

ACTIVE SHOOTER: TRAIN NOW OR PAY LATER

Responding to an Active Shooter is the most difficult mission to perform of all the missions skills assigned to either patrol or tactical officers. Why? Active Shooter response requires a practiced and rehearsed plan ahead of time. Not only does the plan need to be rehearsed, but officers need to take special equipment to ensure that after the threat is neutralized and the medical contingencies encountered are addressed. Essentially you must be prepared to perform a cold hit on an unknown target, a task that requires a degree of skill to be successful.

While there are several other steps in the process, these are the most important points students should rehearse during active shooter training.

THE ACTIVE SHOOTER CYCLE:

- **Planning and Preparation**
- **Notification, Movement and Link-up**
- **Movement to the entry/breach point**
- **Movement to the crisis point(s)**
- **Threat neutralization**
- **Link-up with follow on elements**
- **Site security, consolidation and treatment of injured**

PLANNING AND PREPARATION:

When looking at the active shooter cycle, you're actually looking at an entire assault process that that tactical team would perform on a deliberate mission. In effect, we are saying that the first responders need to be able to do this entire mission on demand, in a worse case scenario.

Active shooter classes are generally two-days, 16 hours in length. I have found that this is not enough time to cover all the contingencies. The first morning of my course is spent looking at past incidents, administrative and tactical modules. Teams spend the afternoon doing rehearsals with their newly assigned elements. The next day the scenarios start. I start with a single shooter and medical emergencies, utilizing 5 role players in a 2,000 sq. foot target building.

Students are encouraged to approach the structure from their hasty assembly area using realistic movement formations and a not a "line of ducks," as is typically the case. Occasionally they take fire and must move through or around it, to neutralize a retreating threat on the inside of the target.

Upon entering the target, students then run into several sub-scenarios ranging from injured unknowns to downed officers, where they must solve a problem and quickly move on and neutralize the threat(s).

What I find as the scenario day progresses is that the student's learning curve goes straight up. I have actually considered adding a third day of training, using the same scenarios encountered on day two to give the students a day of reinforcement training and as important, a confidence builder. Normally students have problems on the first run and are in shock at what they encounter. During the debriefing, I suggest they fix 2-3 major problems with each run. By the end of the day, by being aggressive and systematic, they have cut their time for movement to contact in half from the first run of the day and move more quickly and efficiently.

NOTIFICATION, MOVEMENT AND LINK-UP:

Officers should conduct a mobile link-up once notified of an active shooter and determine the best routes to the crisis site and designate a covered area to assemble, get their long guns and "break away" bags out. Break away bags are a simple bag that can be thrown over a shoulder and contain spare ammo and bandages, medical scissors, and chemical light sticks. In regards ammunition, I would hope that all situations would be remedied with safe, accurate and surgical gunfire. But it is better to have it and not need it than to need it and not have it.

Medical items are for casualty treatment, both innocents and downed officers. School nurses will have limited trauma gear. Office buildings may not have any at all. If you fail to bring it, it will not get there. Simple items such as Kerlix and Co-flex can make a world of difference when the scene is littered with critically wounded persons. Scissors are used to cut clothes and expose wounds. Chemlites are to mark IEDs should they be encountered.

MOVEMENT TO ENTRY/BREACH POINTS:

Responding officers should have a basic understanding of fire and maneuver during movement and how to apply it to open ground that lacks adequate cover. Officers should be prepared to handle officer down scenarios and injured unknowns when moving to the breach point.

MOVEMENT TO THE CRISIS POINT (S):

Again, responding officers should have a hallway movement drill down that is quick and efficient. Hallways are kill zones where your exposure time should be limited. Simple open door/closed door SOP's should be used when maneuvering a hallway and entering/clearing rooms.

THREAT NEUTRALIZATION:

A simple and effective Close Quarter Battle (CQB) system should be used that moves officers away from the breach point and safely masses the fires of the responding officers to ensure that any threats are quickly and efficiently serviced. A

standard room protocol should be used when collapsing a room which addresses, handling threats, innocents, medical emergencies and in which order to handle each situation.

LINK-UP WITH FOLLOW ON ELEMENT (S):

When training, I have the initial reaction team work with a sister team who will respond exactly five (5) minutes after the initial team has entered the target. The follow-on team must safely move to and then assist the initial contact team without provoking or initiating any friendly fire. The initial contact team leader should take charge of the situation and direct the follow on team's actions.

SITE SECURITY, CONSOLIDATION AND TREATMENT OF INJURED:

Once the threat(s) have been neutralized a secondary search must be performed along with consolidation and treatment of any injured. This is where the real life saving work begins. Generally EMS will not come in until a site is secure. While the site is being secured, victims are bleeding out. Who is going to prevent this from happening? It is up to the officers on site to address this problem. A Casualty Collection Point (CCP) should be established where patients can be more effectively treated and surveyed. Treating injured where they lie, will spread out your treatment personnel and cause control problems. When possible, use uninjured subjects to hold direct pressure on bleeders until you can get them bandaged.

SUMMARY:

Once the first shot is fired, the damage is already done. Officers must respond safely, quickly and efficiently to the crisis area. They must communicate during their vehicle approach and determine the best approach routes to their link-up area.

Once in the crisis area, officers must have a movement plan and actions to get to their entry/breach point and handle any threats or casualties they encounter. Officers must then enter the crisis area and move quickly to the crisis point or points, in the case of multiple shooters.

Next, officers must safely and surgically neutralize any threats they encounter. Finally officers must secure the site and must be prepared to begin the treatment and consolidation of any injured. This entire cycle is a complex and perishable skill. Take the time to develop, implement a realistic active shooter package that will address the worse case scenario. As one officer recently told me, "you will pay now or you will pay later," referring to active shooter training.

BIO:

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