

Guideline Name:	UNIFIED RESPONSE TO VIOLENT INCIDENTS (URVI)
Number:	12
Revision / Reviewed Date:	March 1, 2019

I. Purpose

To provide first responders (Police, Fire, Transport Ambulance) with guidelines for responding to URVI (active-shooter) or other violent incidents and to provide a standard and thorough plan for a unified response to potentially violent incidents. Any incidents where violence is involved will be handled with extreme caution. The safety of responders will be given the highest priority.

Depending on the tactics employed and the actions of the suspect(s), these incidents can become more complex due to resulting/subsequent gunfire, explosions, or fire, and/or chemical, biological or radiation releases.

II. Definitions

Active Shooter An armed person who has used deadly physical force on other persons and continues to do so while having unrestricted access to additional victims

Body Armor Protective equipment including vest and helmet used against the threat of injuries from ballistic or penetrating weapons. Body armor is to be used at all URVI incidents or other violent incidents as deemed necessary by our personnel or Department policy.

Casualty Collection Point (CCP) A safe temporary location for victims before they are moved into the treatment area. An area that has been determined to have both cover and concealment that will function as a treatment/triage area. Multiple CCP's can be established on the same incident if needed. CCPs may be converted into the Treatment Area. This is dictated by the size and complexity of the incident.

Cold Zone The area where no significant danger or threat can be reasonably anticipated. The location of the support functions of an URVI including command post, staging and medical group if a MCI is declared

Concealment Anything that hides responders from suspect observation. It can be natural or manmade and does NOT protect responders from gunfire.

Contact Team A law enforcement team assigned to confine or eliminate the shooter(s) located in the hot zone

Cover Anything that will provide protection from bullets, fragments, flame and biological or chemical agents

Force Protection Actions taken by law enforcement to prevent or mitigate hostile actions against first responders



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Hot Zone Area where law enforcement may be actively engaging with suspect/s or searching for suspect/s. Fire department personnel shall never operate in the hot zone at any time

Law Enforcement Officers (LE/LEO) - Sworn law enforcement officers

Rescue Group Supervisor (RGS) is a Fire Department Suppression member who will coordinate with the Unified Command Post (UCP) on security elements, resources, and the formation of RTFs. The RGS will direct/coordinate RTFs and the rescue operation for rapid treatment and extraction of victims. The RGS will monitor conditions and confirm Warm/Hot Zones, determine RTF staging and entry points, and the CCP(s). The RGS will be the point of contact between the UCP and the RTFs. The RGS will communicate/coordinate with the Medical Group Supervisor for the relocation of the victims from the CCP to MCI Treatment Areas. This role is the responsibility of the first arriving Battalion Chief and/ may be passed on to another Suppression member as the incident grows.

Rescue-Task-Force (RTF) Combination of a FD engine/truck company personnel and a minimum of one armed-law enforcement officer responsible for the rapid triage and removal of victims from the warm zone to a CCP or treatment area.

Suppression-Task-Force (STF) Combination of a FD engine/truck company personnel and a minimum of one armed-law enforcement officers responsible for fire extinguishment to protect life or property.

Treatment Area The area within the warm zone where treatment of patients and preparation for transport to hospitals occur

URVI (Unified Response to Violent Incidents) Unified response between Fire/EMS and law enforcement agencies to provide for the expedited removal of victims from an incident where a suspect may potentially still be active and not yet apprehended

Warm Zone The location that contact groups have cleared and deemed secure for Rescue Groups with Force Protection Groups.

III. Responsibilities

A. Communications Center

- 1. The communications center personnel should relay the information below to responding fire units as soon as possible:
 - a. Law Enforcement command post location
 - b. Safe access route to command post
 - c. Updates related to the scope and size of the incident



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- d. Whether or not Fire/EMS units responding are directed to stage
- e. Agency Communication Centers will need to follow their own internal policies, guidelines and or procedures
- 2. The agency Communications Center will notify the Solano County Sheriff's Office communications center. Solano Dispatch will make additional notifications
- 3. The Operational Area Coordinator will be notified
- 4. Any other notifications as requested by the incident commander

B. Law Enforcement

- Law enforcement will arrive and make the determination that the incident involves an active shooter or other ongoing acts of violence. The first responding patrol officers will form a contact team and proceed to locate and isolate the suspect(s) followed by additional contact teams.
- 2. The role of the contact team is to engage the suspect(s) to limit the possibility of injury or death to victims. Additional arriving officers will secure a perimeter and start to identify the Cold, Warm and Hot Zones.
- 3. Law enforcement will assume Incident Command of the incident and establish the location of the incident command post. The ranking law enforcement officer should then enter into a unified command with the ranking fire officer as soon as possible

C. Fire Officers

- 1. The first arriving Company Officer, Ranking Member or Battalion Chief will make contact with the on-scene law enforcement incident commander and enter into a unified command. The location of the command post will then be broadcasted to responding units.
- 2. The Fire Officer will also advise responding fire units of the designated incident staging location(s) and then provide a face-to-face briefing to fire resources, if possible. Radio communication directly related to the police tactical operation should not be transmitted over non-encrypted channels.

IV. Procedure

A. The fire department incident commander shall attempt to meet up with or otherwise communicate with the law enforcement incident commander to



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establish a unified command. The IC's shall locate the proper areas for staging, hot, warm and cold zone boundaries, and treatment/transport areas.

- County MCI policies and procedures should be followed if dealing with more than five patients
- 2. Refer to attachments for further guidance.
- B. Once law enforcement has identified and assigned their portion of the RTF, Fire/EMS personnel will join them and proceed as a unit to the warm zone. Law enforcement personnel assigned to a RTF shall remain with the task force until the entire team has exited to the cold zone and no longer needed for additional victim removal as determined by the IC.
 - 1. RTF teams will be identified by Engine/Truck identifier (IE: RTF74=truck 74 RTF24= Engine 24)
 - 2. Assign the company officer as medical leader on the medical side/FD and a leader of the Force Protection side/PD for the individual RTF's. They will both coordinate during the operation. Articulate that the Force Protection Team Leader will be in command of the RTF while getting to and from victims, and patient movement. Once with victims, the Medical Team, Leader will be in command of the treatment of victims.
 - 3. Company officers shall be in charge of establishing CCP's if and when needed, Extrication/logistics as well as working with Force Protection to create a plan to accomplish these tasks. Although LCES is everyone's responsibility, it is recommended that the company officer not become too task saturated, and instead focus on the tactical level to ensure RTF integrity and team safety.
 - 4. Multiple RTFs may need to be assigned to remove all victims. If the situation allows, patients can be taken directly to a treatment area. Otherwise victims should be taken to a CCP. RTFs should focus on the plan to extract/remove victims, quickly stop as much bleeding as you can and provide accurate patient counts to command.
 - 5. Fire personnel assigned to a RTF should consider the need to also bring a basic EMS kit and/or limited forcible entry equipment. Once RTF's are no longer needed to remove victims to the warm/cold zone, personnel may be reassigned to other duties or ICS positions.
- C. Body Armor:



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- 1. Whenever possible, body armor should be donned prior to responding to potential URVI incidents. In the event of being dispatched while out of quarters, the time should be taken to safely stop and dismount to don the body armor prior to proceeding to the incident.
- 2. Body armor shall be worn on all URVI incidents until the threat of further ballistic or penetrating injuries has been deemed as mitigated by the appropriate law enforcement agency in charge or until the crew has been released from the incident by the IC.
- Body armor shall be issued and carried on the apparatus at all times and stored in an enclosed, water-tight location. Body armor shall be stored flat in the provided carrying bags and shall be readily accessible for rapid donning.
- 4. Body armor shall be maintained in accordance with the manufacturer's care instructions.
- 5. Mandatory equipment:
 - a. Body Armor
 - b. Ballistic helmet
 - c. Radio for each team member
 - d. Basic First aid kit designed for active shooter incidents

D. Encountering Threats:

- Unexpected threats can occur at any time on any incident. Personnel should always be prepared for such a threat and have a plan to address it. LCES should always be the starting point. If a threat is encountered personnel should consider the following;
 - a. Call for immediate help
 - Remove yourself from the situation if possible or retreat to an area of cover
 - c. If you cannot remove yourself
 - 1) Defend yourself if non-lethal force is being used
 - 2) If lethal force is being used do whatever you can to neutralize it
 - 3) Do not provoke attacker(s), remain calm



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Attachment #1

First Arriving Company Officer or Chief Officer

- Obtain situational briefing
- Establish Unified command
- Determine Unified Objectives
- Establish ICS Organization
- o Establish communication methods (radio, phone, face to face)
- Establish communication methods if mutual aid units are requested, request and switch to V-fire tactical channel
- In concurrence with LE IC, determine/establish perimeter and control zones (hot, warm, cold) and entry/access control points
- Ensure perimeter and zones are relayed to all personnel
- o Fire department personnel will not enter the Hot Zone at any time.
- o Determine need for Rescue Task Force (RTF) or Suppression Task Force, etc.
- o Determine level of "Force Protection" required
- Order appropriate resources (confirm ordering process, central ordering point)
- Notification of MCI/Establish MCI positions as needed
- Identify and secure medevac landing zones with LE
- Determine safe response route for incoming resources



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Attachment #2

Engine Company Level/Rescue/EMS

- Ensure all crew has proper PPE (Helmet, Ballistic Vest, URVI Tx Bag)
- Identify Staging areas
- Identify safe access route
- Secure/Switch to Fire Tac Channel
- Marry up with Law Enforcement to create Rescue Task Force (RTF) / Briefing with Law Enforcement on tactics
- Make entry, begin treatment / triage
- o Identify need for CCP / Treatment Areas
- Radio back patient count and severity to command
- Work with Force Protection (Law Enforcement) to determine patient extraction strategies
- Provide for rapid access to treatment/transportation area
- o Utilize rapid treatment for critical injuries in the warm zone
- o Provide rapid egress of patients to designated extraction points/CCP's
- Consider need for decontamination of victims and responders
- o Maintain all patient handling/treatment areas as part of the crime scene
- Consider the need for forcible entry equipment
- Search victims for weapons, perpetrators may be among victims.

Recommended inventory

- Chest seals (6)
- Tourniquets (4)
- Rolled gauze (5)
- 5"x9" gauze (6)
- o Oropharyngeal airways (1 set)
- Soft Litter (1)
- EMS gloves
- EMS Shears