



Intentional Mass Casualty Plan (iMCI)

Yolo County Emergency Service
Agency

v.2 -



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Purpose

The purpose of this document is to provide guidance to agencies and units responding to an actively, or potentially, hostile or violent situation. The primary goal is to minimize the risk to Fire and Emergency Medical Services (EMS) personnel by providing a common framework upon which Fire Departments and EMS personnel may build a local protocol tailored to their specific community, resources, and circumstances.

Introduction

Hostile and violent situations are becoming more frequent. Such incidents include, but are not limited to, large-scale complex incidents such as school shootings, work place violence, and terrorist activities, as well as small-scale, less complex incidents such as suicide attempts, single victim shootings and stabbings, domestic violence injuries, and assaults. The goal of this plan is to maximize coordination between agencies to facilitate scene control, patient treatment, and evidence preservation, while maintaining the safety of all emergency personnel.

Fire and EMS personnel traditionally have been educated to wait for Law Enforcement to declare a scene safe before attending to victims. Increasingly, evidence and post-event analyses indicate that a change in thinking, training and operations is required in order to maximize survival of the injured. The Department of Homeland Security declared “in order to maximize lives saved, there is a need to get life-saving medical attention to victims quickly. In previous active shooter incidents, the focus has been exclusively on law enforcement neutralizing the threat.”¹

Given these observations, it is imperative that Fire, EMS and Law Enforcement agencies respond and jointly train using a unified command, common terminology, communications, common tactics, and a concept of operations to effectively achieve positive outcomes seamlessly and simultaneously. While no two incidents are identical, there are common themes that provide opportunities for the responding agencies to learn from to improve outcomes. The response must be employed in a form compatible with the resources in any given community.

This Plan’s framework requires Fire and EMS personnel to take a more active role in Warm Zone operations using the Rescue Task Force (RTF) concept, integrating EMS into a truly unified response with law enforcement. A Rescue Task Force is a team (or teams) of Law Enforcement officers with EMS providers deployed to provide point-of-wound care to victims while an active threat remains. The objective of the team is to treat, stabilize, and rapidly remove civilian casualties while under the protection of Law Enforcement. The RTF shall operate in a Warm Zone, an area of indirect threat considered clear but not secure (Law Enforcement has either cleared or isolated the threat to a level of minimal risk). The RTF concept is distinct from Tactical EMS (TEMS). This Plan, and the best practices described, does not include the TEMS concept.

1. Homeland Security, Office of Health Affairs: Stakeholder Engagement on Improving Survivability in IED and Active Shooter Incidents, May 16 2014

Definitions

Active Shooter: Any armed person who uses or has used a deadly physical force on other person(s) and continues to do so while having unrestricted access to additional victims.

Causality Collection Point (CCP): Area set up in the Cold Zone to which casualties are taken to initiate triage and treatment.

Cleared: An area has been searched and does not represent an immediate threat; the threat may not yet be contained.

Cold Zone: Area where no significant danger or threat can be reasonably anticipated. An area where triage and treatment of patients would occur, additional resources would be staged, and command functions carried out.

Concealment: A structure that hides a person's exact location but can be penetrated by ballistic weapons.

Contact Team: Initial team of up to four (4) law enforcement officers who form at the scene of an active shooter to deploy to the shooter's location with the goal of initiating contact to contain or eliminate the active shooter to prevent further injury or loss of life.

Cover: An area generally impenetrable to ballistic weapons, such as concrete wall. Something that prevents responders from being observed by the perpetrator(s) and provides direct protection from the hazard or threat.

Hot Zone: Area wherein a direct and immediate life threat exists. Depends upon current circumstances and is subjective. Area is dynamic and may change frequently depending upon the situation.

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.

Incident Command (IC): A management system designed to enable effective and efficient incident management by integrating a combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, designed to enable effective and efficient incident management.

Incident Command Post: The location where the primary functions of Incident Command are performed.

Point-of-Wound Care: The physical location where patient care is initiated at or near to where the victim was injured.

Rescue Task Force (RTF): A team or set of teams deployed to provide point-of-wound care to victims where there is an on-going ballistic or explosive threat. These teams treat, stabilize, and remove the injured in a rapid manner under the protection of law enforcement with the goal of extracting viable patients to the Casualty Collection Point.

Secured: An area that has been searched and is now under direct Law Enforcement control.

Tactical Emergency Casualty Care (TECC): A set of best practice guidelines and recommendations for casualty management during high threat civilian tactical and resource operations. Based upon the principles of Tactical Combat Casualty Care (TCCC), TECC guidelines account for the differences in the civilian environment, resource allocation, patient population, and scope of practice.

Unified Command: An Incident Command System application used when more than one agency has incident jurisdiction or when incidents cross political jurisdictions.

Warm Zone: Area where a potential threat exists, but it is not direct or immediate. Operating within this zone is permissible in order to save a life as directed by Unified Command (i.e. Rescue Task Force performing rapid extrication of a victim under security of Law Enforcement). This could become a much larger area depending upon the situation. Warm Zone may be dynamic and become a Hot Zone rapidly.

Law Enforcement Tactics

The coordination of resources and assets required during an active shooter/intentional MCI accentuates the need for Fire and EMS personnel to have a general understanding of Law Enforcement tactics when responding to this type of an incident.

When responding to an active shooter/intentional MCI, arriving Law Enforcement officers are trained to use a tactic known as “Immediate Action/Rapid Deployment” (IARD). IARD is defined as the “swift and immediate deployment of Law Enforcement resources to ongoing life threatening situations where delayed deployment could otherwise result in death or serious bodily injury to innocent persons.”

With IARD, the objective of the first arriving officers from the Law Enforcement Contact Teams is to locate the shooter(s) and stop the threat. As additional officers arrive, they form additional Law Enforcement Contact Teams. When Fire and EMS personnel join with Law Enforcement, they are designated a Rescue Task Force.

After the initial Law Enforcement Contact Team has been deployed, the next senior officer on scene may establish Command. The primary objectives of the Law Enforcement Incident Command (IC) are:

- Locate the shooter(s) and stop the threat
- Rescue all victims
- Isolate and contain the incident

Rescue Task Force

A Rescue Task Force (RTF) is a team deployed to provide point-of wound care to victims of an ongoing ballistic or explosive threat (i.e., active shooter, terrorist event). These teams treat, stabilize, and remove the injured from a Warm Zone to a Cold Zone area—with Law Enforcement protection—where they can receive definitive care and/or transport to a hospital.

At minimum, an RTF shall have one Fire or EMS personnel and one Law Enforcement protection officer. Optimally, an RTF shall have two Fire or EMS personnel and two Law Enforcement protection officers. The circumstances and available personnel will dictate the number and size of each RTF.

RTFs must be able to move quickly. As such, it is generally not advisable for RTFs to be equipped with defibrillators, large drug boxes, gurneys, or other equipment that can affect agility. RTFs may carry modified configurations of equipment to allow mobility so that immediately life-threatening injuries can be treated (e.g. hemorrhage control, tension pneumothorax, basic airway management). This will allow coverage of a larger area and greater safety for assigned personnel.

It is important to emphasize that if RTFs are being configured, lives may be at extreme risk. Discipline must be maintained and members must be prepared to move quickly and deliberately while maintaining a high level of alertness of their surroundings. When configuring RTFs, prior to executing any missions or deployments, it is highly advisable to assemble at a Staging Area for mission briefing and updated intelligence.

When RTFs are operating in a Warm Zone, treat the area as immediately dangerous to life or health (IDLH); triage is not conducted. The first RTFs will enter the area and treat patients as they assess. Any patient that can walk without assistance will be directed by the RTFs to self-evacuate to safe areas;

deceased patients are left in place. RTFs treat as many patients as possible until equipment is depleted or all accessible victims have been treated. At this point, RTFs begin the extrication of the injured. Additional RTFs that enter the area should be primarily tasked with extrication of the victims treated by the initial RTFs, or, if needed, assessing areas not reached by the initial RTFs.

Prior experience has indicated the value of creating a Rescue Group and a designated Rescue Group Supervisor to coordinate with the Law Enforcement Command officer who is coordinating tactical operations.

Although the majority of active shooter incidents no longer represent a threat of live fire to EMS personnel, as RTFs move through areas in search of victims, it is advisable to maintain situational awareness and communications, and to be aware of potential escape routes and places of safe refuge.

Preplanning Considerations

Fire, EMS, Law Enforcement, Public Safety Answering Points (PSAPs), and other public safety partners should work in a coordinated effort to develop standard operating guidelines for Unified Command, including common terminology, communications, common tactics, and concepts for operations.

All public safety partners should work cooperatively to identify target hazards and key components of each, such as main access, control rooms, master keys, isolated corridors, maps, and internal communication systems.

Once preplanning has been completed, all public safety partners should work cooperatively to create a policy and training program. All programs and plans should be operationalized through joint training exercises with cooperating agencies.

Coordination of training agencies:

- In order for training to be most effective, it should be implemented as a system with all responders collaboratively participating. This practice promotes interoperability well before the event so that any inconsistencies, inefficiencies, and barriers can be addressed.
- All training should begin with a plan and end goal in mind. It should start small and build upon previous training and education. Communities should conduct joint training and education between local first responders and any other agencies that may be expected to respond or participate in case of an iMCI.
- Once foundational training has occurred, it should be exercised through Homeland Security Exercise and Evaluation Program (HSEEP) compliant table-top drills and full-scale exercises. At each stage there should be feedback mechanisms to gather information about activities and challenges to improve the plan during future training.

Equipment

It is important to have consistent equipment across all teams not only for medical care, but also for rapid identification by medical personnel. The focus should be on early hemorrhage control and rapid extrication. Consider go-bags or medical vests with the ability to treat at least eight (8) victims with extra equipment bags to treat an additional sixteen victims.

Required Equipment:

Item	Quantity
Go-bag	1



RTF Patch (Identifying the bag)	1
Chest Seal (Twin Pack)	8
Woundstop Pro+ Dressing with Pressure Bar, 6"x7" Pad	8
QuickClot Combat Gauze, 3" x 4 yd Z-Fold	8
Combat Application Tourniquet (C-A-T), Black	8

Procedure

These incidents may unfold rapidly. It is important that initial Company Officer and/or responding Chief evaluate all information that may be arriving to determine the initial actions of the incident.

Law Enforcement will be the lead agency and will establish a Unified Command with Fire and EMS to rapidly deploy RTF teams into the established zones.

The RTF composition should consist of a minimum of one Law Enforcement officer for each Fire/EMS provider. RTF personnel should be certified and licensed. EMS personnel should perform within their Scope of Practice.

Prior to deploying an RTF team, threat zones must be identified: Hot, Warm, and Cold Zones.

Coordination should include the following:

- Shared and common terminology and communication across Fire/EMS/Law Enforcement
- Span of control
- Jointly developed protocols for response
- Planning for rapid treatment and evacuation of patients

RTFs can be deployed for the following reasons:

- Casualty treatment
- Casualty removal from the Warm Zone to CCP
- Movement of supplies from Cold to Warm Zone

The first arriving units should:

- Determine if they are responding to a static or evolving situation and relay this information to dispatch.
- Identify if the predetermined staging area is safe. If not safe, consider an area out of the line of sight of the incident, in line of approach to location.
- Law Enforcement will establish Contact Teams of 1-4 officers to address the threat.
- When appropriate personnel arrive on scene, Law Enforcement, Fire and EMS personnel will assemble into an RTF for deployment.

If possible, determine a Casualty Collection Point (CCP) prior to deploying the RTF. Depending on the size of the incident and the location, injured victims should be placed in a CCP. This will be predetermined by the initial units and may be staffed with non-RTF Fire and EMS personnel.

Rescue Task Force Deployment:

- Once Unified Command has identified the need, RTF teams will be deployed into the Warm Zone to begin victim care and evacuation as needed. The goal of the initial RTF is to stabilize as many victims as possible.

- Command will dispatch RTF teams by numbers, i.e. RTF 1, RTF 2, etc. RTFs should not be deployed unless they have one (1) Law Enforcement protection officer as security for every one (1) Fire/EMS personnel. Do not self-deploy into the Warm Zone.
- Command shall:
 - Establish RTF resupply near point of entry
 - Establish an external CCP
 - Designate areas in the Cold Zone to receive patients for treatment and transportation

The least number of personnel and teams should be deployed into the Warm Zone to achieve the goals.

All RTF teams that will make entry shall notify the Incident Commander of their location and any victims encountered. Constant communication between the IC and the RTFs is essential for effective resource coordination and allocation.

If the RFT encounters a threat/suspect the medical personnel shall:

- Evacuate, if safe to do so
- Shelter-in-place to provide protection to the medical personnel, preferably near an exterior door for escape

When the RTF is operating in the Warm Zone, all patients encountered by the RTF will be treated as they are assessed. Any patient who can ambulate without assistance will be directed by the team to self-evacuate under Law Enforcement direction. Any patient who is deceased will be visibly marked to allow for easy identification and to avoid repeated evaluations by additional RTF teams.

The first RTF team in operation will enter the area and treat as many patients as possible.

Additional RTF teams that enter should be primarily tasked with extrication of the victims already assessed and treated by the initial team(s). However, if needed, additional RTF teams may be sent into areas not yet reached by the initial teams or to other area with accessible victims.

Fire Suppression Considerations:

Consider assigning personnel for fire suppression and to protect systems, if safe to do so.

Patient Care

EMS personnel should treat the injured in an iMCI using TECC concepts and guidelines. Rapid identification, treatment, and evacuation are paramount. Ambulatory victims should self-extricate and the deceased should be clearly marked.

Medical scope should have at its core:

- Focus on **THREAT** acronym:
 - **T**hreat suppression
 - **H**emorrhage control
 - **R**apid **E**xtrication to safety
 - **A**ssessment by medical providers
 - **T**ransport to definitive care
- TECC Goals:
 - Accomplish the mission with minimal casualties
 - Prevent any casualties from sustaining additional injuries
 - Keep responding teams maximally engaged in neutralizing the existing threat
 - Minimize public harm

Note: Once patients have been moved/relocated to an established CCP or treatment area, patient care by EMS providers shall be accomplished using recognized Yolo County Patient Care Protocols.

Training

Training for the medical response of RTF will be created and approved by YEMSA and will be a minimum of four (4) hours. Training topics will include:

- History and background of tactical casualty care
- Knowledge and terminology
 - Hot zone/warm zone/cold zone
 - Casualty collection pint
 - Rescue task force (RTF)
 - Cover/concealment
- Knowledge of incident command and integrated tactical operations
- Tactical Operations
- Rescue Operations
- Knowledge of local protocols
 - Triage procedures
 - Treatment
- Knowledge of the equipment/supplies (Go Bag)
- Demonstration of competencies
 - Bleeding control

- Apply tourniquet
- Apply Direct Pressure
- Apply Hemostatic Dressing
- Apply Pressure Dressing
- Airway management
- Breathing, to include chest/torso wounds
- Recognition and Treatment of Shock
- Prevention of Hypothermia
- Documentation of Care
- Patient Movement

Departments and agencies are responsible for training personnel about specific internal operating procedures and coordinating operational RTF training with law enforcement.

All EMS personnel working in the Yolo County system will be trained to a minimum of awareness level, four (4) training.

Appendix

