

NFPA 3000TM

Standard for an Active Shooter/Hostile Event Response (ASHER) Program

2021



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NFPA 3000™

Standard for an

Active Shooter/Hostile Event Response (ASHER) Program

2021 Edition

This edition of NFPA 3000™, *Standard for an Active Shooter/Hostile Event Response (ASHER) Program*, was prepared by the Technical Committee on Cross Functional Emergency Preparedness and Response. It was issued by the Standards Council on March 15, 2020, with an effective date of April 4, 2020, and supersedes all previous editions.

This edition of NFPA 3000 was approved as an American National Standard on April 4, 2020.

Origin and Development of NFPA 3000

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 3 months, 103 committee applications and over 100 comments (97 percent supportive) were submitted supporting the development of the standard. In April 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 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 2018, the Standards Council released the first edition of NFPA 3000™ (PS), *Standard for an Active Shooter/Hostile Event Response (ASHER) Program*.

The 2021 edition of NFPA 3000 marks the first time that the standard has gone through a full NFPA document revision cycle. The development of this edition included a complete review and revisions of the entire content of the document by a technical committee that swelled to over 70 members. NFPA 3000 remains the first and only consensus standard that provides information for a community's efforts to prepare for, respond to, and recover from a potential active shooter/hostile event. In just 2 years, the standard's revisions reflect a rapidly growing and changing methodology around these types of events.

As an example, the term for *reunification and family assistance centers* has changed to *notification and incident assistance centers*. This reflects directly on lessons learned from ASHER incidents that occurred during the development and after the release of the 2018 edition of NFPA 3000. The new

terminology is designed to be more inclusive so that loved ones and those who are vicarious victims — not only blood relatives — can feel empowered to seek services and information after an event. Also, the terminology is designed to create a more accurate sense of services provided rather than give a false sense of hope to someone who is seeking reunification where that may not be an option.

In an effort to continue to promote collaboration and whole-community participation, additional annual exercise requirements have been added to the chapter for responder training to match the chapters for at-risk facilities and health care. Other sections of the standard have been revised for grammar and to better inform the user of the intent of the technical committee.

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NFPA 3000

Standard for an

Active Shooter/Hostile Event Response (ASHER) Program

2021 Edition

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NOTICE: An asterisk (*) following the number or letter designating a paragraph indicates that explanatory material on the paragraph can be found in Annex A.

A reference in brackets [] following a section or paragraph indicates material that has been extracted from another NFPA document. Extracted text may be edited for consistency and style and may include the revision of internal paragraph references and other references as appropriate. Requests for interpretations or revisions of extracted text shall be sent to the technical committee responsible for the source document.

Information on referenced and extracted publications can be found in Chapter 2 and Annex D.

Chapter 1 Administration

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).

1.2 Purpose. The purpose of this standard is to identify the program elements necessary to develop, plan, coordinate, evaluate, revise, and sustain an ASHER program.

1.2.1 Determining specific policies, tactics, and protocols shall be the responsibility of the authority having jurisdiction (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 any community, AHJ, facility, or member of any organization that prepares for, responds to, or assists in recovery from active shooter/hostile events (ASHE).

1.4.1* Portions of this standard might not be applicable to every jurisdiction or entity applying the standard, depending on their scope of responsibilities.

1.4.2* This standard does not apply to the prevention of an ASHE incident.

Chapter 2 Referenced Publications

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 72®, *National Fire Alarm and Signaling Code*®, 2019 edition.

NFPA 101®, *Life Safety Code*®, 2021 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 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*, 2019 edition.

NFPA 1500™, *Standard on Fire Department Occupational Safety, Health, and Wellness Program*, 2020 edition.

NFPA 1561, *Standard on Emergency Services Incident Management System and Command Safety*, 2020 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*, 2020 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*, 2020 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) *Tactical Emergency Casualty Care (TECC) Guidelines for First Responders with a Duty to Act*, 2017.

C-TECC Tactical Emergency Casualty Care (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*, 2019 edition.

NFPA 1600®, *Standard on Continuity, Emergency, and Crisis Management*, 2019 edition.

Chapter 3 Definitions

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 Shall. Indicates a mandatory requirement.

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

3.2.6 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, 2019]

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 by 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 by the use of firearm(s).

Δ 3.3.4 Active Shooter/Hostile Event (ASHE). An incident involving one or more individuals who 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.

N 3.3.5 Active Shooter/Hostile Event Response (ASHER). A response to an ASHE incident.

3.3.6 Active Shooter/Hostile Event 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.

Δ 3.3.7* 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 and involved individuals, mission results, and any pertinent and relevant information related to same operation, including lessons learned and any identified training recommendations.

3.3.8* Associated Off-Site Operations. Areas of operations that are directly related to the management of the incident but are outside the secured incident perimeter.

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 consistent with the National Incident Management System (NIMS).

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 adjacent 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 adjacent side of the building or structure clockwise from Side B. 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 adjacent side of the building or structure clockwise from Side C.

Δ **3.3.11 Casualty.** A victim who is physically injured or killed as a result of the incident. (See also 3.3.65, *Victim*.)

Δ **3.3.12* Casualty Collection Point (CCP).** A temporary location used for the gathering, threat-based care, subsequent medical care, and evacuation of nearby casualties.

3.3.13 Clear. A term used to describe the status of an environment determined by law enforcement to have no active threat based on an initial assessment and might or might not be controlled by law enforcement.

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, 2019]

3.3.15 Community Resiliency Center (CRC). A physical or virtual place of healing and support dedicated to serving as a resource and referral center for residents, visitors, and responders affected by an ASHE incident. A CRC will also continue to provide ongoing services and assistance to directly or proximately harmed 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. Synchronized attacks conducted by one or more independent teams occurring at multiple locations sequentially or in close succession using multiple attackers and employing one or more weapon systems.

Δ **3.3.18 Concealment.** Hidden from observation. Anything that prevents direct observation 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 stopping the threat.

3.3.21 Containment. A law enforcement term that connotes the establishment of a perimeter to control and isolate movement.

3.3.22* Control Zones. The areas at ASHE 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. Anything capable of physically protecting an individual from the threat(s), such as ballistic rounds and shrapnel.

Δ **3.3.25 Emergency Operations Center (EOC).** The physical or virtual location where the coordination of information and resources to support incident management (on-scene operations) activities.

• **3.3.26 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.

3.3.27 Extraction Team/Litter Bearers. Personnel used to move the injured/uninjured to an area of safety.

N **3.3.28 Family Assistance Center.** See 3.3.35, Incident Assistance Center (IAC).

N **3.3.29 Force Protection.** Law enforcement or armed security, as authorized by the AHJ, providing armed protection of other responders to achieve tactical objectives.

N **3.3.30* Functional Task Force (FTF).** Separate from a rescue task force, this is any combination of resources, requiring force protection, assembled to meet a specific tactical need. An FTF can have objectives such as information gathering, breaching, utility control, managing building systems, fire control, and additional tasks as needed.

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. An object or tool incorporating destructive, lethal, noxious, energetic, or incendiary materials and designed to destroy, incapacitate, harass, or distract.

N **3.3.33 Health Care Receiving Facilities.** Locations that are in their normal course of business expected to receive ambulance and emergency patients.

3.3.34 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]

Δ **3.3.35* Incident Assistance Center (IAC).** A physical or virtual center where victims, family members, and loved ones can seek referrals and services for mental health counseling, health care, and child care; legal, travel, creditor, employee, and financial planning assistance; information on insurance benefits, IRS and tax policies, social security and disability; and other victim services established after the immediate recovery operations have taken place. The IAC is typically established following the closure of the notification center.

3.3.36 Incident Command Post. A stationary work location used by the incident commander or a unified command for the purpose of command and control.

3.3.37 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.

3.3.38 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.

3.3.39 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.

3.3.40* Individual First Aid Kit (IFAK). A component of the responder's personal protective equipment (PPE).

3.3.41 Joint Information Center (JIC). A location used to coordinate critical emergency information, crisis communications, and public affairs functions. This is also the central location that facilitates operation of the joint information system (JIS).

N 3.3.42 Joint Information System (JIS). The mechanism to organize, integrate, and coordinate information to ensure timely, accurate, accessible, and consistent messaging across multiple jurisdictions or disciplines, including private sector and nongovernment organizations.

3.3.43* Loading Zone. One or more geographic locations where transport vehicles are available to load victims.

N 3.3.44 Logistics. Coordination of a complex operation involving many people, facilities, or supplies.

3.3.45* Mutual Aid. When agencies and/or jurisdictions assist one another on request by furnishing personnel, equipment, and/or expertise in a specified manner. This is frequently based on previously agreed upon plans, memorandums of understanding, contracts, or agreements.

3.3.46 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 a common standard for overall incident management.

Δ 3.3.47* Notification Center. A secure facility in a centralized location that provides information about injured, missing, unaccounted for, or deceased persons and initial services for victims, family members, and designated points of contact. The notification center also helps displaced survivors, including children, to re-establish contact or be reunited with their family and friends after a period of separation. The notification center is not intended for the general public, media, or unaffiliated individuals.

3.3.48 Patient. A victim receiving medical evaluation and treatment, which can include physical and mental health services.

Δ 3.3.49 Personal Protective Equipment (PPE). Equipment designed and approved to be worn for identified risk(s) to

minimize exposure to hazards that cause injuries and illnesses. PPE includes BPE.

3.3.50 Plan. Typically any diagram or list of steps with details of timing and resources, used to achieve an objective to do something. It is commonly understood as a temporal set of intended actions through to achieve a goal.

3.3.50.1 Emergency Action Plan (EAP). A document to facilitate and organize employer and employee actions during workplace emergencies.

3.3.50.2 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. An EOP includes prevention, preparedness, response, mitigation, and recovery functions.

3.3.50.3 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, 2019]

Δ 3.3.51 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]

N 3.3.52* Public Access Trauma Kits. These kits are readily available to the public. They are designed to give the public access to medical supplies that can be used to address preventable causes of death due to trauma.

N 3.3.53 Public Information Officer (PIO). An individual(s) who gathers, verifies, coordinates, and disseminates public information and enables effective communications with various target audiences. The PIO coordinates closely with unified command and the JIC throughout the incident.

N 3.3.54 Recovery. Continuity of services and support to restore the equilibrium and meet the needs of the whole community, affected businesses, and direct or proximate victims who have been physically, psychologically, or otherwise affected in the short- or long-term following the incident.

N 3.3.55 Recovery Coordinator. A person designated for incorporating recovery and mitigation considerations into the early decision-making processes. The recovery coordinator monitors the impacts and results of such decisions and evaluates the need for additional assistance and resources to enhance resiliency.

3.3.56 Risk Assessment. The process of identifying threats and hazards to life, property, operations, the environment, and entities, and the analysis of probabilities, vulnerabilities, and impacts. [1600, 2019]

3.3.57 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.

3.3.58* Secured. A location that is determined to have no continuing threat and is controlled by law enforcement.

3.3.59 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).

3.3.60* Threat-Based Care. Medical care provided as determined by the hazard or risk present.

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

3.3.62 Triage. A continuous process of determining the priority of casualty based upon the severity of their condition and resources available.

3.3.63 Unified Command. An application of the ICS that allows all stakeholders with responsibility for an incident or planned event, either geographical or functional, to manage an incident or planned event by establishing a common set of incident objectives and strategies. Depending on the needs of an ASHE incident, this consists of law enforcement, fire, EMS, a location representative, or others as dictated by the AHJ and needs of the incident.

3.3.64* Unified Command Post. The physical location where the primary tactical level, on-scene unified incident command functions are performed.

3.3.65* Victim. Person(s), including responders, who are directly or proximately harmed by the incident as the result of a criminal offense.

3.3.66* Victim Advocate. Professionals trained to directly assist victims and families with resources, information, emotional support, and other services.

3.3.67* Victim Navigator. Serves as the point of contact for victims and families impacted by ASHE incidents.

N 3.3.68 Warm Zone Response Models. The models in 3.3.68.1 through 3.3.68.4 represent four warm zone operational tactics that can be employed by an AHJ for the purposes of integrated medical response to ASHE incidents.

3.3.68.1* Rescue Task Force (RTF). A team of law enforcement or armed security, as authorized by the AHJ, and any combination of fire and EMS personnel that provides threat-based care and victim extraction. This group moves within the warm zone.

3.3.68.2 Protected Island Operations. A warm zone response concept in which law enforcement or armed security, as authorized by the AHJ, forms a secure perimeter around fire and EMS responders in order for them to provide threat-based care until extraction and egress is available.

3.3.68.3 Protected Corridor Operations. A warm zone response concept in which law enforcement or armed security, as authorized by the AHJ, forms a secure path through which fire and EMS responders provide threat-based care and extract victims.

N 3.3.68.4 Law Enforcement/Armed Security Rescue. A warm zone response modality in which law enforcement officers or private security, if authorized by the AHJ, form teams for the purpose of threat-based care and extraction of victims.

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

3.3.70 Witness Interview/Debrief Area. A location where individuals with knowledge of or involvement in the incident assemble for interviews.

3.3.71* Zones. Dynamic locations during an incident.

3.3.71.1* Hot Zone. An area where there is a known hazard or direct and immediate life threat.

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

3.3.71.3* 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.

Chapter 4 ASHER Program Development Process

4.1 Administration.

Δ 4.1.1 Scope. This chapter outlines the necessary components of an ASHER program.

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) Public Information, communications, and media relations in accordance with Chapters 17 and 20
- (16) Continuity of operation in accordance with Chapter 18
- (17) Hospital preparedness and response in accordance with Chapter 19
- (18)* Recovery operations, including whole community, business continuity, victim services, and after action reporting in accordance with Chapter 20

Chapter 5 Risk Assessment

5.1 Administration.

5.1.1* Scope.

5.1.1.1 This chapter applies to those responsible for organizing, managing, and sustaining an ASHE preparedness, mitigation, response, and recovery program.

5.1.1.2 The chapter provides requirements for assessing community and facility risks associated with an ASHE 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 Risk assessment characterizes the likelihood of and the impact associated with an ASHE incident.

Δ **5.1.2.2** Risk assessment influences all phases of an ASHER program: preparedness, mitigation, response, and recovery.

• **5.2 At-Risk Locations.**

5.2.1* At-risk locations shall include places where ASHE incidents are capable of causing death, physical injury, psychological harm, property damage, environmental impact, or system disruptions.

5.2.2* Any location shall be considered to be at risk for an ASHE incident. However, conducting a risk assessment shall help determine the level of risk for each specific location.

N **5.2.2.1** Consideration of at-risk locations or events shall include but shall not be limited to the following:

- (1) Public gatherings
- (2) Places and events of national or local significance
- (3) The target of credible threats

5.2.2.2 Consideration of the conditions and circumstances in proximity of the potential incident site shall include the following:

- (1) Population demographics, including vulnerable groups and communities or neighborhoods
- (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 impact to human life, property loss, economic impact, and system disruptions.

Δ **5.3.1** Reviews of estimated outcomes shall include the following:

- (1) Dimensions of the affected area, based on the type and scope of attack
- (2) Likely number and types of impacts within the affected area, including fatalities and injured individuals, environment, property, and systems, based on the type and scope of attack
- (3) Likely physical, health, and safety hazards within the impacted and surrounding areas
- (4) Likely outcomes within the area based on exposures within the areas of impact

5.3.2 Cascading and Complex Coordinated Incidents.

Δ **5.3.2.1** Cascading incidents and complex coordinated attacks shall compound the stresses placed on the response system as a whole and shall be considered when assessing risk.

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 the consequences of such an attack.

5.4.1.1 Consequences shall be determined by the evaluation of the assessed risks duration and nature of the event, property loss, personal injury or loss of life, psychological trauma, economic loss, interruption of commerce, and environmental impact.

5.4.1.2 These consequences shall be grouped into the following four categories:

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

Δ **5.4.2* Facility/Venue 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) Special consideration for occupants/attendees shall include the following:
 - (a) Age groups
 - (b) Access and functional needs
 - (c) Language barriers
- (2) Building/venue property owner or owner representative
- (3) Name or other identification of area/facility
- (4) Number of occupants/attendees and maximum capacity
- (5)* Security capabilities of venue (cameras, security, detection)
- (6) Ingress
- (7) Egress
- (8) Area accessibility
- (9) Public access control
- (10) Facility/area use
- (11) Fire alarm systems and mass notification systems consistent with NFPA 72
- (12) Existence of fire protection systems
- (13)* Building construction type and protective features
- (14) Availability of building/venue map and/or site plan
- (15) Threat-related intelligence
- (16) Distance to and capabilities of medical facilities
- (17) Nearby structures
- (18) Seasonal weather conditions
- (19)* Emergency responder accessibility
- (20)* Onsite medical or trauma equipment
- (21)* Integrated response plan
- (22) Other relevant information

Δ **5.4.3 Prioritizing Community Vulnerability.**

N **5.4.3.1** 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

5.4.3.2 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.

Chapter 6 Planning/Coordination

6.1 Administration.

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

N 6.1.1.1 Plans shall be flexible and adjusted to address emerging and evolving risks, threats, and changes in operational or organizational conditions.

Δ 6.1.2* Purpose. This chapter addresses emergency operations plans (EOPs), standard operating procedures (SOPs), standard operating guidelines (SOGs), and pre-incident plans for the safe, effective response to ASHE incidents.

Δ 6.2* Plan Development. The AHJ shall establish an ASHER plan organized in a logical framework based on its resource capabilities and current risk assessment as referenced in Chapter 5.

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).

N 6.2.2 As part of an ASHER program, jurisdictions or organizations shall conduct a resource analysis.

N 6.2.2.1 This analysis shall include at a minimum the following:

- (1) Review of minimum standards for responder competencies
- (2) Current resource capabilities
- (3) Mutual-aid and other agreements that are already in place
- (4) Gaps between minimum standards and current capabilities
- (5) Capabilities required to address needs identified in gap assessment

6.2.3 The AHJ shall utilize a formal process to ensure that plans are developed, maintained, updated, tested, and activated, including at a minimum the following:

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

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

6.2.5 Plans shall address coordination among agencies, including the at a minimum the following:

- (1) Resource management
- (2) Staffing requirements
- (3) Integrated training with other disciplines
- (4) Health and medical issues, including responder behavioral health
- (5) Financial responsibilities and management
- (6) Recovery and restoration

Δ 6.2.6* Plans shall provide a starting point for multi-agency multidisciplinary operations.

Δ 6.3* EOPs. Local jurisdictions shall have an emergency operations plan with guidance for preparedness, mitigation, response, and recovery for ASHE incidents.

6.4* SOP Planning Components. SOPs shall be built around relevant core capabilities as identified by the EOP.

N 6.4.1 Local jurisdictions shall develop SOPs.

Δ 6.4.2* SOPs shall be developed as part of the ASHER program for the following:

- (1) Personal safety
- (2) Response consistency
- (3) Guide response actions
- (4) Decision making
- (5) Coordination and interoperability with other agencies and organizations
- (6) Unified incident management

Δ 6.5 Post-Incident Procedures. An ASHER program shall have procedures for specific processes that shall be followed after an ASHE incident.

Δ 6.5.1 Each participating entity shall conduct an operations debrief.

N 6.5.2 Post-incident procedures shall include a plan for demobilization.

Δ 6.5.3* Post-incident procedural steps shall include a plan for restoring units and personnel to operational readiness.

N 6.5.4* A formalized debriefing and the generation of an AAR shall be completed and include input from all participating entities.

N 6.5.5 Jurisdictions and organizations shall implement and integrate AAR recommendations in plan(s) as practical.

Δ 6.6 Incident Management. An ASHER program shall have an incident structure that is consistent with the National Incident Management System (NIMS).

Δ 6.7 Active Shooter/Hostile Event Response Guideline.

N 6.7.1 Guidelines for response to an incident involving ASHE incidents shall be based on available resources, trained personnel, and capabilities necessary to perform assigned tasks.

Δ 6.7.2* As part of the ASHER program, the AHJ shall develop guidelines, procedures, or both that outline but are not limited to the following:

- (1) Unified strategic objectives
- (2) Unified tactical considerations
- (3) Interoperability among resources
- (4) Resource needs
- (5) Dispatching and notification procedures
- (6) Public safety telecommunicator pre-arrival instructions
- (7) Staging management to avoid over-convergence

- (8) Predetermined mutual aid requests
- (9) Emergency operation center activation guideline
- (10)* Civilian action response and reaction plan
- (11) Personnel recall
- (12) Incident stabilization
- (13) Information sharing
- (14) Considerations for those with access and functional needs
- (15) Family or loved ones notification
- (16) Victim and survivor assistance
- (17) Public information and media management
- (18) The transition to recovery
- (19) Incident assistance center

• **6.8* Operational Security.** Operational security (OPSEC) shall be an integral element of the organization/jurisdiction preparedness program.

Δ 6.9 Information and Intelligence Sharing.

Δ **6.9.1*** The AHJs shall develop and maintain relationships that help facilitate intelligence and information sharing, including formal relationships with government fusion centers, local/regional/tribal/state offices of emergency management, and law enforcement/fire/EMS partners to coordinate response plans consistent with current threats.

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

Chapter 7 Resource Management

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 to enhance efficient and effective response to active shooter/hostile events while reducing risk.

7.2 Personnel. The AHJ shall have tools, systems, policy, and procedures in place for the tracking of personnel.

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

7.2.2 The AHJs shall determine the appropriate personnel required to meet the needs of the ASHER program.

7.3* Mutual Aid. In order to supplement operations at an existing emergency incident, the AHJ shall coordinate with local response and emergency management agencies and have knowledge of the following, at a minimum:

- (1) Relevant mutual aid assistance agreements
- (2) Existing mutual aid systems
- (3) Available mutual aid resources
- (4) Automatic aid

7.4* Logistics and Records Management. The AHJ shall have knowledge of logistical resources and maintain a system to acquire resources as needed and available.

Δ **7.4.1** AHJs shall ensure they have a logistics plan in place to support the resource requirements of their ASHER program.

Δ **7.4.2** The AHJ shall establish a thorough and complete resource record-keeping system to ensure that supply management is documented and recorded.

Chapter 8 Incident Management

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, tribal, and federal requirements.

8.1.2 Purpose. This chapter addresses incident management requirements for the safe, effective response to ASHE incidents.

8.2 Application of Unified Command.

Δ **8.2.1*** The incident command system and unified command shall be utilized at all emergency incidents.

Δ **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.

Δ **8.2.3** Unified command shall be responsible for the overall management of the incident and the safety of all members involved.

Δ **8.2.3.1*** The command structure shall be set up so that all agency representatives share responsibilities to command resources in a coordinated effort through a common strategy and shared objectives.

Δ **8.2.3.2** The goals of unified command shall be the following:

- (1) Life safety
- (2) Incident stabilization
- (3) Resource and property conservation

Δ **8.2.3.3** To accomplish the goals listed in 8.2.3.2, unified command shall do the following:

- (1) Recognize the presence of the incident, conduct an evaluation, and respond to the threat(s)
- (2) Provide for the safety of victims, bystanders, the community, and response personnel
- (3) Maintain situational awareness, which includes an ongoing risk assessment
- (4) Initiate, maintain, and control incident communications and joint information sharing
- (5)* Develop an overall strategy and incident action plan, which includes managing resources, maintaining an effective span of control, and maintaining direct supervision over the entire incident, and functional groups or geographical divisions
- (6) Ensure personnel resource assignments, logistics, and accountability
- (7) Review, evaluate, and revise the incident action plan as required
- (8) Initiate an incident communications plan
- (9) Coordinate public information
- (10) Maintain, transfer, and terminate command

8.3 Incident Size-Up. A size-up shall be conducted initially and followed by an ongoing dynamic risk assessment throughout the incident.