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THE LAW ENFORCEMENT MAGAZINE

**SPECIAL  
REPORT**



# ACTIVE SHOOTER RESPONSE

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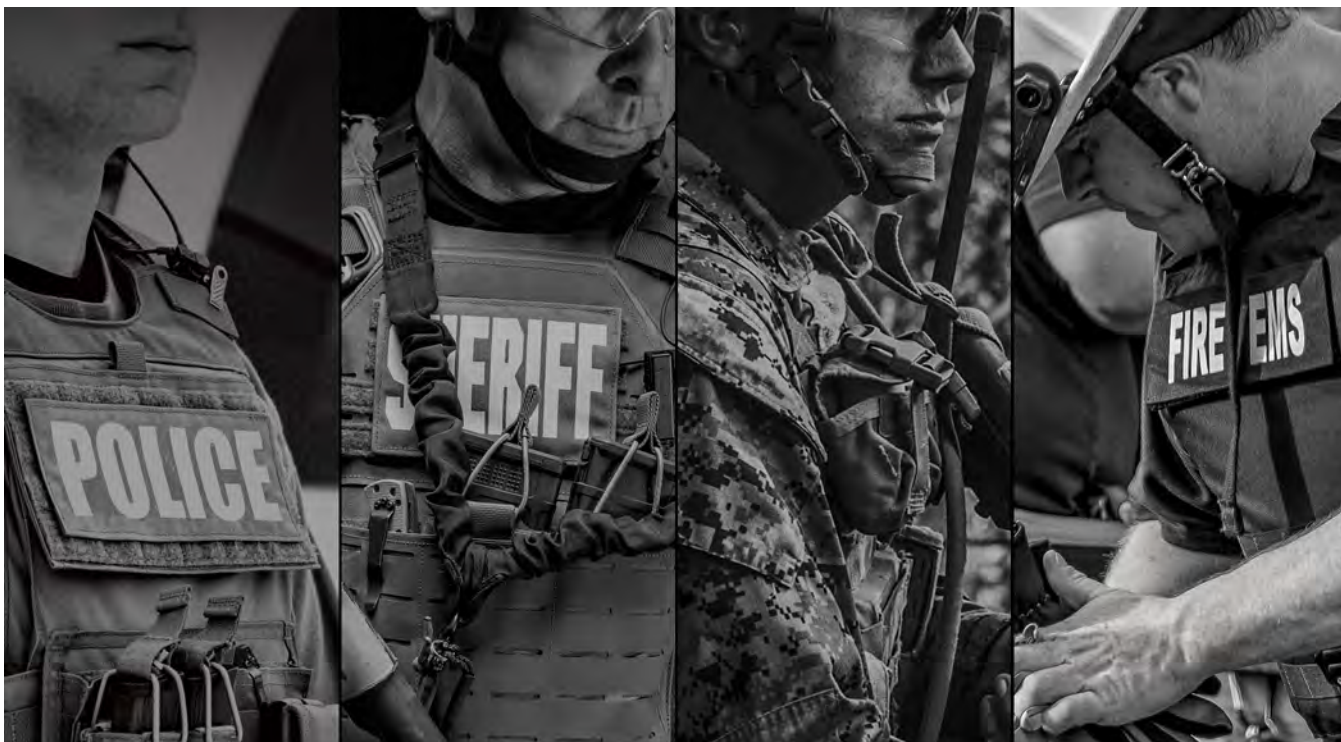


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Franklin Rau

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# Pre-Attack Behaviors

DOUG WYLLIE

## WHAT DOES THE FBI'S LATEST STUDY ON ACTIVE SHOOTERS REALLY MEAN?

**In late June**, the FBI released what it called Phase Two of the agency's ongoing examination of active killer events that took place between 2000 and 2013. In Phase One of the study, researchers focused on the circumstances of the active shooting events—location, duration, and resolution of the attacks—but did not attempt to identify the offenders' motives or any "observable pre-attack behaviors."

The objective of the latest report "was to examine specific behaviors that may precede an attack and which might be useful in identifying, assessing, and managing those who may be on a pathway to deadly violence."

How successful was the FBI's latest active shooter report titled "A Study of Pre-Attack Behaviors of Active Shooters in the United States Between 2000 and 2013?"

More importantly, who should be the primary audience for the findings?

### CONFIRMING ASSUMPTIONS

Law enforcement officers—especially those who have had firsthand experience in responding to an active killer incident, or investigating one after the fact—have enough experiential knowledge to draw some subjective conclusions about these offenders.

Consider some of our current, pre-existing assumptions about active killers. We believe they:

- Are single males (not in a romantic relationship) at the time of the attack
- Had some manner of grievance against one or more individuals at the attack location
- Experienced mental health issues just prior to (or at the time of) the attack
- Spent at least some time planning their attack (at times even threatening its imminence)
- Exhibited behaviors that (after the fact) could be construed as pre-attack indicators

The FBI sought in this latest study to examine data culled from 63 separate incidents to determine the accuracy of those assumptions.

Unsurprisingly, our suppositions turned out to be pretty accurate.

According to the FBI, three quarters of the subjects spent a "week or longer planning their attack." Only a quarter of those included in the study were diagnosed with a mental illness, but almost all were "experiencing multiple stressors (an average of 3.6 separate stressors) in the year before they attacked."

Those stressors include "financial pressures, physical health concerns, interpersonal conflicts with family, friends, and colleagues (work and/or school), mental health issues, criminal and civil law issues, and substance abuse."

Importantly, the FBI said that having mental health issues "is not synonymous with a diagnosis of mental illness."

Undiagnosed conditions such as depression, anxiety, and paranoia may be witnessed by people close to the attacker, and addressed directly with the individual, or reported to authorities.

The FBI said that on average, active killers displayed four to five "concerning behaviors over time that were observable to others around the shooter" such as problematic interpersonal communications, and/or "leakage of violent intent."

The FBI said, "In the weeks and months before an attack, many active



shooters engage in behaviors that may signal impending violence. While some of these behaviors are intentionally concealed others are observable and, if recognized and reported, may lead to a disruption prior to an attack."

### CITIZEN RESPONSE

This means that some of the most important players in the prevention of a mass killing are not sworn law enforcement officers—they are the co-workers, teachers, family members, and neighbors who are most likely to be close enough to the attacker to pick up on the tell-tale pre-attack indicators.

The trouble is, these individuals may not fully understand the behavior they're seeing to be warning signs of impending violence. What's worse, friends and family may even delay or outright resist reporting their observations to law enforcement because they don't want to falsely accuse an individual of being a potential killer.

They may witness an individual's ex-

pression of violent ideation—whether verbal, non-verbal, or written—and chalk it up to "being nothing."

They may even ignore outright threats of violent action.

**"In the weeks and months before an attack, many active shooters engage in behaviors that may signal impending violence. While some of these behaviors are intentionally concealed others are observable..." -FBI**

The report said, "The successful prevention of an active shooting frequently depends on the collective and collaborative engagement of varied community members: law enforcement officials, teachers, mental health care professionals, family members, threat assessment professionals, friends, so-

cial workers, school resource officers... and many others. A shared awareness of the common observable behaviors demonstrated by the active shooters in this study may help to prompt inquiries and focus assessments at every level of contact and every stage of intervention."

Law enforcement leaders must find ways to empower people to report their concerns. Police must educate the public about the warning signs to watch for. Officers and investigators also have to treat every reported concern seriously.

The FBI's recent report revealed very little that law enforcement professionals didn't already know.

However, it may not be police who are the primary beneficiaries of this new report.

Hopefully the document serves to better educate the public about their pivotal role in preventing future tragedies from happening. ■

*Doug Wyllie is contributing web editor to POLICE.*

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# TRAINING TO GET ON THE SAME PAGE



**TO TRULY SAVE LIVES AT AN ACTIVE SHOOTER INCIDENT, OFFICERS NEED TO LEARN TO EFFECTIVELY COORDINATE WITH FIRE AND EMS AT THE SCENE.**

**MELANIE BASICH**

**LAW ENFORCEMENT** is constantly training on responding to active shooter situations and stopping the killing by stopping the threat. But that might cover only the first two minutes of an incident. What about the next 20 minutes? What should officers be doing in the immediate aftermath?

Conventional wisdom about active shooter response has shifted to include fire and EMS personnel entering the scene much sooner than in the past to help the injured. To maximize lifesaving, law enforcement officers need to coordinate with each other as well as fire and EMS. Active Attack Integrated Response courses provide practical training for how to do just that.

## ACTIVE ATTACK INTEGRATED RESPONSE

► The Advanced Law Enforcement Rapid Response Training (ALERRT) Program at Texas State University (<https://alerrt.org>) is devoted to active shooter response training. Currently, 14 different ALERRT courses covering different aspects of active shooter response are delivered across the country, with costs usually entirely covered by state and federal training funds. Host agencies need to provide a facility and the people to participate, and ALERRT staff handle the rest, including equipment and curriculum.

The Active Attack Integrated Response (AAIR) course goes beyond the initial response and focuses on the first 20 minutes of an active shooter situation and how everyone works together. It's available as a two-day basic operator course or a five-day train-the-trainer course. Both include 42 students: 25 law enforcement officers from multiple agencies, 15 fire and EMS personnel, and two dispatchers per class. The training teaches officers medical skills based on tactical emergency casualty care (TECC) guidelines to aid victims and focuses on law enforcement, fire, and emergency medical services integrating their response and resources.

John Curnutt is the assistant director of the ALERRT Program at Texas State University. He spent much of his 21 years at a Texas police department serving on a multi-agency SWAT

team, so he knows the value of coordinated training for large-scale events.

"Over the years, we noticed that fire and EMS were kind of sitting in the staging area, wanting to get involved," Curnutt says. "So now the big thing is the integration. How do we, as safely as possible, get them closer to these problems and sooner? That's what we're working on now: show them different options on all the different ways that we can stop the killing, stabilize the scene, stabilize the patient, and get the critically injured out of there as quickly as possible."

## TAILOR MADE

► AAIR training is targeted to address the needs of the specific agencies being taught. First of all, larger agencies generally have more resources, funding, and manpower compared to

smaller agencies. Beyond that, different agencies and even different regions have certain types of tactics and training they tend to focus on...and others they may neglect. This is also true of fire and EMS medical intervention tactics, and their different ways of doing things might not all mesh together. AAIR training aims to put everyone on the same page as much as possible by tailoring training to the agencies. Curnett says, "When we go all over the country, we have to be flexible in what we're showing and how we're showing people how to achieve these goals: stop the killing, stop the dying, rapidly evacuate the casualties."

While fire and EMS use incident command structure often and well, he says it's something most law enforcement officers don't have as much experience with. So the training addresses this discrepancy and pushes everyone involved to fill any gaps of skill and knowledge and figure out

what they actually need to do when a critical incident occurs. "We'll ask the people in the class first, 'How would you handle this? What would you do here? What does your policy allow you to do in a situation like this? Can you establish command? Can you call for these resources or does it have to be some level above you?'" Curnett explains. "And we'll get them involved in the critical thinking and problem-solving process."

## TRUE TEST

► The importance of this type of training is evident in the Las Vegas law enforcement response to the outdoor concert mass



*ALERRT's Active Attack Integrated Response program prepares LE agencies to work with fire and EMS personnel during an active shooter incident.*





PHOTOS: ADVANCED LAW ENFORCEMENT  
PRACTICES TRAINING AT TEXAS  
STATE UNIVERSITY

shooting in October 2017. Local law enforcement agencies had trained extensively with each other and with fire and EMS services, preparing for various types of critical incidents. And it served them well.

"When the attack happened at Mandalay Bay, they said the textbook was thrown out the window. And what got them through it was the preexisting relationships, trust, clear lines of communication, and having a command and control in place that could think at the speed of the situation instead of trying to apply what they've always done," says Curnett. "The situation was way beyond anything they'd ever prepared for." But because they had spent time doing the right type of training, they were able to handle it with aplomb.

Such an incident is a true test of first responder agencies' ability to work together. This is the reason the ALERRT program developed the AIRR program. If nothing else, it's a jumping off point to build from. Curnett says, "Simply being in the class and forcing people to be next to each other for a couple days, some-

times that's enough to get the relationships formed and start fostering that communication."

Going through realistic scenarios in this training also opens people's eyes to what they need to work on and gives them goals to work toward. And this doesn't just apply to the law enforcement officers and agencies involved.

The training provided to Fire and EMS personnel helps bridge their gaps in knowledge about law enforcement's role. It provides them with some tactics to employ at the scene and makes clear how officers are operating as well as what they're asking them to do and why. This understanding helps all of the players seamlessly interact when it really counts. And the time to figure this all out is now because you never know when you'll need to call upon this training.

"You have to get past basic training and start merging it all together," Curnett emphasizes. "We all need more complex training because the world is throwing more complex stuff at us." ■



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# TACTICAL MEDICS IN ACTIVE SHOOTER RESPONSE

**Properly trained officers and medical personnel can enter an active threat area and save lives.**

**LAWRENCE HEISKELL**

**D**uring an active shooter event, law enforcement will often stage fire and EMS personnel remotely for their personal safety. The traditional fire and EMS crew is reluctant to enter the scene until they are convinced that the area is absolutely safe because they are not tactically equipped or

trained. Unfortunately, while these responders wait for the "all clear," wounded officers and/or victims could bleed to death. And fire and EMS not having direct communication channels with the command post can also create even more delays, preventing pre-hospital care providers from being able to perform

effectively.

The need to get immediate care to people during police response to mass casualty incidents led to the development of tactical emergency medical support (TEMS) for law enforcement. Today, more and more police tactical teams have added emergency medical personnel. Some

have trained full-time SWAT officers as EMTs or paramedics. Others have trained medical personnel such as rescue task force personnel in police tactical operations.

Few events present more challenges for law enforcement tactical medical response than the active shooter incidents.



## TRIAGE and Reverse Triage

**Significant efforts** on the part of fire and EMS agencies, along with pre-planned coordination with law enforcement, are necessary during active shooter response in order to effect prompt rescue and save human lives. Therefore it is essential that local agencies have policies in place before an event occurs to ensure cooperative and coordinated response and emergency medical care.

Historically, active shooter incidents usually end a few minutes from the time they begin. However, the response actions typically play

out over a longer period of time.

The scene may include a "hot zone" or an area of "direct threat" with an ongoing active shooter or shooters. Inside this hot zone, it is common to find multiple casualties requiring extensive triage, emergency medical care, and treatment. Extraction and evacuation efforts as well as transport to trauma centers and hospitals may include large numbers of response personnel, bystanders, and volunteers.

Clinical data collected from prior active shooter incidents has demonstrated that victims who sustain only minor injuries will self-evacuate and seek additional care from responding fire, EMS, and law en-

forcement units on the periphery of the event. This creates a diversion and can delay emergency medical personnel responding to victims who are significantly wounded. This problem doesn't only affect medical personnel at the scene. Victims with minor injuries may self-transport to nearby hospitals and create emergency department overcrowding before the arrival of the more severely injured.

This is known as the "reverse triage effect," where the least injured enter the emergency medical system first and can significantly impede response operations both on-scene and in the receiving medical facilities.





*Providing medical care in a tactical environment can be extremely challenging.*

PHOTOS: LAWRENCE HEISKELL



## PLANNING for the Worst

**Regardless** of the tactical medic's professional standing, he or she will quickly learn that providing medical care in a tactical environment can be extremely challenging. Traditional EMS doctrine maintains that rescuer and scene safety are first priorities, and that patient care is a secondary concern. What sets tactical EMS apart from standard EMS is the ability to render immediate care in the operational area.

Every active shooter incident is different in terms of the location, the weapons used, and the motives of the attacker. These events can range from unplanned, revenge-motivated, or random events to extensively planned terror-related events.

The successful command and

control of any active shooter incident is based on multiple levels of planning and coordination, including fire and EMS response assets, public safety and private sector responders, facility personnel who provide expertise regarding technical and facility matters, as well as hospitals and trauma centers.

Using the Incident Command System (ICS) will provide a framework for managing the incident and should be utilized by the responders and infrastructure operators. Effective planning requires mutual goals, critical reviews, evaluation, revision, and continued practice. Planning, coordination, communication, and information sharing must be common and practiced among all responders to such an incident. There must be a commitment to prepare and plan for such events long before it occurs.

## Phased RESPONSE



*Using a tourniquet can stop hemorrhagic bleeding and save lives.*

**Your incident command** plan should include when and where casualties will be treated and how they will be evacuated from the point of wounding using the THREAT principles (threat suppression, hemorrhage control, rapid extrication to safety, assessment by medical personnel, and transport to definitive care). This will improve survivability and should be an integral part of planning. Determine which agency or personnel will locate victims and triage them, provide point of wounding medical stabilization, and/or remove victims to a safe location with hard cover if possible, thus establishing a casualty collection point.

In the first phase, you

are about to enter a tactical environment and a crime scene. Your safety is paramount and the possibility still exists that you or other officers at some point may come under hostile fire. The tactical medic must at all times be fully aware of the surroundings and any potential threats.

In the second phase, you and the victim or victims you are treating are considered relatively safe, and you will be able to provide emergency medical care based on your scope of practice, level of training, and equipment carried with you. Begin to formulate extraction decisions as you evaluate and treat the victim. Inform your tactical team leader of your clinical findings and

when you plan to extract the victim.

In the third and final phase, the victims are extracted from the scene and evacuated to the location of the appropriate method of transportation for delivery to a medical treatment facility capable of treating the injury. Transporting the victim to the nearest hospital may or may not be in best interest of emergency care. Trauma is a surgical disease and is treated in the operating room, not in the emergency department. Make every attempt to transport the patient with penetrating trauma to an appropriate hospital with trauma services. Try to achieve the platinum half-hour. →

## TREATING the Victims

**What you can do** for the victims at the scene depends on your level of medical knowledge, your skill at treating trauma patients, and the tools available to you. But there are some relatively simple things tactical medics can do with basic first-aid gear that can and will save lives.

**Hemostatic Bandages and Tourniquets**—If the blood flow is under pressure such as in a femoral artery wound, the normal clotting mechanism fails to stop the bleeding and the victim can bleed to death within a few minutes. Bleeding in the chest, pelvis, and abdomen is impossible to detect in the field and can result in a large amount of blood loss. Once the blood loss exceeds about 40% of the total blood volume, which is about five liters, an irreversible shock state begins and the victim dies.

There currently are many blood-clotting hemostatic bandages and tourniquet styles on the market. Readers are strongly urged to carefully conduct their own investigation to determine what is best for their agency.

**Recognizing and Treating the Sucking Chest Wound**—One of the most serious of all penetrating chest injuries occurs when a bullet or a piece of shrapnel rips open a hole in the chest wall, entering the lung, causing it to collapse. The victim gasps for air, has extreme difficulty breathing, and frothy blood often bubbles from the wound. This is the sucking chest wound, and if not recognized and treated promptly the victim will most certainly die.

In this type of injury the chest cavity is no longer a sealed system and unrestricted air is allowed to rush through the wound in the chest wall and into the chest cavity during inhalation. This now-positive intra-thoracic pressure system causes the lung on the affected side to collapse. Unless the hole in the chest wall is patched the lung is un-

able to re-expand.

The untreated collapsed lung results in lack of oxygen in the blood and rapidly leads to loss of consciousness and coma. More bad things begin to happen with the shifting of the great vessels to the opposite side of the injury. Moments later, things get even worse when this pressure kinks off the large blood vessels returning all of the body's blood to the heart, resulting in decreased blood flow to the heart. After a few minutes the heart no longer pumps enough oxygenated blood, the body goes into irreversible shock, and the victim dies.

Sucking chest wounds require an immediate occlusive dressing or a commercially available vented

*Packing an abdominal wound on scene can stop a victim's bleeding until more advanced medical care is available.*



PHOTOS: LAWRENCE HEISKELL



chest seal. Over the years there have been many suggested field expedient dressings such as aluminum foil, duct tape, cellophane wrappers, and Vaseline gauze. In the real world it is probably most likely that when the moment arrives you will not have all your medical gear with you and a field expedient occlusive dressing will have to be improvised.

Your ability to think and act

*For severely injured victims to survive they need to get to a trauma center or other medical facility for surgery by any means necessary.*

quickly will save the victim's life. You could use a Ziploc sandwich bag, a large candy wrapper, or a piece of a plastic trash bag. A credit or ID card would even work once taped into place. Actually, any airtight material will work quite well.

Even with these interventions it is possible for the victim suffering from a sucking chest wound to develop a tension pneumothorax. This is another life threatening emergency, and it will need to be released.

**Recognizing and Treating Tension Pneumothorax**—After penetrating trauma to the chest, air becomes trapped between the chest wall and the lung, otherwise known as a tension pneumothorax. A tension pneumothorax is believed to cause about one-third of combat deaths from penetrating injuries to the chest. These deaths can be reduced or prevented with immediate recognition and treatment.

The air escapes from the torn or lacerated lung and moves into the area between the chest wall and the lung called the pleural space. A major problem begins when the air cannot return to the lung and with each breath more and more air accumulates in the pleural space.

Essentially what has happened is the creation of a one-way-valve effect. Progressive build-up of air pressure in the pleural space pushes the heart and the major blood vessels exiting and entering the heart to the opposite side of the chest and obstructs



venous blood returning to the heart. This leads to circulatory collapse and eventually death if not treated.

A simple procedure called needle thoracentesis is used to diagnose and treat a tension pneumothorax. The management of tension pneumothorax is emergent chest decompression with needle thoracostomy. A 14-gauge angiocath-type (catheter over needle) needle is preferred.

The standard approach is to insert the needle into the second intercostal space at the mid-clavicular line. The needle is advanced and an immediate rush of air out of the chest indicates the presence of a tension pneumothorax. The maneuver essentially converts the tension pneumothorax into a simple pneumothorax, which is typically not a life-endangering situation.

There are many locations on the chest wall where a needle thoracos-



*Many types of tourniquets are out there. Test them out to determine the ones best suited to your agency, and always have them on hand to use when needed.*

tomy may be performed. If you have a 14-gauge needle that is less than 3.25 inches and your victim has very large chest muscles simply look for a thin area anywhere on the chest wall, especially laterally under the arms, and insert the needle here. Do not fixate only on the second intercostal space as your only option for needle insertion.

While simple interventions performed in the field can save lives after an active shooter attack, it's

important to remember that trauma is a surgical disease and it is fixed in the operating room. Advanced medical care and immediate extraction and evacuation to a Level One Trauma Center is paramount. ■

*Lawrence E. Heiskell, MD, FACEP, FAAFP is an emergency physician and reserve police officer with the Palm Springs (CA) Police Department. A member of the POLICE Magazine Advisory Board, Dr. Heiskell is the founder and director of the International School of Tactical Medicine. The school offers an 8-hour Law Enforcement Tactical Life Saver Course for patrol officers, an 80-hour (2-week) Tactical Medicine course, and an alternative 40-hour Tactical Medicine Course for tactical medics, all of which are approved by California POST and the U.S. Department of Homeland Security.*



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**READ IT WHERE  
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**I**n years past engaging your community with departmental crime prevention initiatives was pretty simple. You hosted a community meeting and offered up your staple products. Most of these were boiler plate speeches with everyday burglary prevention advice. Today, there's a "new normal," with community groups, the business community, and all of our customers demanding more intensive crime prevention programs.

For me, as chief of police for Ephrata, PA, the new normal is to prepare for the possibility and train for the probability of active shooter incidents. And this new normal includes talking to community groups about these attacks.

What most adults, business leaders, and the clergy at houses of worship have realized is that their children and grandchildren have more training in active shooter reaction than they do. And they believe it is time to learn. They want to know how to respond to and hopefully survive such an event.

Of course, when I am speaking to community groups, I am likely to have people in the audience who believe "it will never happen here" in Lancaster County, PA, and they can be quite

vocal in expressing those beliefs. I say two things to these naysayers. One, we live and work in the county where the Nickel Mines Amish school shooting occurred in 2006. So it has already happened here, and not that long ago. Next, I ask them this question: "If you knew you were going to be in a fight for your life tomorrow, what would you do to prepare for it today?" Before they answer I tell them,

"If the time to perform arrives, then the time to prepare has passed." Most of them then become believers.

Many departments are now besieged by groups requesting active shooter response training. This is a dilemma for many chiefs and sheriffs who are faced with new demands: Now, how do we offer this and are we reaching all of our customer base?

Before you can start educating the community about what to do in case of an active shooter attack, you have to build relationships with community groups.

### **The Business Community**

**O**ne of the best ways to connect with your business community is by becoming a member of or participating in your local chamber of commerce or similar business-focused organization in your community. In my case, it is a requirement for me to be a member of the COC. In the meetings, I can network and mingle with business leaders and owners. One successful way of engaging other members in this environment is to attend mixers and informal educational meetings such as the brown bag lunch and learn program or even formal presentations.

When you have presented to your groups, prepare for the follow-up calls. Many businesses have required safety training to meet industry and insurance standards. These presentations from you about active shooter response tie in with their company training.

Of course your goal in presenting the training is not to help local businesses with their insurance. But you want to create a team so to speak, with the business community and police working together. This is a strong bridge to the next logical steps of engaging the rest of the community base. Business leaders and employees have other memberships that will help you create links to other groups.

# **TALKING TO THE COMMUNITY ABOUT ACTIVE SHOOTERS**

**It may take some effort to convince people that attacks can happen in your town, but educating them in how to respond can be very beneficial to them and you.**

**WILLIAM L. "BILL" HARVEY**



## Community Organizations

Local law enforcement leaders are always on the speaking circuit within their communities; it's part of the job. The organizations that we speak to are usually service-oriented or philanthropic, business, fraternal, veteran, or religious groups. Many of these groups have community safety initiatives, which is a great connection between your department's mission and their missions.

When presenting before these groups, you will find the members often have connections to even more organizations. I have been amazed through the years that one presentation can often open doors into many other organizations.

## Houses of Worship

Due to the diversity of faiths within our country, it can be difficult to reach out to all of your houses of worship. Most department leaders or emergency managers will have some listed contacts for larger houses of worship that are used for emergency sheltering. But it can be difficult to contact smaller houses of worship. Not all have a traditional telephone or are on social media.

The best starting point is to contact your local ecumenical association or any organization where your local religious leaders of all faiths gather together. If you are invited to meet with them, this will be a great connection. Most of the time they wish to hear about current issues so that they can assist the community and law enforcement. Providing for the homeless, helping people with addictions, and helping people affected by economic problems or disasters are their mainstays. But you have to talk to them about attacks on houses of worship, including active shooters.

Houses of worship today are the most vulnerable of all of the community's assets. And sadly, today's crime prevention presentation for houses of worship must go far beyond locking the building and securing any valuables. I strongly recommend an enhanced crime prevention strategy for houses of worship that includes safety team training and active shooter response training.

## Getting Started

If your department does not have an active shooter presentation for the masses, invest the time of your training staff and offer presentations to your community. Your community will

embrace it and be grateful. Until then, if you can identify a trusted trainer with a solid product, seek them out. Personally, I have performed many presentations within my region through our local task force.

There are a number of programs that can help you produce a quality active shooter training program. Here's a quick look at some of them.

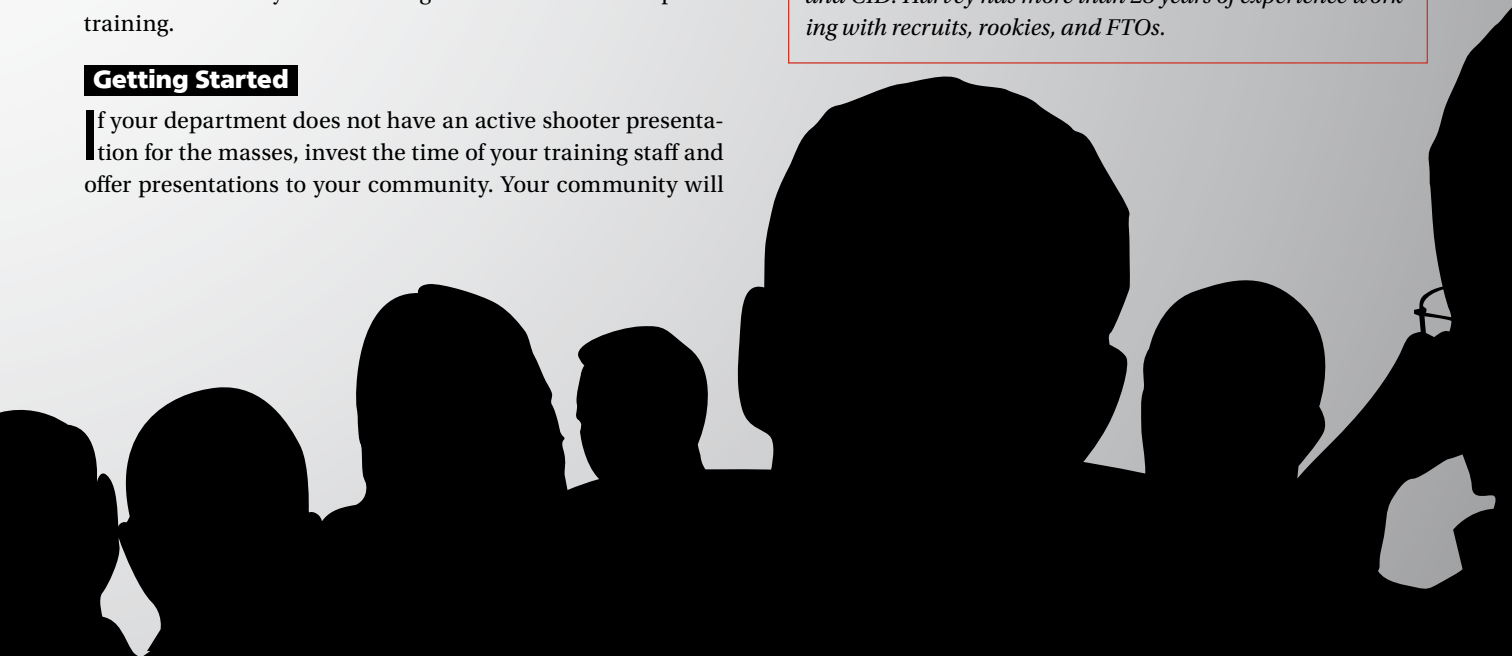
"RUN. HIDE. FIGHT. Surviving an Active Shooter Event" is a video from the Department of Homeland Security. It's on YouTube in English and Spanish, and with subtitles. Although this is a mere start of what a good presentation should be, it provides a basic foundation on what to do should an active shooter attack. It also promotes discussion and questions, so be prepared to moderate.

ALERRT (Advanced Law Enforcement Rapid Response Training) offers law enforcement training on its Civilian Response to Active Shooter Events (CRASE) program. Visit the ALERRT Website (<https://alerrt.org>) to review the available training.

And there are many more active shooter response programs and qualified trainers. A web search will give you a list to start with. Research them as to what is more compatible with your department's needs and budget. Also, I always recommend that you ask for past customers' names so that you can perform your own due diligence in selecting a vendor or program.

In closing, engaging your community is a continual, evolving process that requires sweat equity. It is difficult for the new chief or sheriff, especially if they are new to the area. These ideas should help assist you in gaining better connectivity with your customer base and help you educate them on what to do in case of an active shooter event. ■

*William L. "Bill" Harvey is the chief of the Ephrata (PA) Police Department. He retired from the Savannah (GA) Police Department where he worked assignments in training, patrol, and CID. Harvey has more than 25 years of experience working with recruits, rookies, and FTOs.*



# LENCO BEARCAT MEDEVAC G3

This armored vehicle allows officers to bring medical supplies to even remote active shooter scenes and evacuate the injured.

MELANIE BASICH

► When a call goes out over the radio that an active shooter event is taking place, response time matters. And getting medical aid to the wounded and transporting the critically injured to hospitals is key to saving victims' lives. Lenco's BearCat MedEvac G3 is built to handle such incidents even in hard-to-reach locations.

This armored vehicle fits 10 to 12 fully equipped officers so they can get to the incident and deploy quickly. Inside, the BearCat G3 has on-board oxygen tanks and can hold up to two litters, ample compartments for medical supplies, a light work station, and an optional water nozzle. It also has a rescue hatch and an optional thermal camera that can be used during search-and-rescue missions at any time of the day. An open floor plan allows for rescue of downed personnel.

The BearCat G3 provides Lenco's proven armor sys-

tem in a ruggedized off-road platform. The G3 has the same body design, interior features, and tactical options as Lenco's G2, but it comes standard with a heavier duty upgraded suspension and off-road tires, rims, and run flats to provide enhanced off-road performance. It also features all-steel armor construction, high ballistic protection, and a V8 turbo diesel engine.

Lenco says the increased ground clearance and robust suspension allow for emergency response in rural regions where standard armored SWAT vehicles would experience challenges. ■

[www.lencoarmor.com](http://www.lencoarmor.com)



PHOTOS: LENCO





PHOTOS: ABOUB BEDRO, PHOTOGRAPHED AT BULLETPROOF SECURITY (PHOENIX, AZ)

# THE ARMORED GROUP BATT-X

This off-road capable vehicle provides officers with armored protection while they're actively responding on scene.

MELANIE BASICH

► **An armored vehicle first needs to get officers to a call.** The more protection it can provide them once they're on scene the better. The BATT-X (Ballistic Armored Tactical Transport) is designed to carry 12 to 14 officers comfortably, depending on the size of the operators and the amount of gear. It is for law enforcement agencies and tactical teams to carry out missions in both rural and urban settings.

The Armored Group (TAG) designed the BATT-X series of vehicles using input provided by tactical teams around the world. It is built on an F-550 chassis and features a design that focuses on officer protection and comfort as well as ease of maintenance.

The BATT-X is available in NIJ Level III to Level IV (.50 caliber ball). It also has a blast protected floor. In addition to the armor, the vehicle is engineered to offer as much protection as possible for its occupants. When the doors open, they lock in at 45 degrees for rapid exit by the officers but in such a way that armored panels in the vehicle shield the occupants from incoming rounds. In addition, the vehicle's gun ports have a special design that allows officers to use optics on their rifles while providing protection from incoming rounds. The gun port design was developed with the assistance of tactical officers who wanted gun ports to be smaller but still allow them to use optics on their rifles when shooting out of the ports.

BATT-X options include: fire suppression, observation window in roof hatch, rescue pull points, and a winch. Another feature of the BATT-X that can provide officers with protection is the Multi Position Hydraulic Ram. This proprietary ram can be moved up, down, and side to side, and it's designed to allow officers to ram a window and then rake away the glass without leaving the protection of the vehicle. ■

[www.armoredcars.com](http://www.armoredcars.com)

# PATROL RESPONSE TO THE ACTIVE SHOOTER

**It's not enough for officers to know they need to engage the threat; agencies need to give them the training to do so.**

CHRISTOPHOR PERIATT



PHOTOS: GETTY IMAGES

**STARTING ON THE JOB** In a large metropolitan city in the early spring of 1994, I never trained to respond to an active threat the way we do today. Barricaded gunman response, civil disturbance, and setting up a perimeter to wait for the SWAT team was what I knew.

After the Columbine High School Massacre in 1999, we in law enforcement changed how we respond to active threat calls. The days of waiting outside and containing the incident were long gone and now the attitude was get in there and stop the threat.

Times and tactics have changed since then and we are now in the era of single-officer response, rapid task force response, and advanced trauma care training for patrol. Unfortunately we have seen incidents where officers have either not gone in, or have been ordered to not go in to handle the threat and save lives.

Nearly two decades after Columbine there shouldn't be any questions as to what we as law enforcement should do in this situation. We have to respond as safely as possible, grab what we have with us, and stop the killing.

**INTERIOR VS. EXTERIOR** The tactics I recommend for response are the same ones I teach for the National Tactical Officers Association (NTOA) through the Advanced Active Shooter Response Instructor course. We include classroom presentations, MACTAC (Multi-Assault Counter-Terrorism Action Capabilities), exterior response, interior response, and instructor development.

Your active threat program should include response to exterior threats such as what we saw in Boston following the marathon bombing. What if your threat goes mobile, into the residential subdivisions of your jurisdiction? If that happens your interior tactics are out the window and now you need a new plan of action to resolve this issue. Exterior tactics such as bounding, staggered columns, wedges, peels, flanking, and directed fire should all be included in your active threat response program.

Interior tactics have also changed. No longer can you just

run into the building and try to process the information your eyes are observing.

You have to decide what mode you're in upon your arrival to the incident. Are you in contact, search, or rescue mode? Is the suspect or threat eliminated? Or is the threat still in the process of committing violence? You must decide what mode you are in and formulate your plan once you make that decision.

**GOING IN** If entry is what you decide to do, there are many ways to complete this task. Some are better than others, and you must seek out those tactics and implement them into your training program.

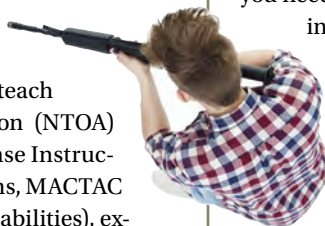
Your OODA loop and just how fast your brain can process what you are actually seeing has to be factored into the tactics you are employing. The threshold assessment is superior for this very reason and can be implemented by any number of officers that enter the facility.

No matter if you're a single officer, or a member of a four-officer element, the threshold assessment will give you the time you need to properly process what is in the room prior to entering it, if needed. If you need to enter the room, it is only to clear potential threats that you cannot clear from the threshold. This allows you and your fellow officers to get through the task of room clearing much more efficiently and effectively.

Hallway movements have gone back and forth as well. If your agency is happy with some sort of center of the hall formation and it works with your room clearing tactics, then continue with it.

I have found that the students I teach prefer a stack type of formation. It allows better cross-angle coverage, easier room clearing and entry, and it keeps the mass of human beings from the middle of the hallway. The formations are up to you, but work through them all to see what works best for the situation and the terrain you deal with.

I have also become a huge fan of the limited penetration style that is taught by the Israelis. I have had the honor of knowing and training with Nir Maman ([www.CT707.com](http://www.CT707.com)) as well as







*Patrol officers do not have all the equipment and training of tactical units, but they can learn from the tactics and techniques, including room clearing from the threshold.*



Aaron Cohen ([www.cherriescounterterror.com](http://www.cherriescounterterror.com)), and I can recommend these gentlemen for your training.

What I like about the limited penetration technique is that all the fighting is done from the threshold and allows you to properly process what's in the room prior to entering it. This is a huge advantage for patrol officers that would not otherwise get the amount of training they need to become proficient in building entry and clearing.

If you and other officers become involved in a use-of-force incident within the room, make sure you finish what you started by handcuffing the suspect, clearing the room, providing medical attention to the wounded, including the suspect, and extracting those that can move to a safer location.

I teach my students to perform chamber checks after they discharge their weapons. It allows them to confirm the weapon is ready to go if needed. Some may disagree with this, but it's something I have picked up from my Israeli trainers and I am wholeheartedly sold on it.

If continued building clearing is needed, make sure someone stays with the suspect. You must also maintain scene integrity and evidence for the investigation and prosecution.

Medical training, including advanced trauma care or tactical emergency casualty care (TECC), must also become a part of your active threat response program. Officers should be carrying tourniquets on their bodies and have fully stocked trauma kits readily available to them in their patrol vehicles. The national Stop the Bleed (<https://stopthebleedingcoalition.org>) program has some incredible statistics on trauma and how many people actually die from blood loss who could have otherwise been saved if a properly trained person had been at the scene. Officers must have the proper equipment to assist them in responding to these tragic events. Tourniquets are inexpensive and every officer should have one, again on their body, not in their kit in the patrol vehicle.

**SIMPLE BUT EFFECTIVE** Part of this article has been for patrol officers, part of it for administrators, and part of it for trainers. This part is specifically addressing trainers.

The way I teach officers to respond to active threat is not the only way to respond to active threats, but it is a way. It allows your people to enter and clear the structure more safely and more effectively than other methods. And it offers the benefits of what I call the "4 E's." All of your tactics should be:

1. Easy to learn
2. Easy to retain
3. Easy to recall under stress
4. Effective

Some systems for active threat response do not meet all four of these criteria, and this can be a serious problem for many patrol officers who have not had the proper amount of stress-

related training when it comes to active threat response.

Keep your tactics simple but effective when it comes to your patrol officers. Make sure they understand the need to stop this incident as soon as possible. The faster they respond, enter, and stop the threat or threats, the more lives they have the potential of saving.

Solid tactics instill confidence in your people. If they don't believe in what you are teaching them, they may not perform them the way you would like them to when you are conducting training or when they have to try to apply them in a real event.

Make sure you seek out the best tactics and training for what your agency requires. The NTOA has been at the forefront

from the beginning, and in my opinion the NTOA Advanced Active Shooter Response Instructor course is by far one of the best in the country. The NTOA continues to update and evolve its training based on actual active threat incidents and consults with the nation's experts on these topics. That all culminates into a premier training program that is affordable and obtainable for most, if not all, agencies.

Continually evaluate your active threat response training programs. Tactics evolve and your training programs should be updated when they do. What worked 10 years or 20 years ago may not be the best tactics for your agency today.

Remember that regular training with your officers is the surest way to instill in them the need to handle these incidents in the most efficient and effective manner. They must become proficient and comfortable with the idea of entering a building while possibly only armed with a handgun

and confronting an individual armed with a rifle platform. They need to understand they can do this and prevail if they use the right tactics and have the right training.

If your agency doesn't have an active threat response training program for patrol officers, I highly recommend you seek out the training and implement it. Also, reexamine your agency's policy on response to active threat. Has it been updated to incorporate the latest tactics for active threat response or is it something that was written decades ago and hasn't been looked at since?

The front line officer needs to understand how crucially important it is for them to intervene and end the threat. They also need to be trained so that they know how to do this in a smart and safe manner. The training you prepare them with will assist them in prevailing against an active shooter. ■



*A single officer arriving at the scene of an active shooter incident can go in and end the threat.*

PHOTO: GRAND TRAVERSE CO. SHERIFF OFFICE/ARMOR EXPRESS

*Christophor Periat is a 24-year veteran of law enforcement who teaches for the National Tactical Officers Association and the Macomb Community College Advanced Police Training Center and Police Academy. He is co-owner of Forever Vigilant LLC ([www.4evervigilant.com](http://www.4evervigilant.com)) training company and can be contacted at [copsniper69@msn.com](mailto:copsniper69@msn.com).*



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<https://www.hardwirellc.com/pages/emergency-response-shields-improve-school-safety>



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## BEARCAT MEDEVAC G3

The BearCat MedEvac G3 fits 10–12 fully equipped officers; has on-board oxygen tanks; and can hold up to two litters, ample compartments for medical supplies, a light work station, and an optional water nozzle. It also has a rescue hatch and an optional thermal camera that can be used during search and rescue missions at any time of the day. While the Lenco BearCat was developed as a police vehicle, the continual evolution of the product—its design, equipment, features, and expanding capabilities—has made it the most versatile, multi-purpose response and rescue vehicle on the market, according to the company. It has been embraced by first responders because it has demonstrated its value as a life-saving piece of equipment that helps them get their job done and return home safely to their families.

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