

M A S S A C H U S E T T S
OFFICE OF EMERGENCY MEDICAL SERVICES
DEPARTMENT OF PUBLIC HEALTH

ADMINISTRATIVE REQUIREMENT MANUAL

EFFECTIVE DATE: August 1, 2023 **AUTHORIZATION:** Susan Lewis, Acting Director

TITLE: Requirements for Active Shooter/Hostile Event Response (ASHER)/NFPA 3000 Course
for EMS Personnel

SUPERSEDES: N/A

PURPOSE:

This administrative requirement contains the content that course sponsors and instructors must meet in developing a DPH/OEMS approved continuing education course for Active Shooter/Hostile Event Response (ASHER) training, in accordance with National Fire Protection Association (NFPA) 3000 standard (2021 edition, or as revised). This applies to all levels of EMTs in order to prepare for ASHER events, and should not include specific tactics or operations, rather it be supplemented by local orientation, policies, drills and exercises. This is an overview course and is not a substitute for more detailed Rescue Task Force (RTF) or tactical medicine courses.

TRAINING REQUIREMENTS:

Each ambulance service must ensure that all its certified EMTs at all levels and any first responders it uses to staff ambulances have successfully completed a training course that meets the requirements of this Administrative Requirement by the effective date, August 1, 2023, and every 2 years thereafter. It is the responsibility of each ambulance service to ensure these EMTs are properly trained and provided continuing training regarding local policies, procedures, and equipment, and included in drills, exercises, and multi-agency planning events, whenever possible. Successful course completion is achieved as EMTs and any first responders demonstrate proficiency with listed objectives.

TARGET AUDIENCE:

Certified EMTs at all levels, as well as any first responders, who are employed by ambulance services and/or staffing emergency vehicles.

INSTRUCTOR QUALIFICATIONS:

Faculty for this program must be knowledgeable about the current NFPA 3000 standard, Massachusetts prehospital systems of care and Statewide Treatment Protocols, and regional or statewide event response plans.

COURSE FORMAT:

Didactic content may be provided via in-person (T1/T2), distributive (T3) or virtual live instructor (T5), with subsequent recommended live, in-person practical exercises or regional drills.

REFERENCES/RESOURCES:

<https://www.fbi.gov/file-repository/active-shooter-incidents-in-the-us-2021-052422.pdf/view>

<https://link.nfpa.org/free-access/publications/3000/2021>

<https://www.nfpa.org/News-and-Research/Publications-and-media/NFPA-Journal/2022/Fall-2022/News-and-Analysis/Dispatches>

<https://www.nfpa.org/-/media/Files/News-and-Research/Resources/External-links/First-responders/Urban-Fire-Forum/UFF-Rescue-task-force-operations-2013.ashx>

<https://www.joinipsa.org/resources/Documents/International%20Public%20Safety%20Association%20Rescue%20Task%20Force%20Best%20Practices%20Guide%20October%202017.pdf>

<https://www.c-tecc.org/guidelines>

PROGRAM OBJECTIVES:

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- Understand the background and framework of the ASHER course, relevant to NFPA 3000, Massachusetts Executive Office of Public Safety and Security (EOPSS), and Department of Public Health/Office of Emergency Medical Services (OEMS) standards.
 - Provide definitions for relevant terminology including active shooter, hostile event response, rescue taskforce, ballistic protective equipment, force protection, and zones.
 - Understand statistics and trends of active shooter hostile events and impact on the community
- Review patterns in ASHER response incidents and lessons learned from recent incidents
- Refresh unified command system, National Incident Management System (NIMS), and Incident Command System (ICS) fundamentals
- Understand zones, tasks of EMS personnel, personal protective equipment (PPE), ballistic protective equipment (BPE), and role of RTF
- Review Massachusetts Statewide Treatment Protocols specific to management of trauma patients as well as mass casualty incident and mobilization protocols.

COURSE CONTENT:

- Introduction
 - Background on NFPA 3000
 - Purpose of training, awareness level, available further education. Importance of local coordination/drills. Importance of coordination and awareness among responders. Opportunities and importance of further RTF and/or tactical medicine education.
 - Role of EMS, Fire, local law enforcement, EOPSS, federal agencies, etc. in incident response
 - Definitions
 - Statistics
 - Recent incidents in the US and abroad
 - Lessons learned for EMS from incidents, which should be updated routinely to include current trends and may include the following:
 - **Columbine, Colorado, April 20, 1999¹**
 - Solution needed for accessing wounded who are unable to self-extricate
 - Importance of quick but coordinated action when rescuing wounded
 - **Aurora, Colorado, July 20, 2012²**
 - Need for unified command to be established rapidly
 - Importance of Police, Fire, and EMS to train together, especially in logistically complex settings
 - Need to mitigate patients self-presenting to responding or staged EMS resources
 - **Newtown, Connecticut, December 14, 2012³**

¹ The Report of Governor Bill Owens' Columbine Review Commission, May, 2001

² Aurora Century 16 Theater Shooting: After Action Report for the City of Aurora, April, 2014

³ Connecticut State Police After Action Report: The Newtown Shooting Incident, 2013

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- Self-dispatching of first response resources can add to confusion and potentially lead to negative outcomes
- Need for appropriate PPE, including BPE, for the area in which first responders will be working
- Importance of monitoring responder fatigue, and providing adequate resources to involved first responders post incident
- **Paris, France, November 13, 2015⁴**
 - Need a response plan addressing ASHER occurring simultaneously in separate locations within one jurisdiction
 - Importance of integrating Fire/EMS within police response
- **Orlando, Florida, June 12, 2016⁵**
 - Importance of co-locating command in one Unified Command post as quickly as possible
 - Need for RTF training, equipment, and policy to all be familiar to, and accessible by, first responders
 - MCI can extend to receiving hospitals and beyond
 - Need for preparedness for multi-threat incidents
- **Las Vegas, Nevada, October 1, 2017⁶**
 - Need for ensuring multidisciplinary response, triage, and zone marking practices are shared among all response organizations
 - Importance of following ICS and Span of Control guidelines
 - Need for flexibility in response to adapt to evolving circumstances during the incident (e.g. preplanned incident transitions to active shooter transitions to barricaded subject)
 - Need for a comprehensive plan to account for off duty responders and capable bystanders who may be involved in the incident
- Overview
 - Incident response
 - Responsibilities and tasks of entities
 - Unified command
 - Response goals
 - Review of NIMS ICS
 - Other types of high threat event response, such as Chemical, Biological, Radiological, Nuclear, and high-yield Explosives (CBRNE), other weapons, riots, etc.
 - RTF
 - Other means of transport

⁴ The Attacks on Paris: Lessons Learned, Homeland Security Advisory Council and the Paris Public Safety Delegation, June, 2016

⁵ After Action Review of the Orlando Fire Department Response to the Attack at Pulse Nightclub, National Police Foundation, October, 2018

⁶ 1 October After Action Report, Federal Emergency Management Agency, August, 2018

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- Post-incident debriefing, Critical Incident Stress Management (CISM), after action reports
- Incident zones
 - PPE and BPE
 - Working with police in formation and ensuring adequate police protection at all times
 - Secondary triage
- EMS patient treatment and treatment in place
 - Hemorrhage Control (tourniquet, direct pressure, pressure dressing, wound packing, hemostatic agents), use of Committee on Tactical Combat Casualty Care (CoTCCC)-approved tourniquets
 - Airway, Breathing, Circulation maneuvers, including the use of chest seals, occlusive dressings and/or needle decompression
 - Review of relevant Statewide Treatment Protocols and CoTCCC/Tactical Emergency Casualty Care (TECC) treatment guidelines
- Training requirements
 - Recurring timeframe every 2 years if employed with Massachusetts ambulance service
 - Role/importance of local coordination with authority having jurisdiction for more detailed initial and periodic scenario-based training based upon zone responsibilities, with local responding agencies
- Evaluation

Total required time for successful course completion is 1 hour.

PROGRAM EVALUATION:

A written or verbal quiz must be incorporated at the completion of this training program to assure that each student meets the knowledge and objective requirements of the program.

SERVICE RESPONSIBILITIES FOR RECORD KEEPING:

The ambulance service must maintain all associated training documents for its EMTs (and any first responders) regarding the ASHER training program and upon request, provide these training records to the Department. If an EMT or first responder in the service's employ has taken ASHER training at another ambulance service or at a police or fire department, and that ASHER training program meets the requirements of this Administrative Requirement, the service must maintain records of such training to meet the ASHER training requirement for this EMT or first responder. This documentation must be readily available to the Department at all times, including during the service's re-licensure inspection and will include, at a minimum, skill performance and attendance rosters for each EMT it employs and utilizes on ambulances. Such record keeping shall include all documentation of ASHER training that any of its EMS personnel obtained while working at other ambulance services. In addition, if an ASHER training course is offered with approved continuing education, the sponsor is responsible for providing each student with course completion documentation in accordance with Administrative Requirement 2-212.