds
7. Other

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RESOURCE GUIDE 3: ACTIVE SHOOTER QUICK REFERENCE GUIDE



**EMS INTEGRATION WITH LAW ENFORCEMENT
DURING ACTIVE SHOOTER EVENTS
QUICK REFERENCE GUIDE**

RESCUE GROUP (RG) PERSONNEL _____ Lic. Level _____
 PRIMARY MEDIC _____ Lic. Level _____
 SECONDARY MEDIC _____ Lic. Level _____

PREPARATORY PHASE
1. ARRIVE AND REPORT to staging Area in Secure Area
2. REPORT TO UNIFIED COMMAND. - Notify UC that an EMS Team/Rescue Group is ready, staged, and awaiting direction.
3. PPE (Ballistic Vest, Ballistic Helmet)
4. Ensure Clear IDENTIFICATION of Rescue personnel
5. Prepare MEDICAL EQUIPMENT (Tourniquets, Trauma Kit, Soft Stretcher/Skedco)
6. Perform Brief MEDICAL INTEL AND THREAT ASSESSMENT - Identify Hot, Warm, and Cold Zone Areas
7. Establish COMMUNICATION with respective on-scene medical, fire, and law enforcement - Determine and Broadcast Response Routes for Additional Responding Resources - Obtain Duress Code

RESCUE TASK FORCE FORMATION AND PRIORITY SETTING PHASE
1. Form Rescue Task Force - 2 LE Officers (Force Protection Group) - 2 EMS Personnel, at least 1 ALS (Rescue Group)
2. Follow Direction of law enforcement Force Protection Group Leader - Know Hot, Warm, and Cold Zone Areas - Follow Protected Access Routes
3. Brief objective and direction of movement - Identify Initial Egress Routes - Identify secure Extraction Lane - Identify initial safe Refuge Area - Identify Rally Point
4. Identify Casualty Collection Points, both Dynamic and Static
5. Reinforce Mission Priorities (THREAT) - T - Threat suppression - H - Hemorrhage control - RE - Rapid Extrication to safety - A - Assessment by medical providers - T - Transport to definitive care

INDIRECT THREAT/WARM ZONE/YELLOW ZONE OPERATIONS PHASE
1. Maintain Cover and Containment as directed by Rescue Task Force Leader (LE)
2. Utilize Principles of Tactical Emergency Casualty Care (TECC) - Triage as required
3. Finalize Direction of movement based upon prevailing conditions - Identify Emergency Egress Routes - Identify secure Extraction Lane - Identify safe Refuge Area
4. Maintain Situational Awareness for Secondary devices at main and secondary scenes
5. Identify Dynamic Casualty Collection Points, as necessary
6. Move casualties to Identified Casualty Collection Points or Cold Zone Treatment Area - Preference is movement from Warm Zone to Cold Zone Treatment Area - Transfer care to additional medical providers for treatment and transport
7. Prepare to re-enter Warm Zone

POST INCIDENT PHASE
1. Ensure Rescue Task Force accountability
2. Collect any Incident management records and unit logs
3. Determine and announce an Incident debriefing strategy
4. Assess mental and physical health of the responders - Determine and announce a stress debrief plan
5. Manage a formal unit-release process

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RESOURCE GUIDE 4: INDIVIDUAL FIRST AID KIT RECOMMENDATIONS

Each individual on a team should minimally carry the following individual first aid equipment, or have it readily accessible.

Quantity	Type of Equipment
1	Medical Pouch
6	Gloves (Trauma, latex-free, 3 pair)
1	Tourniquet, CoTCCC-Recommended
1	Emergency Bandage
1	Hemostatic Dressing, California EMSA approved
1	Nasopharyngeal Airway (28f size with water-based lubricant), if approved by the local EMS agency Medical Director
1	Chest Seal
1	Pen, Permanent Marker
1	Rescue Blanket (disposable-consider thermal reflective material)
1	Shears, Trauma
1	Gauze, Roller Bandage or Elastic Bandage

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REFERENCES

Further Suggested Reading on Best Practices

- Refer to the Tactical Emergency Casualty Care guidelines for information on trauma care: http://c-tecc.org/images/content/TECC_Guidelines_-_JUNE_2014_update.pdf
- Refer to Hartford Consensus II for national consensus strategies on improving survivability for mass casualty shooting events: http://www.naemt.org/Files/LEFRTCC/Hartford_Consensus_2.pdf
- Refer to study from the American College of Surgeons for more information on management of prehospital trauma care: <http://informahealthcare.com/doi/pdf/10.3109/10903127.2014.896962>
- Refer to FEMA.gov for guidance on the incident command system: <https://www.fema.gov/incident-command-system-resources>
- Refer to the following documents for guidance on integrated response:
 - <http://www.cffjac.org/go/jac/media-center/video-gallery/tcm-active-shooter-scenario/>
 - https://www.usfa.fema.gov/downloads/pdf/publications/active_shooter_guide.pdf
- Assembly Bill No. 1598 http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201320140AB1598
- FBI Study of Active Shooter Incidents - <http://www.fbi.gov/news/stories/2014/september/fbi-releases-study-on-active-shooter-incidents/pdfs/a-study-of-active-shooter-incidents-in-the-u.s.-between-2000-and-2013>
- FBI Resources for Active Shooter/MCI Incidents - <http://www.fbi.gov/about-us/cirg/active-shooter-and-mass-casualty-incidents>

- Firescope-Emergency Response to Law Enforcement Incidents ICS 701
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Training Standards for
Basic Tactical Casualty Care
and
Coordination with EMS during Terrorism Incidents

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