



## ACTIVE SHOOTER/HOSTILE EVENT PREPAREDNESS AND RESPONSE

### What You Need To Know About NFPA 3000

As more hostile events continue to occur around the world, it is critical for first responders, emergency personnel, facility managers, hospital officials, community members, and others to have the information they need to be prepared when attacks occur. NFPA® is developing a new standard – NFPA 3000, *Standard for Preparedness and Response to Active Shooter and/or Hostile Events* – to address that need.

The purpose of NFPA 3000 is to identify the minimum program elements necessary for organizing, managing, and sustaining an active shooter and/or hostile event response program and to reduce or eliminate the risks, effect, and impact on an organization or community affected by these events. The document addresses the following areas and others:

- Risk assessment
- Planning
- Resource management
- Organizational deployment
- Incident management
- Facility readiness
- Finance
- Communications
- Competencies for law enforcement
- Competencies for fire and EMS
- Personal protective equipment
- Training
- Community education
- Information sharing
- Readiness of receiving hospitals
- Recovery

### By the Numbers

#### • Active shooter events in the US: 2000–2013

- 160 incidents
- Combined 1,043 killed and wounded, not including shooter(s)
- 486 killed
- 557 wounded

#### • Active shooter events in the US: 2014 and 2015

- 40 incidents
- Combined 231 killed and wounded, not including shooter(s)
- 92 killed
- 139 wounded

#### • Shooter events occurring with greater frequency and loss

- Three active shooter events, over the course of less than 17 months, produced more than 50% of the casualties reported from 2000 to 2013.
- Pulse Nightclub in Orlando, Florida (June 12, 2016): 49 dead, 58 wounded
- Las Vegas, Nevada (October 1, 2017): 59 dead, 441 wounded
- Sutherland Springs, Texas (November 5, 2017): 27 dead, 20 wounded
- Two of the deadliest tragedies on record happened within five weeks of each other.



# ACTIVE SHOOTER/HOSTILE EVENT PREPAREDNESS AND RESPONSE CONTINUED

## FAQs

### What are the Main Objectives for Developing NFPA 3000?

Prepare a single set of requirements to be used by a whole community addressing unified command, integrated response, and recovery as follows:

- **Unified Command:**  
Explain how and why the unified command structure at an operations level needs to be in place and practiced.
- **Integrated Response:**  
Preparation and response must take into account the operations of numerous different agencies. These organizations must have operational plans that incorporate the objectives of other responding agencies and they must function as a cohesive, integrated unit.
- **Recovery:**  
Effective recovery planning must start now, and there are several aspects of recovery that need to be planned for.



### Who is Working on Developing NFPA 3000?

- **NFPA:**  
The non-profit organization is facilitating the code development process to create this brand new document.
- **Committee of Broad-Based Technical Experts:**  
A 46-member all-encompassing NFPA Technical Committee has been assembled with representatives from law enforcement, fire, EMS, federal agencies, health care, private security, universities and local government.
- **First Responders and the Public:**  
The NFPA standards development process is open to anyone to view and participate in. The public, first responders, and any interested party can provide input when the draft is posted, and can [follow the development of NFPA 3000](#) by receiving updates as soon as they are available.

### Is NFPA 3000 Only for the Fire Service?

No, NFPA 3000 is for citizens, facilities, schools, health care, non-governmental organizations, law enforcement and other responders, city leaders, and emergency management. All of these stakeholders need to be at the table and working together.

### What Can You Do?

- Access the full draft text of the proposed standard online at [www.nfpa.org/3000](http://www.nfpa.org/3000).
- Learn more from our experts on NFPA Xchange™ at <https://community.nfpa.org/>.

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IT'S A BIG WORLD.  
LET'S PROTECT IT TOGETHER.™

This material contains some basic information about NFPA 3000, *Standard for Preparedness and Response to Active Shooter and/or Hostile Events*. It identifies some of the requirements in the DRAFT NFPA 3000 as of the date of publication. This material is not the official position of any NFPA Technical Committee on any referenced topic which is represented solely by the NFPA documents on such topic in their entirety. For free access to the complete and most current version of all NFPA documents, please go to [www.nfpa.org/docinfo](http://www.nfpa.org/docinfo). References to "Related Regulations" are not intended to be a comprehensive list. The NFPA makes no warranty or guaranty of the completeness of the information in this material and disclaims liability for personal injury, property, and other damages of any nature whatsoever, from the use of or reliance on this information. In using this information, you should rely on your independent judgment and, when appropriate, consult a competent professional.



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## Origin and Development

The first edition of NFPA 3000™ was published in 2018 as only the second provisional standard in the NFPA's history. At the time there was no consensus standard for the components of a multidisciplinary program for preparedness, response, and recovery to active shooter and/or hostile events. In October of 2016 the NFPA received a new project request for the development of the standard, which was submitted by Chief Otto Drozd of Orange County Fire and Rescue in Florida on behalf of the International Association of Fire Chiefs. Orange County was one of the departments that responded to the Pulse nightclub shooting in 2016 in which 49 people were killed and an additional 58 physically injured.

Over the next three months, 103 committee applications and over 100 comments (97 percent supportive) were submitted supporting the development of the standard. In April of 2017 the NFPA Standards Council formed the Technical Committee on Cross Functional Emergency Preparedness and Response. This group was made up of a wide swath of representatives from the fire service, law enforcement, EMS, emergency, management, higher education, and facility management. In addition to the committee representatives and organizations, there were also several guests and organizations who, while not committee members, were contributors and participants in the development of the document. Jeffrey Sarnacki, M. Scott Taylor, Brian Murphy, John Curnutt, Peter Blair, Dr. Kathryn Floyd, and J. Scott Quirarte contributed significantly to the development of the document and participated in every meeting. Also the National Lodge of the Fraternal Order of Police, the National Institute for Standards and Technology, the National Highway Traffic Safety Administration Office of Emergency Medical Services, the National Sheriff's Association, the Advanced Law Enforcement Rapid Response Training Center, the International Association of College Law Enforcement Administrators, and the International Public Safety Association sent representatives to each meeting and assisted in the development.

In November of 2017, the committee petitioned the Standards Council to expedite the development and release of NFPA 3000™. They cited the increased frequency and severity of active shooter/hostile events since 1999 and the lack of a standard program. At the time there was an abundance of guidance material but no accredited consensus standard. In April of 2018 the Standards Council released the first edition of NFPA 3000™ (PS), *Standard for an Active Shooter/Hostile Event Response (ASHER) Program*.



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## 1.1 Scope.

The scope of this standard is limited to the necessary functions and actions related to preparedness, response, and recovery from an active shooter/hostile event response (ASHER).

### 1.1.1

This standard applies to any community, authority having jurisdiction (AHJ), facility, and member of any organization who responds to or prepares for ASHER incidents.

## 1.2 Purpose.

The purpose of this standard is to identify the program elements necessary to organize, manage, and sustain an ASHER program.

### 1.2.1

Specific polices, tactics, and protocols shall be the responsibility of the AHJ.

## 1.3 Equivalency.

Nothing in this standard is intended to prevent the use of systems, methods, or devices of equivalent or superior quality, strength, resistance, effectiveness, durability, and safety over those prescribed by this standard.

### 1.3.1

Technical documentation shall be submitted to the AHJ to demonstrate equivalency.

## 1.4 \* Application.

This standard applies to organizations that have a defined responsibility to prepare for, respond to, and recover from ASHER incidents.

### 1.4.1 \*

All portions of this standard might not apply to every jurisdiction or entity applying the standard.

### 1.4.2 \*

This standard does not apply to prevention.



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## 2.1 General.

The documents or portions thereof listed in this chapter are referenced within this standard and shall be considered part of the requirements of this document.

## 2.2 NFPA Publications.

National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169-7471.

NFPA 101®, *Life Safety Code*, 2018 edition.

NFPA 1061, *Standard for Public Safety Telecommunications Personnel Professional Qualifications*, 2018 edition.

NFPA 1221, *Standard for the Installation, Maintenance, and Use of Emergency Services Communications Systems*, 2016 edition.

NFPA 1561, *Standard on Emergency Services Incident Management System and Command Safety*, 2014 edition.

NFPA 1710, *Standard for the Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations, and Special Operations to the Public by Career Fire Departments*, 2016 edition.

NFPA 1720, *Standard for the Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations, and Special Operations to the Public by Volunteer Fire Departments*, 2014 edition.

## 2.3 Other Publications.

APCO/NENA 2.105.1-2017, *NG9-1-1 Emergency Incident Data Document (EDD)*, National Emergency Number Association, 2017.

C-TECC *Tactical Emergency Casualty Care (TECC) Guidelines for First Responders with a Duty to Act*, 2017.

C-TECC *Tactical Emergency Casualty Care (TECC) Guidelines for BLS/ALS Medical Providers*, 2017.

DOT *Emergency Response Guidebook*, 2016.

*Merriam-Webster's Collegiate Dictionary*, 11th edition, Merriam-Webster, Inc., Springfield, MA, 2003.

National Institute of Justice (NIJ) Guide-0101.06, *Selection and Application Guide to Ballistic-Resistant Body Armor for Law Enforcement, Corrections and Public Safety*.

National Institute of Justice (NIJ) Standard-0101.06, *Ballistic Resistance of Body Armor*.

NENA-STA-004.1-2014, *Next Generation United States Civic Location Data Exchange Format (CLDXF)*, National Emergency Number Association, 2014.

NENA-STA-012.2-2017, *NG9-1-1 Additional Data Standard*, National Emergency Number Association, 2017.

## 2.4 References for Extracts in Mandatory Sections.

NFPA 101®, *Life Safety Code*®, 2018 edition.

NFPA 731, *Standard for the Installation of Electronic Premises Security Systems*, 2017 edition.

NFPA 1221, *Standard for the Installation, Maintenance, and Use of Emergency Services Communications Systems*, 2016 edition.

NFPA 1600®, *Standard on Disaster/Emergency Management and Business Continuity/Continuity of Operations Programs*, 2016 edition.





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## 3.1 General.

The definitions contained in this chapter apply to the terms used in this standard. Where terms are not defined in this chapter or within another chapter, they should be defined using their ordinarily accepted meanings within the context in which they are used. *Merriam-Webster's Collegiate Dictionary*, 11th edition, should be used as the source for the ordinarily accepted meaning.

## 3.2 NFPA Official Definitions.

### 3.2.1 \* Approved.

Acceptable to the authority having jurisdiction.

### 3.2.2 \* Authority Having Jurisdiction (AHJ).

An organization, office, or individual responsible for enforcing the requirements of a code or standard, or for approving equipment, materials, an installation, or a procedure.

### 3.2.3 \* Listed.

Equipment, materials, or services included in a list published by an organization that is acceptable to the authority having jurisdiction and concerned with evaluation of products or services, that maintains periodic inspection of production of listed equipment or materials or periodic evaluation of services, and whose listing states that either the equipment, material, or service meets appropriate designated standards or has been tested and found suitable for a specified purpose.

### 3.2.4 Recommended Practice.

A document that is similar in content and structure to a code or standard but that contains only nonmandatory provisions using the word "should" to indicate recommendations in the body of the text.

### 3.2.5 Shall.

Indicates a mandatory requirement.

### 3.2.6 Should.

Indicates a recommendation or that which is advised but not required.

### 3.2.7 Standard.

An NFPA Standard, the main text of which contains only mandatory provisions using the word "shall" to indicate requirements and that is in a form generally suitable for mandatory reference by another standard or code or for adoption into law. Non-mandatory provisions are not to be considered a part of the requirements of a standard and shall be located in an appendix, annex, footnote, informational note, or other means as permitted in the NFPA Manuals of Style. When used in a generic sense, such as in the phrase "standards development process" or "standards development activities," the term "standards" includes all NFPA Standards, including Codes, Standards, Recommended Practices, and Guides.

## 3.3 General Definitions.

### 3.3.1 Access and Functional Needs (AFN).

Persons requiring special accommodations because of health, social, economic, or language challenges. [1600, 2016]

### 3.3.2 \* Active Assailant(s) (AA).

One or more individuals actively engaged in harming, killing, or attempting to kill people in a populated area with means other than the use of firearms.

### 3.3.3 Active Shooter(s) (AS).

One or more individuals actively engaged in harming, killing, or attempting to kill people in a populated area with the use of firearm(s).

### 3.3.4 Active Shooter Hostile Event Response (ASHER).

An incident where one or more individuals are or have been actively engaged in harming, killing, or attempting to kill people in a populated area by means such as firearms, explosives, toxic substances, vehicles, edged weapons, fire, or a combination thereof.

### **3.3.5 Active Shooter/Hostile Events Response (ASHER) Program.**

A community-based approach to preparedness, mitigation, response, and recovery from an ASHER incident, including public and private partnerships, emergency management, the medical community, emergency responders, and the public.

### **3.3.6 \* After Action Report (AAR).**

A comprehensive document to be completed following a review of a planned or spontaneous operation to include the actions taken (or failures to act and omissions) by personnel, mission results, and any pertinent and relevant information related to same operation, including lessons learned and any training recommendations identified.

### **3.3.7 Ambulance Exchange Point.**

A geographical location where transport vehicles are available to transport casualties.

### **3.3.8 \* Associated Offsite Operations.**

Areas of operations that are directly related to the management of the incident but are not in general geographic areas of the hot, warm, and cold zones.

### **3.3.9 \* Ballistic Protective Equipment (BPE).**

An item of personal protective equipment (PPE) intended to protect the wearer from threats that could include ballistic threats, stabbing, fragmentation, or blunt force trauma.

### **3.3.10 Building Sides.**

A method of identifying locations in and around a building or structure.

#### **3.3.10.1 Side A (Alpha).**

Side A, also known as Side Alpha, is normally the front or main entrance/access to the building and usually the side bearing the building address. For buildings with an unusual side A, side A will be identified by the incident commander.

#### **3.3.10.2 Side B (Bravo).**

Side B, also known as Side Bravo, is the first side of the building or structure clockwise from Side A.

#### **3.3.10.3 Side C (Charlie).**

Side C, also known as Side Charlie, is the second side of the building or structure clockwise from Side A. Generally, this is the back of the building or structure.

#### **3.3.10.4 Side D (Delta).**

Side D, also known as Side Delta, is the third side of the building or structure clockwise from Side A. Generally, this is to the right of Side A.

### **3.3.11 Casualty.**

A person who is injured or killed at the incident, including as a result of responding to the incident.

### **3.3.12 \* Casualty Collection Point (CCP).**

A temporary location used for the gathering, triage (sorting), medical stabilization, and subsequent evacuation of nearby casualties. Where vehicular access might be limited and is usually occurring in the warm zone.

### **3.3.13 Clear.**

A term used by law enforcement where a primary sweep has been conducted by law enforcement and no obvious threats have been found. Law enforcement might or might not maintain a physical presence in a cleared area. Victims might or might not be in a cleared area.

### **3.3.14 Communications Center.**

A building or portion of a building that is specifically configured for the primary purpose of providing emergency communications services or public safety answering point (PSAP) services to one or more public safety agencies under the authority or authorities having jurisdiction. [1221, 2016]

### **3.3.15 Community Resiliency Center (CRC).**

A place of healing and support dedicated to serving as a resource and referral center for residents, visitors, and responders affected by an ASHER incident. A CRC will also continue to provide ongoing services and assistance to victims, family members, first responders, and community members.

### **3.3.16 Competence.**

Possessing knowledge, skills, and judgment needed to perform indicated objectives.

### **3.3.17 \* Complex Coordinated Attack.**

Multiple assailants simultaneously attacking multiple locations typically occurring in a single jurisdictional location.

### **3.3.18 Concealment.**

The protection from observation. Anything that prevents direct observation from the threat that might or might not provide protection from the threat.

### **3.3.19 Consensus Standard.**

A standard that has been adopted and promulgated by a nationally recognized and accredited standards-producing organization under procedures whereby it can be determined that persons interested and affected by the scope or provisions of the standard have reached substantial agreement on its adoption, it was formulated in a manner that afforded an opportunity for diverse views to be considered, and it has been designated as such.

### **3.3.20 Contact Team/Law Enforcement Entry Team.**

A team of law enforcement officers tasked with locating the suspect(s) and neutralizing the threat.

### **3.3.21 Containment.**

A law enforcement term that designates a perimeter position of target location(s) to control and isolate suspect movements.

### **3.3.22 \* Control Zones.**

The areas at ASHER incidents within an established perimeter that are designated based upon safety and the degree of hazard.

### **3.3.23 Coordination.**

The process of bringing individuals, stakeholders, and resources from different organizations together to work integrally and harmoniously in a common action or effort.

### **3.3.24 Cover.**

The protection from firearms or other hostile weapons.

### **3.3.25 Electronic Premises Security System,**

A system or portion of a combination system that consists of components and circuits arranged to monitor or control activity at or access to a protected premises. [731, 2017]

### **3.3.26 Emergency Operations Center (EOC).**

The physical location at which the coordination of information and resources to support incident management (on-scene operations) activities normally takes place.

### **3.3.27 Evacuation Corridor.**

A pathway secured by law enforcement for the purpose of accessing and removing victims.

### **3.3.28 Evaluate.**

The process of assessing or judging the effectiveness or need of an action or course of action within the training and capabilities of the emergency responder.

### **3.3.29 Extraction Team/Litter Bearers.**

Personnel used to move the injured/uninjured to an area of safety.

### **3.3.30 Family Assistance Center.**

A physical and/or virtual center where victims and family members can seek referrals to FEMA and local services for mental health counseling, health care, and child care; legal, travel, creditor, employee, and financial planning assistance; and information on insurance benefits, IRS and tax policies, social security and disability, and so forth.

### **3.3.31 Fusion Center.**

A focal point within the state, region, and/or major urban area for the receipt, analysis, gathering, and sharing of threat-related information between the federal government and state, local, tribal, territorial, and private sector partners.

### **3.3.32 \* Hazardous Device.**

A device placed or fabricated in an improvised or modified manner incorporating destructive, lethal, noxious, energetic, or incendiary materials and designed to destroy, incapacitate, harass, or distract.



### **3.3.33 \* Hospital.**

A building or portion thereof used on a 24-hour basis for the medical, psychiatric, obstetrical, or surgical care of four or more inpatients. [101, 2018]

### **3.3.34 Incident Command Post.**

A stationary work location used by the incident commander or a Unified Command for the purpose of command and control.

### **3.3.35 Incident Command System (ICS).**

A specific component of an incident management system (IMS) designed to enable effective and efficient on-scene incident management by integrating organizational functions, tactical operations, incident planning, incident logistics, and administrative tasks within a common organizational structure.

### **3.3.36 Incident Commander (IC).**

The individual, regardless of rank, responsible for all incident activities, including the development of strategies and tactics and the ordering and the release of resources.

### **3.3.37 Incident Management System (IMS).**

A process that defines the roles and responsibilities to be assumed by personnel and the operating procedures to be used in the management and direction of emergency operations to include the Incident Command System (ICS), Unified Command, multi-agency coordination system, training, and management of resources.

### **3.3.38 Individual First Aid Kit (IFAK).**

A first responder's personal first aid kit.

### **3.3.39 Joint Information Center (JIC).**

A location used to coordinate critical emergency information, crisis communications, and public affairs functions.

### **3.3.40 Law Enforcement Rescue.**

A warm or hot zone response modality in which law enforcement officers form teams for the purpose of triage, providing life-threatening treatment, and extraction of victims.

### **3.3.41 Mutual Aid.**

When agencies and/or jurisdictions assist one another on request by furnishing personnel, equipment, and/or expertise in a specified manner.

### **3.3.42 National Incident Management System (NIMS).**

A comprehensive, national approach to incident management that is applicable at all jurisdictional levels and across functional disciplines. It is intended to be applicable across a full spectrum of potential incidents, hazards, and impacts, regardless of size, location or complexity; improve coordination and cooperation between public and private entities in a variety of incident management activities; and provide common standard for overall incident management.

### **3.3.43 Notification and Reunification Center.**

A secure facility in a centralized location that provides information about missing or unaccounted-for persons and the deceased and that helps reunite victims with their loved ones. Notification/reunification centers also help displaced disaster survivors, including children, to re-establish contact with their family and friends after a period of separation.

### **3.3.44 Patient.**

A person who requires medical attention.

### **3.3.45 Personal Protective Equipment (PPE).**

Equipment worn to minimize exposure to hazards that cause serious injuries and illnesses.

### **3.3.46 Plan.**

#### **3.3.46.1 Emergency Action Plan (EAP).**

A document to facilitate and organize employer and employee actions during workplace emergencies.

#### **3.3.46.2 Emergency Operations Plan (EOP).**

A document that assigns responsibility to organizations and individuals, sets forth lines of authority and organizational relationships, describes how people and property are protected, identifies personnel, equipment, facilities, supplies, and other resources, and reconciles requirements with other jurisdictions.

### **3.3.46.3 Incident Action Plan (IAP).**

A verbal plan, written plan, or combination of both that is updated throughout the incident and reflects the overall incident strategy, tactics, risk management, and member safety requirements approved by the incident commander. [1600, 2016]

### **3.3.47 Protected Corridor Operations.**

A warm zone response concept in which law enforcement forms a secure path through which fire and EMS responders can care for and extract victims.

### **3.3.48 Protected Island Operations.**

A warm zone response concept in which law enforcement forms a secure perimeter around fire and EMS responders.

### **3.3.49 \* Rescue Task Force (RTF).**

A combination of fire and/or EMS personnel and law enforcement who provide force protection. The RTF could provide the following tasks: threat-based care, triage, and extracting victims to a casualty collection point or other designated location. The RTF could also have other tactical objectives such as breaching, utility control, managing building systems, and fire control.

### **3.3.50 Risk Assessment.**

The process of hazard identification and the analysis of probabilities, vulnerabilities, and impacts. [1600, 2016]

### **3.3.51 Scenario.**

A sequence or synopsis of actual or imagined events used in the field or classroom to provide information necessary to meet student competencies; can be based upon threat assessment.

### **3.3.52 \* Secured.**

A law enforcement term for a geographic location where law enforcement has found no obvious threat and maintains a constant presence. This is an area where a secondary clear has not yet occurred.

### **3.3.53 Specialized Teams.**

A law enforcement unit or team responsible for specialized tactics at high-risk incidents; also known as law enforcement special response team (SRT) or special weapons and tactics (SWAT).

### **3.3.54 Threat-Based Care.**

Medical care provided as determined by the conditions that are present.

### **3.3.55 Treatment Area.**

Location for the treatment of victims after extraction and sorting, prior to loading for transport to definitive care.

### **3.3.56 Triage.**

To sift and sort; can occur in multiple phases and is a constant and re-occurring.

### **3.3.57 Unified Command.**

An authority structure in which the role of incident commander is shared by individuals from all responding organizations responsible for the incident, operating together to develop a single incident action plan. During an ASHER incident, Unified Command generally consists of law enforcement, fire, and EMS representatives at a minimum.

### **3.3.58 \* Unified Command Post.**

The field location at which the primary tactical level, on-scene unified incident command functions are performed.

### **3.3.59 \* Victim.**

A person who is directly or proximately harmed in the incident/crime and is used by law enforcement for the purpose of the classification of crimes.

### **3.3.60 \* Victim Advocate.**

Professionals trained to support victims of crime.

### **3.3.61 \* Victim Navigator.**

Serves as the point of contact for individuals and families impacted by mass violence or terrorism incidents.

### **3.3.62 Witness.**

A person who has information or evidence regarding an event or incident.

### **3.3.63 Witness Interview/Debrief Area.**

A location where individuals with knowledge of or involvement in the incident assemble.

### **3.3.64 Zones.**

#### **3.3.64.1 \* *Hot Zone.***

An area where there is a known hazard or direct and immediate life threat.

#### **3.3.64.2 \* *Warm Zone.***

An area where there is the potential for a hazard or an indirect threat to life.

#### **3.3.64.3 \* *Cold Zone.***

Areas where there is little or no threat due to geographic distance from the threat or the area has been secured by law enforcement.



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## 4.1 Administration.

### 4.1.1 Scope.

This chapter outlines the process to develop an ASHER program administration.

### 4.1.2 Purpose.

This chapter provides organizations including AHJs and stakeholders with a framework for developing an ASHER program.

## 4.2 ASHER Program Organizational Statement.

The organization and/or jurisdiction shall maintain a documented policy that establishes the following:

- (1) Existence of the ASHER program
- (2) Services that the ASHER program will provide
- (3) List of ASHER program stakeholders
- (4) Functions that ASHER program stakeholders are expected to perform
- (5) Risk assessment in accordance with Chapter 5
- (6) Planning and coordination in accordance with Chapter 6
- (7) Resource management in accordance with Chapter 7
- (8) Unified Command policies in accordance with Chapter 8
- (9) Facility preparedness in accordance with Chapter 9
- (10) Financial management in accordance with Chapter 10
- (11) Pre-, during, and post- event communications procedures in accordance with Chapter 11 and 17
- (12) First responder and public training programs in accordance with Chapters 12, 13, and 15
- (13) Use of personal protective equipment (PPE) in accordance with Chapter 14
- (14) Public education in accordance with Chapter 16
- (15) Continuity of operation in accordance with Chapter 18
- (16) Hospital preparedness and response in accordance with Chapter 19
- (17) Family notification/reunification and family assistance procedures in accordance with Chapter 20



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## 5.1 Administration.

### 5.1.1 \* Scope.

#### 5.1.1.1

This chapter applies to those responsible for organizing, managing, and sustaining an ASHER prevention, preparedness, mitigation, and recovery program.

#### 5.1.1.2

The chapter provides requirements for assessing a community's and a facility's risks associated with an ASHER incident.

### 5.1.2 Purpose.

This chapter provides the requirements for conducting a community's and a facility's risk assessment, including hazard identification, vulnerability assessment, consequence identification, and risk analysis.

#### 5.1.2.1

A community risk assessment characterizes the likelihood and the impact associated with an ASHER incident on the community.

#### 5.1.2.2

Community risk assessment influences all phases of an ASHER preparedness program: prevention, preparedness, mitigation, response, and recovery.

#### 5.1.2.3

Community risk assessment methods can vary but shall involve the characterization of risk within the organization/jurisdiction.

## 5.2 Identifying Threats.

### 5.2.1 \*

Threat identification shall include all identified locations where ASHER incidents are capable of causing death, injury, property or environmental damage, and system disruptions.

### 5.2.2 \*

At-risk locations that are considered targets, have large numbers of people, are of national significance, are of public significance, or have been the target of threats as gathered by intelligence groups shall be identified.

#### 5.2.2.1

Consideration of surrounding conditions and circumstances adjacent to the potential incident site shall include the following:

- (1) Population demographics, including vulnerable groups and neighborhood residents
- (2)\* Private and public property, including critical facilities, critical infrastructures, and transportation facilities and corridors
- (3)\* Any positions that would provide a tactical advantage
- (4) Environmental features or conditions

### 5.3 \* Analyzing the Consequences of an Attack.

The consequences of an attack shall be analyzed at each identified location within the organization/jurisdiction to include potential life loss, property loss, economic impact, and system disruptions.

#### 5.3.1

Estimated outcomes shall include the following:

- (1) Likely dimensions of the affected area, based on the type and scope of attack
- (2) Likely number and types of injuries within the affected area, including people, environment, property, and systems, based on the type and scope of attack
- (3) Likely physical, health, and safety hazards within the endangered area

- (4) Likely areas of harm within the endangered area
- (5) Likely outcomes within the endangered area based on exposures within the areas of harm

### **5.3.2 Cascading and Complex Coordinated Incidents.**

#### **5.3.2.1**

It shall be recognized that cascading incidents and complex coordinated terrorist attacks can compound the stresses placed on the response system as a whole.

#### **5.3.2.2**

When evaluating cascading incident potential, each location shall be viewed as an individual incident within the context of a larger event.

### **5.4 \* Hazard/Risk Assessment (Probability/Consequence).**

#### **5.4.1 \* Community Risk Assessment.**

Community risk assessment shall be conducted to determine the probability of an incident and consequences of such an attack.

##### **5.4.1.1 \***

Consequences shall be defined as the results of the combination of the risks assessed of the hazard, the duration and nature of the event, property loss, personal injury or loss of life, economic losses, interruption of business and related operations, and damage to the environment.

##### **5.4.1.2**

These consequences shall be grouped into the following four categories:

- (1) Human impacts (civilian and responder injuries and deaths)
- (2) Economic impacts (property loss, both direct and indirect effects)
- (3) Psychological impact (public confidence)
- (4) Functional impact (continuity of operations)

#### **5.4.2 \* Facility Risk Assessment.**

For each identified at-risk location, the following information shall be considered in the risk assessment and made available to the AHJ to be considered in the community risk assessment:

- (1) Occupant/attendee preparedness measures
- (2) Building owner or owner representative
- (3) Name or other identification of area/facility
- (4) Number of occupants/attendees and maximum capacity
- (5) Age groups of occupants/attendees
- (6)\* Security capabilities of venue (cameras, security)
- (7) Ingress
- (8) Egress
- (9) Area accessibility
- (10) Access control
- (11) Facility/area use
- (12) Alarm systems
- (13) Existence of fire protection systems
- (14) Building construction type
- (15) Availability of building map and/or site plan
- (16) Known intelligence
- (17) Distance to and capabilities of medical facilities
- (18) Nearby structures
- (19) Seasonal weather conditions
- (20)\* Emergency responder accessibility
- (21) Other relevant information as deemed pertinent

#### **5.4.3 Prioritizing Community Vulnerability.**

Factors used to prioritize the need for individual facility risk assessment shall include, but are not limited to, the following:

- (1) High occupancy
- (2) Easy access
- (3) Public profile
- (4) Known target or previous threats (known political and religious affiliation)
- (5) Potential for significant public impact

#### **5.4.3.1**

Once risk assessment is complete, target hazards shall be ranked based on probability and consequence.

#### **5.4.4 \* Geographic-Based Analysis.**

A geographic information system (GIS) provides layers of information that shall be used to map locations and assess potential impact, which allows planners to identify the relationships between the hazards, predict outcomes, visualize scenarios, and plan strategies.





## **6.1 Administration.**

### **6.1.1 Scope.**

This chapter establishes the planning process for those jurisdictions responsible for developing, managing, and sustaining an ASHER program.

### **6.1.2 Purpose.**

This chapter addresses emergency operations plans (EOPs), standard operating procedures (SOPs), and standard operating guidelines (SOGs) for the safe, effective response to ASHER incidents.

## **6.2 \* Plan Development.**

The AHJ shall establish an ASHER program plan organized in a logical framework based on its resource capabilities and current risk assessment.

### **6.2.1 \***

Multi-agency and multidiscipline relationships shall be established for the development of plans, risk assessments, mutual aid agreements, and memorandums of understanding (MOU).

### **6.2.2**

The AHJ shall utilize a formal management systems to ensure that plans are developed, maintained, updated, tested, and activated along the following four-step process:

- (1) A needs or gap assessment
- (2) Plan development
- (3) Implementation
- (4) Evaluation

### **6.2.3**

The AHJ's planning team shall perform a needs or gap assessment of resources necessary to meet the mission identified in the plan.

### **6.2.4**

Plans shall be based on the results of a risk assessment and an analysis of ASHER program capabilities in relation to the risk.

#### **6.2.4.1**

This analysis shall include the following at a minimum:

- (1) Review of minimum standards for emergency responder competencies
- (2) Current capabilities, including other plans and mutual aid of the AHJ
- (3) Agreements already in place between agencies
- (4) Gaps between minimal standards and current capabilities
- (5) Capabilities required to bridge the gaps

### **6.2.5 \***

Plans shall address coordination between agencies, including the following:

- (1) Resource management
- (2) Staffing
- (3) Cross-training
- (4) Health and medical issues
- (5) Financial responsibilities and management
- (6) Recovery and restoration

### **6.2.6**

Plans shall provide a starting point for multi-agency multidisciplinary operations and be flexible so that they can be adjusted as circumstances and environments change.

### **6.2.7**

Plans shall be organized in a logical framework of functions and topics.

### **6.3 \* EOPs.**

Local jurisdictions shall have an emergency operations plan with guidance for prevention, preparedness, mitigation, response, and recovery.

### **6.4 \* SOP Planning Components.**

#### **6.4.1 SOPs.**

SOPs shall be developed as part of the ASHER program to enhance personal safety, provide response consistency, serve as a guide for response action, enhance decisions process, allow for better coordination and interoperability with other agencies and organizations, and ensure unified incident management.

#### **6.4.2 \***

SOPs shall be built around relevant core capabilities as identified by the National Preparedness Goals.

### **6.5 Termination and Post-Incident Procedures.**

An ASHER program shall have procedures for specific processes that shall be followed after an active shooter hostile event incident.

#### **6.5.1**

Each participating entity shall conduct an immediate operations debrief when operationally possible.

#### **6.5.2 \***

After action reports shall be completed and include input from all participating entities.

#### **6.5.3**

Post-incident procedural steps shall be designed to do the following:

- (1) Assess and document actions
- (2) Restore capabilities
- (3) Address problems
- (4) Improve future state of preparedness and response capabilities

### **6.6 Incident Management.**

An ASHER program shall have an incident command structure that is consistent with the National Incident Management System (NIMS).

### **6.7 \* Active Shooter/Hostile Events Response Guideline.**

Guidelines for response to an incident involving active shooters and hostile events shall be based on available resources, trained personnel, and capabilities necessary to perform assigned tasks.

#### **6.7.1**

ASHER program personnel shall identify all hazards associated with the incident and take appropriate actions based on the risk versus reward.

#### **6.7.2 \***

As part of the ASHER program, the AHJ shall develop guidelines and procedures that outline the following:

- (1) Unified strategic objectives
- (2) Unified tactical considerations
- (3) Interoperability among resources
- (4) Resource needs
- (5) Dispatching and notification procedures
- (6) Telecommunicator pre-arrival instructions
- (7) Predetermined mutual aid requests
- (8) Emergency operation center activation trigger guidelines for response

- (9) Secure-in-place
- (10) Personnel recall
- (11) Incident stabilization
- (12) Information sharing
- (13) Considerations for those with access and functional needs
- (14) Social media management
- (15) Family notification and/or reunification
- (16) Establishing a safe and secure environment
- (17) Supporting the transition to recovery

## **6.8 \* Operational Security.**

Operation security (OPSEC) shall be an integral element of the organization/jurisdiction preparedness program.

## **6.9 Information and Intelligence Sharing.**

The AHJs shall develop and maintain relationships that help facilitate intelligence and information sharing, including formal relationships with government fusion centers, local/regional/state offices of emergency management, and law enforcement/fire/EMS partners to coordinate response plans consistent with current threats.

### **6.9.1**

AHJs shall develop programs and plans that utilize social media for the purpose of intelligence gathering, evidence collection, and information distribution.



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## **7.1 \* Administration.**

### **7.1.1 Scope.**

This chapter provides requirements for developing a resource management plan to ensure that required resources are available to meet program objectives.

### **7.1.2 Purpose.**

This chapter addresses needed resources for the safe, effective response to active shooter/hostile events.

## **7.2 \* Mutual Aid.**

ASHER program managers shall coordinate with local response and emergency management agencies and be familiar with existing mutual aid systems and available resources prior to calling for these resources to sustain operations at an existing emergency incident.

## **7.3 \* Logistics Management.**

A thorough and complete record-keeping system shall be established and maintained by AHJs to ensure that supply management is documented.

## **7.4 Personnel.**

### **7.4.1**

The AHJs and responsible parties shall create necessary personnel policies and procedures.

### **7.4.2**

The AHJs shall determine the appropriate personnel to service the ASHER program.



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## 8.1 Administration.

### 8.1.1 Scope.

This chapter provides requirements for incident management on a command level to ensure that incidents are managed in a unified and organized manner in accordance with all local, state, and federal requirements.

### 8.1.2 Purpose.

This chapter addresses incident management requirements for the safe, effective response to ASHER incidents.

## 8.2 Application of Unified Command.

### 8.2.1 \*

The Incident Command System and Unified Command shall be utilized at all cross-functional emergency incidents.

### 8.2.2

Unified Command shall be applied to drills, exercises, pre-planned events, and other situations that involve hazards similar to those encountered at actual emergency incidents and to simulated incidents that are conducted for training and familiarization purposes.

### 8.2.3

At an emergency incident involving an active shooter/hostile event, Unified Command shall be responsible for the overall management of the incident and the safety of all members involved at the scene.

#### 8.2.3.1 \*

The command structure shall be set up so that all agency representatives shall share responsibilities to command their resources in a coordinated effort through a common strategy and shared objectives.

#### 8.2.3.2

The goals of Unified Command shall be the following:

- (1) Provide for the safety of citizens and responders
- (2) Perform situation evaluation that includes risk assessment
- (3) Initiate, maintain, and control incident communications
- (4) Develop an overall strategy and incident action plan, which includes managing resources, maintaining an effective span of control, maintaining direct supervision over the entire incident, and designating supervisors in charge of specific areas or functions
- (5) Ensure personnel and resource accountability
- (6) Review, evaluate, and revise the incident action plan as required
- (7) Coordinate public information
- (8) Maintain, transfer, and terminate command

## 8.3 Incident Size-Up.

A size-up shall be conducted initially and ongoing throughout the incident until such time as the incident is determined to be under control by Unified Command.

### 8.3.1

The elements of size-up shall include but not be limited to the following:

- (1) Major incident notification as classified by the AHJ in the ASHER program
- (2)\* Specific location and characteristics
- (3) Type of incident
- (4) Known hazards and the number of potential assailants and their location
- (5) Access and staging for incoming units
- (6) Approximate number of victims

(7) Additional resources needed

## **8.4 Establishing Unified Command.**

The AHJ for those agencies responsible for ASHER mitigation shall establish practices to ensure early integration within the Unified Command process.

### **8.4.1 \***

Unified Command shall meet the requirements of NFPA 1561 and shall be established with written standard operating procedures applying to all members involved in emergency operations within the AHJ.

### **8.4.2**

Unified Command shall be comprised of the following essential disciplines, if applicable:

- (1) Fire
- (2) EMS
- (3) Law enforcement
- (4) Emergency management
- (5)\* Additional participating or coordinating agencies as dictated by the needs of the incident

### **8.4.3**

The Unified Command shall remain co-located until the incident is concluded, if applicable.

### **8.4.4 \***

Each discipline shall evaluate the incident from their perspective, and these independent evaluations shall be combined to form an incident action plan (IAP).

#### **8.4.4.1**

This coordinated response shall include each discipline and shall be an ongoing process until such time as the incident is concluded.

### **8.4.5**

As incidents evolve in size and complexity, the Unified Command shall divide the incident into geographical or functional level components, or both, as necessary.

## **8.5 Transfer of Command.**

The transfer of command shall not eliminate the need for Unified Command to remain co-located for the duration of the incident.

## **8.6 \* Incident Stabilization.**

It is understood that the need for a Unified Command shall extend past the emergency phase of the incident, which shall be dictated by the incident objectives and personnel responsibilities.

### **8.6.1**

After incident stabilization, long-term incident management shall transition to recovery phases as detailed in Chapter 20.

### **8.6.2**

All ASHER incidents shall be considered crime scenes.

#### **8.6.2.1**

All personnel shall refrain from unnecessarily disrupting any part of the incident scene.

#### **8.6.2.2**

Evidence preservation, witness identification, and overall scene preservation shall be primary considerations after life safety objectives have been met.

## **8.8 After Action Reports.**

AHJs that have experienced an ASHER incident shall complete an after action review (AAR) of the event.

### **8.8.1 \***

The completed AAR shall be shared with all parties involved with the response to the ASHER incident.

### **8.8.2**

Special consideration shall be given to updating ASHER operational training policies and documents to reflect post-incident analysis.





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## 9.1 Administration.

### 9.1.1 \* Scope.

The scope of this chapter provides requirements for facility preparedness for onsite ASHER incidents.

### 9.1.2 \* Application.

This chapter shall apply to facilities at risk for an ASHER incident as determined by the AHJ.

## 9.2 Facility and Occupancy Characteristics.

### 9.2.1 \*

Facility preparedness shall consider the following attributes:

- (1) The number of occupants
- (2) The ability of the occupants to evacuate, relocate, or secure in place
- (3) Internal staff response and assistance to include threat recognition and threat reaction procedures and training
- (4) Notification of occupants
- (5) The number, location, and contents of bleeding control kits

### 9.2.2 \*

The mobility characteristics of the occupants shall be evaluated as part of the facility response plan.

## 9.3 \* Emergency Action Plans.

### 9.3.1

Emergency action plans shall include evacuation, relocation, and secure-in-place procedures appropriate to the building, its occupancy, and risk.

### 9.3.2

The plan for active shooter/hostile events shall include the location and identification of lockable spaces and rooms as well as the locations of exit doors that lead directly to the outside or to a stairwell.

### 9.3.3

The plan for active shooter/hostile events shall include procedures for locking of doors from inside of the designated areas.

#### 9.3.3.1

Plans and procedures for doors for areas designated in 9.3.3 shall comply with locking and unlocking and unlatching requirements of NFPA 101.

#### 9.3.3.2

The procedures for unlocking doors from outside the designated areas shall be included in the plan.

### 9.3.4

The plan for active shooter/hostile events shall include identification of doors designated as a means of egress or escape.

### 9.3.5

Doors in the means of egress shall comply with NFPA 101 requirements for doors in the means of egress.

### 9.3.6

Facilities shall make emergency action plans available to the AHJ.

### 9.3.7 \*

Facility emergency action plans shall include the following criteria specific to an ASHER program:

- (1) Facility assessment to support preparedness, protective actions, and communications
- (2) Communications plan
- (3) Alert and warning plans
- (4) Personal emergency preparedness training for protective and medical actions for individuals to take before, during, and after an ASHER incident.

#### **9.4 Notification.**

Notification procedures shall be designed to ensure that occupant notification is made in a timely manner.

##### **9.4.1 \***

The notification process or procedure shall be designed so as not to confuse it with the building fire alarm signal.

#### **9.5 \* Exercise.**

##### **9.5.1**

Building owners and operators shall annually exercise ASHER plans.

##### **9.5.2 \***

Facilities with multiple buildings in a contiguous location shall annually exercise ASHER plans.



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## 10.1 Administration.

### 10.1.1 Scope.

This chapter applies to those organizations or jurisdictions responsible for organizing, managing, and sustaining an ASHER program and provides guidance for managing financial elements of the program.

### 10.1.2 \* Purpose.

This chapter addresses revenue sources, program costs, inventory control, and cost recovery issues to underscore the importance of funding an ASHER program

## 10.2 Documentation and Management Policy.

### 10.2.1

The ASHER program shall have a comprehensive, documented, and consistently maintained financial management policy.

#### 10.2.1.1

The AHJ shall ensure MOUs are in place and address the ASHER program.

## 10.3 \* Revenue Sources.

Revenue to support the program shall be derived from a number of sources.

### 10.3.1 Operating Budgets.

AHJs with management responsibility for an ASHER program shall ensure they are aware of the applicable financial management policy in accordance with Section 10.2.

## 10.4 \* Program Costs.

An ASHER program budget shall be categorized by applicable cost centers.



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## 11.1 Administration.

### 11.1.1 Scope.

Communications centers support, manage, and receive emergency requests for services and gather and relay information as appropriate during an ASHER incident.

### 11.1.2 Purpose.

This chapter provides requirements in order for communications centers to be able to meet the mission of supporting, managing, gathering, and relaying information during ASHER incidents.

## 11.2 \* Communication Center Coordination.

### 11.2.1

Communication centers shall incorporate first responder ASHER incident goals and objectives into center operations.

### 11.2.2 \*

Communications personnel shall participate in ASHER program training not less than annually.

## 11.3 \* Communication Relationships.

The comprehensive communication plan shall describe and define the communication relationships between all AHJs.

## 11.4 \* Communication and Dispatch Systems.

Communications and dispatch systems shall follow NFPA 1221.

### 11.4.1 \*

In planning and preparing for ASHER incidents, AHJs shall ensure they plan for sufficient emergency communications and dispatch capabilities to manage the ASHER incident.

### 11.4.2 \*

Communications personnel handling an ASHER incident shall follow Chapter 6 of NFPA 1061 regardless of their physical location.

## 11.5 \* Data and Information Management

Data and information management shall follow NENA-STA-012.2-2017, NENA-STA-004.1-2014, APCO/NENA 2.105.1-2017, and APCO/NENA 2.105.1-2017.

## 11.6 Operability.

### 11.6.1 \*

The communications system shall allow for radio communications between all public safety personnel within the confines of SOP and SOG.

### 11.6.2

If communication system interoperability is not immediately available, the communication center shall ensure that the locations for incident command and other functional elements — staging, tactical, or triage — are relayed to all responding resources.

## 11.7 High Incident Response Levels.

High incident response levels (HIRL) consisting of the appropriate effective response force (ERF) shall be dispatched to suspected ASHER incidents.

### 11.7.1

Communications centers shall be guided by incident command and SOPs or SOGs regarding the assignment of additional resources to ASHER incidents.

### 11.7.2

Communication centers shall ensure appropriate levels of coverage and response for other calls for service occurring outside of the active ASHER incident.



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## 12.1 Administration.

### 12.1.1 Scope.

This chapter applies to all law enforcement officers who in the course of their duties could find themselves responding to an ASHER incident.

### 12.1.2 Purpose.

The purpose of the competencies in this chapter is to provide law enforcement officers who, in the course of duties, could encounter ASHER incidents with the knowledge and skills to respond effectively and efficiently in an integrated manner.

### 12.1.3 Competencies and Tasks.

#### 12.1.3.1 \*

Law enforcement officers shall be trained in ASHER in accordance with an established agency policy, including, but is not limited to, the following:

- (1) Tasks
- (2) Competencies

#### 12.1.3.2

Law enforcement officers shall receive training to meet applicable governmental regulations according to federal, state, and local standards.

#### 12.1.3.3 \*

Law enforcement officers shall have knowledge of a threat-based system of medical care that is consistent with the AHJ's policies and procedures.



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## 13.1 Administration.

### 13.1.1 \* Scope.

This chapter shall apply to all fire and EMS responders who in course of their duties could find themselves responding to an ASHER incident.

### 13.1.2 Purpose.

The purpose of the competencies in this chapter is to provide fire and EMS personnel who in the course of duties could encounter ASHER incidents with the knowledge and skills to respond effectively and efficiently in an integrated manner.

### 13.1.3 Introduction.

#### 13.1.3.1

Fire and EMS responders shall be defined as persons who, in the course of their duties, encounter an emergency involving an ASHER incident and who are expected to protect themselves, call for trained personnel, and provide triage, rapid medical intervention, and/or transport of the sick and injured.

#### 13.1.3.2

Fire and EMS responders shall be trained to meet all competencies defined in Section 13.3.

#### 13.1.3.3

Fire and EMS responders shall receive additional training to meet applicable federal, state, local, tribal, and provincial occupational health and safety regulations, scope of practice, and protocol.

### 13.1.4 Goal.

#### 13.1.4.1

The goal of the competencies in Section 13.3 shall be to provide fire and EMS personnel who, in the course of duties, encounter ASHER incidents with the knowledge and skills to respond effectively and efficiently in an integrated manner with law enforcement.

#### 13.1.4.2

All responders, as part of their minimum competencies, shall understand the concepts and requirements of the hot, warm, and cold zones.

## 13.2 Threat-Based Care.

### 13.2.1

Fire and EMS providers shall have knowledge of a system where the medical care provided is determined by the hazard or risk that is present.

### 13.2.2 \*

The system of care that is used to provide medical aid to self and others, including emergency patient care, shall be in accordance with the guidelines of *Tactical Emergency Casualty Care (TECC) Guidelines for First Responders with a Duty to Act* and *Tactical Emergency Casualty Care (TECC) Guidelines for BLS/ALS Medical Providers*.

## 13.3 Tasks.

### 13.3.1 Hot Zone Tasks.

#### 13.3.1.1 \*

No personnel shall operate in the hot zone without the proper training and equipment to address the hazards that they could encounter.

#### 13.3.1.2

Fire and EMS personnel who are not part of a specialized team, who find themselves unexpectedly in a hot zone, shall be able to perform the following tasks:



- (1) Recognize the zone(s) delineation has changed and communicate
- (2) Take measures to defend or engage in order to minimize injury and harm
- (3) Provide threat-based care

### **13.3.2 Warm Zone Tasks.**

Fire and EMS personnel who are not part of a specialized team, who are assigned to operate in a warm zone, shall be able to perform the following tasks:

- (1) Communicate the following:
  - (a) Determine the potential number and location of casualties.
  - (b) Locate a casualty collection point(s).
  - (c) Identify additional resources required.
- (2) Constantly evaluate the scene for emerging or re-emerging threats.
- (3) Provide threat-based care.
- (4) Recognize conditions that cause the zone to change from warm to hot, conduct an evaluation, and take measures to ensure personal safety as listed in 13.3.1.2.

### **13.3.3 Cold Zone Tasks.**

Fire and EMS personnel who are assigned to operate in a cold zone shall be able to perform the following tasks:

- (1) Establish command and control as detailed in Chapter 8.
  - (a) This includes operating within in the Unified Command structure.
  - (b) This includes operating as a component within the fire rescue and/or medical branch within the Incident Command System.
- (2) Constantly evaluate the scene for emerging or re-emerging threats.
- (3) Provide threat-based care.
- (4)\* Triage, treat, and transport victims.
- (5) Recognize conditions that cause the zone to change from cold to warm or hot, conduct an evaluation, and take measures to ensure personal safety as listed in 13.3.1.2.

### **13.3.4 Associated Off-Site Operations.**

Fire and EMS personnel who are assigned to operate in areas of associated off-site operations shall be able to perform the following tasks:

- (1) Provide services as requested by Unified Command that are within their scope of practice and training
- (2) Respond to off-site locations for any fire and EMS needs
- (3) Participate in Unified Command
- (4) Support recovery efforts, victim assistance, and family reunification/notification
- (5) Recognize conditions that cause the zone to change to hot, conduct an evaluation, and take measures to ensure personal safety as listed in 13.3.1.2

## **13.4 Competencies.**

### **13.4.1 Competencies for Fire and EMS Responders when Operating at an Active Shooter/Hostile Event Incident.**

#### **13.4.1.1**

Fire and EMS responders shall receive training commensurate with the tasks listed in Section 13.3.

#### **13.4.1.2**

Fire and EMS responders shall have knowledge of local/regional plans, policies, and procedures, including, but not limited to, the following:

- (1) Major incident notification procedures
- (2) Available resources
- (3) Procedures for activating the local ASHER plan
- (4) Communications plan and procedures
- (5) Hospital interface communications and procedures
- (6) "Mayday" and/or emergency assist procedure
- (7) Procedures for checking into the incident with Unified Command for accountability and assignment

- (8) Procedures on threat-based care
- (9) Procedures for designating zones
- (10) Patient distribution plans and procedures
- (11) Available medical supplies and resources and their appropriate and prescribed uses within the adopted scope of practice
- (12) PPE and ballistic protective equipment (BPE) and their appropriate and prescribed uses
- (13) Local policies and procedures for operating with responders from partner agencies and jurisdictions
- (14) Warm zone care and rescue concepts, including, but not limited to, the following:
  - (a) Rescue task force
  - (b) Law enforcement rescue teams
  - (c) Protected island operations
  - (d) Protected corridor operations
- (15) Local law enforcement interface procedures and techniques
- (16) Proper vehicle positioning and staging plan
- (17) Identification methods to identify responders and roles
- (18) Local policies and procedures for the transition to recovery operations
- (19) Recognize improvised incendiary devices (IID), explosive devices (IED), unexploded ordnance (UXO), and chemical, biological, radiological, nuclear (CBRN) weapons as single or multiple devices
- (20) Understanding of relevant associated off-site operations, including the following:
  - (a) Family information centers
  - (b) Public information distribution
  - (c) Hospitals
  - (d) Witness interview and debrief locations
  - (e) Transport zones
  - (f) Mobile communications support
  - (g) Security for these off-site operations
- (21) Transition to recovery procedures

#### **13.4.2 Competencies for Fire and EMS Responders when Operating at Vehicle as a Weapon Incidents.**

Fire and EMS responders shall have knowledge of the following in addition to Section 13.2:

- (1) Potential vehicle-borne improvised explosive device (VBIED) identification
- (2) Chemical, biological, radiological, nuclear, and explosive (CBRNE) operations and awareness
- (3) Building and vehicle stabilization
- (4) Vehicle extrication and casualty removal

#### **13.4.3 \* Competencies for Fire and EMS Responders when Operating at an IED(s) Incident.**

Fire and EMS responders shall have knowledge of the following in addition to Sections 13.2 and 13.3:

- (1) Local integrated response procedures necessary to efficiently and effectively mitigate this threat
- (2) Blast effects and associated injuries
- (3) Recognition and awareness of multiple devices
- (4) Local procedures for positioning vehicles
- (5) Evacuation distance using the DOT Emergency Response Guidebook for IED safe stand-off distance and/or the DHS stand-off chart
- (6) Local post-blast transition to fire event/structural collapse response procedures

#### **13.4.4 Competencies for Fire and EMS Responders when Operating at Fire and Smoke as a Weapon Incidents.**

Fire and EMS responders shall have knowledge of the following in addition to Sections 13.2 and 13.3:

- (1) Fireground operations consistent with NFPA 1710 and NFPA 1720 depending on role (fire vs. EMS only responders)
- (2) Local integrated response capabilities necessary to efficiently and effectively mitigate this threat
- (3) Recognize improvised incendiary device (IID), explosive devices (IED), unexploded ordnance (UXO), and chemical, biological, radiological, nuclear (CBRN) weapons as single or multiple devices
- (4) AHJ's requirements for incidents with fire and smoke as a weapon

#### **13.4.5 Competencies for Fire and EMS Providers when Operating within Immediately Dangerous to Life and Health (IDLH) Atmospheres.**

Fire and EMS personnel shall have knowledge of the following in addition to Sections 13.2 and 13.3:

- (1) Proper use of personal protective equipment, to include respiratory protection, for the hazard that will be encountered
- (2) "Mayday" procedures
- (3) Rapid intervention crew procedures
- (4) The hazardous atmosphere and the characteristics of the chemical
- (5) Sign and symptoms of exposure
- (6) Decontamination procedures

#### **13.4.5.1**

When operating in an IDLH atmosphere, personnel shall have the proper knowledge, skills, abilities, and be equipped with the appropriate personnel protective equipment.



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## 14.1 Administration.

### 14.1.1 Scope.

This chapter applies to the AHJ responsible for deploying emergency responders as part of an ASHER program.

### 14.1.2 Purpose.

This chapter provides guidance for acquisition, use, and maintenance of responder PPE.

## 14.2 General Requirements.

### 14.2.1

The AHJ shall provide appropriate PPE to personnel exposed to ballistic risks or other hostile threats in accordance with expected duties.

### 14.2.2

Zones of operation are subject to dynamic and immediate change; therefore, Unified Command shall conduct continuous size-up and threat assessment during an incident. (See *Chapter 8*.)

### 14.2.3 \*

Personnel shall be provided and don PPE according to the following zones of operation:

- (1) Hot zone. PPE shall include body armor, means of communication, and an identifying garment.
- (2) Warm zone. PPE shall include body armor, means of communication, and an identifying garment.
- (3) Cold zone. An identifying garment or visible identification shall be required. Additional PPE shall be required as determined by the Unified Command.

### 14.2.4

All responders expected to operate in the warm and/or hot zones shall have PPE that is readily available for use.

#### 14.2.4.1 \*

The PPE deployment model shall be determined by the AHJ.

## 14.3 Specification and Type.

### 14.3.1 \*

Body armor provided shall be at minimum a Level III-A ballistic vest as defined by the National Institute of Justice (NIJ) Standard-0101.06, *Ballistic Resistance of Body Armor*.

#### 14.3.1.1 \*

Body armor shall be NIJ certified, and the model shall be on the NIJ compliant products list.

### 14.3.2 \*

Personnel assigned to an integrated response team shall be equipped at a minimum with Level III-A body armor tested to NIJ, FBI, and Drug Enforcement Administration (DEA) standards, means of communication, and an identifying garment.

#### 14.3.2.1

RTF shall consider a ballistic helmet, a flash light, medical exam gloves, an individual first-aid kit (IFAK), a radio with shoulder strap, and remote microphones with earpieces for communication.

### 14.4 \* Markings.

PPE worn externally shall be identified with the agency and/or responder role.

### 14.5 \* Ballistic Protective Equipment (BPE) Care, Maintenance, and Replacement.

BPE care, maintenance, and replacement shall be done in accordance with NIJ Guide-0101.06, *Selection and Application Guide to Ballistic-Resistant Body Armor for Law Enforcement, Corrections and Public Safety*, or manufacturer instructions.

#### **14.6 Deviations.**

Any deviation from this standard where immediate actions could prevent the loss of life and personnel are deployed without BPE into an area where BPE is required by this standard shall require a post-incident analysis and justification of the decision to the AHJ.



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## 15.1 Administration.

### 15.1.1 Scope.

This chapter applies to those organizations, departments, agencies, and jurisdictions (regardless of size) who are responsible for response to emergency incidents and who develop, plan, and train for an integrated response to active shooter/hostile events.

#### 15.1.1.1 \*

All public safety responders shall receive training to meet applicable governmental regulations according to federal, state, and local standards.

#### 15.1.1.2

A training program shall serve as the source of response personnel training and shall include a means for evaluating personnel competence.

### 15.1.2 Purpose.

This chapter addresses training requirements, training program development, and training records management in support of an ASHER program.

## 15.2 Scope of Active Shooter/Hostile Events Training.

The AHJ shall determine the scope of training needed for the program and its support elements.

### 15.2.1

Training shall be conducted jointly between all anticipated responding entities and communications personnel.

#### 15.2.2 \*

Training shall be based on risks assessed by the AHJ, tasks to be performed, time available for training, and financial commitment from the AHJ.

#### 15.2.3

The AHJ shall provide initial and periodic joint training for public safety responders for zone operations based on the competencies outlined in Chapters 12 and 13.

### 15.3 \* Training Sites.

Whenever possible, the AHJ shall arrange for training and exercises at sites within the response jurisdiction in order to increase responder familiarization.

## 15.4 Training Records Management.

### 15.4.1

The ASHER program manager shall ensure all training sessions and exercises are documented.

### 15.4.2

Each training session shall be documented to include the following information:

- (1) Date, time(s), and duration of the training
- (2) Where the training was conducted
- (3) Name, background, and qualifications of training instructor(s)
- (4) Training topic or exercise title
- (5) Overview of course content
- (6) Students who attended
- (7) Competencies that were demonstrated

### 15.4.3

All training records shall be kept in accordance with the agency's record retention policy.



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## 16.1 Administration.

### 16.1.1 Scope.

This chapter establishes a common set of criteria for considerations related to improving the public's knowledge for preparing and responding to an ASHER incident.

### 16.1.2 Purpose.

This chapter provides the following public education information:

- (1) Ways to improve preparedness of the community apart from professional responders to assist in the mitigation, response, and recovery of ASHER incidents
- (2) Assistance with terminology, expectations, and appropriate actions to increase the effectiveness of public information

## 16.2 Community Training and Education.

Community education training curriculum shall be developed based on risk assessments conducted in accordance with Chapter 5.

### 16.2.1

Training shall be divided into the following categories:

- (1) Discussion-based training — for public education on terminology and response
- (2) Operations-based training — for public education on response
- (3)\* Self-study training — prepackaged materials intended for self-study by the public.

## 16.3 \* Public Education.

The public education program shall be implemented to communicate the following:

- (1) Different hazards (violence, fire as weapon, explosive, weapons of mass destruction, future threats)
- (2) The potential impacts of a hazard
- (3) Preparedness information, including the following:
  - (a)\* Survival strategies and actions
  - (b)\* Bleeding control and other interventions aimed at preventable causes of death due to trauma
  - (c) Recommended equipment
- (4)\* Information needed to develop a preparedness plan
- (5) Identification and communication of site/location emergency action plans
- (6) Identification of ASHER incidents warning signs and how to report them
- (7) What to expect from interactions with emergency communication centers and first responders

## 16.4 Goal of Curriculum.

The goal of the curriculum shall be to create awareness and enhance the knowledge, skills, and abilities of the public to prevent, respond and take protective measures in an active shooter/hostile event.

## 16.5 Scope and Frequency of Instruction.

The scope of the curriculum and the frequency of instruction shall be identified by the AHJ.





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## 17.1 \* Administration.

### 17.1.1 \* Scope.

This chapter establishes a common set of criteria for public information during and after an ASHER incident.

### 17.1.2 Purpose.

This chapter provides requirements for ASHER officials acting as the AHJ public information officer (PIO) and/or as part of the communications or media relations team with assigned duties to assist and/or facilitate the appropriate dissemination of information to the public and stakeholders as part of a joint information center (JIC) and joint information system (JIS).

## 17.2 JIC and JIS Activities.

JIC and JIS activities shall include the following:

- (1) Informing and educating the public through various media in adequate and appropriate means to protect public health and safety, for the duration of the ASHER incident including the appropriate response to inquiries and misinformation
- (2) Information on action to take to reduce risk and improve safety
- (3)\* Assistance with family reunification
- (4) Identification of official communications paths (central contact for all media) for coordinating and authorizing the release of information, including, but not limited to, the following:
  - (a)\* All activities outlined in Chapter 4 of this standard
  - (b)\* All CRA activities outlined in Chapter 5 of this standard
  - (c)\* Planning and coordination activities outlined in Chapter 6 of this standard
- (5) Identification of official communications path for incoming informational inquiries from public in order to ensure that emergency communication centers (e.g., 911) are not overwhelmed
- (6)\* Reduction or elimination of communication that jeopardizes operations
- (7) Leveraging the use of information gained through public sources such as social media

## 17.3 Warning, Notification, and Crisis Communications.

Organizations and the AHJ shall evaluate the need for a mass notification system.

### 17.3.1

Organizations shall evaluate and plan for people who are not regularly on mass notification systems or who don't have access to mass notification devices/conduits or vulnerable populations.

### 17.3.2

Organizations shall develop pre-scripted mass warning messaging that display preparedness measures and protective actions.

#### 17.3.2.1

Pre-scripted mass warning messaging shall include the following:

- (1) Who is sending the alert?
- (2) What is happening?
- (3) Who is affected?
- (4) What action should be taken?
- (5) Time and date stamp

### 17.3.3

Organizations shall develop plans with the ability to communicate internally and externally.

### 17.3.4 \*

Organizations shall test and exercise notification systems and plans on at least an annual basis.

### 17.3.5 \*

Organizations shall identify specific needs within communities with regulatory or legal obligation for notification and plan for them.

#### **17.4 JIC.**

Organizations shall have plans to establish a joint information center based on the needs of the incident.

##### **17.4.1**

The JIC shall be an early consideration for Unified Command based on the needs and escalation of the incident.

##### **17.4.2**

The JIC shall be established away from primary incident operations at an associated off-site operation area.

##### **17.4.3 \***

The PIO shall create, vet, and finalize all forms of communication for the JIC.

##### **17.4.4**

The PIO shall coordinate the logistics of a press conference or other public address.

##### **17.4.5**

The PIO shall be responsible for ensuring an all clear is communicated across all notification systems.

#### **17.5 \* Social Media.**

Social media shall be permitted to serve as an information and intelligence platform for Unified Command.

##### **17.5.1 \***

The PIO shall coordinate the flow of pertinent information for operations and operational security from external sources back to the JIC, if one is established, or to the unified command.

##### **17.5.2 \***

Social media used for the purposes of sharing of information shall be coordinated through the JIC if one has been established or through Unified Command if the JIC has not been established.

##### **17.5.3 \***

AHJs shall have a comprehensive social media and information sharing policy.

#### **17.6 Establishing and Managing a Media Area.**

##### **17.6.1**

The PIO or their designee shall establish an on-location media area in a cold zone so that the area provides for the safety of all media, and enables the flow of approved communications through the official path.

##### **17.6.2 \***

The PIO or their designee shall manage the media area participants and coordinate the flow of information through the officially established central media contact for the ASHER incident



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## 18.1 Administration.

### 18.1.1 Scope.

This chapter establishes a common set of criteria for management and restoration of business continuity and continuity of operations of mission-critical services after ASHER incidents.

### 18.1.2 Purpose.

This chapter provides the fundamental criteria for continuity of operation including the planning, implementation, assessment, and maintenance of programs for continuity.

## 18.2 Continuity.

### 18.2.1

Continuity plans shall include strategies to continue critical and time-sensitive processes.

#### 18.2.1.1 \*

Continuity plans shall identify and document the following:

- (1) Stakeholders that need to be notified
- (2) Processes that must be maintained
- (3) Roles and responsibilities of the individuals implementing the continuity strategies
- (4) Procedures for activating the plan, including the authority for plan activation
- (5) Critical and time-sensitive technology, application systems, and information
- (6) Security of information
- (7) Alternative work sites
- (8) Workaround procedures
- (9) Vital records
- (10) Contact lists
- (11) Required personnel
- (12) Vendors and contractors supporting continuity
- (13) Resources for continued operations
- (14) Mutual aid or partnership agreements
- (15) Activities to return critical and time-sensitive processes to the original state

[1600:6.9.1.2]

#### 18.2.1.2

Continuity plans shall address supply chain disruption.



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## **19.1 \* Administration.**

### **19.1.1 \* Scope.**

This chapter applies to hospitals with the expectations and capabilities to receive patients from an offsite ASHER incident.

### **19.1.2 \* Purpose.**

This chapter provides information and processes necessary to quickly and efficiently utilize a systematic approach to receiving of patients from an ASHER incident.

#### **19.1.2.1 \***

The processes required within Chapter 19 shall be scalable.

## **19.2 \* Preparedness and Emergency Management.**

Hospitals shall plan and exercise with AHJs that have the potential to disburse patients to them in the event of an ASHER incident.

### **19.2.1**

Exercises shall test the components outlined in this chapter.

### **19.2.2**

Hospitals shall have emergency management plans and annexes that are made to integrate with the local AHJ's ASHER incident plans for ASHER incidents in which they are the primary receivers of patients.

### **19.2.3**

Hospitals shall plan to receive spontaneous arrivals as part of their ASHER plan.

### **19.2.4 \***

Patient distribution shall be exercised based on mass casualty incident plans.

## **19.3 \* Patient Distribution.**

Patient distribution shall be exercised by the AHJ and hospitals based on local mass casualty plans.

## **19.4 \* Communications.**

Hospitals shall have at least two means of communication with public safety entities responsible for patient disbursement in ASHER incidents as determined by the communications plan for the community.

### **19.4.1**

Written procedures for the activation and use of communication systems shall be developed in conjunction with the AHJs responsible for public safety.

### **19.4.2**

Communications systems shall be tested on a monthly basis to ensure functionality.

### **19.4.3 \***

Hospitals shall assign a dedicated staff member to communicate with patient distribution coordinators and emergency responders throughout the operational period.

## **19.5 \* Victim Identification.**

Medical facilities shall work within applicable laws and regulations to identify victims and share this information with the AHJ based on prescribed practice and procedure.

## **19.6 \* Facility Security.**

Restricted access protocols shall include provisions for existing physical security measures, on-duty staff members, additional first responders, and the availability of supplemental staff from external resources.

### **19.6.1 \***

Restricted access protocols shall address the following:

- (1)\* How to limit access for the entire facility
- (2) The persons authorized to activate and deactivate restricted access processes
- (3) A situational risk assessment and implementation or measures

### **19.6.2 \***

A protocol for rapid screening of the facility for devices and weapons upon notification of an ASHER incident within or near the facility shall be developed.

## **19.7 Hospital Command Center/Hospital Incident Command System (HICS).**

### **19.7.1**

Hospitals shall activate and utilize an HICS to manage their response to the incident.

### **19.7.2**

Hospitals shall activate their hospital command center to manage the incident if one is available and capable.



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## 20.1 Administration.

### 20.1.1 Scope.

This chapter applies to those organizations and jurisdictions responsible for the execution of recovery operations following an active shooter/hostile event incident.

#### 20.1.1.1 \*

Recovery is organized sequentially into three major subcategories including the following:

- (1) Immediate recovery
- (2) Early recovery
- (3) Continued recovery

##### 20.1.1.1.1

Planning for the transition from response through each recovery stage to steady-state shall be included in ASHER program preparedness and operational plans.

##### 20.1.1.2

Each organization identified in the execution of recovery operations plan shall maintain SOPs and checklists that detail the logistical and administrative support arrangements internal to its organization in support of the ASHER program tasks, including current contact lists for key people within the organizations.

##### 20.1.1.2.1

Organizations shall decide a schedule for planning, training, and exercising recovery operations, as well as updating and distribution of plans.

### 20.1.2 Purpose.

This chapter provides processes necessary to respond to quickly changing priorities and conditions following the ASHER incident.

## 20.2 Immediate Recovery.

Immediate recovery shall be the operational period immediately following the mitigation of threat following the initial ASHER incident.

### 20.2.1

Immediate recovery operation plans shall include, but are not limited to, the following:

- (1) Operational security
- (2) Coordination of primary agencies
- (3) Utilization of a committee meeting protocol
- (4) Accountability
- (5) Damage assessment
- (6) Primary victim notification and reunification
- (7) Victim assistance
- (8) Media and public information coordination

#### 20.2.2 \*

Coordination of primary agencies recovery strategies shall occur immediately following an ASHER incident in order to quickly determine processes, communication lines, and roles of primary agencies.

##### 20.2.2.1

Primary agencies recovery strategies shall include, but are not limited to, the following:

- (1) Immediate children/victim reunification
- (2) Crime scene preservation

(3) Activation of an assistance center to facilitate reunification and notification

#### **20.2.2.2 \***

Responding organizations shall conduct joint meetings and establish protocols to ensure rapid and effective strategic level planning, sharing, and communication of critical facts.

#### **20.2.2.2.1 \***

Meetings shall provide for an orderly and controlled multi-directional communication system consistent with practices defined by Unified Command and the JIC.

#### **20.2.2.3**

Information from meetings shall be immediately reported to unified command.

#### **20.2.2.4**

Unified Command shall be responsible for the following:

- (1) Accountability of responders
- (2) Building occupants
- (3) Victims
- (3) Bystanders
- (4) Communications
- (5) Employees utilizing various plans or systems, including rally points
- (6) Public safety accountability processes
- (7) Employee or organizational rosters or lists
- (8) Data from security or controlled access points
- (9) Joint information and resource sharing

#### **20.2.2.4.1 \***

The need for a state disaster recovery coordinator (SDRC) shall be determined and, if activated, placed inside Unified Command until Unified Command is disbanded.

#### **20.2.2.4.1.1**

The SDRC shall have authority over all recovery support activities, initiating and terminating as necessary.

#### **20.2.2.4.1.2**

The SDRC shall organize state, federal, and non-governmental organizations (NGO) actions and coordinate requests for assistance from recovering communities.

#### **20.2.2.4.1.3**

The SDRC shall help direct state, federal, and other resources while staying in contact with Unified Command.

#### **20.2.2.5**

Preliminary damage assessment shall include the following:

- (1) Civilian and responder casualties
- (2) Bystander and witness effects
- (3) Damage to infrastructure
- (4) Damage to responding organizations
- (5) Geographical area closures
- (6) Business impact
- (7) Victim and functional needs populations

#### **20.2.2.5.1**

The damage assessment shall characterize the overall impact the event had on the organization/jurisdiction.

#### **20.2.2.5.2**

Preservation of personal effects shall be considered.

#### **20.2.2.6 \***

Notification and reunification shall be coordinated using an accountability system to determine which victims have been safely evacuated from the incident, building, or area.

#### **20.2.2.7**

Implementation of notification and reunification processes shall be incident dependent.

##### **20.2.2.7.1 \***

Command shall consider establishing a reunification location remote from the incident and be included as part of associated off-site operations.

##### **20.2.2.8 \***

Death notifications shall be coordinated and implemented as early as practical by qualified individuals or teams who are familiar with laws regarding the protection of personal identifiable information.

##### **20.2.2.8.1**

Death notifications shall be coordinated with the law enforcement agency having jurisdiction and the medical examiner.

##### **20.2.2.8.2**

Entities other than law enforcement, the medical examiner, and other trained entities shall not release death notification.

##### **20.2.2.9**

Injured victim notification shall be coordinated through the Unified Command via an identified branch or group in coordination with the victim assistance liaison.

##### **20.2.2.10**

The plan shall include a provision that organizations responsible for victim services shall be contacted immediately to deploy assistance in the event of an emergency as defined in the emergency response, as well as maintain a current contact list for those organizations.

##### **20.2.2.11 \***

Access and functional needs populations shall be considered in recovery plans.

##### **20.2.2.12**

Considerations shall be given to groups of people who qualify for special protection by law, policy or similar authority.

### **20.3 Early Recovery.**

Early recovery shall be the operational period after immediate recovery where processes for agency coordination, meeting protocols, accountability, initial damage assessment, and primary victim assistance including reunification and notifications are actively and proactively being managed.

#### **20.3.1**

Early recovery operations shall consider the following:

- (1) Operational security
- (2) Damage assessment
- (3) Public information coordination
- (4) Resource needs analysis
- (5) Analysis of consequences of the event
- (6) Cascading events
- (7) Volunteer management
- (8) Donations management
- (9)\* Victim advocacy, assistance, and services
- (10) Federal emergency funding opportunities and grants

#### **20.3.2 Resource Needs Analysis.**

##### **20.3.2.1**

The analysis process shall begin to estimate the impact the ASHER incident has on the organization/jurisdiction, region, state, and/or nation in terms of the following:

- (1) Potential deaths and injuries
- (2) Business impact



- (3) Mental and emotional requirements
- (4) Property damage
- (5) System or geographical area disruptions
- (6) Investigation and scene control management

### **20.3.2.2**

The analysis of consequences of an ASHER incident within an organization/jurisdiction shall include the process of evaluating the likely events that could follow such an event.

#### **20.3.2.2.1**

This analysis shall include real and potential mental health and emotional needs of first responders, victims, families of victims, bystanders and witnesses, community members, businesses, and the general public.

#### **20.3.2.2.2**

This analysis shall focus on short-term consequences of the events until medium- and long-term consequences analysis can be conducted.

#### **20.3.2.3 \***

Organizations/jurisdictions shall consider that cascading incidents can compound the effects of an event of an ASHER incident by further taxing already stretched resources as additional incidents are triggered by the initial incident.

#### **20.3.2.3.1**

These secondary incidents shall require additional resources, management, security, and attention from the organizational/jurisdictional leaders with little or no advance notice.

#### **20.3.2.3.2**

Organizations/jurisdictions shall anticipate and maintain heightened awareness of these incidents so that an appropriate and measured response can be executed.

### **20.3.2.4**

Security shall be considered for post-incident operations at locations including, but not limited to, the following:

- (1) Crime scene
- (2) Investigation areas
- (3) Areas closed to public as a result of incident
- (4) Associated off-site operational areas such as the following:
  - (a) Emergency operations center
  - (b) Public or administrative buildings
  - (c) Critical transportation access hubs or points
  - (d) Hospitals and health care facilities
  - (e) Joint information center
  - (f) Other areas as determined
  - (g) Assistance centers

#### **20.3.2.4.1 \***

Healthcare facilities shall be included in post-incident security plans.

### **20.3.2.5**

Early recovery communications within the Unified Command structure shall provide a framework for collecting, sharing, and disseminating necessary information in coordination with, but not limited to, the following:

- (1) Other law enforcement organizations
- (2) Prosecutors' office
- (3) Healthcare facilities
- (4) Mutual aid organizations
- (5) ESF functional units and state authorities

### **21.3.2.6**

Information disseminated shall be vetted, approved, and communicated from one single source.

## **20.3.2.7 Volunteer and Donation Management.**

### **20.3.2.7.1**

The organization/jurisdiction shall plan for the management, screening (which includes criminal background checks), and oversight of volunteers.

### **20.3.2.7.2 \***

The AHJ shall consider implementing a volunteer reception center that can receive, organize, and direct volunteers.

### **20.3.2.7.3**

A volunteer management system shall properly credential and deploy approved volunteers who have been identified, screened, and trained in advance.

### **20.3.2.7.4**

When a need for utilizing volunteers who have not been previously identified, screened, or trained in advance arises, the ASHER program shall have a plan for a process to approve these volunteers at a designated location.

### **20.3.2.7.5 \* Donations.**

#### **20.3.2.7.5.1**

The AHJ shall plan for the acceptance, control, receipt, storage, distribution, shipping, and disposal of any donations, including monetary and other donor requests.

#### **20.3.2.7.5.2**

The coordinating of donation disbursements should be done with the victim advocates who are assigned to the victims and their families.

#### **20.3.2.7.6 \***

A donation management strategy shall be established during emergency planning and prior to the incident occurring.

#### **20.3.2.7.7 \***

Where possible, a central donation system and site shall be established and run by an appropriate agency.

#### **20.3.2.7.8 \***

Volunteer and donation management shall extend into the continued recovery phase.

#### **20.3.2.7.9 \***

Unified Command shall coordinate with the JIC regarding messaging about those wishing to donate, how that can best be accomplished, and what is or is not acceptable.

## **20.4 Continued Recovery.**

### **20.4.1**

Continued recovery shall be the operational period following early recovery when early recovery efforts have been stabilized.

#### **20.4.1.1**

There shall be a transition period between early recovery and continued recovery, which shall include regular meetings of the primary agencies and other key individuals, as necessary.

#### **20.4.1.2**

The need for the establishment of a long-term recovery committee shall be considered.

#### **20.4.1.3**

Continued recovery shall include, but is not limited to, the following:

- (1) Business impact evaluation
- (2) Coordination of the restoration, rebuilding, and replacement of facilities, infrastructure, materials, equipment, tools, vendors, and suppliers
- (3) Restoration of the supply chain
- (4) Reopening or relocation of vital facilities such as schools, grocery stores, and day cares that allow a community to return to their day-to-day schedule

- (5) Continuation of communications with stakeholders
- (6) Roles and responsibilities of the individuals implementing the recovery strategies
- (7) Internal and external (vendors and contractors) personnel who can support the implementation of recovery strategies and contractual needs
- (8) Adequate controls to prevent the corruption or unlawful access to the entity's data during recovery
- (9) Investigation of fraud associated with disaster assistance and assurances of consumer protection
- (10) Maintenance of pre-incident controls
- (11) Long-term victim services
- (12) Long-term community resiliency
- (13) Volunteer and donation management
- (14) Identification of gaps that could require supplemental state or federal assistance

#### **20.4.2 Victim Assistance.**

Continued victim assistance shall provide for ongoing assessment and services for victims and their families, first responders, and community members.

##### **20.4.2.1 \***

If utilized, a trained victim services liaison, case manager, or advocate shall assist victims and families, including hospitalized victims and those who are not present.

##### **20.4.2.2 \***

Organizations shall ensure that victim services liaisons receive the necessary training and support to meet the comprehensive short and long-term needs of victims and family members.

##### **20.4.2.2.1**

This training shall include the emotional and psychological needs by providing mental health support, counseling, screening, and treatment.

##### **20.4.2.2.2**

This training shall include atypical victim service providers who meet the unique needs of the population.

##### **20.4.2.3**

Continued victim assistance shall require coordination in order to assure the emotional and mental health needs are adequately assessed and served by facilitating timely notification and reunification and providing ongoing screening, counseling, and treatment.

##### **20.4.2.4 \***

Medical and mental health surveillance shall include evaluating, documenting, recordkeeping, and engagement of the physical and mental needs of first responders, victims, families, bystanders, and other community members.

##### **20.4.2.5**

Establishment of a family assistance center shall be for the purpose of coordinating long-term assistance.

##### **20.4.2.5.1**

The family assistance center shall provide the necessary services and information, including, but not limited to, the following:

- (1) Mental health counseling
- (2) Health care
- (3) Childcare
- (4) Crime victim compensation
- (5) Assistance with legal matters
- (6) Travel
- (7) Financial planning to victims, family members, and first responders

##### **20.4.2.5.2 \***

The family assistance center shall organize memorial events, as needed.

##### **20.4.2.5.3 \***

The family assistance center shall be permitted to transition to a community resiliency center (CRC) that provides ongoing services and assistance to victims, family members, first responders, and community members.

#### **20.4.2.5.3.1**

A process for the transition from a family assistance center to a CRC shall be established.

#### **20.4.2.5.5**

The CRC shall consider access and functional needs populations in recovery. (See A.20.2.2.11.)

#### **20.4.2.5.6**

The CRC shall ensure that victims receive the necessary support and services to address symptoms of secondary/vicarious trauma.

### **20.4.3 Response and Recovery Personnel Emotional, Psychological, and Behavioral Needs.**

The program shall consider public safety personnel, including first responders, law enforcement, fire, and EMS, as well as mental health providers, medical examiners, prosecutors, funeral directors, 911 operators and telecommunicators, and other response and recovery personnel when developing ongoing support systems.

#### **20.4.3.1**

Mental health restoration services shall include the following:

- (1) Identifying needs for mental health and emotional/psychological care
- (2) Emotional/psychological first aid for first responders, bystanders/witnesses, victims, and families

#### **20.4.3.2 \***

In collaboration with local behavioral boards, community providers and state hospitals and facilities shall coordinate the activities and services necessary to address the behavioral health needs of persons impacted by the incident.

#### **20.4.3.2.1**

Coordination shall include representatives and/or other resources to assist local mental health and/or joint alcohol, drug addiction, and behavioral health services in the provision of support services and treatment of victims.

### **20.4.4 Volunteer and Donation Management.**

Volunteer and donation management policies shall extend into the recovery phase.

#### **20.4.4.1**

The dispersing agency shall coordinate, but is not limited to, the following:

- (1) The funding process
- (2) Goods and services

#### **20.4.4.2**

Specific donor requests are likely, and a protocol to manage those shall be established.

#### **20.4.4.3**

Coordination between the primary agencies and the organization(s) designated to service the centralized collection, disbursement, and proper disposal entity for monetary donations and for the donation of goods and services shall continue.

### **20.4.5 Criminal Justice System and Victim Support.**

Criminal justice system and victim support shall be coordinated to assist with victim impact statements, media management, and other victim needs.

#### **20.4.5.1 \***

If there is a trial, then the criminal justice system or primary agency shall provide victims and family members with access to and updates on incident hearings, criminal justice proceedings, and their rights as victims.

### **20.4.6 Additional Grant Funding.**

The impacted area and relevant agencies shall identify funding that could be available through local, county, or state/territory government, as well as national nonprofit organizations and corporations.

#### **20.4.6.1**

As necessary, funding shall be applied for through the established channels.

#### **20.4.6.2**

State Victims of Crime Act compensation and assistance administrators shall coordinate with all other emergency assistance providers in the state to avoid duplication of services.

#### **20.4.7 \* Unmet Needs.**

Unmet needs and unique issues in the community that need to be addressed shall be identified, along with the appropriate agencies or funding mechanisms to address these.

#### **20.4.8 Lessons Learned.**

At various post-response and recovery points, action items and lessons learned shall be captured in the after action report.

##### **20.4.8.1**

Barring security concerns, these lessons shall be shared among relevant stakeholders and emergency planners.

#### **20.4.9 \* Restoring Critical Infrastructure.**

In order to coordinate the restoration, rebuilding, and replacement of facilities, infrastructure, materials, equipment, tools, vendors, and suppliers, AHJs shall utilize information and analysis of the data from damage assessment and business impact analysis.

##### **20.4.9.1**

The AHJ shall coordinate assignment of necessary temporary or permanent repairs to facilities and infrastructure and facilitate coordination of continued supply chain elements.

#### **20.4.10 \* Communications Plan.**

AHJs shall develop and execute a communications plan that extends into the continued recovery phase of the active shooter/hostile event incident.

##### **20.4.10.1**

This communications plan shall include, but is not limited to, the following:

- (1) Consideration for extended victim services
- (2) Services for first responders
- (3) Funeral and memorial services
- (4) Recovery elements
- (5) Continuity of operations efforts

##### **20.4.10.2**

AHJs shall assure all major elements of continued recovery have been accounted for and have been delegated to qualified organizations, individuals, or authorities.

##### **20.4.10.2.1**

These continued recovery elements shall each have a lead authority, an action plan, and a communications plan.



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## A Explanatory Material

*Annex A is not a part of the requirements of this NFPA document but is included for informational purposes only. This annex contains explanatory material, numbered to correspond with the applicable text paragraphs.*

### A.1.4

The number and types of agencies and individuals involved is wide and varied. Individuals and agencies can have multiple roles in the process. Those roles can, at the same time, range from being the AHJ in certain elements to a participant or cooperating agency in others. Application of the standard, and a cornerstone of its development, is collaboration, cooperation, and shared understanding among all participants.

#### A.1.4.1

Application of this standard cannot occur in an environment of isolation. ASHER incidents are generally not simple, geographically constrained, or effectively manageable without prior planning.

#### A.1.4.2

Prevention falls under other disciplines that are outside the scope of this standard. For more information on prevention, see [www.fbi.gov/file-repository/making-prevention-a-reality.pdf/view](http://www.fbi.gov/file-repository/making-prevention-a-reality.pdf/view).

### A.3.2.1 Approved.

The National Fire Protection Association does not approve, inspect, or certify any installations, procedures, equipment, or materials; nor does it approve or evaluate testing laboratories. In determining the acceptability of installations, procedures, equipment, or materials, the authority having jurisdiction may base acceptance on compliance with NFPA or other appropriate standards. In the absence of such standards, said authority may require evidence of proper installation, procedure, or use. The authority having jurisdiction may also refer to the listings or labeling practices of an organization that is concerned with product evaluations and is thus in a position to determine compliance with appropriate standards for the current production of listed items.

### A.3.2.2 Authority Having Jurisdiction (AHJ).

The phrase “authority having jurisdiction,” or its acronym AHJ, is used in NFPA documents in a broad manner, since jurisdictions and approval agencies vary, as do their responsibilities. Where public safety is primary, the authority having jurisdiction may be a federal, state, local, or other regional department or individual such as a fire chief; fire marshal; chief of a fire prevention bureau, labor department, or health department; building official; electrical inspector; or others having statutory authority. For insurance purposes, an insurance inspection department, rating bureau, or other insurance company representative may be the authority having jurisdiction. In many circumstances, the property owner or his or her designated agent assumes the role of the authority having jurisdiction; at government installations, the commanding officer or departmental official may be the authority having jurisdiction.

The AHJ can also include entities such as law enforcement, emergency medical services (EMS), hospitals, educational facilities, or any other organization that has legal responsibility for the safety of the jurisdiction or facility. The AHJ will be determined by the specific context of the requirements set forth in this standard.

### A.3.2.3 Listed.

The means for identifying listed equipment may vary for each organization concerned with product evaluation; some organizations do not recognize equipment as listed unless it is also labeled. The authority having jurisdiction should utilize the system employed by the listing organization to identify a listed product.

### A.3.3.2 Active Assailant(s) (AA).

This could include, but is not limited to, explosives, toxic substances, vehicles, edged weapons, fire, or a combination thereof.

### A.3.3.6 After Action Report (AAR).

Documentation should be supported with the operational plan, related reports, and any other written or photographic material associated with the operation.

### A.3.3.8 Associated Offsite Operations.

These sites typically require physical protection and responder and emergency management support. Some examples of areas that are associated offsite operations points include victim assistance center, joint information center, emergency operations center, hospitals, witness and evidence collection centers, and family notification/reunification center.

### **A.3.3.9 Ballistic Protective Equipment (BPE).**

BPE can include equipment such as ballistic vest, helmet, and/or shield. These items come in varying degrees of protective levels and design.

### **A.3.3.12 Casualty Collection Point (CCP).**

Casualties can be transferred to an ambulance exchange point and/or loading zone from these locations.

### **A.3.3.17 Complex Coordinated Attack.**

Frequently this is done using multiple asymmetric attack modes, such as firearms, explosives, fire and smoke as weapon and/or vehicle assaults. It will also often involve coordinated and concurrent attacks on multiple locations, which will usually require multiple attackers.

### **A.3.3.22 Control Zones.**

Examples of control zones are hot, warm, and cold zones.

### **A.3.3.32 Hazardous Device.**

A hazardous device can also be known as an improvised explosive device (IED) and incorporate vehicles, military weapons, or components, but it is normally devised from non-military components.

### **A.3.3.33 Hospital.**

Freestanding emergency departments units should be included in the planning efforts because of the likeliness of receiving patients.

### **A.3.3.49 Rescue Task Force (RTF).**

The law enforcement officers (LEO) are assigned as force protection for this team and should not separate from the fire and/or EMS personnel. There could be instances where the warm zone suddenly becomes a hot zone and the LEO must immediately respond to that threat to ensure the safety of the team. Based on the scene, number of victims, and available emergency personnel, there could be more than one RTF assigned. RTFs can operate in the warm zone. Once triage and treatment is complete, the RTF can assist with victim movement.

### **A.3.3.52 Secured.**

Secondary clear is a slow methodical, systematic search by law enforcement of the entire affected area ensuring no hostile hazards or threats exist.

### **A.3.3.58 Unified Command Post.**

Also known as a location within the cold zone where command and tactical objectives are set.

### **A.3.3.59 Victim.**

This is a broader term than *casualty* is because it extends beyond just those that are injured or killed. This can also include first responders.

### **A.3.3.60 Victim Advocate.**

Advocates offer victims information, emotional support, and help finding resources and filling out paperwork. Sometimes, advocates go to court with victims. Advocates might also contact organizations, such as criminal justice or social service agencies, to get help or information for victims. Some advocates staff crisis hotlines, run support groups, or provide in-person counseling. Victim advocates could also be called victim service providers, victim/witness coordinators, or victim/witness specialists.

### **A.3.3.61 Victim Navigator.**

A victim navigator's role can vary, depending on the nature and scope of the incident, but generally they provide victims, family members, and groups with the psychosocial support needed in the aftermath of mass violence or terrorism. Services include advising family caregivers, providing education and counseling, making referrals for other services, creating plans for treatment or recovery, and following client progress with treatment plans.

### **A.3.3.64.1 Hot Zone.**

A hot zone is any uncontrolled area where an active shooter/hostile threat could directly engage responders.

### **A.3.3.64.2 Warm Zone.**

A warm zone is an area where law enforcement has cleared or secured or is geographically isolated from the threat. This zone is clear of an obvious threat, but a threat could emerge or re-emerge.

### **A.3.3.64.3 Cold Zone.**

Some items that should be located in the cold zone are triage, treatment and transport, patient loading, Unified Command post, and staging.

### A.5.1.1

A risk assessment is the determination of quantitative or qualitative estimate of risk related to a well-defined situation and a recognized threat (also called hazard). Risk assessment requires calculations of two components of risk: the magnitude of the potential loss and the probability that the loss will occur.

### A.5.2.1

Identifying threats, which is the first step in risk assessment, is a process of collecting information regarding the locations and types of targets within the organization/jurisdiction.

### A.5.2.2

Examples of at-risk locations include, but are not limited to, sporting events, concert venues, community festivals, public gatherings, religious facilities, protests/demonstrations, educational facilities, schools, and military installations.

#### A.5.2.2.1(2)

Examples of critical facilities include homes, schools, hospitals, businesses, and offices. Examples of critical infrastructures include power, communication, and medical.

#### A.5.2.2.1(3)

Examples of positions that would provide a tactical advantage include, but are not limited to, elevated viewing positions, underground garages, hiding positions, and nearby rooftops.

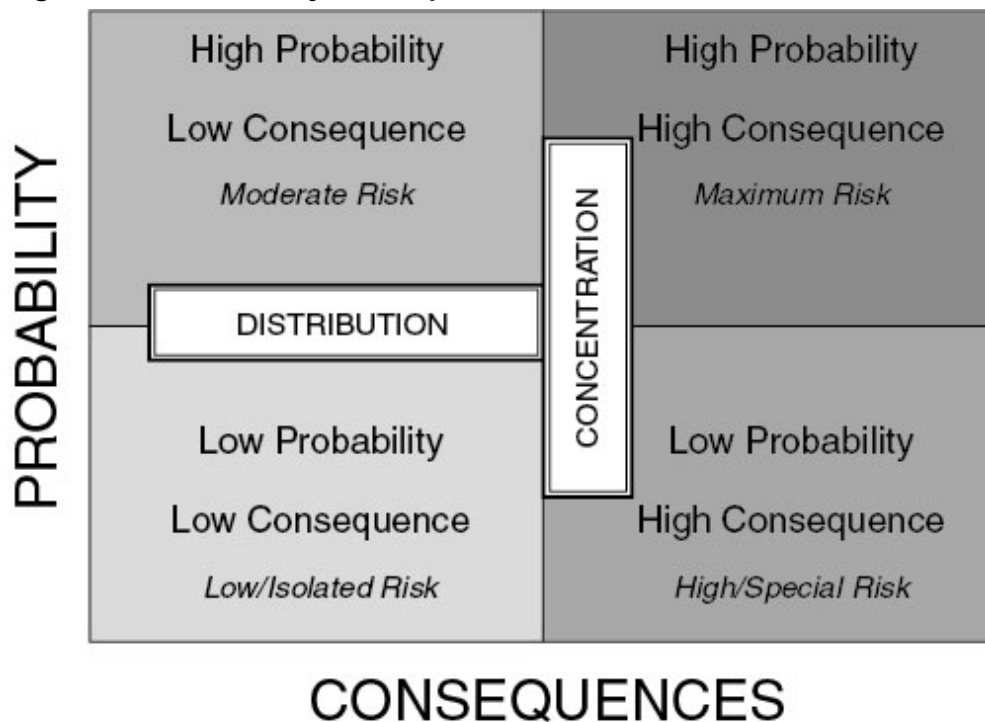
### A.5.3

Estimated outcomes should be based on realistic worst-case scenarios, especially for high-frequency, high-risk events.

### A.5.4

Operational performance is a function of three considerations: resource availability/reliability, agency capability, and overall operational effectiveness. Resource availability/reliability is the degree to which the resources are ready and available to respond. Department capability is the ability of the resources deployed to manage an incident. Operational effectiveness is the product of availability and capability. It is the outcome achieved by the deployed resources or a measure of the ability to match resources deployed to the risk level to which they are responding. The resources (personnel and equipment) needed for the response must consider the potential outcomes including civilian injury and death, responder injury and death, and property loss. See Figure A.5.4.

**Figure A.5.4 Probability/Consequence Resource Distribution Chart.**



#### A.5.4.1

The community risk assessment should be reviewed annually or when changes take place that affect the original assessment. Verifiable resources should be consulted to determine the most common types of active shooter/assaulter attacks in other incidents. This data should then be compared to the sites identified within the AHJ to determine if there is a high or low probability of an incident



occurring.

Information on target locations and types can be found from the following sources:

- (1) Homeland Security Intelligence Network (HSIN)
- (2) Fusion centers
- (3) Local emergency management agency personnel
- (4) Joint counter-terrorism assessment teams
- (5) Joint terrorism task force
- (6) National organizations
- (7) The Federal Bureau of Investigation (FBI)
- (8) Historical records
- (9) Local public safety agencies

#### **A.5.4.1.1**

An example of property loss is building damage or collapse.

#### **A.5.4.2**

Examples of occupant/attendee preparedness measures include, but are not limited to, bleeding control kits, bleeding control training, “run, hide, fight,” and an emergency action plan. More information can be found at [www.dhs.gov/stopthebleed](http://www.dhs.gov/stopthebleed), [www.bleedingcontrol.org](http://www.bleedingcontrol.org), and [www.dhs.gov/sites/default/files/publications/active-shooter-pamphlet-2017-508.pdf](http://www.dhs.gov/sites/default/files/publications/active-shooter-pamphlet-2017-508.pdf).

Facilities identified as needing an individual facility risk assessment should follow a prescribed risk assessment methodology such as, but not limited to, the following:

- (1) NFPA 99
- (2) Chapter 5 of NFPA 730, which includes guidelines for conducting a facility security vulnerability assessment (SVA), recommends qualifications of the SVA provider, discusses development of a security plan, and addresses planning for acts of intimidation and violence
- (3) NFPA 1600
- (4) ISO/ IEC 31010:2009
- (5) CFAI Risk Assessment Manual
- (6) ASIS Standard for Risk Assessments
- (7) PASS, Guidelines — Risk and Risk Exposure
- (8) FEMA CPG 201

#### **A.5.4.2(6)**

Examples of security capabilities of the venue include, but are not limited to, cameras, security, security guards, and electronic premises security systems.

#### **A.5.4.2(20)**

Examples of emergency responder accessibility include, but are not limited to, key lock box location, a gated community, secure compound, and access to keys.

#### **A.5.4.4**

Geographic threat assessments utilize GISs that allow the user to better visualize, question, analyze, interpret, and understand interdependencies, patterns, and trends.

#### **A.6.2**

Plans are not a scripting process to dictate specific actions but rather to scope the multi-agency coordination theme of the plan. The plan can be a component of a comprehensive all-hazards plan. Plans should identify goals, functions, and desired outcomes.

#### **A.6.2.1**

Multi-agency and multidiscipline relationships should provide a starting point for planning, training, exercising, and on-scene operations. This will improve integration and response capabilities.

#### **A.6.2.5**

Developing relationships between agencies as well as interdisciplinary emergency and nonemergency operations is vital to the success of an organized mission-oriented response.

#### **A.6.3**

Plans should mirror the National Response Framework (NRF) and use emergency support functions (ESFs) in annexes. Every state should have an EOP that complements the NRF and that works in concert with FEMA.

#### **A.6.4**

SOPs should consider the following items:

- (1) Introduction
- (2) Scope
- (3) Purpose
- (4) Definitions
- (5) Health and safety of responders
- (6) Planning
- (7) Training
- (8) Exercises
- (9) Response information and mutual aid
- (10) Operations
- (11) Community recovery
- (12) Annex
- (13) Glossary
- (14) Equipment
- (15) Documentation
- (16) Unique site-specific information
- (17) Business continuity during crime scene operations
- (18) Mental health support and recovery

#### **A.6.4.2**

SOPs enable personnel to operate at an active shooter/hostile event incident where hazards are identified, risks are assessed, and response options are chosen based on the AHJ's concept of operations, available resources and capabilities, and the responder's level of training. NFPA 101 also has requirements for SOPs that should be taken into consideration.

#### **A.6.5.2**

The after action report should at least consider the following:

- (1) Post-incident debriefing
- (2) Interviews
- (3) Evidentiary collection
- (4) Demobilization
- (5) Victim and survivor assistance
- (6) Family notification and reunification
- (7) Mortuary services
- (8) Post-incident recovery and rehab
- (9) Social media review
- (10) Incident documentation and reporting
- (11) Injury/exposure reporting
- (12) Peer support debriefing as well as long-term behavioral and mental health interventions
- (13) Continuity of operations
- (14) Return to normal business

#### **A.6.7**

It is possible that additional hazards could be present.

#### **A.6.7.2**

The guidelines should focus on ensuring that an entire jurisdiction can respond to any threat or hazard, including those with cascading effects. Emphasis should be on saving and sustaining lives. Significant incidents demand a much broader set of atypical partners to meet the demands of the incident.

#### **A.6.8**

SOGs, SOPs, EOPs and other response program documents can contain critical and sensitive information that can be used by adversaries against emergency responders.

### **A.7.1**

Resource and team typing categories (such as those in NIMS) should describe resources by capacity and capability. Team and resource typing should provide AHJs and on-scene incident management with the following:

- (1) Enhanced emergency readiness
- (2) Guidance for equipment purchasing and subsequent training
- (3) Ease in identifying, requesting, and tracking resources by type

### **A.7.2**

Mutual aid resources should be another source of relief for on-scene personnel.

Some mutual aid relationships might require advance agreements outlining the provision and sharing of services prior to deploying to incidents. An example of this is NIMS on the local, state, and national levels.

### **A.7.3**

Proper documentation of inventory and use is an important aspect of supply management. An example of prestaging essential supplies for a mass casualty incident might include implementing a free-standing mobile care platform that contains all necessary supplies for treatment, PPE devices, and oxygen delivery. Pre-positioning of these supplies will allow flexibility of deployment from a single location where all aspects of care and safety are already assembled and ready to go. These carts can be positioned in hospitals, schools that are pre-designated as shelters, and public venues such as sports stadiums and convention centers that can be used for evacuation locations.

NIMS also includes information on resource management.

### **A.8.2.1**

While it is acknowledged that many incidents are primarily managed by one agency or type of service (police, fire, EMS) based on the needs of the incident, it should also be understood that at most incidents there is overlap and the continued use of Unified Command at even the most minor of incident will set a framework and existing practice for its use at a major cross-functional incident such as an active shooter/hostile event.

#### **A.8.2.3.1**

The Unified Command should be co-located to maintain constant communications and share pertinent information, whenever safe and practical.

#### **A.8.3.1(2)**

Examples of specific characteristics include whether it is an open area and the structure or facility type.

#### **A.8.4.1**

These practices should ensure a face-to-face Unified Command with their functional counterpart(s), whenever possible.

#### **A.8.4.2(5)**

Examples of this include, but are not limited to, facility managers, school principals, hospital administration, and special event planners.

#### **A.8.4.4**

Essential to a successful outcome is the focus on shared information.

### **A.8.6**

As an incident evolves, the disciplines essential for a Unified Command could also evolve.

#### **A.8.8.1**

Potential elements of the AAR include the following areas:

- (1) Post-incident resource analysis
- (2) Emergency communications center performance
- (3) Success of mutual aid plan operations and implementation
- (4) Operations of radio communication equipment
- (5) Critical incident stress debriefing
- (6) Media relations and information sharing
- (7) Adherence to NIMS and other applicable operational standards

For additional considerations reference the ASHER Organizational Statement (Chapter 4)

### **A.9.1.1**

Requirements in building, fire, and life safety codes are intended to establish, among other things, a reasonable level of safety for occupants from fire, explosion, and other hazards, and to provide a reasonable level of safety to fire fighters and emergency responders during emergency operations. Providing protection against ASHER incidents could require protection methods in addition to those required by building, fire, and life safety codes. The additional ASHER incident protection measures should complement, and not conflict with, protection measures in the legally adopted building, fire, and life safety codes. A comprehensive risk assessment is beneficial to ensure each potential hazard is addressed through an all-hazard approach that does not improve risk mitigation for one hazard while reducing the risk mitigation for other hazards.

### **A.9.1.2**

It is ultimately the responsibility of the facility, the stakeholders, and the AHJ to determine that a facility is at risk for an ASHER incident.

### **A.9.2.1**

The plan should consider the nature and character of the occupants. The capability of the occupants has a direct effect on the plan requirements of the building owner and manager. School children (K–12) will need more faculty/staff guidance on the procedures and actions to take. Occupants in a business occupancy, however, are likely to act more independently based on the plan. Responses in a health care/supervised care occupancy would involve staff assistance to aid patients.

### **A.9.2.2**

Mobility for this discussion is defined as the ability of an individual occupant to mentally comprehend and physically address the efforts required to evacuate, shelter, or defend in place in the case of an active shooter/hostile event. The following guidelines can be used for evaluating this characteristic:

- (1) *Limited mobility*: Individuals who possess access or functional disabilities who would require the assistance of another individual to evacuate, shelter, or defend in place
- (2) *Mobile*: Individuals who possess the capability to evacuate, shelter, or defend in place on their own

### **A.9.3**

Emergency action plans for hospitals should follow NFPA 99. Other facilities should follow guidelines specific to their occupancy.

### **A.9.3.7**

Facilities should implement a public access bleeding control kit program that addresses all of the preventable causes of death from bleeding. Emergency action plans are specified in NFPA 101.

### **A.9.4.1**

Facilities should consider adding new technology to increase their preparedness for active shooter/hostile event incidents. This could include, but is not limited to, the following:

- (1) Increased surveillance, including video
- (2) Shooter detection systems
- (3) Mass notification software
- (4) Increased radio frequency identification badging
- (5) Access control software

For example, facilities should explore systems that can enhance detection and response capabilities in order to address threats faster and move people to safer locations. NFPA 730 describes construction, protection, and practices intended to reduce security vulnerabilities to life and property. Among other things it covers administrative controls, security perimeters, accessory property and occupancy specific protection. Where provided the electronic premises security systems should be installed tested and maintained in accordance with NFPA 731.

### **A.9.5**

Exercises can include any of the following:

- (1) Discussion-based exercises including the following:
  - (a) Seminars
  - (b) Workshops
  - (c) Tabletop exercises (TTXs)
  - (d) Games
- (2) Operations-based exercises including the following:
  - (a) Drills
  - (b) Functional exercises (FEs)

## (c) Full-scale exercises (FSEs)

This information was taken from The Homeland Security Exercise and Evaluation Program (HSEEP).

### **A.9.5.2**

Examples of facilities with multiple buildings in a contiguous location include, but are not limited to, schools, college campuses, hospitals, and military installations. Effective exercises should involve different scenarios and portions of the facility or different buildings.

### **A.10.1.2**

Financial management elements can vary based on the type of organization. Financial management elements encompass funding sources and processes, budgetary processes and procedures, capital and operations budgets, program costs, and cost recovery. A critical challenge for an ASHER program is to ensure adequate funding for assigned missions, tasks, training, and equipment.

### **A.10.3**

Revenue sources can include, but are not limited to, response agency or organization budgets, state or federal grants, cooperative agreements, donations, fees, and cost recovery associated with events. Fiscal responsibilities for organizations participating in a multi-agency program agreement should be well defined and agreed on in advance. ASHER program managers should be aware of alternative revenue sources that might be available.

There could be federal funding available to assist the AHJ in supporting the costs of equipment, staffing, and training. The exact eligibility rules and funding provisions can vary depending on the agency, program, and fiscal year appropriation. Federal agencies such as the Department of Homeland Security and the Department of Justice could also offer technical assistance and training to first responder agencies at the state, local, and tribal levels that address the competencies outlined in Chapters 13 and 14.

The Catalog of Federal Domestic Assistance (CFDA) provides a listing of all federal programs that provide assistance or benefits available to state and local governments, federally recognized Indian tribal governments, and territories (and possessions) of the United States.

State and local grant programs vary from jurisdiction to jurisdiction. Some grant programs are supported by private industry and others come from government agencies. Local agency and industry stakeholders should be contacted to determine what grants are available.

### **A.10.4**

These cost centers might include initial and on-going costs related to supplies and equipment, training and exercises, personnel, education and outreach programs, administrative support and services, and fixed asset and capital item maintenance and replacement.

The AHJ can have ordinances or rules that allow for cost recovery where the responsible party provides reimbursement for certain supplies.

### **A.11.2**

911 public safety answering points (PSAPs) are the first point of contact for victims experiencing or fleeing an active shooter/hostile event. Calls can be received by voice or text or from a third party. In addition to 911 services, communication centers dispatch initial resources and make police, fire, EMS, mutual aid, and administrative notifications.

#### **A.11.2.2**

Training for communications center personnel can include exercises, scenarios, formal classes, and online training programs. AHJs are encouraged to include communications center personnel in tabletop exercises, drills, and any other multiagency training.

### **A.11.3**

Such relationships should include managing emergency information, providing a unified communication control system, transmitting safe scene information cross agency with priority, transferring or handling (without duplicating) event information, and ensuring compatibility of communication devices.

### **A.11.4**

Many systems and AHJs are currently utilizing computer-aided dispatch (CAD) systems. The requirements, qualifications, and training referenced in NFPA 1221 regarding incident/tactical dispatch are appropriate for any public safety telecommunicator managing an ASHER incident, even if that dispatcher does not physically respond to the scene.

#### **A.11.4.1**

Considerations should include the following:

- (1) Implementation and support of text to 911
- (2) Implementation and support of NG911

- (3) Resiliency and continuity of operations
- (4) Incident/tactical dispatch needs
- (5) Increased volume of emergency and nonemergency calls
- (6) Staffing of emergency communications center
- (7) Robust and comprehensive backup and rollover process potentially to a larger center with greater ability to handle a large call volume that meets the standard.
- (8) Relief of communications personnel

#### **A.11.4.2**

Chapter 6 of NFPA 1061 is being referenced here rather than extracting entire sections of the document.

#### **A.11.5**

All systems utilized for emergency incident communications management and support should be configured and enabled to facilitate sharing of incident data and related information.

#### **A.11.6.1**

This is where interoperability is important. Preplanning/testing the use and capability of radio communications amongst local and regional responding agencies is important, as is the ability for all (treatment, triage, transport, hospital, etc.) to talk on the radio to each other when they have shared responsibilities.

#### **A.12.1.3.1**

*Hot Zone Tasks.* Law enforcement personnel who are not part of a specialized team and who operate in a hot zone should be able to perform the following tasks:

- (1) Recognize the presence of the incident, conduct an evaluation, and respond and appropriately address the threat(s)
- (2) Provide incident information to other responding personnel, which can include the following:
  - (a) Size-up
  - (b) Make a major incident notification
  - (c) Identify the exact location of the incident (to reduce multi-incident confusion)
  - (d) Identify the type of attack or incident
  - (e) Announce the presence of known hazards
  - (f) Provide access for incoming responders
  - (g) Identify the potential number and location of casualties
  - (h) Identify additional resources required
- (3) Take measures to ensure their personal safety including donning appropriate PPE and identifiable garments
- (4) Provide appropriate direction to victims while gathering information
- (5) Establish a hot zone(s) perimeter.
- (6) Be prepared to provide self-medical aid or buddy medical aid

Emphasis should be given to establishing an incident commander until command and control is established as detailed in Chapter 8.

*Warm Zone Tasks.* Law enforcement personnel who are not part of a specialized team and who operate in a warm zone should be able to perform the following tasks:

- (1) Establish command and control as detailed in Chapter 8, including the following:
  - (a) Operate within the Unified Command structure.
  - (b) Assemble contact teams and/or operate as part of the law enforcement branch within the Incident Command System.
- (2) Constantly evaluate the scene for emerging or re-emerging threats
- (3) Be able to complete mission-specific tasks for each type of hazard and participate in mission-specific teams
- (4) Be able to conduct casualty extraction techniques according to agency policies and procedures
- (5) Be able to act as force protection for fire and EMS personnel (rescue task force)
- (6) Provide security to a perimeter, corridor(s), or protected island(s) to facilitate emergency medical and fire operations
- (7) Provide appropriate direction to victims — egress vs. shelter in place
- (8) Communicate with and update Unified Command
- (9) Be able to support evidence and witness preservation

*Cold Zone Tasks.* Law enforcement personnel who are not part of a specialized team and who operate in a cold zone should be able to perform the following tasks:

- (1) Establish command and control as detailed in Chapter 8, including the following:

- (a) Operate within the Unified Command structure.
- (b) Operate as a component within the law enforcement branch within the Incident Command System.
- (2) Constantly evaluate the scene for emerging or re-emerging threats
- (3) Be able to conduct casualty extraction techniques according to agency policies and procedures
- (5) Provide security to a perimeter and to the unified command post
- (6) Coordinate emergency vehicular ingress/egress
- (7) Be able to support evidence and witness preservation
- (8) Be able to screen individuals present for additional threats
- (9) Provide security for personal possessions left behind by fleeing victims
- (10) Gather victim information and provide support

*Recommended Associated Off-Site Operations Tasks.* Law enforcement personnel who are not part of a specialized team, who operate in operational areas that are associated but off-site, should be able to perform the following tasks:

- (1) Operate as a functional position within the Unified Command center
- (2) Be able to provide information to the media as prescribed by Unified Command
- (3) Be able to provide information to the public as prescribed by Unified Command
- (4) Be able to assist with family notification
- (5) Be able to conduct witness interviews
- (6) Participate in evidence collection
- (7) Provide security support to associated sites such as media areas and witness interview areas.
- (8) Be able to support emotional and behavioral support missions
- (9) Serve as victim liaisons

*Recommended Competencies.*

*Recommended Competencies for Law Enforcement Personnel When Operating at an ASHER incident.* Law enforcement officers should receive training to be able to conduct tasks in the hot zone. Officers should be knowledgeable of all local plans, policies, and procedures, including the following:

- (1) Major incident notification procedures
- (2) Available resources
- (3) Procedures for activating the local ASHER incident response plan
- (4) Communications plan and procedures
- (5) "Officer Down" procedure, or equivalent, based on local policy, protocol, and procedure
- (6) Knowledge of appropriate local procedures for clearing areas and designating zones
- (7) Knowledge of local procedures for establishing perimeters and providing security to other responders
- (8) Knowledge of available medical supplies and resources and their appropriate and prescribed uses within the adopted scope of practice
- (9) Knowledge of available PPE and their appropriate and prescribed uses
- (10) Local policies and procedures for operating with responders from partner agencies and jurisdictions
- (11) Warm zone care and rescue concepts, including, but not limited to, the following:
  - (a) Rescue task force
  - (b) Law enforcement rescue teams
  - (c) Protected island operations
  - (d) Protected corridor operations
- (12) Principles of the law enforcement branch, including the following:
  - (a) Contact teams (including solo and multi-officer response)
  - (b) Security/rescue teams
  - (c) Perimeter protection
  - (d) Evidence collection
  - (e) Witness identification and interviews
- (13) Basic breaching techniques
- (14) Local responder identification plans in order to differentiate responders from other parties
- (15) Ability to clear traffic and roadways to support movement of victims and possible evacuations
- (16) Local policies and procedures for the transition of active to recovery operations
- (17) Basic improvised explosive devices (IED) recognition and considerations
- (18) Basic recognition of perpetrator use of chemical munitions and protective measures
- (19) Procedures for checking into the incident with Unified Command for accountability and assignment (no self-deployment without

notification)

- (20) Understanding of relevant associated off-site operations and providing security for these off-site operations, including the following:
  - (a) Family notification centers
  - (b) Public information distribution
  - (c) Hospitals
  - (d) Witness interview and debrief locations
  - (e) Transport zones
  - (f) Mobile communications support
- (21) Witness and victim identification

*Recommended Competencies for Law Enforcement Officers When Operating at Vehicle as a Weapon Incidents.* Law enforcement officers should have knowledge of local policies for vehicle as a weapon engagement. This should include the following:

- (1) Knowledge of vehicle immobilization techniques
- (2) Knowledge of potential vehicle-borne IED (VBIED) identification

*Recommended Competencies for Law Enforcement Officers When Operating at an Active IED Incident.* Law enforcement officers should have knowledge of local IED response policy. This should include the following:

- (1) Time, distance, and shielding, using the Department of Homeland Security (DHS) stand-off chart
- (2) Post-blast transition to fire event/structural collapse

For more information, see <http://regulationspolicies.usf.edu/policies-and-procedures/pdfs/policy-6-002-bomb-threat-stand-off-chart-a.pdf>.

*Recommended Competencies for Law Enforcement Officers When Operating at Fire as a Weapon Incidents.* Law enforcement officers should have knowledge of basic fire-fighting operations, which should include the following:

- (1) Immediately dangerous to life and health (IDLH) situations as pertains to respiratory and thermal protection
- (2) Co-occurrence threats (fire as a weapon often occurs in tandem with a second hostile event)
- (3) Basic fire attack operations
- (4) AHJ's requirements for fire as a weapon incidents
- (5) Knowledge of movement techniques in a smoke environment
- (6) Knowledge of how to drop to the floor where there could be breathable air and how to move along the walls in order to find an exit
- (7) Partnering with the local fire department to obtain basic fire-fighting training and instruction on how to properly use fire extinguishers to put out small fires
- (8) "Cross-training" to make sure law enforcement are trained and equipped to respond to injuries that include burns, smoke inhalation, respiratory distress, and trauma
- (9) Knowledge of self-contained breathing apparatus (SCBA) operation
- (10) Knowledge of thermal imaging camera operations
- (11) Knowledge of training to operate tactically while wearing flight gloves, which offer more thermal protection than most gloves. Structural fire-fighting gloves could impede handling of firearms.
- (12) Knowledge of marksmanship while wearing SCBA

### **A.12.1.3.3**

At a minimum this medical care knowledge should include the following:

- (1) Hemorrhage control
- (2) Basic airway
- (3) Respiratory management
- (4) Casualty extraction
- (5) Hypothermia management

Examples of threat-based systems of care include, but are not limited to, the following:

- (1) The system of care that is used to provide medical aid to self and others, including emergency patient care for the civilian environment, should be in accordance with the guidelines of *Tactical Emergency Casualty Care (TECC) Guidelines for First Responders with a Duty to Act* and *Tactical Emergency Casualty Care (TECC) Guidelines for BLS/ALS Medical Providers*.
- (2) The military equivalent is Tactical Combat Casualty Care (TCCC).



### **A.13.1.1**

The intent of this section is to define competencies for both fire and EMS functions regardless of agency configuration. It is understood that some agencies provide dual services that are comprised of both traditional fire and medical service delivery while others are provided by separate entities with different command structures. It is important for agencies to apply the sections of this chapter that relate to the services delivered.

### **A.13.2.2**

For more information, go to [www.c-tecc.org](http://www.c-tecc.org).

### **A.13.3.1.1**

Fire and EMS do not typically operate in a hot zone. It is understood that different municipalities and jurisdictions could have the ability to do so as part of a specialized team.

### **A.13.3.3(4)**

The federal government recommends using the Model Uniformed Core Criteria/Sort-Assess-Lifesaving Interventions-Treatment/Triage (MUCC/SALT) system. (<https://www.ems.gov/nemsac/dec2013/FICEMS-MUCC-Implementation-Plan.pdf>).

### **A.13.4.3**

For more information, see <http://regulationspolicies.usf.edu/policies-and-procedures/pdfs/policy-6-002-bomb-threat-stand-off-chart-a.pdf>.

### **A.14.2.3**

Zone definitions follow the general location of the threat(s). Hot zone operations should also consider a ballistic helmet, a radio with shoulder strap, and remote microphones with earpieces, flashlight, and individual first-aid kit (IFAK). See Chapters 8, 12, and 13 for warm zone operation (RTF).

### **A.14.2.4.1**

Deployment models can include, but are not limited to, the following:

- (1) Individually issued
- (2) Issued to each applicable responder or responder position on the vehicle
- (3) Command and/or supervisory vehicles

### **A.14.3.1**

The NIJ establishes minimum performance standards for body armor and administers a program to test armor for compliance. Type III-A ballistic panels provide ballistic penetration protection for most all standard handgun and shotgun ammunition.

### **A.14.3.1.1**

For more information on NIJ compliant products list go to <https://www.nij.gov/topics/technology/body-armor/Pages/compliant-ballistic-armor.aspx>.

### **A.14.3.2**

Integrated response teams can consist of a rescue task force, protected corridor, and so forth.

### **A.14.4**

For PPE worn externally, additional marking can be used to designate rank officers and should be based on operational functions.

### **A.14.5**

NIJ provides an explanatory video on care and maintenance at <http://youtube/R85mWoCBR50>.

### **A.15.1.1.1**

Examples of available training can include, but are not limited to, Advanced Law Enforcement Rapid Response Training (ALERRT), Tactical Emergency Casualty Care (TECC), and Tactical Combat Casualty Care (TCCC).

### **A.15.2.2**

Training can include scheduled or no notice sessions.

### **A.15.3**

This training should be based on the risk assessment and partnerships formed with facility managers as outlined in Chapters 5 and 9.

### **A.16.2.1(3)**

These materials can include videos, handouts, papers, and other similar educational material.

### **A.16.3**

More information can be found at [www.bleedingcontrol.org](http://www.bleedingcontrol.org) and <https://www.dhs.gov/sites/default/files/publications/active-shooter-pamphlet-2017-508.pdf>.

Bleeding control kits should include the following:

- (1) Instructional booklet on bleeding control
- (2) Tourniquets
- (3) Bleeding control dressing
- (4) Marker
- (5) Protective gloves
- (6) Compression bandage

Public involvement is vital to provide additional support to response personnel and can often be the primary source of response in the first hours or days after a catastrophic event. As such, the public shall be encouraged to train, exercise, and partner with each other and emergency management officials.

#### **A.16.3(3)(a)**

An example of a survival strategy is “Run, Hide, Fight.” The federal government recommends teaching the public to run, hide, and then fight.

#### **A.16.3(3)(b)**

Other interventions include civilian treatment for airway, respiratory, hypothermia, and extraction. The federal government also encourages teaching the public bleeding control measures via the “Stop the Bleed” campaign.

#### **A.16.3(4)**

Information specific to people with disabilities and others with access and functional needs should be included. For people who might have a physical and/or mental disability or language access issue, the following should be included in prepress plans:

- (1) Communication needs (not able to hear verbal announcements or alerts, see directional signage, communicate with respondents)
- (2) Maintaining health (acute medical needs requiring support or trained medical professionals, medications, access)
- (3) Independence (providing physical and programmatic access, durable medical equipment needs/service animal)
- (4) Support and safety (loss of support of personal assistants, children and supervision) (5) Transportation (not able to drive, assistance with evacuation)

### **A.17.1**

Users of NFPA 3000 are encouraged to review the information in NIMS, specifically FEMA 517, *Basic Guidance for Public Information Officers (PIOs)*; Job Aid: Public Information Staffing and Skills Checklist; and FEMA Lesson 5: Public Information During the Incident.

#### **A.17.1.1**

Organizations should coordinate their public information messaging with their AHJ.

#### **A.17.2(3)**

Providing assistance with family reunification helps to reduce overwhelming resources at the scene with information requests and to provide for a secure and accessible gathering place in a cold zone where potential witnesses can be identified and interviewed to advance an ASHER incident investigation.

#### **A.17.2(4)(a)**

The PIO should be involved in assisting in the creation of messaging appropriate to communicate the essential and timely information on the ASHER plan.

#### **A.17.2(4)(b)**

The PIO should be involved in the risk planning and coordination so as to acquire the appropriate communications contacts and familiarity with agencies and partners who could be resources for mutual aid as well as all SOGs and SOPs developed as part of the planning process and post-incident procedures.

#### **A.17.2(4)(c)**

The PIO should be involved in the risk assessment so as to acquire the appropriate communications contacts and familiarity for assessed organizations for information sharing, preparedness planning, analyzing consequences, and seamless information flow in the event of an ASHER incident

### **A.17.2(6)**

Operational security could be put in jeopardy by things such as the following:

- (1) Media helicopters divulging response team location and movements
- (2) Misinformation on the current status of the ASHER incident
- (3) Number of casualties
- (4) Number of perpetrators

### **A.17.3.4**

Test notifications should be appropriate and should not create undo panic. An example of this would be live social media posting of test events where they could be misunderstood as actual events

### **A.17.3.5**

The Clery Act provides timely warning and crime notification requirements. See [www.clerycenter.org](http://www.clerycenter.org).

### **A.17.4.3**

This communication includes press alerts and media advisories, press releases, and talking points.

### **A.17.5**

Social media is valuable for refuting or verifying incident information. It should be monitored as much as possible by the JIC if one has been established.

#### **A.17.5.1**

External sources include social media and news reports.

#### **A.17.5.2**

Appropriate and trending social media hashtags should be used to ensure the consistent delivery of approved messaging and information.

#### **A.17.5.3**

This includes sharing operational information and data (e.g. pictures, video) that are not approved for release outside of the scene.

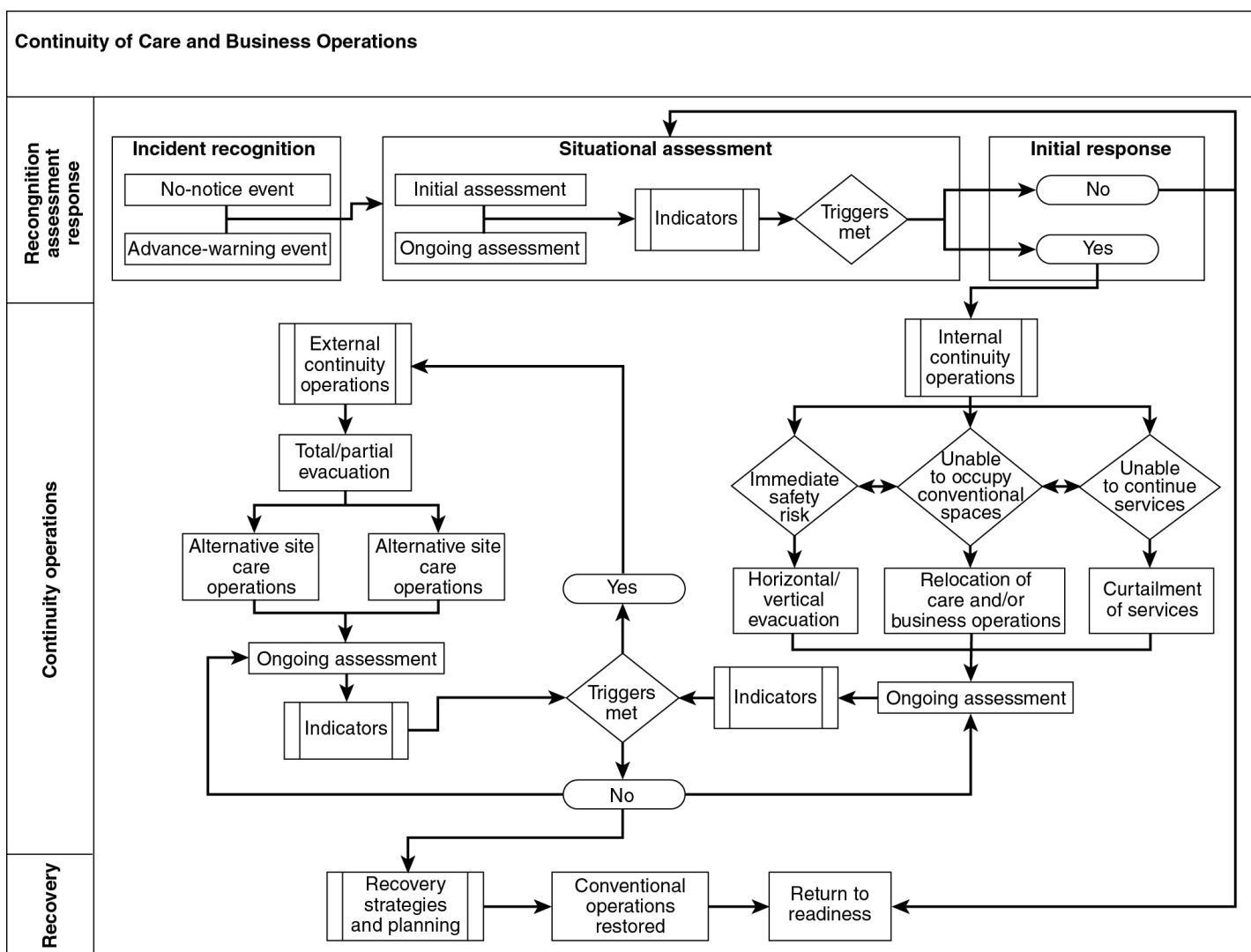
#### **A.17.6.2**

Managing the media area includes maintaining a general understanding of who is there, giving timely updates, and not letting them interfere with operations.

### **A.18.2.1.1**

Figure A.18.2.1.1 shows an example of continuity of operation.

**Figure A.18.2.1.1 Continuity of Care and Business Operations Decision Flow Chart. [1616:Figure A.6.5.1]**



### A.19.1

NFPA 99 contains dedicated chapters that provide the requirements for emergency and security management in health care organizations. The emergency management provisions require the development of an emergency operations plan based on an all-hazards approach, including mass casualty events that can greatly increase the demand for services. The security management requirements state that facilities must conduct a security vulnerability assessment that evaluates potential security risks to all individuals in the facility, and, as part of the plan, procedures must be identified for a number of incidents, including ASHER incidents. The requirements of NFPA 3000 are intended to supplement these overall plans by providing some of the specific things hospitals must do in order to best support the integrated response to ASHER incidents.

#### A.19.1.1

Some hospitals are not expected to receive victims from such events because the nature of care typically provided does not require the capabilities to treat victims from an ASHER incident. Behavioral health hospitals are one example.

#### A.19.1.2

Rapid categorization of patients during ASHER situations is vital to reduce preventable loss of life.

##### A.19.1.2.1

Scalability allows facilities to adjust their response to meet the objectives of this standard.

### A.19.2

Exercises should be scalable in nature and conducted once per calendar year. Exercises should follow FEMA or facility-specific guidance for exercises.

#### A.19.2.4

Mass casualty incident plans can be local, regional, or state-based.

### A.19.3

While it is ideal that patient distribution take place in an organized and coordinated manner, it is known that most frequently this is not the case.

#### **A.19.4**

These means of communication can include the following:

- (1) Phone
- (2) Dedicated radio frequency
- (3) Separate dispatcher
- (4) Satellite phones
- (5) Electronic patient management systems

#### **A.19.4.3**

This assignment should consist of at least one staff member who is singularly assigned to the role, but facilities should be prepared to add additional staff as needed based on the scale of the incident.

#### **A.19.5**

Use of electronic, web-based systems for patient tracking, family reunification, and hospital capabilities (i.e., numbers of patients per category that can be managed as the incident progresses) should be considered.

#### **A.19.6**

Existing physical security measures include electronic access control and traffic barriers. On-duty staff members include security and facility staff.

#### **A.19.6.1**

Measures for restricting access should include the following:

- (1) Controlling access to security sensitive areas and high-risk departments
- (2) The process for identifying health care facility (HCF) staff and others (fire, law enforcement, public health) that require access
- (3) Communicating with on-duty and supplemental personnel
- (4) Managing internal and external communications
- (5) Establishing and maintaining perimeters and related visitor protocols
- (6) Obtaining additional security and/or law enforcement staff
- (7) Establishing secure passage routes and transportation for HCF staff
- (8) Managing the internal environment during access restrictions
- (9) Reversing the restricted access and opening areas
- (10) Testing and evaluating controlled access plans during emergency exercises with other HCFs and community agencies

#### **A.19.6.1(1)**

This can be accomplished in progressive stages and can involve the facility incident command structure.

#### **A.19.6.2**

The required screening is meant to detect weapons and devices that have been staged for secondary attacks.

#### **A.20.1.1.1**

The Mass Violence Toolkit, created by the Office for Victims of Crime, U.S. Department of Justice, was developed to help communities prepare for and respond to victims of mass violence and terrorism — to include active shooters — in the most timely, effective, and compassionate manner possible. It is comprised of checklists, a compendium of resources, and other pertinent victim-related materials derived from operational procedures, best practices, and lessons learned throughout the victim services community.

#### **A.20.2.2**

This coordination includes the establishment of how all parties, both primary and supporting, can effectively accomplish the necessary common strategy while coordinating and supporting each other's missions.

In cases where multiple primary agencies share complementary capacities at the statewide level, a facilitating team can be constituted to serve the role of the facilitating agency.

#### **A.20.2.2.2**

All participating organizations are encouraged to sign a Memorandum of Understanding or Memorandum of Agreement prior to any ASHER incident.

#### **A.20.2.2.2.1**

Initial communication meetings should be conducted early following the event so that all organizations have consistent up-to-date information.

#### **A.20.2.2.4.1**

Possible individuals should be previously vetted and part of emergency planning prior to the incident.

#### **A.20.2.2.6**

Establishment, use, and communication regarding the immediate use of a notification and reunification center, also referred to as a family assistance center, should be considered. The creation of a center should have a process to identify possible victims and witnesses during intake who might need to provide incident-related information to law enforcement. The center should have a security plan and credentialing process. The establishment of a uniform statistical data collection process, in coordination with the primary agencies, should be considered to track outreach and services delivered. This data is often useful after the incident when conducting needs assessments and applying for grant funding.

Establishing timely implementation and messaging and use of social media could expedite reunification center utilization and prevent additional family members and loved ones from traveling into the immediate area surrounding the scene. This temporary center might not be appropriate as a permanent location, and long-term alternatives should be considered.

For more information, see the FBI Mass Fatality Incident Family Assistance Operations Recommended Strategies for Local and State Agencies at <https://www.nts.gov/tda/TDADocuments/Mass%20Fatality%20Incident%20Family%20Assistance%20Operations.pdf>.

#### **A.20.2.2.7.1**

This will allow for family members to be staged in a location removed from operations in order to receive timely and accurate information regarding casualties and location of casualties if sent to a medical facility and to be reunified quickly with the uninjured who are delivered to the reunification and notification center. The location should also take into consideration the media that will arrive and the possible need to shield victims and victim families from the cameras. Command should consider preparing separate areas for victims to stage out of view from the public gathering at these locations.

#### **A.20.2.2.8**

A team might additionally include victim advocates, mental health professionals, crisis counselors, and faith or spiritual leaders whose members are trained in notification.

#### **A.20.2.2.11**

Individuals could have additional needs before, during, and after an incident in functional areas, including, but not limited to, the following:

- (1) Maintaining independence
- (2) Communication
- (3) Transportation
- (4) Supervision
- (5) Medical care

The following list is a group of individuals who should not be overlooked and could have unique needs following an ASHER incident:

- (1) Children and youth
- (2) First responders
- (3) Tribal communities
- (4) Elder populations
- (5) Individuals with disabilities
- (6) Individuals who are deaf or hard of hearing
- (7) Individuals with limited English proficiency
- (8) High-risk populations
- (9) Lesbian, gay, bisexual, transgender, and questioning (LGBTQ) populations
- (10) Military veterans
- (11) Underserved and socially isolated populations including, but not limited to, those historically underserved due to race, socio-economic status, disability, or sexual orientation
- (12) Undocumented populations
- (13) Other specialized populations

#### **A.20.3.1(9)**

Victim advocacy, assistance, and services, can including the following:

- (1) Temporary housing and infrastructure repairs
- (2) Area re-entry and belongings recovery
- (3) Personal property replacement
- (4) Transportation or vehicle replacement assistance
- (5) Replacement of job-related tools and specialized/protective clothing
- (6) Moving and storage assistance
- (7) Legal assistance
- (8) Insurance claims assistance
- (9) Employment-related assistance
- (10) Food replacement
- (11) Assistance to mitigate against the effects, including vicarious, of future events
- (12) Medical, dental, and mental health services
- (13) Information regarding additional near- and long-term victim services

#### **A.20.3.2.3**

These could include planned or spontaneous protests, rallies, vigils, and dignitary visits.

#### **A.20.3.2.4.1**

Post-incident security plans should provide guidance for threat security, victim security, and hospital facility and infrastructure security.

#### **A.20.3.2.7.2**

If there is a need to separate volunteers, including spontaneous, from the victims initially, then the volunteer reception center might need to be located outside of the notification and reunification center.

#### **A.20.3.2.7.5**

Input from the victims and their families should be elicited prior to the designation and distribution of funding and during the decision-making process.

#### **A.20.3.2.7.6**

This strategy could include the creation of a donations management database to help collect, track, disburse, and acknowledge monetary and non-monetary donations. This strategy should be reviewed during the response phase to identify any necessary modifications arising from emerging and unanticipated needs, including community and victim needs.

#### **A.20.3.2.7.7**

Multiple sites could be necessary to receive, store, stage, and distribute donations. Donations, especially monetary, should be broadly dedicated toward victim services and recovery efforts rather than narrow and specific.

Often a charity or NGO is a preferred entity to receive monetary donations, rather than a local or state agency. Cash donations should not be accepted at Unified Command.

If a warehouse(s) is necessary, then state-level and/or private sector contract hauler transportation resources should be identified in order to secure appropriate cargo vehicles and drivers.

#### **A.20.3.2.7.8**

For more information, see the FEMA toolkit at <https://www.fema.gov/media-library/assets/documents/32282>.

Samples of volunteer and donation agreements can be found at the following web sites:

- (1) [http://ema.ohio.gov/Documents/Ohio\\_EOP/ESF\\_6\\_Tab\\_C\\_VolunteerManagementSupportPlan.pdf](http://ema.ohio.gov/Documents/Ohio_EOP/ESF_6_Tab_C_VolunteerManagementSupportPlan.pdf)
- (2) [http://ema.ohio.gov/Documents/Ohio\\_EOP/EOP\\_Overview/ESF7\\_DONATIONS\\_MANAGEMENT\\_SUPPORT\\_PLAN\\_TAB\\_A.pdf](http://ema.ohio.gov/Documents/Ohio_EOP/EOP_Overview/ESF7_DONATIONS_MANAGEMENT_SUPPORT_PLAN_TAB_A.pdf)

#### **A.20.3.2.7.9**

Communications and messaging on donations should reflect the diverse ways that funds and items can be used.

#### **A.20.4.2**

This could require a victim assistance liaison or advocate.

#### **A.20.4.2.1**

In some instances, a law enforcement officer has been assigned to each affected family to serve as the single point of contact for victim service information and media requests. Victims and families should be notified as to their rights with the media, which should be publically posted as well.

For a sample victim liaison job description go to the OVC victim toolkit: [https://www.ovc.gov/pubs/mvt-toolkit/Sample\\_SampleVictimLiaisonJobDescription.pdf](https://www.ovc.gov/pubs/mvt-toolkit/Sample_SampleVictimLiaisonJobDescription.pdf).

#### **A.20.4.2.2**

This can include assistance with death certificates, autopsy reports and information, and other documentation for legal needs and benefits.

#### **A.20.4.2.4**

This process should be proactive and managed by individuals or organizations that have a strong understanding and experience in managing post-incident recovery systems.

#### **A.20.4.2.5.2**

The discussion about memorial events should consider the community's needs, its desire for annual memorial services, and the potential impacts of media coverage. The needs and desires of victims versus those of the community should be determined. Organizers should be aware that a spontaneous memorial event could emerge in the community even if a formal, organized memorial service is not planned. A memorial plan might not preclude a spontaneous event.

#### **A.20.4.2.5.3**

The family assistance center can transition to a CRC depending on the nature/scope of the event. CRC leaders should be aware that not all direct victims might want to participate.

The CRC can engage a holistic approach, which can include diverse faith or spiritual healing practices, to support survivors and surviving family members in the long term. It should be remembered that not all victims are religious or spiritual. The emotional and psychological needs of the community should be met by providing mental health support, counseling, screening, and treatment. The potential for increased risk of substance, physical, sexual, and emotional abuse should be addressed.

#### **A.20.4.3.2**

Those who have experienced trauma directly or vicariously are likely to have recovery needs.

#### **A.20.4.5.1**

This could additionally include adjudication and prisoner status (e.g., prisoner location post-conviction, parole-related issues), victim's right to be present at trial, victim's right to be heard, victim's right to swift and fair resolution, victim's right to be informed, and victim's right to safety and protection of privacy. Information should be provided in lieu of trial if a trial does not occur.

Next of kin during medicolegal death investigations will have special needs. For more information, see "Principles for Communicating with Next of Kin during Medicolegal Death Investigations" from the Scientific Working Group for Medicolegal Death Investigation.

#### **A.20.4.7**

Affected populations might need specialized resources and/or case management assistance. This can be part of a victim assistance response plan assessment by primary agencies.

#### **A.20.4.9**

Examples of infrastructure and facilities include, but are not limited to, the following:

- (1) Health, medical, and dental
- (2) Logistics
- (3) Sanitary
- (4) Human resources to continue operations and support continued recovery efforts
- (5) Replacement and repair of facilities damaged by the event
- (6) Restoration of the supply chain
- (7) Provision of temporary housing/interim housing
- (8) Repairing property
- (9) Natural and cultural resources

#### **A.20.4.10**

Continued recovery can take months to years to complete.





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## **B Laws, Regulations, Consensus Standards, and Guidance Documents**

*This annex is not a part of the requirements of this NFPA document but is included for informational purposes only.*

### **B.1 Scope.**

This annex applies to those organizations and jurisdictions responsible for organizing, managing, and sustaining an ASHER program.

#### **B.1.1**

Laws are enacted by legislative action of governmental bodies such as Congress, individual states, and local government. Laws typically provide broad goals and objectives, set mandatory dates for compliance, and establish penalties for noncompliance.

#### **B.1.2**

Regulations are official rules created by government agencies that detail how something should be done.

#### **B.1.3**

A consensus standard is a standard that has been adopted and promulgated by a nationally recognized standards-producing organization under procedures whereby it can be determined that persons interested and affected by the scope or provisions of the standard have reached substantial agreement on its adoption, it was formulated in a manner that afforded an opportunity for diverse views to be considered, and it has been designated as such.

### **B.2 Purpose.**

This annex is provided as a law and regulation reference point for programs that are developing an ASHER Program.

### **B.3 Laws.**

The following federal laws are applicable to the management of active shooter/hostile events:

- (1) Public Law 81-920, as amended, the Federal Civil Defense Act of 1950
- (2) Public Law 83-703, as amended, the Atomic Energy Act of 1954
- (3) Public Law 93-288, as amended, the Robert T. Stafford Disaster Relief and Emergency Assistance Act
- (4) The Cooperative Forestry Assistance Act, 16 U.S.C. §§ 2101-2114, of 1978
- (5) Public Law 99-499, the Superfund Amendments and Reauthorization Act of 1986
- (6) Public Law 106-390, the Disaster Mitigation Act of 2000
- (7) Public Law 107-56, the USA Patriot Act of 2001
- (8) Public Law 107-188, the Public Health Security and Bioterrorism Preparedness and Response Act of 2002
- (9) Public Law 107-296, the Homeland Security Act of 2002
- (10) The Animal Health Protection Act (AHPA), 7 U.S.C. 8310, of 2002
- (11) The National Oil and Hazardous Substance Pollution Contingency Plan (NCP), 40 CFR § 300, of 2006
- (12) Public Law 109-295, as amended, the Department of Homeland Security Appropriations Act of 2006
- (13) Public Law 109-295, Post Katrina Emergency Management Reform Act (PKEMRA) of 2006
- (14) Public Law 84-99, Flood Control and Coastal Emergencies Act of 2007
- (15) The Economy Act, 31 U.S.C. §§ 1535-1536, of 2007
- (16) The Restoration Act, 10 U.S.C. §§ 331-335, of 2007
- (17) The Small Business Act, 15 U.S.C. §§ 631-651e, of 2007
- (18) The Office of Federal Procurement Policy Act, 41 U.S.C. § 428a, of 2007
- (19) Defense Against Weapons of Mass Destruction Act, 50 U.S.C. §§ 2301-2368, of 2007
- (20) The Comprehensive Environmental Response, Compensation, and Liability Act, 42 U.S.C. §§ 9601-9675, of 2007
- (21) The Public Health Services Act, 42 U.S.C. § 201, et seq., of 2007
- (22) 41 CFR 102-74.230 through 102-74.260
- (23) Title 34/Subtitle I/Chapter 101/Subchapter XVII/§ 10381
- (24) Public Law 112-265, The Investigative Assistance for Violent Crimes Act of 2012.
- (25) Americans with Disabilities Act (ADA), 42 U.S.C. §§ 12101

### **B.4 NFPA Standards.**

This subsection contains a partial list of NFPA standards. To determine if other NFPA standards apply, review the complete list of NFPA standards at [nfpa.org/codes-and-standards](http://nfpa.org/codes-and-standards).

#### **B.4.1**

NFPA 99 addresses emergency management for health care facilities and Chapter 13 addresses security management for health care facilities.

#### **B.4.2**

NFPA 101 establishes the construction and design requirements for facility's preparedness.

#### **B.4.3**

NFPA 472 provides a framework by which an organization can meet the requirements of the OSHA HAZWOPER regulation. By meeting this standard, compliance with OSHA 1910.120 is met or exceeded.

#### **B.4.4**

NFPA 473 identifies the levels of competence required of EMS personnel who respond to incidents involving hazardous materials or weapons of mass destruction (WMD).

#### **B.4.5**

NFPA 1500 contains minimum requirements for a fire service-related safety and health program. Items covered include PPE, staffing, medical requirements, and physical requirements.

#### **B.4.6**

NFPA 1561 contains minimum requirements for the Incident Command System.

#### **B.4.7**

NFPA 1582 provides guidance on annual physicals for fire fighters and members of hazardous materials response teams.

#### **B.4.8**

*NFPA 1600* contains the requirements for continuity of operations

### **B.5 Guidance Documents.**

#### **B.5.1 General.**

Guidance documents are publications typically prepared by regulatory agencies that provide instructions to establish the agencies' expectations.

#### **B.5.2 National Response Framework (NRF).**

The NRF is a comprehensive how-to guide that spells out how the nation should conduct an all-hazard response. It is intended to capture all levels of government and all incident levels. Local plans feed into state plans, which feed into the NRF. Its use during a federally declared disaster is required by the Stafford Act.

##### **B.5.2.1**

Resource typing is the categorization and description of resources that are exchanged in disasters via mutual aid, by capacity and/or capability, for the purpose of ordering and tracking resources.

#### **B.5.3 Presidential Directives.**

The following directives relate to the federal preparedness and response expectations for ASHER incidents:

- (1) Homeland Security Presidential Directive 3, Homeland Security Advisory System, March 11, 2002
- (2) Homeland Security Presidential Directive 5, Management of Domestic Incidents, February 28, 2003
- (3) Homeland Security Presidential Directive 7, Critical Infrastructure Identification, Prioritization and Protection, December 17, 2003
- (4) Homeland Security Presidential Directive 8, National Preparedness, December 17, 2003
- (5) Homeland Security Presidential Directive 15, United States Policy and Strategy in the War on Terror, March 2006
- (6) Homeland Security Presidential Directive 20, National Continuity Policy, May 9, 2007
- (7) Homeland Security Presidential Directive 21, Public Health and Medical Preparedness, October 18, 2007
- (8) Presidential Decision Directive 39, U.S. Policy on Counterterrorism, June 21, 1995
- (9) Presidential Decision Directive 62, Combating Terrorism, May 22, 1998



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## C.1 Referenced Publications.

The documents or portions thereof listed in this annex are referenced within the informational sections of this standard and are not part of the requirements of this document unless also listed in Chapter 2 for other reasons.

### C.1.1 NFPA Publications.

National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169-7471.

NFPA 99, *Health Care Facilities Code*, 2018 edition.

NFPA 101®, *Life Safety Code*, 2018 edition.

NFPA 472, *Standard for Competence of Responders to Hazardous Materials/Weapons of Mass Destruction Incidents*, 2018 edition.

NFPA 473, *Standard for Competencies for EMS Personnel Responding to Hazardous Materials/Weapons of Mass Destruction Incidents*, 2018 edition.

NFPA 730, *Guide for Premises Security*, 2018 edition.

NFPA 731, *Standard for the Installation of Electronic Premises Security Systems*, 2017 edition.

NFPA 1061, *Standard for Public Safety Telecommunications Personnel Professional Qualifications*, 2018 edition.

NFPA 1072, *Standard for Hazardous Materials/Weapons of Mass Destruction Emergency Response Personnel Professional Qualifications*, 2017 edition.

NFPA 1500™, *Standard on Fire Department Occupational Safety, Health, and Wellness Program*, 2018 edition.

NFPA 1521, *Standard for Fire Department Safety Officer Professional Qualifications*, 2015 edition.

NFPA 1561, *Standard on Emergency Services Incident Management System and Command Safety*, 2014 edition.

NFPA 1582, *Standard on Comprehensive Occupational Medical Program for Fire Departments*, 2018 edition.

NFPA 1584, *Standard on the Rehabilitation Process for Members During Emergency Operations and Training Exercises*, 2015 edition.

NFPA 1600®, *Standard on Disaster/Emergency Management and Business Continuity/Continuity of Operations Programs*, 2016 edition.

### C.1.2 Other Publications.

Catalog of Federal Domestic Assistance (CFDA).

FEMA 517, *Basic Guidance for Public Information Officers (PIOs)*, National Incident Management System (NIMS), 2015.

FEMA Lesson 5: Public Information During the Incident, National Incident Management System.

FEMA toolkit at <https://www.fema.gov/media-library/assets/documents/32282>.

FBI Mass Fatality Incident Family Assistance Operations Recommended Strategies for Local and State Agencies at <https://www.nts.gov/tda/TDADocuments/Mass%20Fatality%20Incident%20Family%20Assistance%20Operations.pdf>.

Job Aid: Public Information Staffing and Skills Checklist, National Incident management System.

“Principles for Communicating with Next of Kin during Medicolegal Death Investigations” from the Scientific Working Group for Medicolegal Death Investigation.

[http://ema.ohio.gov/Documents/Ohio\\_EOP/ESF\\_6\\_Tab\\_C\\_VolunteerManagementSupportPlan.pdf](http://ema.ohio.gov/Documents/Ohio_EOP/ESF_6_Tab_C_VolunteerManagementSupportPlan.pdf).

[http://ema.ohio.gov/Documents/Ohio\\_EOP/EOP\\_Overview/ESF7\\_DONATIONS\\_MANAGEMENT\\_SUPPORT\\_PLAN\\_TAB\\_A.pdf](http://ema.ohio.gov/Documents/Ohio_EOP/EOP_Overview/ESF7_DONATIONS_MANAGEMENT_SUPPORT_PLAN_TAB_A.pdf).

<http://regulationspolicies.usf.edu/policies-and-procedures/pdfs/policy-6-002-bomb-threat-stand-off-chart-a.pdf>.

<http://youtu.be/R85mWoCBR50>.

<https://www.bleedingcontrol.org>.

<https://www.dhs.gov/stopthebleed>.

<https://www.dhs.gov/sites/default/files/publications/active-shooter-pamphlet-2017-508.pdf>.

<https://www.ems.gov/nemsac/dec2013/FICEMS-MUCC-Implementation-Plan.pdf>.

<https://www.nij.gov/topics/technology/body-armor/Pages/compliant-ballistic-armor.aspx>.

[https://www.ovc.gov/pubs/mvt-toolkit/Sample\\_SampleVictimLiaisonJobDescription.pdf](https://www.ovc.gov/pubs/mvt-toolkit/Sample_SampleVictimLiaisonJobDescription.pdf).

## **C.2 Informational References.**

The following documents or portions thereof are listed here as informational resources only. They are not a part of the requirements of this document.

NFPA 1616, *Standard on Mass Evacuation, Sheltering, and Re-entry Programs*, 2017 edition.

NFPA 1620, *Standard for Pre-Incident Planning*, 2015 edition.

C-TECC *Tactical Emergency Casualty Care (TECC) Guidelines for First Care Providers*, 2016.

<http://www.victimprovidersmediaguide.com/appendices.html>.

<https://ovc.ncjrs.gov/ncvrw2014/pdf/CommunicatingYourMessage.pdf>.

<https://training.fema.gov/is/courseoverview.aspx?code=IS-42>.

<https://www.dhs.gov/publication/iedactive-shooter-guidance-first-responders>.

<https://www.dhs.gov/publication/ind-health-and-safety-planning-guide>.

<https://www.dhs.gov/publication/protecting-responders-health-after-wide-area-aerosol-anthrax-attack>.

[https://www.nrt.org/sites/2/files/Updated%20NRT%20JIC%20Model\\_4-25-13.pdf](https://www.nrt.org/sites/2/files/Updated%20NRT%20JIC%20Model_4-25-13.pdf).

[https://www.ovc.gov/pubs/mvt-toolkit/Sample\\_PIOLessonsLearned.pdf](https://www.ovc.gov/pubs/mvt-toolkit/Sample_PIOLessonsLearned.pdf).

## **C.3 References for Extracts in Informational Sections.**

NFPA 1616, *Standard on Mass Evacuation, Sheltering, and Re-entry Programs*, 2017 edition.