



McLean County Area EMS System

705 N East Street
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Title of Policy: <i>Use of Rescue Task Force in Active Shooter Situations</i>	Policy Number: D-102
Effective Date: 11/01/2016	Review Date: 11/01/2016
Policy Area: MCI-Disaster Management	Approvals: EMSSC, EMS MD

Background to Policy:

Active shooter situations, are at their most basic level, crime scenes that have injured people in need of treatment, rescue, and expedient evacuation. Each incident is primarily a law enforcement event but requires coordination between law enforcement and EMS. EMS should recognize that law enforcement will initially be sending officers into the impacted area to directly engage the threat and to secure a perimeter. EMS providers should utilize this initial period to begin planning for rapid triage, treatment, and extrication of the wounded.

Policy Statement:

Since the inception of EMS the paradigm for responding to incidents involving active shooters has been to stage in the cold zone away from danger until law enforcement has completely secured the entire facility. With the rise, both in number and profile of these incidents, EMS agencies and providers nationwide have been looking at new ways to respond to these incidents. The Hartford Consensus identifies the importance of initial actions to control hemorrhage as a core requirement in response to active shooter incidents. Experience has shown that the number one cause of preventable death in victims of penetrating trauma is hemorrhage. Well documented clinical evidence supports this assertion.

Policy:

- a. Not all agencies within the EMS System will have the resources and support needed to implement the rescue task force concept. EMS agencies are under no requirement to implement a rescue task force procedure. However, agencies who do so are required to do so in compliance with this policy.
- b. All developed rescue task force programs shall be designed with the following core tenants of the Hartford Consensus in mind, easily remembered by the acronym **THREAT**
 - i. Threat Suppression (By law enforcement)
 - ii. Hemorrhage Control
 - iii. Rapid Extrication to Safety
 - iv. Assessment by medical providers
 - v. Transport to definitive care
- c. Agencies wishing to develop a rescue task force for the response to active shooter situations must do so in conjunction with the law enforcement agency having jurisdiction. A memorandum of understanding must be submitted to the EMS office signed by the lead administrators of both the law enforcement and EMS agency. At a minimum it must outline roles and responsibilities of each



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- agency will be, a statement that they are supportive of the program, and how law enforcement and EMS will communicate on an incident site.
- d. Agencies wishing to develop a rescue task force must jointly conduct a full-scale exercise with law enforcement authorities prior to implementation of the rescue task force concept. Exercises that have occurred prior to this policies implementation date will count. Full scale exercises shall be conducted at minimum once every four years .
 - e. Agencies wishing to develop a rescue task force must have written policies and procedures in place outlining the purpose and scope of the program. Those policies shall be reviewed by the EMS System prior to implementation.
 - f. Pursuant to the system conceal and carry policy and to 430 ILCS 66/65 EMS providers will not enter an active shooter situation with a firearm. The only exception to this policy is if the EMS provider is also a sworn law enforcement officer.
 - g. EMS providers shall operate in a designated cold or warm zone. EMS providers shall not knowingly enter a hot zone
 - i. **Cold Zone:** the area of an incident free from potential harm and maybe safely used as planning, staging, and treatment without threat.
 - ii. **Warm Zone:** The area of an incident police have cleared, but not yet secured; there is still a minimal risk of harm.
 - iii. **Hot Zone:** The area of an incident police have not yet cleared or secured, and there is still a high potential of harm
 - h. Any EMS provider or team of EMS providers entering a warm zone shall be escorted by a minimum of 2 law enforcement officers. With a preference of additional law enforcement personnel if available.
 - i. If an area that was previously designated as a warm zone becomes a hot zone, EMS providers shall be evacuated at first opportunity with their law enforcement escort, but may be directed to a hard cover location at the discretions of said escort members. This would only be in the event of imminent threat resulting in immediate law enforcement engagement.
 - j. EMS providers shall not enter the scene with the first wave of officers as their primary objective is threat neutralization/isolation.
 - k. EMS providers should utilize any and all protective equipment as prescribed by their agency. Agencies should select protective equipment based on a risk analysis and likelihood of an active shooter event in their jurisdiction. The EMS system does not specify the type of protective equipment that agencies are required to provide outside of the required body substance isolation precautions prescribed by the system infection control plan, and Illinois Department of Public Health regulation.
 - l. EMS providers participating on a rescue task force should have regular training on hemorrhage control techniques, including the use of tourniquets, pressure dressings, and hemostatic agents



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(Quick-Clot). ILS/ALS providers should also have regular training on thoracic needle decompression

- m. The focus of emergency care provided in the warm zone shall focus on bleeding control and basic airway management. It is understood by all parties that medical care in the warm zone will not be as comprehensive as that provided in the cold zone. All medical equipment that will be utilized by rescue task force members shall be approved by the EMS System. Medical care provided in the cold zone will be in accordance with the appropriate MCAEMS SMO/Protocol.

Resources:

1. [National Fire Administration Fire EMS Operational Considerations and Guide for Active Shooter Incidents](#)
2. [The Hartford Consensus III: Implementation of Bleeding Control](#)
3. [EMS Response to Active Shooter/Critical Incidents](#)