Intentional Mass Casualty Plan (iMCI)

YOLO COUNTY EMERGENCY SERVICE AGENCY

Contents

Purpose 2
Introduction 2
Definitions 3
Law Enforcement Tactics 4
Incident Command 4
Fire Suppression 5
Rescue Task Force 5
Zones and Perimeters 6
Preplanning Considerations 7
Equipment 7
Personal Protection Equipment (PPE) 8
Procedure 8
Patient Care 10
Training 11
Appendix – Unified Command Examples 13

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, terrorist activities, as well as small-scale, less complex incidents such as suicide attempts, single victim shootings, 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 jointly train and respond 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 (2) 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 <u>treat, stabilize, and rapidly remove civilian causalities while under the protection of Law Enforcement</u>. 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.

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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 indiscriminant 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 causalities 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.

Immediately Dangerous to Life or Health (IDLH): Although there is no true definition for IDLH in this instance, the areas where a direct and immediate life threat exists by deadly indiscriminant physical force not only to the victims but also to the responders, the Hot and Warm Zones, shall be treated as an IDLH area.

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 CCP.

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

Tactical Emergency Causality 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 Causality 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 (1) agency has incident jurisdiction, multiple functions or when incidents cross-political jurisdictions.

Warm Zone: Area where the 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 intelligence, subject's movement or other situational changes. 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
- Assess other potential threats
- Preserve and investigate scene

Incident Command

The necessities of a dynamic tactical law enforcement incident will vary. The immediate establishment of Unified Command and designation of clear incident objectives early on will aid in bringing order to what is usually a chaotic situation. For complex incidents that involve a significant commitment of fire

resources, a Unified Command shall be employed and an Incident Action Plan (IAP) shall be developed. This must take place as soon as practical and may be informal.

Fire Suppression

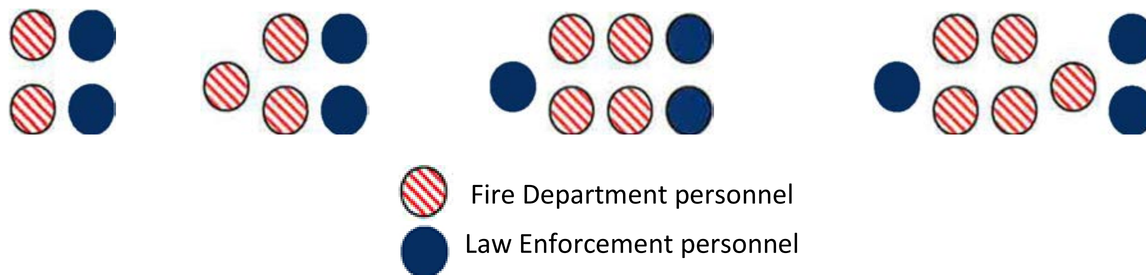
It is not uncommon for a barricaded suspect to threaten to set fire to the building. When a barricaded suspect threatens to set fire to a building, it is vital that the Incident Commander develop a Fire Plan.

If a fire occurs and the suspect's location cannot be determined, firefighters will need to protect exposures to the extent possible and attempt to extinguish the fire from protected locations. When no other options are available, water drops via helicopter can be made to control the spread of a fire when approach by firefighters is unsafe. Helicopter operations must be closely coordinated.

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.

An RTF will have ideally two (2) Fire Department personnel and two (2) Law Enforcement officers however; the following are possible RTF configurations:



The circumstances and available personnel will dictate the number and size of each RTF by the IC. When deemed appropriate by the Unified Incident Command, it may be appropriate for one (1) Fire Department personnel and one (1) Law Enforcement officer. 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). 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. RTF members are expected to address hemorrhage control and begin immediate extraction 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. In the event that lifesaving treatment is not feasible or would unreasonably compromise responders safety the RTF may opt for immediate evacuation without treatment.

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 represent the threat of live fire to Fire/EMS personnel, as RTFs move through areas in search of victims, it is advisable to maintain constant situational awareness and communications, and be aware of potential escape routes and places of safe refuge. Direct communications with Law Enforcement Team Leader is critical.

Zones and Perimeters

The **Hot Zone** is that area wherein a direct and immediate life threat exists. What constitutes a direct and immediate threat is subjectively determined and depends on current circumstances. Any unsearched area where a threat may be present should be considered a Hot Zone. Any area within direct line of fire or where a gunman may be located or can easily move to should also be considered a Hot Zone. Due to the potential danger, the Hot Zone shall be treated as an Immediate Danger to Life and Health (IDLH).

The **Warm Zone** is that area wherein a potential threat exists, however the threat may not be direct or immediate. For example, an area already searched by Law Enforcement officers could still be within the range of gunfire and/or a subject could be hiding in an unsearched area or return to an area that has been searched. Such an area would not be designated as a Cold Zone until the subject's apprehension or after a thorough search has been conducted. Due to the potential danger, the Warm Zone shall be treated as an IDLH.

No Fire Department personnel shall operate within the Warm Zone without Law Enforcement. Fire Department personnel may operate for a short period of time within the Warm Zone once formed into RTF with Law Enforcement. Under such circumstances, RTFs may attempt to locate and extract the injured to an area where they can be treated, and to quickly stabilize the seriously or critically injured prior to extraction. In the Warm Zone, the extent of medical intervention must be carefully weighed against the dynamic risks of operating in this area.

The **Cold Zone** is that area where no significant danger or potential for threat is reasonably anticipated. Factors may include distance, time, physical barriers, terrain or type of firepower used. The Cold Zone is the appropriate location for treatment of patients, staging, and command functions.
Other terms familiar to Law Enforcement officers are inner and outer perimeter, cover and concealment. The inner perimeter is generally a geographically defined area in which subjects are contained, with entrance and egress controlled by the Special Weapons and Tactics (SWAT) team. The outer perimeter is a larger area encompassing the inner perimeter, which is controlled by the Law Enforcement agency and from which the public is excluded. For the sake of Fire Department operations, the inner perimeter should be considered an IDLH.

Cover is defined as an area where adequate protection from live fire exists. Concealment is defined as an area where visual concealment exists. The wall of a structure that bullets or shrapnel could penetrate may provide concealment, but would not provide cover.

Preplanning Considerations

Fire Departments, 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 though 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 <u>ability to treat at least eight (8) victims</u> with extra equipment bags to treat an additional sixteen (16) 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

Personal Protection Equipment (PPE)

This plan does not address or require specific PPE for iMCI and RTF deployment and allows each Fire Department to create an internal standard operating procedure for required PPE at iMCI incidents. Common items for PPE in iMCI include certified Kevlar helmets and ballistic vests for firefighters.

Procedure

These incidents may unfold rapidly. It is important for initial Company Officers and/or responding Chiefs to effectively evaluate all information to determine the safest initial actions for the incident. Firefighter accountability shall remain a top priority for the Fire Unified Commander.

Law Enforcement will typically be the lead agency and will establish a Unified Command with Fire. EMS will likely participate in the Incident Command System as an “Assisting Agency”. The top priority for the Unified Commanders is to identify and establish operational zones (Hot/Warm/Cold) in order to rapidly deploy RTF teams.

The RTF composition should ideally consist of two (2) Law Enforcement and two – three (2 – 3) Fire Department personnel to establish RTFs. Fire Department personnel should be certified, licensed and perform within their Scope of Practice as defined in current Yolo County protocols.

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 Department/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
- Causality 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 one (1) to four (4) officers to address the threat.
- When appropriate personnel arrive on scene, Law Enforcement, Fire Department and EMS personnel will assemble into an RTF for deployment.

If possible, determine a 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 Department 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 extraction. Treatment should be limited to direct pressure and/or applying a tourniquet. The goal of the initial RTF is to transport viable victim to a treatment area or casualty collection point where they can be stabilize.
- Command will dispatch RTF teams by numbers, i.e. RTF 1, RTF 2, etc. RTFs should not be deployed unless they have sufficient Law Enforcement officers available to support each RTF entry team. Never self-deploy into the Warm Zone.
- Command shall:
  - Establish sufficient RTF entry team
  - Confirm Operational Zones with Law Enforcement
  - Effectively track and account for all members operating within the "Warm Zone."
  - Establish an effective method for communicating between Fire Department/EMS/Law Enforcement.
  - 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.

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. Silence may be critical when operating within the Warm Zone therefore, most communications should be initiated by the RTF and not the Unified Commander.

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 Fire Department/EMS 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

Fire Department personnel should treat the injured in an iMCI using TECC concepts and guidelines as outlined in current Yolo County protocols. Rapid identification, treatment, and evacuation are paramount. Ambulatory victims should self-extricate and the deceased should be clearly marked. RTF members are expected to address hemorrhage control and begin immediate extraction of the injured. In the event that lifesaving treatment is not feasible or would unreasonably compromise responders safety the RTF may opt for immediate evacuation without treatment.

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 causalities
    - 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 the current Yolo County Mass Causality (MCI) Plan and Medical 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
    - CCP
    - Rescue Task Force (RTF)
    - Cover/Concealment

- Knowledge of Incident Command and Integrated Tactical Operations
- Tactical Operations
- Rescue Operations
- Knowledge of current 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

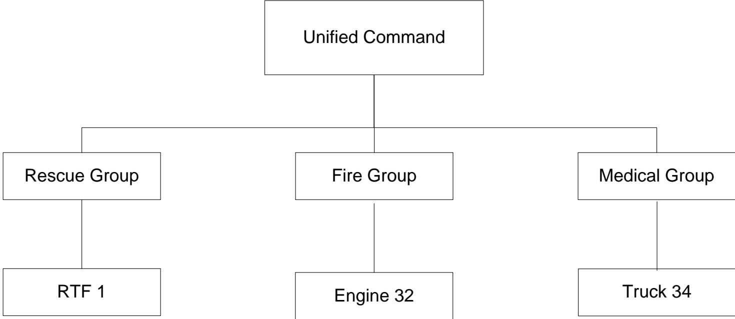
- Documentation of Care
- Patient Movement
- Transition from iMCI to MCI incident

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

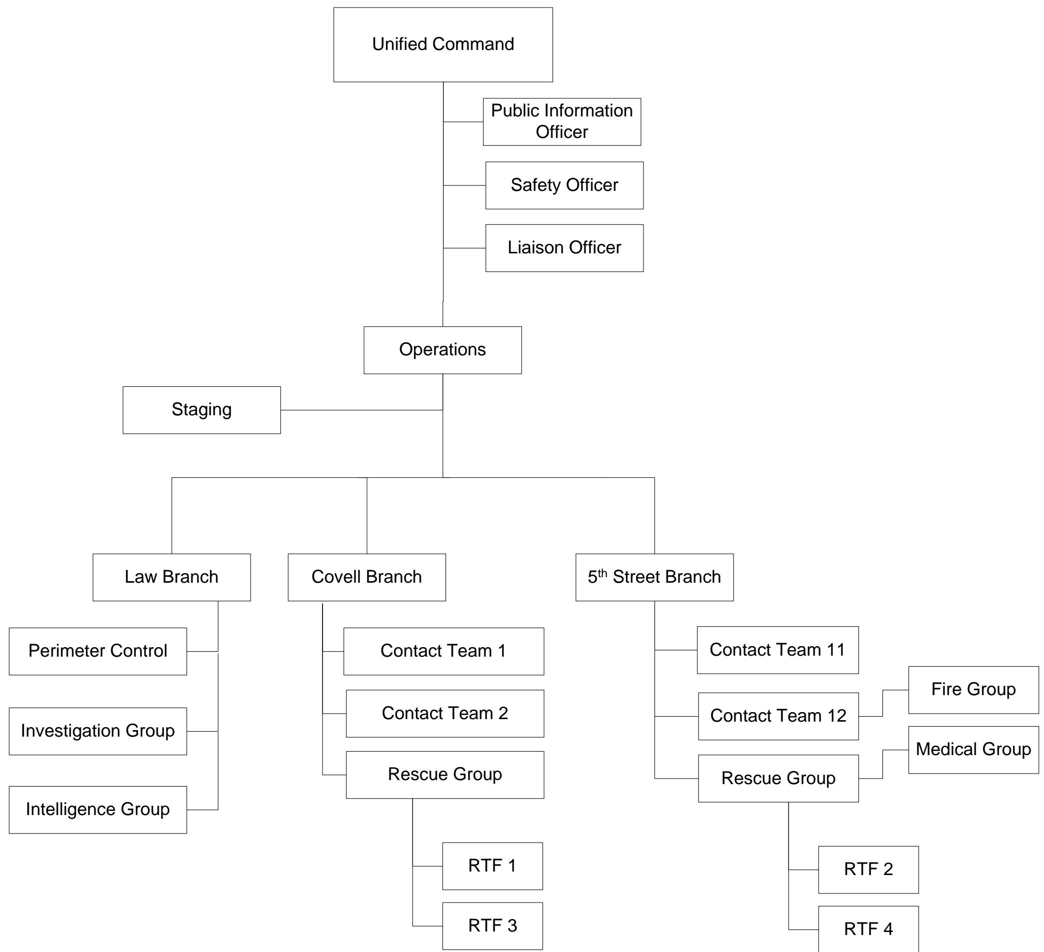
All Fire/EMS personnel working in the Yolo County system will be trained to a minimum of awareness level, four (4) training.

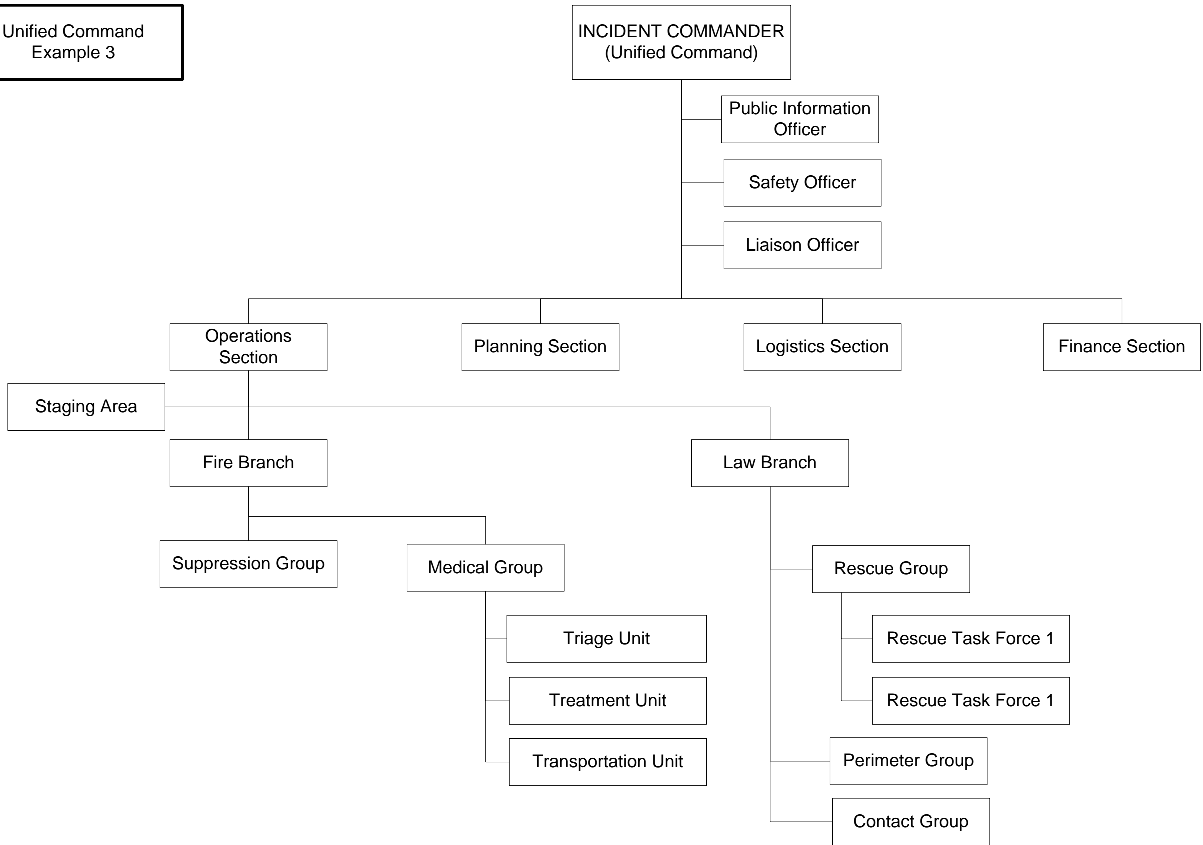
Appendix – Unified Command Examples

Unified Command
Example 1



Unified Command Example 2




Unified Command
Example 3
INCIDENT COMMANDER
(Unified Command)
Public Information
Officer
Safety Officer
Liaison Officer
Operations
Section
Planning Section
Logistics Section
Finance Section
Staging Area
Fire Branch
Law Branch
Suppression Group
Medical Group
Triage Unit
Treatment Unit
Transportation Unit
Rescue Group
Rescue Task Force 1
Rescue Task Force 1
Perimeter Group
Contact Group