

**FIRE DISTRICT #1, TOWNSHIP OF GLOUCESTER, CAMDEN  
COUNTY. RESOLUTION TO ADOPTED POLICY/PROCEDURE**

**WHEREAS,** The Board of Fire Commissioners, Fire District #1 of the Township of Gloucester has determined that the following Policy and Procedure listed below shall be adopted by the Board of Fire Commissioners at the regular meeting held on May 9, 2017

**NOW, THEREFORE,** it is herein resolved and approved that the following Policy and Procedure, The Camden County Model Policy on Active Shooters/Hostile Events Unedified Response Policy dated February 9, 2017. be adopted by the Board of Fire Commissioners and followed by all personnel. ( Glendora Vol. Fire Company.

Date Adopted: \_\_\_\_\_

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Chairman

**Fwd: Emailing - ASHE Unified Response Policy 02 09 2017.pdf**

HOWARD BROOKS [hfbsrb@comcast.net]

Sent: Thursday, February 16, 2017 6:58 AM

To: Phil Knast

Attachments: ASHE Unified Response Poli~1.pdf (330 KB)

----- Original Message -----

From: Michael Ricciardelli &lt;chief8101@comcast.net&gt;

To: Aaron Holcomb &lt;a.holcomb9811@gmail.com&gt;, Alex Sims

&lt;bambam.freak@gmail.com&gt;, bonawitz &lt;kb8175@msn.com&gt;, brooks

&lt;hfbsrb@comcast.net&gt;, burger &lt;esb8103@hotmail.com&gt;, carl Lemmerman

&lt;lemmerman21@gmail.com&gt;, Cayla Holdcraft &lt;caylaholdcraft@gmail.com&gt;,

chief8101@comcast.net, Chris Murphy &lt;mr.murphyffoty08@yahoo.com&gt;, Ed Bonfigilo

&lt;edB125@AOL.com&gt;, Eddy Fowler &lt;eddyf281@gmail.com&gt;, Eric Steiner

&lt;ericsteiner@gmail.com&gt;, gtfm81 &lt;gtfm81@comcast.net&gt;, James Romano

&lt;jamesromano95@gmail.com&gt;, jsuanez81@gmail.com, Kelly Joe

&lt;res815cue@yahoo.com&gt;, Ken Glass &lt;Kglassjr81@AOL.com&gt;, Mike Powell

&lt;mikepowell103@yahoo.com&gt;, Mike Ricciardelli &lt;gtlaxer20@yahoo.com&gt;, miloshevsky

&lt;mjmiloshevsky@yahoo.com&gt;, minner &lt;woody@ccmua.org&gt;, Nick Woods

&lt;nickwoods222@gmail.com&gt;, pat regan &lt;pwrffrescu81@yahoo.com&gt;,

rjdifalco@gmail.com, Ryan Nocella &lt;blackwoodkid96@yahoo.com&gt;

Date: February 15, 2017 at 9:21 PM

Subject: Emailing - ASHE Unified Response Policy 02 09 2017.pdf

To: Station 81 Firefighters

From: Michael Ricciardelli, Chief

Date:

Re: ASHE Active Shooter Hostile Event Policy

The County policy is now in effect We the Glendora Fire Company will adopt and follow this policy. Please take the time to read.

Michael Ricciardelli, Chief

**CAMDEN COUNTY  
MODEL  
ACTIVE SHOOTER/HOSTILE EVENT (ASHE) UNIFIED RESPONSE POLICY**

**I. Purpose**

To establish the goals, philosophies, and guidelines to emergency first responders when responding to incidents involving acts of violence, which require immediate action including law enforcement rapid deployment tactics and tactical emergency medical care.

**II. Policy**

It is the policy of emergency medical services (EMS), fire, and law enforcement agencies within Camden County to respond to Active Shooter/Hostile Event (ASHE) incidents to provide law enforcement actions as dictated by the incident, point of wound care, and evacuation of victims of a present and/or ongoing ASHE threat.

This policy was developed utilizing first responder "best practices" from the United States Department of Homeland Security, the United States Department of Justice Federal Bureau of Investigation, the Police Executive Research Forum (PERF), and the State of New Jersey Police Training Commission.

**III. Definitions and Terms**

**A. Active Shooter/Assailant (hereafter referred to as Threat):** One or more subjects who are believed to be armed, have used, or have threatened to use a weapon to inflict serious injury and/or death on other person(s) and/or continues to do so while having unrestricted access to additional victims. Their prior actions are an immediate threat and they have demonstrated their intent to continuously harm others and their overriding objective appears to be mass injury or murder, rather than other criminal conduct, such as robbery, hostage taking, etc. For the purposes of this policy, the term "weapon" shall include, but not be limited to, firearm, knife, clubs, bow and arrow, and explosive devices.

**B. Immediate Action Deployment Plan:** The swift and immediate deployment of law enforcement personnel and resources to on-going, life threatening situations where delay of personnel could otherwise result in death or serious bodily injury to innocent persons. Immediate action deployment tactics are not a substitute for conventional response tactics to a barricaded gunman incident.

- 1       **C. Hot Zone:** Any area of operations that contains a direct or immediate threat to persons  
2       or responders. This zone shall include any area that has not been deemed “clear” of  
3       direct threats by law enforcement. Rescue Task Force (RTF) personnel shall not  
4       operate in this zone.  
5
- 6       **D. Warm Zone:** Any area of operations where there is a potential hostile threat to  
7       persons or responders, but it is not direct and immediate. This is the main zone of  
8       operations for Rescue Team and Rescue Task Force (RTF) personnel.  
9
- 10      **E. Cold Zone:** Any area of operations for which the unified commanders do not  
11      reasonably anticipate a significant danger, or threat to patients and/or responders. The  
12      primary triage/treatment areas shall be designated within this zone, as well as staging  
13      and command.  
14
- 15      **F. Contact Team:** The Contact Team is comprised of one or more law enforcement  
16      officers. Their mission is to make contact as soon as possible and to stop the Threat(s)  
17      by arrest, containment, or use of appropriate level of force. The Contact Team’s  
18      primary function is to initiate immediate pursuit and confrontation with the Threat(s).  
19      The first arriving officer(s) shall take immediate action to engage the Threat(s), and  
20      attempt to protect victims from violence in the Hot Zone. It is recommended that the  
21      Contact Team shall be formed, but the resources/manpower available shall dictate the  
22      size of the Contact Team. Nothing in this policy shall limit the decisions of the first  
23      arriving Officer(s) from taking measures to engage the Threat(s), or from making life  
24      saving decisions. The Contact Team must recognize they are subject to 360-degree  
25      vulnerability upon entry into the facility and shall not be responsible for initiating a  
26      thorough clearing of the facility at this point in time. They shall continue on past  
27      victims or harmless distractions in search of the Threat(s). They may relay the location  
28      of victims as they come across them to the Rescue Team and/or to the Incident  
29      Commander (IC) for notification to the Rescue Task Force (RTF).  
30
- 31      **G. Rescue Team:** The Rescue Team is comprised of one or more law enforcement  
32      officers. The Rescue Team’s primary function is to locate and direct victims from  
33      within the facility to a safe location and/or to direct victims to a safe passage from the  
34      facility. The Rescue Team shall be formed at the direction of the IC after sufficient  
35      Contact Teams have been deployed to neutralize the Threat(s). Rescue Team members  
36      shall remember that non-injured victims may nonetheless be in shock, or paralyzed  
37      with fear, and may not respond to regular verbal commands. Rescue Team members  
38      are to remain constantly vigilant as the rapidly changing dynamics of the incident may  
39      put them in contact with the Threat(s) and they too are subject to 360-degree  
40      vulnerability.  
41

- 1 **H. Rescue Task Force (RTF):** A team of at least two (2) appropriately trained and  
2 equipped fire services or EMS personnel (EMS Element), paired with at least two (2)  
3 police officers (LE Element) who shall act as protective support. The RTF shall enter  
4 the Warm Zone to engage, treat, and evacuate injured victims.  
5
- 6 **I. Tactical Medics:** Personnel trained and deployed as part of the tactical response,  
7 primarily in support of tactical officers, and may operate in the Warm Zone for  
8 treatment and evacuation of injured responders and/or victims.  
9
- 10 **J. Treatment Area:** A designated area in the Cold Zone where EMS providers perform  
11 triage, treatment, and transport functions for victims. Victims may arrive in this area on  
12 their own or be brought there by Rescue Teams.  
13
- 14 **K. Evacuee Assembly Site (EAS):** A safe location for the accounting of evacuees away  
15 from roads and walkways used by emergency responders.  
16
- 17 **L. Casualty Collection Point (CCP):** A location in the Cold Zone that is used for the  
18 assembly, triage, medical stabilization, and subsequent evacuation of casualties.  
19
- 20 **M. Forward Casualty Collection Point (FCCP):** A location in the Warm Zone that is  
21 used for the assembly, triage, medical stabilization, and subsequent evacuation of  
22 casualties.  
23
- 24 **N. Reunification Center/Area:** A secure location for victim's families that are arriving  
25 on scene.  
26
- 27 **O. Concealment:** A law enforcement term that describes any barrier that prevents the  
28 suspect from seeing responders or other potential targets. This does not necessarily  
29 provide ballistic protection.  
30
- 31 **P. Cover:** A law enforcement term that describes any barrier that provides ballistic  
32 protection to responders or other potential targets.  
33
- 34 **Q. Red Patient:** Within the scope of this policy, a Red Patient is one who sustained a life  
35 threatening injury.  
36
- 37 **R. Dead Patient:** Within the scope of this policy, a Dead Patient is one who is found  
38 with no pulse or breathing effort.  
39
- 40 **S. Clear:** Immediate Threat has been neutralized, but further tactical investigation is  
41 necessary to determine if any other Threat(s) exist.

1       **T. Secured:** Any/all Threat(s) have been neutralized.

2  
3   **IV.   Characteristics of an Active Shooter/Hostile Event (ASHE) Incident**

- 4  
5       A. ASHE incidents are dynamic and may go in and out of “active” status; a static incident  
6       may turn into an ASHE incident or a Threat(s) may go “inactive” by going to a  
7       barricaded status without access to victims.  
8  
9       B. The following is a list of characteristics commonly associated with ASHE suspects or  
10      Threats (the list is compiled from descriptions of past ASHE and not meant to be a  
11      comprehensive list describing all Threats, as each ASHE is unique):  
12  
13       1. Usually focus on assaulting persons with whom they come into contact. Their  
14       intentions are usually an expression of hatred, rage, or revenge rather than the  
15       commission of a crime.  
16       2. Generally, the first indication of the presence of a Threat(s) is when he/she begins  
17       to assault victims.  
18       3. Often go to locations where potential victims are close at hand, such as schools,  
19       theaters, concerts, or shopping malls. Threat(s) may act in a manner of a sniper,  
20       assaulting victims from a distance or may engage multiple targets while remaining  
21       constantly mobile.  
22       4. Tactics such as containment and negotiation, normally associated with standoff  
23       incidents, may not be adequate or appropriate in ASHE incidents. Threat(s)  
24       typically continue their attack despite the arrival of emergency responders.  
25       5. Are often better armed than the police, oftentimes making use of explosives, booby  
26       traps, and body armor. Threat(s) are not limited to the use of firearms in  
27       accomplishing their attacks on victims. They may use bladed weapons, vehicles,  
28       or any tool that, in the circumstances in which it is used, constitutes deadly  
29       physical force.  
30       6. May have planned attacks and may be prepared for a sustained confrontation with  
31       the police. Historically, Threat(s) have not attempted to hide their identity or  
32       conceal the commission of their attack. Escape from the police is usually not a  
33       priority of the Threat(s).  
34       7. May deploy some type of diversionary tactics.  
35       8. May be indiscriminate in their violence or they may seek specific victims.  
36       9. May be suicidal, deciding to die in the course of their actions either at the hands of  
37       others or by self-inflicted wound.  
38       10. Usually have some degree of familiarity with the building or location they choose  
39       to occupy.  
40  
41

1 **V. Police Actions/Considerations**

2  
3 **A. Goal:** It is the mission of law enforcement agencies within Camden County to  
4 intervene in an ASHE incident to neutralize the Threat(s) by preventing access to  
5 potential victims and to rescue injured persons and potential victims. Officers  
6 responding to an ASHE incident shall accomplish this goal by immediately using any  
7 legal means at their disposal to make contact with the Threat(s) and stop him/her as  
8 soon as possible. This may include arrest, containment, and/or use of appropriate level  
9 of force. Any application of force shall be in accordance with applicable State statutes  
10 and Attorney General Guidelines.

11  
12 **B. Philosophy:** This policy recognizes that the active Threat(s) must be stopped before  
13 he/she can destroy any more innocent lives. This shall be the duty and responsibility  
14 of the initial responding law enforcement officers, and they shall use any legal means to  
15 accomplish it. The prioritization of activities, in their order of importance is:

- 16  
17 1. Stop the Threat(s).  
18 2. Rescue the victims.  
19 3. Provide medical assistance.  
20 4. Preserve the crime scene.

21  
22 Note: While it is important to provide medical treatment to the wounded, it is the duty of  
23 law enforcement to first protect all innocent life by stopping the actions of the Threat(s).

24  
25 **C. Response Guidelines:** ASHE incidents are sufficiently unique in that their effective  
26 handling cannot be totally reduced to standardized and generic procedures. These  
27 procedures are not meant to limit conventional police tactics appropriate to a crisis  
28 situation. The significant factors regarding these tactics are that they represent a means  
29 of intervention available to the officers in order to prevent injury/death to innocent  
30 persons while complying with the New Jersey State Law on the Use of Force. Under  
31 New Jersey Law, a law enforcement officer can use deadly force as long as the officer  
32 reasonably believes that the force employed creates no substantial risk of injury to  
33 innocent persons. Additionally, under these guidelines, a first responder police officer  
34 arriving at the scene of an ASHE incident is authorized to and shall intervene prior to  
35 the arrival of command personnel and specialized units.

36  
37 The overall purpose of these tactics is to save lives and prevent serious injuries. Police  
38 response to an ASHE incident seeks to neutralize the Threat(s) by denying access to  
39 additional victims, rescuing injured victims, and/or rescuing potential victims.  
40  
41



The following seven (7) tenets set general response guidelines for ASHE incidents:

**1. Assume Tactical Responsibility**

One of the first arriving law enforcement officers shall take charge of the ASHE incident. It must be made immediately clear to the law enforcement communications center and other law enforcement personnel exactly who is in charge of the incident. An officer of superior rank who is on scene and fully briefed may ultimately assume scene command.

**2. Situational Analysis**

The law enforcement officer taking charge shall, based on all information available, make a situational analysis. The analysis shall be continuous, taking into account new information from dispatch and observations from officers, victims, and citizens. The analysis must lead to a decision as to whether the situation is an ASHE incident, whether an opportunity exists for immediate intervention leaning to accomplishment of one of the goals listed above, and how responding resources shall be deployed at the scene.

**3. Incident Command (IC) Considerations**

- a. As soon as possible, establish a Command Post (CP) and notify the law enforcement communications center of its location. A Unified Command Structure shall be utilized. Staffing of the CP shall include senior law enforcement officers, senior fire officers, senior EMS officers, and a representative from the affected building/property/location. Personnel assigned to the CP shall have the authority to make decisions during the incident.
- b. IC shall be implemented in accordance with applicable training.
- c. The first law enforcement officer on scene who is not part of a Contact or Rescue Team shall assume the role of IC, initiate situational analysis to determine the best deployment tactics of responding resources, and establish a CP site. The officer shall remain as IC until the officer delegates this Responsibility or a higher-ranking officer assumes the role of IC. At least one person possessing all available information on tactical plans and actions taken shall remain at the CP to brief arriving personnel.



d. The IC shall:

- i. Immediately activate all appropriate tactical teams and bomb squad.
- ii. Choose a safe staging area in the Cold Zone for arriving personnel, including ingress, egress, and accountability.
- iii. Deploy additional Contact and Rescue Teams, as necessary.
- iv. Ensure that appropriate EMS and Fire support units are dispatched to a designated area.
- v. Call for mutual aid as necessary, including additional mutual aid tactical teams and additional bomb squads.
- vi. Deploy RTF teams, if available, to the Warm Zone, as soon as possible.
- vii. Designate a secure staging area for medical units and treatment of the injured.
- viii. Appoint a press information officer and designate a secure media staging area for the press to assemble for briefings.
- ix. Designate a Reunification Center/Area (secure area for victim's families that are arriving on scene).
- x. Deploy/post additional responding personnel to protect the crime scene.
- xi. Call for appropriate follow-up investigative services (detectives, crime scene, etc....) and any other appropriate resources to bring the incident to a conclusion.
- xii. Ensure that the crime scene integrity is protected for crime scene processing.

#### 4. **First Responder Tactical Intervention**

It is critical that all law enforcement officers, supervisors, and command personnel are familiar with the definition of an ASHE as well as the tactics deemed appropriate for an ASHE response. The traditional law enforcement response of contain, isolate, evacuate, and wait for a tactical response team and Crisis Negotiator may not be adequate or appropriate in an ASHE incident. The IC shall need to consider the following:

- a. **Contact/Rescue Team:** First responder intervention shall be based on opportunity. These teams shall be in the form of law enforcement with an identified element leader. Team movement shall be in a controlled and disciplined tactical manner under the control and direction of the team leader consistent with ASHE training.

- 1           b. **Containment:** Dedicated security elements shall always be a component of  
2           the intervention teams. Site containment shall be left to the discretion of the  
3           officer on scene that assumes incident command responsibility and initiates the  
4           situational assessment once the threat(s) has been contained and/or  
5           neutralized. Containment of an ASHE incident may take the form of officers  
6           serving in an “observe and report” capacity.

7  
8           **5. RTF Procedures**

9  
10          If an RTF is deployed, law enforcement officers shall:

- 11  
12          a. Provide movement direction and security of the RTF team. Law enforcement  
13          officers should not assist in lifting, carrying, or treatment of any patient.  
14  
15          b. One (1) law enforcement officer should have 180 degrees front security and  
16          one (1) law enforcement officer should have 180 degrees rear security. At all  
17          times 360 degrees coverage shall be maintained.  
18  
19          c. The front law enforcement officer shall communicate with the CP to coordinate  
20          movement within the Warm Zone.  
21  
22          d. At no time should the law enforcement officers assigned to the RTF team leave  
23          the EMS team further than close direct line of sight. Law enforcement officers  
24          must be able to provide effective defensive cover for the RTF at all times.  
25

26          **6. ASHE – Site Security**

27  
28          No location associated with an ASHE incident shall be considered secure until the  
29          Law Enforcement Command or designee declares it as such. Law enforcement  
30          officers assigned to security functions shall maintain positions until properly  
31          relieved.  
32

33          **7. Tactical/Special Response Teams**

34  
35          When tactical teams are prepared to deploy, the initial responding law enforcement  
36          officers may be relieved by these specialized units or they may be redeployed. The  
37          tactical teams shall assume primary responsibility for the remaining tactical  
38          objectives of the incident under the direction of the IC.  
39  
40  
41

1 **VI. Fire/EMS Actions/Considerations**

- 2
- 3 A. It is the policy of Fire/EMS agencies within Camden County to respond to ASHE
- 4 incidents and provide point of wound care, evacuation of victims, and to provide
- 5 support to law enforcement as dictated by the incident.
- 6
- 7 B. Responding units, when possible, shall turn off audible and visual warning devices
- 8 several blocks away from an ASHE incident. This guideline is not intended to restrict
- 9 department personnel from protecting traffic hazards or other scene hazards with the
- 10 use of visual warning devices as needed.
- 11
- 12 C. Responding units shall respond to a Cold Zone staging area identified by the IC. The
- 13 first arriving unit is responsible for managing staging until the appointment/arrival of a
- 14 designated staging manager. Personnel/Resources shall be identified and prepared for
- 15 operation and await instruction.
- 16
- 17 D. Firefighting entry equipment may be requested for use in ASHE incidents. Such
- 18 equipment shall be sent to a safe staging area near the incident and law enforcement
- 19 officers shall be instructed in its use for deployment within dangerous areas.
- 20
- 21 E. Trained personnel shall assist law enforcement in identifying, containing, controlling,
- 22 and decontaminating hazardous materials when necessary, until the scene has been
- 23 mitigated.
- 24
- 25 F. Fire/EMS personnel shall not assist in the Hot Zone(s) as identified by the IC. Only
- 26 specially trained personnel assigned to an RTF shall operate within the Warm Zone(s)
- 27 when dispatched to those locations through the Unified Command.
- 28
- 29 G. At no time shall fire suppression activities be initiated until direction is received
- 30 through the Unified Command.
- 31
- 32 H. Should an ASHE threat still exist, and the initiation of fire suppression operations is
- 33 absolutely necessary to protect the victims from the imminent danger of a fire, a crew
- 34 of firefighters may be detailed to advance hose lines while in a formation as specified
- 35 by the Unified Command with an armed tactical team surrounding them.
- 36
- 37 I. The goal to maximize life safety is by the rapid assessment, treatment, and evacuation
- 38 of victims.
- 39
- 40
- 41

1 J. The prioritization of life safety actions are as follows:  
2

- 3 1. The rescue and removal of casualties
- 4 2. Providing medical assistance
- 5

6 K. Contact Teams (law enforcement) shall enter the area to engage and neutralize the  
7 threat. Contact Teams shall identify the need for an RTF by communicating the  
8 locations and estimated numbers of casualties to the Command Post.  
9

10 L. An FCCP may be established in the Warm Zone as needed. The establishment of an  
11 FCCP shall be considered in circumstances where several viable patients are found in  
12 one area and cannot be readily evacuated with available resources, or a change in the  
13 incident dictates that it is no longer safe to exit the area with victims. The FCCP shall  
14 ideally have access to building exit points, be large enough to accommodate treatment  
15 or staging of the number of anticipated victims, and can be easily secured.  
16

17 M. A triage/treatment area shall be identified and established in the Cold Zone. Non-RTF  
18 members and Firefighters/EMTs shall be assigned to this task.  
19

20 N. Non-Uniformed Personnel:  
21

- 22 1. Non-uniformed personnel shall wear outer garments clearly identifying them.
- 23 2. Non-uniformed personnel shall respond to the staging area and be assigned as  
24 necessary.  
25

## 26 **VII. General/Unified Actions/Considerations** 27

28 A. During ASHE operations, unnecessary communication can compromise police and  
29 first responder safety. Non-encrypted radio transmissions and cellular telephone use  
30 shall be minimized as they can be monitored. Casualty, tactical, and other sensitive  
31 communications should be restricted to secure communications devices.  
32

33 B. Responders shall display identification that is obviously identifiable from a distance  
34 (uniforms, turnout gear, and appropriate credentials).  
35

36 C. Unified Command and responding units shall be cognizant of the need to maintain  
37 routes of ingress for additional responding units and routes of egress for ambulance  
38 routes and the redeployment of resources.  
39

40 D. Unified Command shall be established with the LE Commander functioning as the IC.  
41 Fire/EMS Commanders shall support operations under Unified Command.

**VIII. ASHE Dispatch/Response Procedures**

A. Upon notification of a potential ASHE incident, the following agencies shall be dispatched to include:

1. Local jurisdiction EMS, Fire, and Law Enforcement Chief Officer and OEM Coordinator, and all in-county tactical teams and bomb squad
2. All Regional RTF resources
3. Two (2) EMS (BLS) units (additional units as necessary)
4. Fire apparatus as delineated in the local jurisdiction fire response plan for ASHE incidents (additional units as necessary)
5. One (1) MICU (ALS) unit (additional units as necessary)
6. County Major Incident Support Assistance Team (MISAT)
7. Camden County Prosecutor's Office (JTTF, Major Crimes and Crime Scene units)
8. County Director of Public Safety, EMS, Fire, Law Enforcement, and OEM Coordinators
9. Mobile Command Posts and all County Department of Public Safety response/support resources
10. New Jersey State Police ROIC
11. Camden County Medical Examiner Duty Investigator

B. Radio response talk groups will be established as follows unless directed otherwise:

1. Law enforcement - All law enforcement radio communications will be conducted on the local Region talk group where the incident is located, until such time that the IC determines otherwise. Dispatchers will clear the Region talk group for incident related communications.

Mutual aid officers in the Region of the incident will respond on the primary Switchover channel. Mutual aid officers from other Regions will respond and arrive on location on their primary Region channel and will then be directed appropriately.

2. Fire and EMS - The Alarm Room supervisor will designate a common interoperability talk group for incident communications. This channel will be announced on the dispatch.

1 **IX. RTF Deployment**

- 2
- 3 A. RTF Teams shall be responsible for moving as rapidly as possible to the location of
- 4 reported victims for the purpose of providing emergency care, arranging for their safe
- 5 removal, and for further treatment.
- 6
- 7 B. The role of law enforcement in the RTF is one of security and movement of the team.
- 8 They should not assist in lifting, carrying, or treatment of any patient.
- 9
- 10 C. One (1) law enforcement officer should have 180 degrees front security and one (1)
- 11 law enforcement officer should have 180 degrees rear security. At all times 360
- 12 degrees coverage shall be maintained.
- 13
- 14 D. RTF teams shall not move into areas that have not been cleared and not get in front of
- 15 contact teams. The movement of the RTF shall be dictated by the law enforcement
- 16 element of the RTF. The IC shall be in constant contact with the RTF law enforcement
- 17 element and shall coordinate RTF movement within the Warm Zone, and
- 18 communicate tactical information including the locations of the RTF, the injured, and
- 19 the Threat(s).
- 20
- 21 E. The RTF EMS element should communicate with EMS Command the location of the
- 22 RTF team and injury and casualty information.
- 23
- 24 F. At no time should the law enforcement officers assigned to the team leave the EMS
- 25 team further than close direct line of sight. Law enforcement officers must be able to
- 26 provide effective defensive cover for the team at all times.
- 27 G. The role of the RTF EMS, when functioning in the Warm Zone, shall be to provide
- 28 stabilizing treatment in sequence and according to the mnemonic S-C-A-B-E, as
- 29 detailed in Appendix B.
- 30
- 31 H. Standard Patient Treatment Protocols are suspended during an RTF operation.
- 32
- 33 I. Ingress and egress corridors shall be designated by Unified Command and limited to
- 34 those entrances and corridors cleared by the initial contact teams.
- 35

36 **X. RTF Equipment**

37

38 (Refer to Appendix A)

39

40

41

1 **XI. Emergency Evacuation Procedures**

- 2
- 3 A. If the zone in which the RTF is operating changes from Warm to Hot due to a direct
- 4 and immediate threat, immediate evacuation of the RTF to appropriate cover shall
- 5 occur. This may include partial or complete evacuation of the team from the building.
- 6
- 7 B. If any member of the RTF is injured during an operation, immediate evacuation of the
- 8 RTF shall occur, and may include a partial or complete evacuation of the team from
- 9 the building.

10

11 **XII. RTF Contacts**

- 12
- 13 A. RTF Team(s) shall be prepared to encounter non-involved individuals, witnesses,
- 14 suspects, and/or explosive devices.
- 15
- 16 B. All information gathered by the RTF, especially Threat(s) descriptions, locations, and
- 17 type of weapons, shall be relayed to the Unified Command.
- 18
- 19 C. Contacts shall be handled as follows:

20

21 **1. Witnesses and Non-involved Individuals (Primarily the responsibility of**

22 **the law enforcement element):**

- 23
- 24 a. Quickly determine if they have any information regarding the Threat(s),
- 25 including location.
- 26 b. Direct them to a safe exit and the evacuee assembly site.
- 27 c. Notify the Unified Command that the witnesses/non-involved individuals will
- 28 be exiting the building, where they will be exiting, and provide a physical
- 29 description.

30

31 **2. Victims:**

- 32
- 33 a. Quickly determine if the victim(s) has/have any information regarding the
- 34 Threat(s), including location.
- 35 b. All victims that are unable to self-extricate are considered Red (critical)
- 36 patients. (Treatment protocols are outlined in Appendix B)
- 37
- 38
- 39
- 40
- 41



1           **3. Explosive Devices:**

- 2
- 3           a. Do not touch the suspected explosive device.
- 4           b. Cease use of radios and mobile telephones within close proximity of the
- 5           suspected explosive device.
- 6           c. Back away from the suspected explosive device the same way it was
- 7           approached.
- 8           d. RTF law enforcement element shall clearly mark the area adjacent to the device
- 9           (with tape or anything else available, i.e., trash cans, chairs, etc...), notify
- 10          Unified Command of the device location, and provide Unified Command with
- 11          a detailed description as soon as safe to do so.
- 12          e. RTF will be evacuated from the area.
- 13

14           **4. Threat(s):**

15

16           If the RTF encounters the Threat(s), their mission changes and the RTF law

17           enforcement element shall act as a Contact Team. The RTF EMS element shall

18           retreat to a position of cover that maximizes life safety.

19

20   **XIII. Casualty Collection Point(s)**

- 21
- 22           A. A Triage/Treatment area shall be designated in the Cold Zone, designated as the
- 23           primary CCP.
- 24
- 25           B. If determined to be necessary, RTF teams may establish an FCCP in an area of the
- 26           Warm Zone approved by Unified Command. One (1) or two (2) RTF teams shall be
- 27           designated to operate this post.
- 28
- 29           C. If multiple patients are being evacuated, a temporary CCP "way station" shall be
- 30           designated at the location of the external RTF supply depot and ingress/egress port
- 31           (the portal), while personnel are deployed to move the patients to the Primary CCP
- 32           (treatment area).
- 33
- 34           D. This is the destination to which RTF teams shall evacuate non-ambulatory casualties.
- 35
- 36           E. Non-RTF Fire/EMS personnel shall be tasked with the immediate evacuation of non-
- 37           ambulatory patients from this temporary FCCP to the external triage/treatment area in
- 38           the Cold Zone.
- 39
- 40           F. Members of the Extraction Group may use a variety of available patient moving
- 41           devices, including SKED or Raven stretchers for this function.

1  
2 G. Patient care in the Primary CCP shall be provided by non-RTF personnel, ALS  
3 Medics, and mutual aid assets.  
4

5 H. Transport assets shall be staged at this location or off-site, as the situation warrants and  
6 coordinated by the transportation supervisor.  
7

8 **XIV. Demobilization/Debriefing**  
9

10 A. Demobilization shall include member information regarding post-incident briefings,  
11 stress management briefings, and family support information.  
12

13 B. A Critical Incident Debriefing shall be offered to all responders with a qualified  
14 mental health professional(s) or a critical incident stress counselor(s).  
15

16 C. Additional counseling shall be provided based upon recommendations of the mental  
17 health professional(s), counselor(s), the responder's request, or at the direction of an  
18 agency's Chief Officer.  
19

20 **XV. Training**  
21

22 Joint practical exercises including emergency services, school districts, and business  
23 entities shall be conducted amongst the agencies operating within the County and  
24 preferably with tri-county agencies.  
25

26 **XVI. Release of Information**  
27

28 A. The anticipated arrival of the media at an ASHE incident mandates the assignment of a  
29 designated Public Information Officer. The Public Information Officer of the Camden  
30 County Prosecutor's Office shall be the primary liaison with the media.  
31

32 B. Access to the scene shall be restricted to emergency personnel. Any media arriving at  
33 the incident shall be directed to a media staging area as determined by the Unified  
34 Command.  
35

36 C. No information shall be released to any news media without the authorization of the  
37 Camden County Prosecutor.  
38  
39  
40  
41

1 D. The Camden County Prosecutor, in conjunction with the Chief of Police or designee  
2 from the municipality in which the ASHE incident has occurred, shall be responsible  
3 for the coordination and release of information, including, but not limited to,  
4 interviews with media, issuance of press releases, and the scheduling and conducting  
5 of press conferences.  
6

7 **XVII. Policy Review**  
8

9 This policy shall be reviewed on an annual basis by the Camden County Public Safety  
10 Active Shooter/Hostile Event Working Group under the direction of the Camden  
11 County Department of Public Safety.  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40

APPENDIX A

TECC / RTF Equipment

Level III-A Ballistic Protection Vest (Tactical Operator Vest or Optional Vest/Plate Holder)  
Biceps, Shoulder and Groin Protection Optional

Ballistic Helmet (MaxPro Model #BA3A, or equivalent)

QTY

6.6 Pouch (Attached to front of vest)

Occlusive Chest Seal - Pkg of 2

4

Nasopharyngeal Airway - 28 Fr.

5

NPA Lube

5

Tactical Shoulder Bag (5.11 Bail Out Bag, or equivalent)

Emergency bandage (Israeli) - 6"

3

Emergency bandage (Israeli) - 4"

3

Elastic Bandage 4" (Ace Bandage, or equivalent)

2

Blue Cyalume SnapLight - 6"

4

Constrictive Band Tourniquet (SWAT-T or equivalent)

3

Tourniquet (CAT, MET, or equivalent)

4

Wound Packing - Z-fold or roll gauze

4

5x9 Dressing - Wound Packing

4

Hemostatic-Impregnated Gauze Dressing

8

Tourniquet (Sof-T or equivalent) - On front of vest

3

Rear Pouch for rescue drag straps (6.10)

1

(On back of vest)

## APPENDIX B

### Rescue Task Force Treatment Protocols

RTF Treatment Protocols will follow the mnemonic, S-C-A-B-E:

#### S - Situational Awareness:

Be aware of surroundings, potential threats such as IEDs, and open routes of rapid egress.

All patients within a reasonable geographic area, not more than earshot of a quiet voice and direct line of sight from the law enforcement officers, should be rapidly assessed.

Ambulatory patients should be directed to evacuate area down corridor used for RTF ingress.

Non-ambulatory patients should be medically stabilized, addressing all life-threatening injuries and either evacuated or placed in proper position while awaiting evacuation.

The determination to evacuate the patient or advance to the next patient will be based on patient need, status of next RTF team, and equipment status.

Generally, the RTF team will advance until equipment is depleted.

#### C - Circulation – Assess for and treat life threatening extremity hemorrhage:

Direct pressure to the proximal artery, brachial or femoral, should be immediately applied by kneeling on the artery with the body weight. This allows for both hands to be free to apply the intervention.

Tourniquets are to be placed immediately on the following extremity wounds:

- Total or near-total amputations

- Large vessel arterial bleeding

- Massive large vessel venous bleeding

- Any wound that cannot be adequately controlled with a pressure dressing

- If there is any doubt whether the wound requires a tourniquet

1 Tourniquets are to be placed as proximal as possible on the limb, regardless of injury  
2 location for rapid control of bleeding; essentially "high and over the clothes".  
3

4 Mechanical pressure dressings may be applied for anatomically amenable wounds. Deep  
5 wounds should be packed with a hemostatic agent and gauze to transmit pressure deep  
6 into the wound to the site of bleeding.  
7

8 **A - Airway: Assess for airway patency:**  
9

10 Basic airway maneuvers are emphasized.  
11

12 Any occluded airway or any patient with altered mental status will have a nasopharyngeal  
13 airway placed.  
14

15 Casualty will be allowed to assume any position that best protects the airway, to include a  
16 sitting position.  
17

18 **B - Breathing: Assess for any open or sucking chest wounds:**  
19

20 Place an occlusive chest seal to any trunk wound anterior or posterior, from the  
21 umbilicus to the clavicles.  
22

23 **E - Evaluate and Evacuate: Assess effectiveness of interventions and initiate evacuation:**  
24

25 Check tourniquets and pressure dressings for adequacy.  
26

27 Assess for unrecognized hemorrhage/Roll patient and examine posterior for injury.  
28

29 Reassess for respiratory distress and proactively treat if present.  
30

31 Place conscious patient in position of comfort and unconscious patient in recovery  
32 position.  
33  
34  
35  
36  
37  
38  
39  
40

1 Communicate RTF status with Fire/EMS Command.

2  
3 If adequate supplies remain and untreated patients have been identified by Contact Teams or  
4 previous RTF Teams, law enforcement officers should move the RTF team to location of  
5 untreated patients.

6  
7 If no supplies remain or if all identified patients have been treated, the RTF team should initiate  
8 evacuation of critically injured to available CCP.

9  
10 Law enforcement escorts RTF team and patient during egress.

11  
12 Patients are evacuated using the appropriate effective evacuation carry or other evacuation  
13 device.



# **CAMDEN COUNTY MODEL POLICY**

## **ACTIVE SHOOTER/HOSTILE EVENT (ASHE) UNIFIED RESPONSE**



February 9, 2017