



Emergency Services Support Role to Deliberate High Threat Incidents



PROCEDURAL

GUIDELINE

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Review period

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Contents

About AFAC and Doctrine.....	1
Purpose	1
Audience	1
Scope	1
Statement of engagement.....	1
Source of authority.....	2
Acknowledgements	2
Definitions, acronyms and key terms	2
Introduction.....	3
AFAC’s guideline	4
Supporting discussion	8
Additional references	8

About AFAC and Doctrine

AFAC

AFAC is the Australian and New Zealand National Council for fire, emergency services and land management. It is a collaborative network of fire, emergency services and land management agencies that supports the sector to make communities safer and more resilient.

AFAC Doctrine

AFAC develops Doctrine to support the practice of emergency management. The information in Doctrine publications is evidence-based and drawn from academic research and the collective expert knowledge of member agencies. Doctrine is regularly reviewed and represents the official AFAC view on a range of topics.

Doctrine does not mandate action; rather, it sets aspirational measures. Publishing nationally agreed views, shared approaches and common terminology enhances cooperation and collaboration within and between agencies and jurisdictions.

Types of AFAC Doctrine

AFAC Doctrine is classified as follows:

Capstone Doctrine – includes publications, such as Strategic Intent, that are high-level accounts of the concepts of emergency management operations and service delivery. They describe the principles of what is practical, realistic and possible in terms of protecting life, property and the environment.

Fundamental Doctrine – includes Positions, which AFAC members are expected to support, as well as Approaches and some Frameworks. Fundamental doctrine may become agency or jurisdictional policy on a matter if adopted by individual services or jurisdictions.

Procedural Doctrine – includes Guidelines, some Frameworks, and Specifications. AFAC members are expected to be aware of procedural doctrine. A Guideline is an advisable course of action; a Framework provides a linking of elements to create a supporting structure to a system, and Specifications are a detailed description of a precise requirement to do something or build something.

Technical Doctrine – includes Technical Notes, Training Material and the Australasian Inter-Service Incident Management System (AIIMS). Technical doctrine provides guidance of a technical nature: the 'how to do something', or the technical meaning relative to a situation.

Purpose

This guideline has been designed to assist agencies develop sector-consistent approaches and practices to the development and implementation of policies, procedures and other risk control measures aimed at proactively supporting high threat incidents and is not advocating for adoption of a national model.

Audience

This guideline is intended for personnel who have the responsibility within their organisation for developing doctrine for policies, procedures, practices and training. Other senior managers, trainers and fire and emergency responders should refer to their agency doctrine for information specifically tailored to their legal jurisdiction and operational and environmental conditions.

Scope

This guideline does not include any information relating to the responsibilities of police. This guideline provides guidance to fire, ambulance and emergency services as part of a multi-agency response in support to a known high threat incident. This includes, but not limited to, complex incidents with large numbers of casualties or fatalities where it is necessary to effectively integrate resources and capabilities across agencies during the response. It does not attempt to define response protocols but rather provide a guideline for how agencies referred to above, can work together to safely achieve the best outcomes for victims and responders.

Statement of engagement

This guideline was developed using member agency learning and training resources provided by AFAC Urban Operations Group and SES Operations Group members. Specialist input was provided by:

- Australian Tactical Medical Association
- Fire and Rescue New South Wales
- Metropolitan Fire and Emergency Services Board
- New South Wales Ambulance Service
- Queensland Fire and Emergency Services
- The Council of Ambulance Authorities
- Victorian State Emergency Service

Source of authority

Approved by AFAC Council on 25 October, 2018.

Acknowledgements

This guideline has been developed jointly by AFAC and the Australian Tactical Medical Association. AFAC would like to thank the Council of Ambulance Authorities (CAA) for their efforts to assist in the preparation of this Guideline. AFAC would also like to acknowledge the support from Fire and Rescue New South Wales, Metropolitan Fire and Emergency Services Board and Queensland Fire and Emergency Services for the use of existing policies to assist in the drafting of this guideline.

Definitions, acronyms and key terms

The following terms have specific meanings.

Active armed offender (AAO): A person who is actively engaged in killing or attempting to kill people, and who has demonstrated their intention to continue to do so while having access to additional potential victims (ANZCTC, 2018).

Ambulance loading point: A nominated area where ambulances collect patients allocated to them from the casualty clearing station, in order to transport from the scene to definitive care. This will ideally be located near CCS for efficient casualty loading. Clear access and egress is required.

Ambulance staging point: A designated location where ambulance resources and logistical supply is pre-deployed to support the ambulance response to an incident.

Casualty collection point (CCP): A temporary secure location within the warm or cold area established to assemble groups of casualties for primary or tactical triage before movement to the cold area. Based on incident dynamics, multiple CCPs may be required.

Casualty clearing station (CCS): A temporary location used for the gathering, triage (sorting), medical stabilisation, and subsequent evacuation of nearby casualties. Where vehicular access might be limited and is usually occurring in the warm area (NFPA, 2018a).

Crowded places: Locations easily accessible by large numbers of people on a predictable basis. They can include, but are not limited to, sports stadia, transport infrastructure, shopping centres, places of worship, tourist attractions, and movie theatres and extend to open spaces

such as parks and pedestrian malls (ANZCTC, 2018).

High threat incident: Any scene where imminent danger to life or health of responders exists. A high threat environment only exists because of such an incident. This may include tactical and intentional mass violence incidents but is not limited to them.

Hostile act: An act intended to cause injury / death to people, disrupt business or effect publicly for a cause (AIDR, 2018).

Incident command system (ICS): A standardised approach to the command, control, and coordination of emergency response. The *Australasian Inter-Service Incident Management System* (AIIMS) is the nationally recognised system of incident management for Australia's fire and emergency service agencies. AIIMS, the incident command and control system (ICCS), adopted by police organisations and the New Zealand Coordinated Incident Management System (CIMS) used in New Zealand, provide common principle-based frameworks which can be aligned.

Intentional mass violence: The use of force to cause injuries or death to a group or groups of people, through any attack modality and with or without an ideological purpose. The violence is perpetrated in a deliberate and purposeful manner.

Life-saving interventions (LSI): Rapid medical interventions designed to treat identified preventable causes of death in high threat incidents.

Rescue task force (RTF): Is a set of teams deployed to provide aid to victims where there is an on-going threat.

Tactical emergency casualty care guidelines (TECC): Is a set of best practice treatment guidelines for trauma care in the high-threat prehospital environment. It consists of three relevant guidelines with different clinical scopes of practice, all directly applicable to the Australian context (C-TECC, 2015):

- *Civilians: Civilian First Care Provider*
- *First Responders: First Responders with a Duty to Act (Security, Police, Fire)*
- *Medical Providers: Paramedics, Nurses, Doctors*

Introduction

Intentional mass violence incidents continue to increase in frequency and complexity. From individual attacks to highly coordinated and planned incidents involving multiple persons, they pose significant operational challenges for public safety agencies including fire, ambulance and emergency services. This type of high threat incident are often intended to maximise casualties to create fear, confusion and loss of confidence in capability of emergency services agencies to respond. This increased and changing risk environment has meant that agencies must continually evaluate and understand this challenging environment to effectively prepare for more expansive responses.

Responding to a high threat incident places great demands on all emergency responders. Current arrangements within respective agencies outline command structures, coordination and operational procedures, which assist agency commanders to maximise efficient and effective use of resources.

Intentional mass violence incidents, which may result in loss of life and other significant injury under often traumatic conditions, require an unparalleled response from fire, ambulance and emergency services whose first responders are at increasing risk of becoming primary or secondary targets of attack. Together, each of these agencies must address the challenge of effective coordination of services to streamline emergency response, treatment and rescue of victims, and de-escalation and resolution of any threat.

Transition of control

Incidents involving hostile actions may not always be readily identifiable. Where a threat is identified, the incident command structure should adapt and transition control immediately to the appropriate police agency.

For example, if an initial response is for a mass casualty caused by an explosion, fire services may be designated as the control agency. However, intelligence may indicate a contrary scenario involving a deliberate act, which would mean immediate transition of control to police. The transition of control should be well communicated and understood by all agencies involved.

High threat incidents

For this guideline, high threat incidents involve any scenario where imminent danger to life or health of responders exists. A high threat environment only exists because of such an incident.

Within this spectrum, other incidents such as bushfire, structural collapse or any subset environment may be suitable for the definition. However, this guidance is tailored to incidents involving a direct threat, attack, or other use of force by an individual or group with the potential to cause major injury or loss of life. This threat extends to first responders from all agencies who can be a primary target or indeed a considered secondary target. The place where this incident is occurring, or there is a high risk of one occurring, can be referred to as a high threat environment.

High threat incidents are characterised by a spectrum of potential threats such as:

- multiple perpetrators, often well-trained, operationally knowledgeable, and willing to die
- lone activists prepared to cause major loss of life with weapons ranging from a motor vehicle to firearms;
- well-planned operations using military tactics, often with effective communications and external coordination;
- multi-capacity high-velocity ballistic and explosive fragmentation weapons;
- hazardous, toxic materials requiring identification and potential decontamination;
- fire, to increase damage and complicate the response;
- intentional delayed secondary attacks on first responders; and
- complicated operational conditions created intentionally by perpetrators and compounded by limitations on number and capabilities of response personnel.

AFAC's guideline

The procedures followed vary according to an agency's legislative responsibility. Given the range of operational procedures across agencies, the information provided in this section is intended to be used in conjunction with each agency's standard operating procedures (SOPs) and guidelines.

This section provides information on:

- incident command
- establishing control area
- staging
- risk assessments.

Incident command

Fire, ambulance and emergency services agencies have an integral role in mitigating the consequences of a high threat environment. An effective response requires agencies to adopt an integrated model where fire, ambulance and emergency services can fulfil their responsibilities in a safe environment. To effectively utilise all agency resources, a multi-agency response should be encouraged at the earliest opportunity and at tactical, operational and strategic levels, adopting an agreed command structure with a clear role for all agencies.

AIIMS and other incident command systems such as ICCS, adopted by police and CIMS, used in New Zealand, can be aligned to allow for a command structure to meet the needs of an integrated and coordinated response.

Establishing designated control areas

Control areas – commonly referred to as inner and outer perimeter – can be established during a response to a high threat incident. The areas allow for a clear identification of risk within each area allowing all agencies to properly assess and determine objectives and strategies.

Control areas

Hot area (threat): inner perimeter

The location identified as an immediate threat to the safety of community and first responders.

Fire, ambulance and emergency services personnel on scene are to undertake an immediate risk assessment and act.

Consideration can be made to authorise additional personnel into the threat area only with permission granted by Police and in circumstances where the area is secured as best as possible and emergency service personnel are significantly protected against any threat.

Warm area (operations): inner perimeter

The location of the incident and includes the area where resources have been deployed for that event and includes the danger area.

Access to this location by fire, ambulance and emergency services personnel is granted only by police and by agreement of the fire, ambulance and emergency services agency commanders, with appropriate risk mitigation strategies in place for responders.

Cold area (support): outer perimeter

The location where site control is established and where resources coming to the event are managed through a command structure which meets the needs of an integrated and coordinated response.

Access is commonly limited to support agencies personnel and equipment. This area commonly contains the agency commanders, triage, casualty clearing station and staging areas.

Risk assessments

A joint assessment of risk is necessary to ensure that all fire, ambulance and emergency services responders are aware of the nature of the threat and risks they may face on entering the warm area. There may be situations where agencies may elect not to engage in the warm area, which will alter the composition of teams deployed and subsequent tasks undertaken.

It is important to note that the areas may not have a linear point, which is commonly found at a HAZMAT incident. Casualties may be in a perceived threat area that can be reached and is safe to do so dependent on the incident. Joint agreements are encouraged on what is acceptable risk to save life and tend to casualties.

When warm area operations are undertaken, agency commanders should must jointly agree and clearly stipulate the furthest points to which fire, ambulance and emergency services responders will operate.

Consequence management

Consequence management is a process that identifies the effects (both direct and indirect) arising from an emergency incident. In some circumstances, volunteers may be the first responders. Examples such as ANZAC Day marches, community events, key parades all have emergency volunteers engaged either to support the event from an operational perspective or community engagement activity. Therefore, emergency volunteers may in fact be onsite with the public turning to these people for assistance.

In such a case, volunteers will need to be actively engaged and advised of the potential risks associated with the environment.

Staging areas

Staging areas will be positioned in the cold area and at a safe distance from the incident. Staging areas should allow rapid deployment of resources to the scene of operations in the warm area while not unduly interfering with medical triage and casualty clearing stations. Radios are to remain on a designated incident channel for situational awareness. However, caution should be exercised in any communications depending on the threat level, and allowances must be made for unencrypted channels. Crews should consider remaining in vehicles (if available) for safety and immediate response.

Safety Considerations

All fire, ambulance and emergency services personnel are responsible for maintaining situational awareness and vigilance for unusual behaviour and circumstances. Safety is paramount to ensure that no personnel accidentally enter the threat areas. Fire, ambulance and emergency services personnel must be separately identifiable so as not to be confused.

Ambulance considerations

The actions of the first ambulance resources on scene are critical for victims' wellbeing. A consistent and structured approach to triage and processing patients is vital. Triage is a continuous, dynamic process, requiring constant review. Tactical emergency casualty care guidelines (TECC) can be adopted in this situation.

Triage: Triage in high threat incidents is highly complex and may include:

- high physiological stress in tactical scenes;
- environmental conditions such as smoke, loud noise, light restrictions;
- difficulty with patient assessment for numbers-based systems; and
- need for rapid implementation of life saving interventions during triage process.

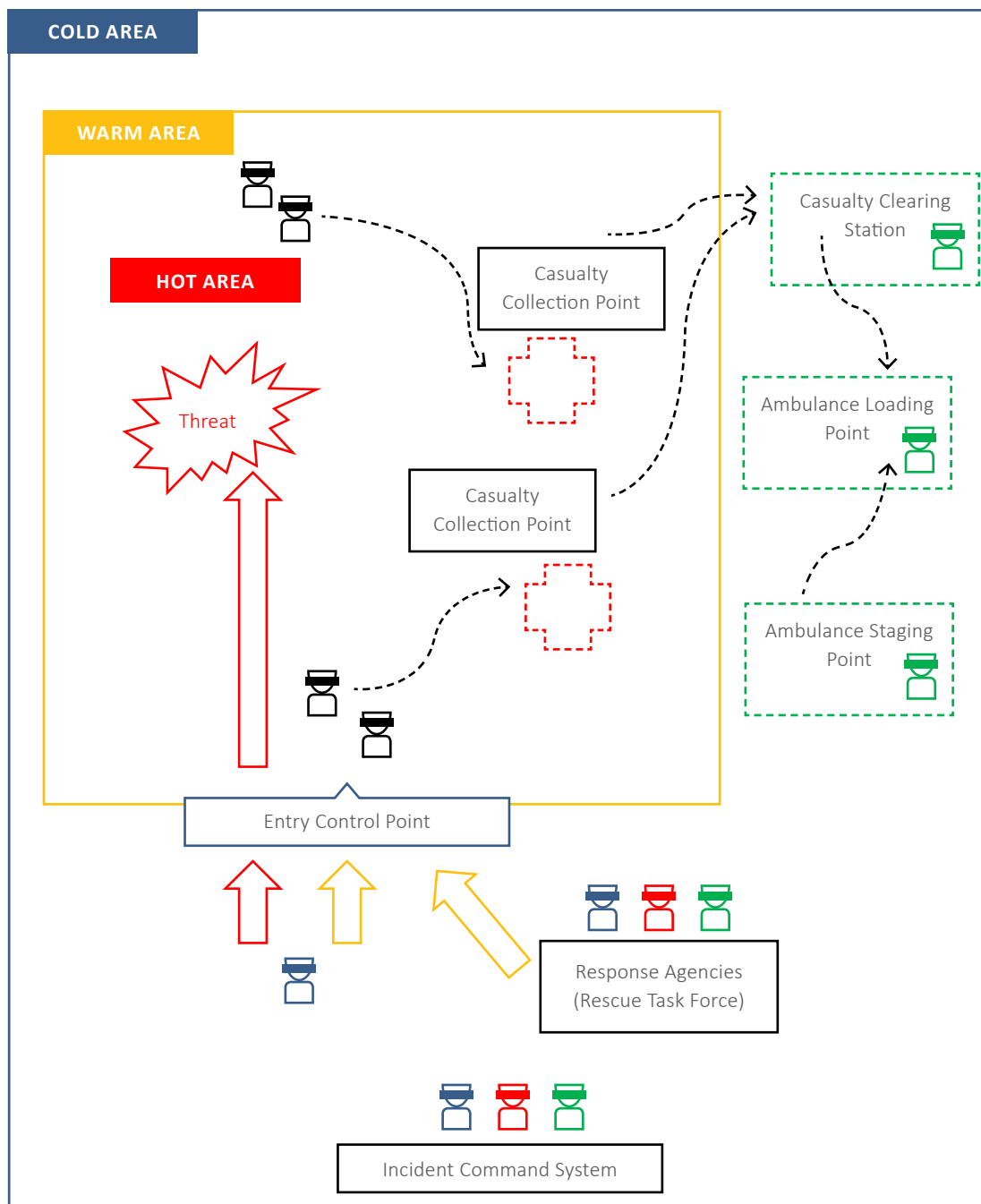
The implementation of a modified 'tactical triage' should be considered for ambulance teams to account for the complex environmental factors present in high threat incidents.

Ambulance will commonly lead responsibility for the management, treatment and transport of patients during a high threat incident. However, decisions on whether to deploy staff will be made as part of a joint risk assessment between agency commanders, to determine the risk to responders and likely benefit to patients. Where ambulance personnel are present with other fire and emergency services in warm or cold areas, they will commonly direct and coordinate casualty management including the use of non-ambulance emergency responders.

Access to control areas for ambulance

The following chart demonstrates how ambulance services may operate in response to a high threat incident. It is not intended to demonstrate the role of police, fire or emergency services personnel in any way.

A decontamination unit can be set up forward of the casualty clearing station in the cold area where required.



Specific considerations

First care providers

First care providers (bystanders) can by circumstance find themselves in high threat incidents. Owing to the speed of demise of casualties affected by the injuries prevalent in these environments immediate care provided by this cohort is being increasingly acknowledged as necessary for casualty survivability (firstcareprovider, 2018). Likewise, utilisation of bystanders by trained personnel in the warm area, if capable and willing to do so, has also been shown to be a force multiplier in these often resource deficient environments (Smith, Bobko, & Shapiro, 2016).

Significant research based on tactical events over many years has identified that casualties suffering from massive haemorrhage, airway obstruction and or tension pneumothorax, all prevalent injuries in the tactical environment, can be saved if timely and appropriate Life Saving Interventions (LSI) are provided as close to the point of wounding as possible (Eastridge et al., 2012; Smith, Shapiro, & Sarani, 2016).

To administer these basic LSIs, fire, ambulance and emergency services personnel who enter a warm area should be equipped with an individual first aid kit at a minimum containing the following interventions:

- arterial tourniquet
- pressure dressing
- packing gauze
- vented chest seal
- nitrile gloves.

Known risks

When responding to an incident where there is a known or heightened potential threat, fire, ambulance and emergency services senior personnel will work directly under the instruction of police and with the other agency commanders ensuring that:

- safety issues and risks are communicated and understood including the location and designation of areas;
- risk mitigation strategies are understood;
- common incident objectives are understood, and all agencies understand the proposed response arrangement;
- roles and functions clearly identified;
- no fire, ambulance or emergency services personnel are to operate in a hot or warm area without permissions;
- all responding emergency services personnel enter the warm area through a designated entry control point;
- ideally all emergency services personnel do not enter a

warm zone have appropriate PPE up to and including ballistic protection;

- responding fire, ambulance and emergency services personnel are adequately briefed.

Unknown high threat environment

This scenario is of significant concern to emergency responders. It involves a call for assistance to what appears to be a routine emergency. The call may escalate to a high threat environment. This scenario provides a greater level of risk as casualties among responders is a real possibility, either as deliberate targets or simply because they are present.

Fire, ambulance and emergency services personnel first on scene or present at the time an incident occurs should:

- immediately withdraw to a safe location, if safe to do so and send a signal in accordance with agency communication procedures detailing the circumstances of the threat incident;
- request urgent police attendance, and await police arrival;
- restrict access to all non-emergency service personnel;
- conduct medical treatment only in line with TECC guidelines, dependant on location of personnel within control areas;
- establish a safe staging area and request Commander attendance.

For details regarding appliance protocols, and specific commander considerations, please refer to your agency's operational doctrine and SOPs.

Integrated response policy and plan

It is recommended that fire, ambulance and emergency services in each jurisdiction develop their own policies, as well as a joint and agreed approach between agencies, regarding high threat incidents with the objective of cultivating a strategic and integrated procedure. Considerations include:

- identifying existing plans and procedures within each agency including identifying risks and operational capability for responding to current and future threats;
- building upon existing emergency response plans and guidelines;
- identifying silos in planning and disconnects in related plans;
- clearly defining roles, boundaries and legal authority;
- undertaking planning and training for escorted warm zone care to ensure lifesaving interventions can be applied expediently in a high threat incident;
- aligning between incident management systems –

AIIMS, CIMS and ICCS Plus;

- identifying clear objectives for strategic and tactical task integration; and
- establishing common mission goals and vocabulary.

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