



LAW ENFORCEMENT AND
FIRE AND RESCUE DEPARTMENTS
OF NORTHERN VIRGINIA

**JOINT ACTION GUIDE
FOR HIGH THREAT
ENVIRONMENTS**

First Edition

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- Stafford County
- Town of Vienna

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PREFACE

The purpose of this manual is to establish guidelines for deployment into incidents involving acts of violence and to identify various modes of operation.

Acts of violence present unusual circumstances that require a collaborative response from public safety agencies to mitigate the threats and to provide immediate treatment to those injured.

Responding personnel will most likely be placed into situations in which they do not normally operate. Law enforcement officers could be placed into tactical situations and may need to provide initial lifesaving care for victims while fire and EMS personnel may need to enter areas that have not been completely cleared of potential threats.

The goal of this document is to provide guidance to and share best practices with area jurisdictions on responding to acts of violence and discuss how to initiate steps towards mitigation and recovery.

This document, which is the first of its kind in the Northern Virginia region, provides a framework for public safety response to acts of violence. It is a collaborative effort between regional law enforcement and fire and EMS agencies.

The recommendations in this document are based on an in-depth study of events throughout the region, state, country and international theaters. Many of the lessons learned have been captured and are represented here as best practices.

It is important to note that the actions recommended are based on consensus between regional law enforcement and fire and EMS departments. This manual provides initial JOINT actions between public safety first responders.

It is acknowledged that no document can address every situation, scenario, or possibility. The authors are cognizant that previous practices were ineffective and a paradigm shift is necessary.

As public safety officials, we have a responsibility to continue to study, learn, and grow from these tragic events. Future versions of this guide should include updates on lessons learned and changes in practice based on current threat environments.

Our joint goal is to protect and serve the public in the most effective way possible, and in the face of these events to:

Stop the killing and stop the dying.

DEFINITIONS

Ballistic Protection: A garment (vest/helmet) or device (shield/barrier) that offers a degree of protection from firearm ammunition or explosive shrapnel. Protection ranges from Level I (lowest) to Level IV (highest) and the protection standards are defined by the current National Institute of Justice Standard. *Fire and EMS departments should consult with their local law enforcement agency for protection recommendations.*

Blow Out Kit: A trauma kit used by law enforcement officers to render aid for a single individual. Typically, these kits are kept on the passenger side head rest in NoVA cruisers. *See Appendix A for list of equipment.*

Casualty Collection Point (CCP): A casualty collection point (CCP) is a location (or locations) where patients can be assembled. During high-threat events, such as active shooter incidents, the location of the CCP will be selected by law enforcement personnel about which they feel relatively confident that they are able to provide adequate force protection. The CCP will require a law enforcement security element, medical care providers, medical equipment and supplies, and triage and transport section leaders. Depending on the breadth of the event, multiple CCPs may be required.

Clear: A term used by law enforcement to indicate that an area or space in which a person could be concealed, and/or could conceal other threats (i.e., an improvised explosive device or IED) to first responders or the public, does not contain a visible threat. This term is similar to primary search for fire departments.

Cold Zone: Area where there is little to no threat present due to geographic distance from the threat or the area has been secured by law enforcement.

Concealment: A position which offers a hide from view but does not offer protection from ballistic threats.

Cover: An object which offers protection from gun fire/blast effect.

Doomed Captive: A person (or persons) taken or held against their will by an assailant (or assailants) for the purpose of prolonging an ongoing attack, maximizing media coverage, and eventually being executed or dying from injuries sustained during the attack. A *Doomed Captive* differs from a traditional *Hostage* because, unlike a *Hostage*, no clear demands are made and the incident commander assesses that the *Doomed Captive* does not have a reasonable expectation of survival through typical negotiations or basic tactics, as would a *Hostage*. The only hope for survival of a *Doomed Captive* is escape or rescue. Examples of *Doomed Captive* sieges are Paris (2015), Mumbai (2008), and Orlando (2016).

Evacuation: A systematic removal of non-injured people under law enforcement direction.

Extraction Team: Groups of individuals assigned to remove patients.

- Groups are identified by numbers (i.e Extraction 1, Extraction 2).
- Comprised of a minimum of three individuals, one must be a law enforcement officer.

Hardened (Area/Location): A location (i.e. CCP) protected by law enforcement, with no known threats, that fire/EMS personnel may enter.

Hot Zone: Any area where there is known hazard or direct and immediate threat. Only law enforcement teams shall operate in the hot zone.

Marking System: A method of marking rooms/doors and/or patients to depict areas that have been searched, number of victims, or patients that have been treated.

MCI: An acronym that stands for Mass Casualty Incident.

Non-injured: A bystander to the event.

Open Access Route: Maintains access to the scene through an orderly positioning of units and avoids over convergence of units. Do not block access for later arriving units.

Patient: A person in need of treatment.

Perimeter: A term used by law enforcement to describe the boundary lines of an event.

- **Inner Perimeter:** The barrier between hot and warm zone that serves to facilitate the self-evacuation of witness and victims and to prevent escape of potential threats.
- **Outer Perimeter:** The barrier between the warm and cold zone, secured by law enforcement, to prevent access to all non-participants (such as homeowners, media, vehicular and pedestrian traffic).

Protected Corridor: A pathway secured by law enforcement.

Protected Island: A police driven method whereby a CCP is established and secured by law enforcement and fire/EMS personnel and patients are escorted to the hardened CCP by law enforcement for treatment and evacuation. The protected island is encompassed by a hot or warm zone(s).

Rescue Task Force (RTF): Teams of fire/EMS and law enforcement who assemble for the purpose of rapid patient treatment from within a warm zone.

- Teams are identified by numbers, for example, RTF 1, RTF 2, etc.
- Primary purpose is rapid treatment, may transition to extracting patients.

Staging Area: The location where units or personnel awaiting tasking are assigned. The location is usually located within a short travel distance but far enough away to not interfere in ongoing operations.

Tactical Emergency Casualty Care (TECC): The medical management of casualties under hostile conditions, expecting limited equipment, limited patient assessment, and limited treatment until the patient is removed from the warm zone or the threat is eliminated.

TECC Bag: A medical bag used by fire/EMS personnel to treat traumas in many scenarios. *See Appendix A for list of equipment.*

Unified Command: A structure that brings together the Incident Commanders of all major organizations involved in the incident in order to coordinate an effective response, while at the same time carrying out their own jurisdictional responsibilities.

Unified Forward Deployment Area: An assembly area where public safety personnel, with required equipment, will be integrated and assigned for rapid deployment under the direction of Command.

Warm Zone: Any area with a potential threat to safety or health.

OVERVIEW

There have been active killing events throughout our history. Regardless of the event, there is a common finding: public safety agencies need to improve methods for quickly treating the injured at the point of wounding. Columbine High School was the pivotal event which prompted a nationwide change in tactics used by law enforcement to respond to an event such as an active shooter. The fire and emergency medical services are still changing response policies as they relate to placing medical providers in potentially active, high-threat environments. There has been a tremendous effort recently to change the overall approach used by all disciplines of public safety to better respond to these events in a coordinated fashion.

There have been numerous events that have grabbed the nation's attention, and these are highlighted in photos throughout this manual. These intentionally-placed reminders are used to demonstrate the importance of why this document was written and why public safety agencies must continue efforts to improve responses to high-threat environments with a continued focus on responder safety.

One very simple, yet very defining, statement the High Threat Response Committee wanted to set as a goal for this effort is one that was shared by Kristina Anderson, a survivor of the 2006 Virginia Tech Shooting: "Get us out!"

This manual is based largely on this statement. There is an agreed upon phrase that tells the basic approach to meeting the stated goal. This phrase captures a very complex system of events in a simple way that keeps public safety on track as we develop plans, exercise the plans, revise the plans, and continue to prepare for the next event. That phrase is . . .

Stop the killing and stop the dying.

How we stop the killing and stop the dying is the important part of this manual; the historical information shared herein is a reminder of why we are creating change, and we also use this information to help create future guidelines based on the planning assumptions found within history. As an example, the typical active shooting event in the United States lasts on average between 12 and 13 minutes.¹ Most commonly the attacker acts alone, and is intent on killing as many innocent people as they can before being challenged by authority.² Review of these events also suggests a desire on the part of some attackers to increase the level of attack complexity. Lessons learned from these prior events should be considered when developing guidelines, and public safety agencies must realize that this effort is ongoing and the preparedness must continue to evolve.

One critical action that must take place very early in the initial phase of response is the establishment of a Unified Command. The prioritization of incident objectives must be understood by all public safety agencies that are involved. The best practices outlined in a collaborative, jointly agreed-upon guideline will only be successful if the public safety agencies

¹Schweit, K. (2013, May 1). Addressing the Problem of the Active Shooter. Retrieved December 1, 2015, from <https://leb.fbi.gov/2013/may/addressing-the-problem-of-the-active-shooter>.

²Blair, J. Pete, and Schweit, Katherine W. (2014). A Study of Active Shooter Incidents, 2000 - 2013. Texas State University and Federal Bureau of Investigation, U.S. Department of Justice, Washington D.C. 2014.

rapidly co-locate and establish an incident management system consistent with best practices and guidance from the National Incident Management System. Law enforcement and fire/EMS personnel must use the incident management system, and do so in a unified approach, in order to meet the agreed-upon goal of treating the injured at or near the point of wounding, extracting patients from the high-threat environment, and rapidly transporting them to definitive care. The key elements are:

- Rapid integration of representatives from public safety agencies.
- Effective sharing of information.
- Joint critical decision making.

There are several key items to be remembered as they pertain to rapid access, treatment, and transport of the injured. These items include:

- Unified Command must be established quickly.
- All personnel should be trained and equipped to provide Tactical Emergency Casualty Care (TECC) interventions.
- Access routes for EMS transport units must be an ongoing consideration for all responders.
- Staging Areas must be established and communicated to responding agencies early.
- A joint law enforcement and fire/EMS staging location (where teams will be assigned) shall be established and communicated to avoid unnecessary self-deployment and scene congestion
- Request additional resources early (for example, EMS Task Force or Mass Casualty Incident Alarm).



Figure 1: An active shooter incident occurred at the Virginia Polytechnic Institute and State University in Blacksburg, Virginia, on 16 April 2007 that resulted in 49 casualties (32 killed, 17 wounded). Photo credit: Virginia Tech Magazine (left), New York Daily News (right).

HIGH THREAT PATIENT CARE

There are four primary methods to provide high threat patient care: Escorted Warm Zone (commonly referred to as Rescue Task Force), Protected Corridor, Protected Island, and Law Enforcement Rescue. These methods should only be used after a careful risk/benefit analysis is completed. These methods may be used on their own, in conjunction with one another, or as a phased approach. This will be dictated by the specific operational parameters of the incident or by the Unified Command.

1. Escorted Warm Zone Care (Rescue Task Force)³

- a. A Rescue Task Force is a team(s) of fire/EMS and law enforcement personnel who assemble for the purpose of rapid patient treatment within a warm zone.
 - i. These teams are identified by numbers, for example, RTF 1, RTF 2, and their primary purpose is the rapid treatment of patients. These teams may transition to extract patients from an area once treatment is believed complete.
 - ii. RTF teams are developed from the Unified Forward Deployment Area.
- b. This is the most rapid method for entering area(s) and reaching victims.
 - i. It requires the least amount of law enforcement officers.
- c. An RTF is a minimum of two law enforcement officers, but four officers is the preferred composition.
 - i. Fire department personnel will be assigned for warm zone care of patients.
 - ii. Law enforcement will be assigned for protection.
- d. An RTF team can extract patients as the situation dictates.
- e. May require ballistic protection for all responders.
- f. Highest risk to responders since threat may still be active in other parts of the building or area of operations.
- g. Highest level of coordination because it requires a multi-discipline team of fire/EMS and law enforcement personnel.

2. Protected Corridor⁴

- a. A Protected Corridor is a pathway secured by law enforcement.
- b. Law enforcement secures area(s) and remains posted.
- c. Fire/EMS does not require an escort in protected area(s).
- d. May not require ballistic protection for fire/EMS personnel.
- e. Requires more officers because each officer can only cover what is in his/her sight and within weapon capabilities.
- f. Potentially a longer time interval to patient care than RTF method, because more law enforcement personnel are needed to secure area(s).

³ Video available at: <https://www.nvers.org/high-threat-response-videos/>

⁴ Video available at: <https://www.nvers.org/high-threat-response-videos/>

3. Protected Island⁵

- a. Law enforcement establishes a protected casualty collection point (CCP) within the structure or area of operations.
- b. Law enforcement conducts rescue operations to move patients from unprotected area(s).
- c. Fire/EMS operates within CCP. Patients are then moved out of CCP through a protected corridor or law enforcement escorted extraction.
- d. May not require ballistic protection for fire/EMS providers.
- e. Potential delay in care since law enforcement has to secure area(s) and establish CCP.
- f. Patient care may be delayed if interventions are not performed prior to moving patient to CCP.

4. Law Enforcement Rescue⁶

- a. Law enforcement's primary mission is to eliminate the threat.
- b. Law enforcement **may** remove patients when resources/circumstances are not available to support the other methods.
- c. Law enforcement **may** initiate TECC care when appropriate.
- d. Additional law enforcement personnel needed for operation.
- e. Potentially removes officers away from primary mission.
- f. Potential delay in patient care.



Figure 2: An active shooter incident occurred in the Washington Navy Yard in Washington, DC, on 16 September 2013 resulting in 19 casualties (12 killed, 7 wounded. *Photo credit: ABC News (left), The Blaze (right).*

⁵ Video available at: <https://www.nvers.org/high-threat-response-videos/>

⁶ Video available at: <https://www.nvers.org/high-threat-response-videos/>

EXTRACTION

Extraction teams are groups of individuals assigned to remove patients. These groups are identified by numbers (for example, Extraction 1, Extraction 2). Teams are deployed from the Unified Forward Deployment Area.

The groups are comprised of a minimum of three individuals and one of the individuals must be a law enforcement officer. Law enforcement officer(s) on the extraction teams shall provide protection during transfer of care.

Extraction teams are dedicated assets to assist in the transfer of patients. The teams are tasked with rapidly moving patients from a threat area, ideally to ambulances for immediate transport.

Considerations for Extraction:

- Command should deploy extraction teams as quickly as possible, following RTF, to ensure the most expeditious transfer of care.
- Teams should consider bringing TECC bags and/or patient carrying equipment with them.
- Individuals in the extraction team may need ballistic protection.
- Fire/EMS personnel should be easily identified, such as by wearing a traffic vest.



Figure 3: An active shooter incident in Columbine High School in Littleton, Colorado, occurred on 20 April 1999 and resulted in 36 casualties (13 killed, 23 wounded). *Photo credit: The Denver Channel (left), Flickr (right).*

EVACUATION AND CASUALTY MANAGEMENT

A Casualty Collection Point (CCP) is an area that may be established in order to provide treatment, triage, and other coordinated medical actions while awaiting an evacuation platform to definitive medical care.

The initial CCP may be established in a warm zone while awaiting patient extraction.

The primary goal is to rapidly treat and transport wounded. The need for a CCP may not arise.

Do NOT delay patient transport to definitive care by moving a patient to the CCP if a transportation platform is available.

Considerations for CCP location:

- Proximity to evacuation assets.
- Patient and provider flow.
- Ability to search patients for weapons and other threats (such as IEDs) upon entry/exit.
- Ensure proper and adequate personnel are available.
- Ensure adequate medical and evacuation supplies are readily available.



Figure 4: An active shooter incident in Sandy Hook Elementary School in Newtown, CT, on 14 December 2012 resulted in 28 casualties (26 killed, 2 wounded). *Photo credit: Business Insider (left), International Business Times (right).*

Mass Casualty Incidents

Refer to the Northern Virginia Mass Casualty Incident Manual (MCIM) for the most current operating procedures for handling multiple patients and mass casualty incidents.

Evacuation

An evacuation is the systematic removal of non-injured under law enforcement direction. The decision to remove the non-injured will be made by command. Non-injured may be used to

support removal of injured. Command will designate an area to relocate non-injured. Consider providing EMS resources to relocation site.

Patient Marking System

To reduce redundant treatment of patients by later arriving RTF teams and to promote the timely extraction of patients, the RTF teams will identify the deceased or critically injured within the warm zone with the following markings:

- Deceased: Black and white striped ribbon.
- Critically injured / priority for extraction: Orange and white striped ribbon.

Because these are not traditional triage colors, patients will be triaged at the CCP, unless the extraction task force removes them directly to awaiting transport units.

Tactical Emergency Casualty Care (TECC)

TECC is a set of best practice treatment guidelines for trauma care in the high-threat prehospital environment. These guidelines are built upon critical medical lessons learned by United States and allied military forces over the past fifteen years of conflict. They are appropriately modified to address the specific needs of civilian populations and civilian EMS practice.

TECC guidelines are the regionally agreed upon treatment principles of the wounded in high-threat, mass casualty events. All fire/EMS and law enforcement agencies in Northern Virginia have been trained to and operate under the framework provided by TECC.

Up to date guidelines can be found at <http://c-tecc.org/guidelines>.

Goals of TECC

The goals of TECC include:

1. To establish a medical care framework that balances the threat, civilian scope of practice, differences in civilian population, medical equipment limits, and variable resources for ALL atypical emergencies and mass casualty.
2. To provide for aggressive forward deployment and principles for point of wounding management of trauma in high-threat and mass casualty environments.
3. To provide care guidelines that account for ongoing threat and operations to minimize provider risk while maximizing patient benefit.
4. To identify and treat those casualties with preventable causes of death and keep them alive long enough to reach the hospital; if they don't arrive alive, there is nothing that the trauma surgeons can do for them.

“The fate of the injured often lies in the hands of the one who provides the first care to the casualty.”



Figure 5: An active shooter incident occurred at the Cinemark Century 16 Theater in Aurora, CO, on 20 July 2012 that resulted in 70 casualties (12 killed, 58 wounded). *Photo credit: USA Today (left), CNN (right).*

COMMAND CONSIDERATIONS

Law Enforcement Command Checklist

This checklist is for use by the initial law enforcement supervisor.

- Identify the problem
 - Traditional hostage baracade vs. doomed captives
- Establish control of incident
 - Ensure radio discipline
 - Accountability of personnel
- Establish command
 - Establish perimeter
 - Avenues for approach
 - Form additional active shooter team(s) (contact team)
 - Select Unified Command location and announce
 - Traffic control
 - Maintain/open transport corridor
 - Appoint staging supervisor
- Establish staging area(s)
 - Appoint staging area manager
 - Communicate to responding agencies early
- Track teams and movements
- Announce arrival of additional teams
- Identify current needs and future resources

Fire/EMS Command Checklist

- Announce staging location
 - Avenues for approach
 - Transportation corridor (or language consistent with MCIM)
- Establish Command
 - Co-locate with Law Enforcement Command
- Joint personnel assembly area for formation/deployment
 - RTF Group Supervisor/Manager
 - RTF
 - Extraction
- Bring all equipment necessary for deployment, carrying patients, TECC bags
- Request additional resources based on available intelligence and communication

- EMS Task Force
- MCI Alarm
- Suppression/Special Operation Response
- Mutual Aid
- Activate Regional Hospital Coordinating Center (RHCC)
- Determine need for/location of CCP(s)
- Obtain and communicate hot, warm, and cold zones information from law enforcement
- Ingress and egress plan for transport units
- Establish additional command positions
- Consider resources to address patients on periphery
- Refer to preplan if available
- Assist law enforcement with building access (Knox Box, building system controls)

APPENDIX A – ADDITIONAL INFORMATION

Blow Out Kit recommended equipment includes:

- Tourniquet
- Compression Bandage
- Nasal Airway
- Hemostatic Gauze
- Duct Tape
- Chest Seal
- Gauze
- Ace Bandage
- Scissors
- Gloves

TECC Bag recommended equipment includes:

- Tourniquet
- Compression Bandage
- Nasal Airway
- Hemostatic Gauze
- Duct Tape
- Chest Decompression Needle
- Chest Seal
- Gauze
- Ace Bandage
- Mylar Space Blanket
- Scissors

RHCC Contact Information

- (888) 987-7422

Ballistic Equipment

- The following ballistic equipment was purchased for the region in 2016.
 - **Velocity Systems Lightweight Plate Carrier**
 - Manufacturer description: The Lightweight Plate Carrier is a slick front

- (no molle) carrier designed to hold Plates and/or Soft Armor Plate Backers with adjustable internal plate suspension straps.
- Specifications:
 - 500 denier Cordura
 - Integrated Admin Pocket
 - Integrated *patent pending* **SwiftClip™ Attachment System** for fast donning of additional equipment like chest rigs or placards (buckles are removable).
 - A total of 329, size L/LX Lightweight Plate Carriers, were procured for the region.
 - **Velocity Systems-13A, Level III-A Soft Armor Plate Backer Set**
 - Ballistic Specifications:
 - NIJ Ballistic Model No: VS-13A
 - NIJ Certified: Yes – Type/Level III-A
 - Ballistic Material: 100% Dupont Kevlar
 - Ballistic Panel Thickness: 0.23 inches
 - Fragmentation: Meets/Exceeds USSOCOM & IOTV requirements
 - Two required (back and front).
 - **Velocity Systems-13A, Level III-A Soft Armor Inserts for Cumberbund Pockets**
 - Ballistic Specifications:
 - NIJ Ballistic Model No: VS-13A
 - NIJ Certified: Yes – Type/Level III-A
 - Ballistic Material: 100% Dupont Kevlar
 - Ballistic Panel Thickness: 0.23 inches
 - Fragmentation: Meets/Exceeds USSOCOM & IOTV requirements
 - Size: Large, 5 inches by 11 inches
 - Weight: 1 lbs. per pair
 - Two required (right and left side).

APPENDIX B – MATRIX OF NOVA WARM ZONE CARE PROGRAMS

	City of Alexandria	Arlington County	City of Fairfax	Fairfax County	Town of Herndon (PD)	Town of Leesburg (PD)	Loudoun County	City of Manassas	City of Manassas Park	MWAA	Prince William County	Stafford County	Town of Vienna (PD)	Virginia State Police
Ballistic Protection	W	Y	Y	Y	Y	Y	W	Y	Y	Y	W	W	Y	Y
Operational Method Used as of March 2015														
Rescue Task Force	W	Y	Y	Y		Y	Y	Y	W	Y	W	W		
Protected Corridor	Y	Y		Y			Y							
Protected Island							Y							
TECC Equipment (Fire/EMS)														
Blow Out Kit (LE)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
TECC Bag (Fire/EMS)	Y	Y	Y	Y			Y	Y	Y	Y	1	Y		
Forward Deployed TECC Equipment Fire/EMS Vehicles														
Ambulance/Medic Unit	Y	Y	Y	Y			Y	Y	Y	Y	Y	Y		
Engine	Y	Y	Y	Y			Y	Y	Y	Y	Y	Y		
Rescue Squad	Y	Y	Y	Y			Y	Y	Y		Y	Y		
Truck	Y	Y	Y	Y			Y	Y	Y	Y	Y	Y		
Fire/EMS Command Staff and Law Enforcement Vehicles														
Battalion Chief (TECC Bag(s))	Y	Y	Y	Y						Y		Y		
EMS Supervisor (TECC Bag(s))	Y	Y	Y	Y			Y			Y		Y		
Safety Officer (TECC Bag(s))	Y	Y								Y				
Command Aide (TECC Bag(s))	Y	Y												
LE Cruiser (Blow out kits)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

Key:	
Y	Yes
N	No
W	Working Towards
1	Prince William County Sheriff's TECC Bags are deployed in Courthouse

APPENDIX C – FUTURE CONSIDERATIONS

Consider adding the following items, either as definitions, descriptions, or as an appendix, to a future iteration of the Joint Action Guide.

- Staging
 - EMS Staging
 - Law Enforcement Staging
 - Apparatus Staging
 - Staging area security (clearing/over-watch)
 - Announce staging location(s)
- Marking System
 - Marking rooms, routes of travel
 - Marking (and/or tracking) non-injured who have been searched
 - Numbering/building geography
- Emergency Evacuation
- Identification of Partner Agencies