

Aurora Century 16 Theater Shooting

Response to Recommendations



Introduction

Shortly after the Aurora Century 16 Theater Shooting After Action Report for the City of Aurora was released, the City Manager directed that a team consisting of members of the Police, Fire, and Public Safety Communications departments review the recommendations in the report and identify the City's response to those recommendations.

The team reviewed all the recommendations, responded to the ones that specifically applied to their department or area of responsibility, and then coordinated on the final set of responses. Additionally, other sections within the City and within the above departments helped with specific recommendations.

The attached pages include all 87 recommendations. They are numbered with their chapter number, then the number within the chapter in order to more easily find them in the actual report. Chapter 1 contained no recommendations so this report begins with Chapter 2.



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Chapter 2

While the scope of this review did not include advice to theater owners, we felt obliged to offer the following suggestions:

2.1 Alarms and Emergency Announcement Capability in Theaters. To improve patron safety, theaters should consider putting alarms on emergency or secondary exits, and preferably monitor them by video surveillance. Having a voice communications system to inform people about emergencies also is important in an emergency. Additionally, theater complexes should be able to quickly switch off the movies and turn on the lights in each theater, to facilitate exiting and improving visibility in an emergency. Generally, these are not common features in theaters today. Besides cost, the downside is that if leaving through an exit sets off an alarm, some might be tempted to do it for fun.

This Recommendation does not apply to the City of Aurora

2.2 Public Education. Inform the public on appropriate measures if caught in a shooting situation. Nationally, thousands of people have been exposed each year to small- and large-scale shooting incidents. There are likely to be more. The key guidance to offer is:

- Flee if you can.
- If not possible, hide or shelter.
- If neither is possible, consider attacking the shooter, preferably in concert with others, throwing anything handy to distract or injure him.

The Houston Police Department has an excellent free instructional video for the public on what to do in a shooting situation. The West Virginia State Police have been training office workers in Charleston. Aurora Police Department and other departments in the Denver region should consider this education, and enlist the media to help disseminate it.

The Aurora Police Department has spoken to the Houston P.D. about their Run, Hide, or Fight program and has in coordination with the City's Office of Emergency Management, adopted a similar program created by Denver Health and Glendale PD called Run-Hide-Fight-Treat (RHFT). RHFT includes some medical knowledge to help the injured.

During public presentations and security evaluations, SWAT has been also been advertising the DHS video which supports these actions as well.

The Fire Department and Office of Emergency Operations Management is also providing Run Hide Fight type training to the community. This initiative has started by offering the curriculum to city employees on a voluntary basis with plans to expand the audience to other community groups as it is requested.

Public Safety Communications Department provides training for the community, and is developing training targeted towards children on the 911 system. In 2015, the department has

provided training to local civilian call centers and educational presentations to various community groups. Public Safety Communications has also met with Aurora Public Schools to develop an outreach program for children.

Chapter 3

3.1 Pre-incident Planning. Revise pre-incident planning and training for an active shooter or bomber. Aurora police had paid great attention to this planning prior to the incident, and have been refining their approaches in light of the lessons learned. Police in departments small as well as large must plan in advance for a large-scale critical incident response, including pre-planned mutual aid and mutual assistance. Such planning should include establishing joint command with fire, building diagrams, internal contact telephone numbers, mutual aid staging locations, and communications procedures.

The Aurora Police Department, as noted, has been engaged in pre-incident planning, and has increased this with joint training with the Fire Department and other organizations located within Aurora. In addition, APD/AFD have participated in regional drills/conferences in conjunction with the Urban Area Security Initiative (UASI) and Metropolitan Medical Response System (MMRS). PSCD has established an emergency rule for major events that streamlines the process of call taking during the event. The High Risk Response Protocol (HREP) developed in Aurora has been shared with the All Law Enforcement Rapid Response Training (ALERT) program at the University of Texas at San Marcos. In addition to Law Enforcement, ALERT includes Fire, Rescue, and EMS.

3.2 Unified Command. Plan and practice unified command for complex incidents. The Aurora police and fire departments have changed procedures and have trained on active shooter and other major emergencies, including how to ensure there will be face-to-face contact between police and fire commanders. Joint police-fire training has been approved for the rapid deployment of four-person (two police, two fire paramedic) “combat” medical treatment and extraction teams. Radio procedures also have been changed in an attempt to improve police-fire communications.

The City is using Unified Command. Aurora uses a type of Unified Command at joint exercises. Additionally at large preplanned events such as the City’s Independence Day celebration and Global Fest, first responders used unified command to include action plans and staging of equipment.

Unified Command is also practiced through the High Risk extraction Protocol (HREP) that was developed by the Public safety Agencies in Aurora. This includes a Rescue Task Force (RTF) assembled of two AFD and two APD members to enter hazardous areas to extract patients. The actions of the RTF are coordinated through a Unified Command. The HREP policy defines a communication avenue for Police and Fire Commanders to communicate via radio and face to face in order to create the command. Unified Command has also become part of exercises.

3.3 Identifying Incident Commander. Clearly identify who is the incident commander. At least one mutual aid command officer advised that due to the presence of many high-ranking Aurora police commanders, he had difficulty in determining who was in charge and to whom he should report. This problem was compounded by lack of a designated staging area and staging officer. The Incident Commander should announce his status and location on all pertinent radio talk groups (channels) or have the information rebroadcast by the Communications Center. As higher-ranking staff members arrive, they can assume command at their option. ICS command vests help in identification.

The Aurora Police Command Post has vests that identify the primary positions within ICS. They were not used that night. Announcing the Incident Commander is standard ICS protocol. The Fire Department also has identification vests available. Use of vests and announcing the Incident Commander should have been done on the night of the incident. More training in ICS continues to ensure the system is used when appropriate.

3.4 SWAT Paramedics. Train several more fire or police personnel as SWAT paramedics. Dispatch SWAT paramedics to active shooting incidents where victims may be in the hot zone. The location of SWAT paramedics on duty should be known to the extent possible. SWAT paramedics should report their arrival on scene.

The City of Aurora has expanded the SWAT Medic program by assigning two Fire Paramedics to the SWAT team in addition to the existing two Police Officer Paramedics. SWAT Paramedics, also known as Tactical Medics, respond to active shooter situations if they occur when the medic is on duty, as would all available tactical personnel. They will respond regardless if victims are in a hot zone or not. The HREP augments this, and in the absence of Tactical Medics, HREP replaces them to the extent possible.

3.5 Ambulance Access. Keep paths open for ambulances, and discuss access issues with fire/EMS as they occur. Likewise, fire/EMS should actively seek access routes. It cannot be assumed that if one police car finds a path to a victim, other fire and police units will be able to do so too. Ambulance access should be a high priority task of police and fire incident command, but may get lost as the first attention of police is stopping and apprehending the shooter(s). Factors to consider for facilitating access:

- Initial parking of police vehicles.

Police Officers have been reminded to park off of the primary driveways/roads. The Fire Department participated in Police Department in-service training on vehicle access.

- Repositioning police vehicles, which would be easier if the department uses universal car keys. Universal keys have their pros and cons, but many departments use them. Further research is needed on how to handle this with “chip” controlled vehicles.

Research is underway on a single key for new vehicles, however, with three different manufacturers, it is impossible to key the existing fleet alike.

- Towing or pushing civilian vehicles out of the way.

This is always an option in emergencies, but the delay to get a tow truck to the scene may make it impractical. Using a fire rig to push cars out of the way will work in an extreme emergency.

- Determining in pre-plans and purchase decisions whether ambulances and fire vehicles can be driven over curbs. Educate fire and ambulance drivers as to what heights of curbs and off-road terrain are likely to be traversable.

This is left up to the discretion of the responding Company Officer on a case-by-case basis.

- Familiarization of fire, police, and ambulance crews with street and parking lot geography.

Public Safety personnel should be familiar with geography in their assigned areas. It is impractical if not impossible to have all personnel familiar with all locations in a city of 150 square miles

- Having a police vehicle lead ambulances up to triage areas.

This will be considered in future incidents

- Sending pictures or maps of the parking lots or street configuration in real time, using photos from helicopters, remotely piloted vehicles, or fixed wing aircraft.

The City does not have any manned or unmanned aircraft. A drone is a possibility, but it is unlikely the City will acquire any unmanned or manned aircraft anytime soon. Even if an aircraft of some type were available, the aircraft would have to be airborne, to be of use. This requires the City to have pilots (traditional or drone) on duty 24/7 ready to launch an aircraft at a moment's notice. At this time, having pilots available all the time is not feasible.

According to multiple news sources, the FAA is likely to require a commercial pilot's license to operate a commercial drone so going from manned aircraft to drone does not relieve the City from having to have pilots on duty all the time.

- Using pathfinder vehicles to show the path through congestions. Once one vehicle figures out how to get through a maze, the path can be sent to ambulances or other vehicles using apps on smart phones, or possibly via email from the pathfinder to the communications center for relaying to others. (See example in Figure 1 of a path recorded by a smart phone app and emailed to another—a demonstration made by the project review team.)

No formal action has been taken by the City on this recommendation. Departments will continue to utilize CAD and dispatch to assist with getting vehicles to the scene. Purchase of enough Smartphones with data capabilities, to be available for all on duty personnel to use the app described, would be cost prohibitive. However, the city continues to look at technology applications that may become available.

Figure 1. Example of Recording a Vehicle Track



3.6 Wearing Armor. In addition to wearing protective vests, uniformed officers should carry active shooter armor kits. The Department of Justice requires patrol use of protective vests if DOJ subsidized their purchase, but there is no requirement for additional ballistics protection. If the shooter's weapon had not malfunctioned, Aurora police would have arrived while the shooter was using a high powered semiautomatic rifle. Rapid arrival and a policy of confronting a shooter increase the need for protective equipment.

The Police Department began outfitting each officer with ballistic helmets in preparation for the 2008 DNC. This practice has since replaced the issuance of riot helmets. Most Officers now have the ballistic helmet as part of their issued equipment. Uniformed Officers who also serve on SWAT or DART teams have additional ballistic protection. The noted helmets are approaching their end of life and plans for a staggered replacement are in progress. Providing "additional ballistic protection" for responders would be in the form of a Rifle plate that would run approximately \$600.00 per person, or \$360,000.00, to outfit up to 600 of our Officers.

AFD is currently exploring a grant opportunity through UASI to purchase a cache of body armor to be used on HREP calls.

3.7 Tactical Medical Kit. Officers assigned to patrol should have a tactical medical kit (like IFAKs). While the main motivation is to be able to assist wounded officers, the skills and equipment can be used for civilians as well. At the Tucson, AZ shooting incident on January 8, 2011 in which Congresswoman Gabrielle Giffords and several other people were shot, lives were probably saved because the Tucson police had combat medic kits and training which they used to attend to some of the gunshot wounds. Since the Aurora theater shooting, a medical kit has been developed for Aurora officers. The department established a training schedule, with priority given to patrol and school resource officers who are most likely to be involved in active shooter incidents. Details on the kit are discussed in Chapter V.

Since this event, the Police Department has purchased enough emergency medical bags for all uniformed patrol and many special assignment officers in the department. Officers have to attend and successfully complete a Tactical Casualty Care (TCC) course in order to be issued a kit.

3.8 Gas Masks. Police should broaden their training on use of gas masks, if not already done. Gas masks can protect officers from hostile gas munitions as well as gas munitions they deploy themselves.

Officers receive periodic training with the gas mask during in-service trainings. Last training and equipment check was fall 2014. The new emergency medical kit bags are designed so the officer can store a gas mask inside the bag along with medical supplies and additional ammunition.

3.9 Reducing Stressors. Reduce noise and light stressors at incident scenes as soon as possible. Sound and darkness add to confusion and make it difficult to identify hostiles. They also may hinder evacuations and search and rescue efforts. Movie and alarm shut-offs and switches for theater lights would be useful for public safety personnel. Theater personnel should not be expected to stay behind and operate shutoffs in a hostile environment.

The City has not adopted this recommendation. The initial response will always be focused on stopping the threat and aiding the injured. As the event progresses, responders can then try to eliminate some of these outside stressors. Recent training has incorporated sight and sound stressors to help prepare first responders for these stressful situations.

Government responders will not be able to know where all alarm/movie/noise pollution controls are located in each building within the City, nor be knowledgeable of how to operate every manufacturer's systems. Shut off will most likely need to be accomplished by employees where the incident is occurring. Due to safety concerns, this may not be possible until the incident is stabilized and/or over.

- 3.10 Staging Mutual Aid.** Stage mutual aid assistance forces when their help is not needed for the active shooting portion of the incident. Establish the staging area remote from the incident scene. Assign a staging officer from the primary jurisdiction. The staging officer under NIMS/ICS guidelines may direct specific assignments. Mutual aid forces would be dispatched from the staging area. If the shooting had taken place on the border of Aurora, mutual aid units might have been closest, and in that case should follow the same strategy the primary jurisdiction uses. Prior agreements should be reached regarding the authority of outside agency supervisors and their ability to direct officers from agencies other than their own.

ICS model/procedures will be followed as well as mutual agreements between Fire agencies and EMS.

In Colorado, there is no overriding agency or department that has the authority to dictate training, protocols, strategies, or tactics to Police. This is also undesirable, since tactics in an urban area would be different from those in a more rural area of the state. Most police agencies are trained in similar tactics (strategies) when responding to an active shooter. However, one agency cannot dictate to another which tactics are trained to their personnel. It is unlikely that all police agencies within any geographic area will agree on a single tactic. Voluntary agreement, however, may be possible among some agencies. APD is working with Denver Police, Arapahoe County Sheriff, Greenwood Village Police, Cherry Hills Village Police, and Cherry Creek Schools to develop and practice a single response protocol that includes Fire and EMS response. This protocol, if accepted by all parties, may help develop a single tactic for metro-wide use.

- 3.11 Air Support.** Develop agreements for air support for critical incidents; consider procurement of a low-cost Remotely Piloted Vehicle (drone). Many studies have shown that airborne monitoring can increase safety of pursuits, help set up perimeters to contain suspects, respond quickly to criminal activity, and assist in other activities. However, operating rotary or fixed wing aircraft for surveillance is expensive. The APD does not have independent air support, but is generally able to obtain airborne coverage from the Denver Police Department. Unfortunately, at the time of the Century 16 Theater shooting, the Denver helicopter was not immediately available. A relatively new, cost-effective alternative is to use a small helicopter drone that provides aerial imaging for the incident commander. Some cost less than \$5,000 and can be operated with no more skill than needed for a model airplane. The images might have been of use to both fire and police command in this incident, and would have been helpful if the event had gone on longer.

No formal action planned for a drone at this time.

As mentioned in Recommendation 3.5, the APD does not have any aircraft and it is not likely it will acquire any in the near future. Should the FAA loosen the restrictions and rules for operating drones, this may change. With a drone however, a large compilation of officers will need training on the instrument to ensure it can be launched contemporaneous with an incident.

Having to wait for a pilot/operator to respond from home, would defeat the salient point of this recommendation, which is to use the drone for perimeter set up and situational awareness. Having a first responder control the drone also takes a police officer or paramedic/firefighter out of direct response to the incident.

- 3.12 Incident Command System.** Activate the ICS and establish a unified command as soon as possible. The need for formal ICS varies from incident to incident. Activation of ICS does not mean waiting until every element of the ICS system is in place before acting. The main ICS deficiency in this incident was the failure to quickly establish a unified command between Aurora police and fire, and a failure to establish a transportation group to coordinate transports. (See the Incident Command Chapter for further discussion.)

Since the event, part of event planning involves the establishment of unified command by police, fire, and EMS. Practicing unified command during planned events will help implement unified command during an emergency. This is being practiced in recent scenarios.

Unified command is also addressed within the HREP policy.

- 3.13 Second Duty Lieutenant.** Designate someone not involved in the incident to be responsible for the remainder of the city when the senior commander is focused on a major incident. While Aurora was fortunate to be able to devote virtually all of its police resources to the theater shooting for the first several hours, this will not always be the case. It may be necessary in some incidents to turn over regular patrol operations to mutual aid forces and their commanders or “double-up” mutual aid officers with Aurora officers.

Although he wasn't designated as such that night, the lieutenant from D-3 did remain at his station to handle phone calls, assist with coordinating resources, etc. for a period of time. He could have acted as the second Duty Lieutenant if needed. This recommendation is noted, and when practical, will be considered.

- 3.14 Command Post Location.** Locate the command post at a safe distance and maintain a scene safety zone. Although there was some suspicion that a second shooter may have been involved and the area had not been cleared for explosive devices, the command post and most of the command staff were located directly in front of the theater building. Additionally, witnesses were initially allowed to remain in the general vicinity of the theater parking lot. Had there been a second shooter or explosive device, all of those people would have been in a danger zone.

Commanders were cognizant of the dangers. They were working quickly to have the area checked and secured because of the large amount of resources coming. Future response will always take a safe location for the command post area into account. Immediate evacuation of

the area will not always be possible, depending on size of the crowd and available resources. Stopping the known threat will take priority as will treating the identified victims. After these tasks are fully staffed, preventing/countering unknown threats will be addressed.

- 3.15 Designate a Safety Officer.** As the incident unfolds, a police command officer not directly involved in management of the incident should be designated as the Safety Officer responsible for monitoring activities and advising the Incident Commander if circumstances develop that adversely affect officer safety. This is a routine procedure for fire departments during major incidents.

This is standard ICS and should be accomplished in the future. However, First Responder agencies disagree that it needs to be a Command Officer. Any qualified individual can fill this role, regardless of rank. In fact a trained Officer is preferred over an untrained Command Officer

- 3.16 Command Vehicles.** Specialized command vehicles or trailers should be reserved for commanders to use, and not be taken over by public information officers.

Agreed and will be implemented in future incidents.

- 3.17 Automated Note-taking.** Officers can make use of “smart phone” note taking and video capability. One officer reported that he used his cell phone to record witness identification and statements in the theater parking lot. Smart phones also may be used to record the location of evidence and victims or transmit pictures to the command post or police headquarters. In the absence of smart phone technology, officers can notify the Communications Center on an alternative radio channel or talk group (separate from the primary dispatch or incident command channel) so that CAD notes may be updated to create a permanent record.

The Aurora Police Department is working on outfitting patrol officers with body worn cameras. This will fill this need. Current directive 16.4 prohibits officers from using devices other than Department equipment for videotaping a scene.

PSCD does record everything over the air and are very good at capturing most of what is transmitted in the call notes.

- 3.18 Building Side Nomenclature.** Harmonize designations for building sides. At this incident three different identification systems were in use—compass direction (i.e., Northwest Corner, East Side, etc.), building sides A, B, C, and D (Fire Department system), and building sides 1, 2, 3, and 4 (Jefferson County K-9 system). An agreement would be desirable to establish one system for Denver area agencies.

The Police Department is being educated on the Aurora system (1, 2, 3, 4) during in service trainings.

Fire Department uses A, B, C, D. This may be an area to address within our HREP response. This may become a single system through the Single Response Protocol being developed between police, fire, and school agencies but it has not been adopted yet.

- 3.19 Lab Mutual Aid.** Consider use of mutual aid resources to reduce lab overloads. The crime lab became overloaded by the vast amount of evidence collected at the theater and the Paris Street apartment. The ATF laboratory was uniquely well equipped to process gun evidence and could have been tasked more to share the crime lab workload.

Lab mutual aid was used during this incident and will be used as appropriate in the future. The FBI Laboratory was used extensively, both on scene and back at Quantico. However, evidence must be placed in the Lab or Property systems before it can be farmed out to another agency. This will always cause a backlog.

- 3.20 Officer Rest and Recovery.** Several officers reported being required to return to work with little sleep and limited psychological assistance. When possible, fatigued officers exposed to high levels of trauma should be relieved by officers who were off-duty when the incident occurred. As soon as a critical incident is stabilized, assign someone to plan for continuity of operations.

Agreed, this will be considered in future planning/events. However, some officers NEEDED to return to duty as soon as possible. Sitting home would have been unbearable for them. Plans include assessing each individual officer to determine if they can/should be at work and assigning them appropriately.

PSCD seemed to handle this issue well, scheduling people to come in throughout the day to ensure proper rest for those on duty.

- 3.21 Defer Reports.** Defer report writing until officers have had time to recover. Many officers advised that although exhausted (and in some cases traumatized), they followed normal procedures requiring submission of written reports before going off duty. Also, fatigue can impair report quality.

Agreed, this will be implemented in future incidents.

- 3.22 Crime Scene Security.** Make sure the scene is secure. One entry control point should be established and records maintained of all persons entering and leaving the crime scene.

This is standard procedure and will be continued, once the incident is stabilized and the threat(s) removed.

3.23 Decontamination and Hydration. Be prepared to set up officer, firefighter and EMS decontamination and hydration stations. Several officers were covered with blood and did not have access to clean water for washing and drinking. Consider procurement of a suitable “cleanup/hydration” station for use at major fires and police emergencies, if not available from fire rehab vehicles.

Fire Battalion Chiefs had drinking water and light snacks available for rehab. In addition, the contract ambulance company supervisor has water available for responders. Beyond this, Red Cross is usually called into assist. Decontamination can be set up by the Fire Department as needed.

The Police Department has water and some snacks in the Command Post and has a mobile Decontamination Shower that was purchased for Methamphetamine lab decontamination, but can be used for these types of incidents also. However, there may be an evidence gathering need to document the blood on officers, and/or what they are wearing for prosecution reasons prior to any decontamination.

Chapter 4

4.1 Size of Evacuation Area. Make the size of the safe area match the threat. Ensure the area cleared around potential explosive or fire hazards is large enough to prevent injury to bystanders if a device explodes. A police supervisor at Paris Street said that before starting the rendering safe procedures of the explosive devices they should have created a larger safe area around the suspect’s apartment than they did initially. Eventually, they did expand the safe area. The basic rule is ‘do not move the device, move the people.’

Police will establish an evacuation area, and then when bomb experts arrive, they will consult with these experts to either maintain the area or enlarge it. Unfortunately, Officers without explosives experience do not have the expertise to set the proper evacuation size at the start of the incident.

4.2 Bomb Squad Resources. Know the available bomb disposal resources. Every law enforcement agency needs to make sure they know who to call for bomb technician and render-safe assistance should they encounter hazardous incendiary materials, explosives, or explosive devices beyond their in-house capability, or for second opinions and back-up. Aurora knew whom to call immediately, and that was crucial to the success. Training with the bomb squads to be used is also essential. In the past, many jurisdictions relied on military assistance for explosive ordinance disposal. Under current bomb disposal and render-safe procedures, military Explosive Ordnance Disposal (EOD) personnel are

responsible only for the disposal of military ordnance. With the increase in the number of civilian criminal and terrorist uses of explosive devices, public safety bomb technicians now have the responsibility. For complex situations, the FBI and ATF are excellent resources.

This recommendation is directed outside of Aurora for other agencies to use. Aurora is aware of the local bomb disposal resources.

4.3 Language Interpretation. Plan for interpretation services in real time. There now are apps for smart phones and iPads as well as telephone interpretation services to identify and translate a wide variety of foreign languages. Emergency responders should know how to access these services to facilitate evacuation and give instructions to non-English speakers. One can speak in English and get voice out in another language from a smart phone, and vice versa.

The APD has a group of volunteer interpreters who can be used for incidents, but need time to respond. Phone based services are available to officers and they can get that service via PSCD. Additionally, the city has a second language program; employees who participate in the program can also be asked to respond. Issuing smart phones to all responders is not practical or necessary given the available resources.

Chapter 5

5.1 Scene Safety. During a mass casualty incident, command should announce when the scene is reasonably safe for EMS to proceed, or what level of protection responding providers need to operate under (e.g. police guarding EMTs.) There almost always will be the possibility of another shooter or another bomb, but the probability will vary. Different departments or incident commanders may have different value judgments as to what is acceptable risk to firefighters vs. victims who need their help, but there should be strong police-fire discussion as to the detailed circumstances of risk in a particular incident. [We note again that perceived risk probably did not affect actions in the Aurora incident, mainly by luck of having a police SWAT paramedic present in the theater, but it brought to light the issue.]

This issue continues to be discussed and practiced during scenario based training, but is no longer an issue under HREP.

Several recommendations have been offered by various national and regional agencies regarding how aggressive EMS providers should be in entering and providing triage in a warm zone. Choices include SWAT trained EMS providers, SWAT or law enforcement teams to escort and protect EMS providers in the warm zone, body armor for EMS providers, or having law enforcement quickly remove patients to a triage unit in the cold

zone. There is not enough data or experience to determine one best solution. Therefore, we recommend that whichever solution is chosen, the following guidelines be followed:

- All personnel are trained and exercised in the performance of active shooter scenarios;
- Policies are developed with input of all agencies that can possibly be involved;
- Mass purchases of any protective or countermeasure equipment be performed only after determining which types of active shooter policies will be embraced by local agencies; and
- Whenever an incident occurs that requires the use of the active shooter policy, an AAR is conducted to evaluate all aspects of the response. Data should be collected to determine what procedures and equipment were used, and whether effective.

Aurora Police and Fire have developed the High Risk Extraction Protocol (HREP) that establishes a procedure to get fire/paramedics into the scene quicker by use of police escorts. HREP continues to be practiced by both agencies during scenario-based training. UASI NCR is looking at equipping fire paramedics with ballistic protection, which can be worn during such an event.

5.2 Safety Officer. As noted earlier, there needs to be an Incident Safety Officer quickly appointed who should pay particular attention to the access or egress of emergency vehicles. Based on other conditions, it may be appropriate to rapidly move all patients away from the incident. Choices include direct transportation to hospitals or to awaiting ambulances in the staging area.

A safety officer is already part of ICS and is often employed. An increased need for a safety officer will be discussed as an additional component of HREP.

5.3 Staging Manager. The Incident Commander should quickly appoint a Staging Area Manager who will find and report on a location for staging. Engine 7 was to be the staging manager but there was no one in staging until about 26 minutes and 37 seconds into the event when Rural Metro 402 arrived.

This ICS function is filled as resources become available to staff it.

5.4 Strike Teams. Dispatch and incident commanders should consider calling for multiple fire or EMS units as strike teams or task forces when large numbers of responders or equipment are needed after the first several units arrive on the scene. Dispatch and the EOC must have the authority to plan responses based on using these teams. The strike

teams do not necessarily stay together; the intent is to promote order, and have a supervisor with a team to assure enough supervisory personnel, rather than a continual stream of units arriving, or attempting to call for exact numbers of units using surgical precision, which is much harder to manage. While prompted here primarily by the EMS situation, it also applies to police mutual aid, especially after the initial police response.

For example, at the theater mass casualty incident, once it was known that there were multiple patients, dispatch could have alerted AFD for a Paramedic Engine Strike Team consisting of the five closest ALS engines, and a Battalion Chief (or FD EMS Supervisor), all of whom would have common communications. Instead of individual ambulances, dispatch could have alerted RMA for an ALS Strike Team consisting of five ALS ambulances, and an EMS Supervisor, all having common communications. The advantages of this method:

- Units would respond in organized waves, decreasing the likelihood of on scene chaos, access and egress issues, and allow the Incident Commander to initiate command, select a staging area, and to gather thoughts. The radio logs of the incident included several examples of the incident commander having units standby so he could organize his thoughts.

The Aurora Fire Department in coordination with other agencies is investigating the option of Strike Teams at a regional level. The creation of strike teams not just for active shooters, but also for all hazard responses is being considered.

- Instead of trying to identify or guess at precise number of units needed, these groups allow for sufficient units to be dispatched without the need for multiple phone calls and radio transmissions trying to clarify numbers.

This is being looked at on a regional level to address strike teams for all hazard responses. In addition, the Fire Department is looking to incorporate Ambulance/EMS strike teams into the Mass Casualty Incident (MCI) policy.

- An Incident Commander could assure a rapid response of sufficient equipment without having to debate the exact number of units needed.

The Strike Team options being explored would allow the Incident Commander to know what resources are responding so they could be properly employed.

- Dispatch could have assembled groups from mutual aid companies instead of initiating a general call. This allows dispatch to be ready for an Incident Commander's request, and pre-planning a large response in a way that does not deplete one area. In this incident, dispatch might have requested Denver Health Medical Center to send or assemble an EMS Strike Team. The Aurora EOC might have asked Arapahoe County EOC to assemble two ALS Strike Teams and advise when ready.

This is being looked at on a regional level through the Office of Emergency Management (OEM) to address strike teams for all hazard responses. However, it is probably not going to fall to communications to build a strike team. Strike teams will be pre-designated/pre-designed, or specifically built by the Incident Commander or a subordinate of the IC. Communicators would then relay the appropriate information to responding agencies.

- The strike teams and task forces could help prevent the lag time caused by a single unit dispatched. In this incident, some units were not dispatched until 32 to 43 minutes into the incident.

In addition to the Fire Department strike Teams; AFD is looking to incorporate Ambulance/EMS strike teams into the MCI policy. EMS response is part of HREP. The Fire Department is working with the Public Safety Communications Department to ensure CAD can handle this as well as determining common terminology within the metro area.

5.5 Access of Ambulances. When access is difficult, police, fire or other agencies may have to physically guide ambulance units into the scene. During this incident, police personnel were aware of an access and egress point via the south side of the incident. By guiding units into the scene, ambulances could have gotten closer to patients, and a transition from police to ambulance transportation could have quickly occurred.

Fire/Ambulance access was addressed during APD in-service training, which AFD helped instruct.

5.6 Police EMS Transports. In situations where immediate transport of patients is warranted, use of police or other emergency vehicles is appropriate when ambulances are not immediately available. This is especially true for patients suffering from penetrating wounds to the thoraco-abdominal area. Specific guidelines should be developed to guide police, fire, and EMS crews.

Guidelines for when to transport by Police Car are being discussed within APD in coordination with AFD and medical experts. A new policy is expected in the fall of 2015. In the interim, front line Officers are authorized to make decisions on scene based on the best available information they have at the time.

5.7 Active Shooter Protocol. Ensure that the new active shooter protocol remains a “living document” with leaders from AFD, APD, and the EMS provider monitoring and evaluating the SOG’s success and continued relevance.

The protocol is constantly evaluated in light of evolving events around the nation and in the region. APD, AFD, which provides primary EMS response, and PSCD are included in protocol evolution.

5.8 Triage Ribbons and Tags. Aurora public safety providers should adopt a triage identification system that includes color-coded triage ribbons for patients. Traditional patient triage tags should be saved for use in treatment units. Initially, patient details are not necessary, just the patient’s initial condition. Even if circumstances dictate that no other documentation can be obtained, incident providers and emergency departments will have an idea of what they are dealing with. Figure 2 shows an example of each ribbon. Recent research has suggested that initial on-site (hot zone) triage be limited to just red or green identifiers (acute or not acute).¹ It does not take long to affix a ribbon or some indicator that the patient has been triaged if the ribbons, etc. are at hand.

Figure 2. Triage Ribbons



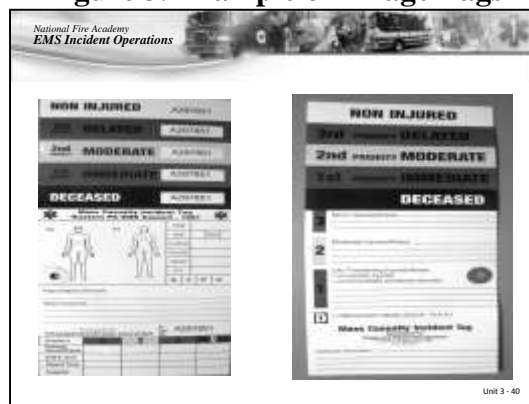
Initial Triage Ribbons



Triage Ribbon with Words

Triage tags (as opposed to ribbons) should be used on mass casualty incidents when the patient reaches the Treatment Group. Careful attention should be given to using a unique identifier when keeping track of patients. The Transportation Group should collect a detachable copy of the unique identifier to allow for later matching with other patient records. Figure 3 shows an example of a triage tag.

Figure 3. Example of Triage Tags



¹ Ramish, A.C., and Kumar, S. (2010). Triage, monitoring, and treatment of mass casualty events involving chemical, biological, radiological, or nuclear agents. *Journal of Pharmacy and Bio-allied Sciences*, 2(3), 239-247. doi: [10.4103/0975-7406.68506](https://doi.org/10.4103/0975-7406.68506)

Triage tags help incident and hospital staffs track patients. During this incident, crews began to use triage tags, but the situation and lack of experience with them made their use impractical. One member noted that the tag used was easily torn.

Aurora Fire Department and RMA personnel must become comfortable using patient identification materials. During our interviews, providers advised that they tried to use triage tags, but due to lack of experience, were unable to do so. To increase EMS provider confidence in using patient identification materials, the AFD should provide additional training and opportunities for using these materials. Ribbons and tags could be used during smaller mass casualty incidents and during non-emergency situations such as public or stadium events.

AFD currently carries triage tags and is looking into additional triage identifiers.

5.9 Implementing NIMS and ICS. Continue to implement NIMS and ICS throughout the Aurora public safety system. (This should be a priority for all public safety organizations.)

ICS is currently being used at various exercises as well as local events (i.e. 4th of July, Political Campaign stops, etc.)

5.10 Integrating Rural Metro into ICS. The AFD should further integrate RMA into the ICS process, especially regarding responsibility for the Transportation Group. The current agreement between AFD and RMA fixes EMS ICS authority with the AFD. This should not change. But during mass casualty incidents, the AFD Medical Group Supervisor could delegate responsibility for the Transportation Group to RMA. An RMA supervisor is usually readily available. During the theater incident, RMA and mutual aid agencies had supervisory personnel on scene who could have assisted with the EMS ICS process.

Also, when renegotiating the next contract with RMA, include an agreement that when special conditions or events occur, the fire chief may order additional ambulances to be staffed.

A new ambulance transport agreement with Falck Rocky Mountain takes effect on September 1, 2015 and provides increased numbers of ambulances available to the City of Aurora as well as enhanced ambulance deployment analytics. Additional ambulances can be quickly put into service from Falck's headquarters located in Aurora.

- 5.11 EMS ICS Vests.** EMS ICS position vests should be used to identify those placed in key ICS positions. Figure 4 shows examples of EMS ICS vests. During larger mass casualty incidents, there is often mutual aid from places where providers are unfamiliar with each other. ICS vests help providers to understand the EMS command functions and to identify key leaders.

Figure 4: ICS Vests



Vests are currently carried, but not always practical to deploy until incident has been stabilized to a certain degree.

- 5.12 Use of Treatment Dispatch Managers.** Appoint Treatment Dispatch Managers under ICS in order to have better organized transfer of patients from treatment units to awaiting ambulances.

No formal action taken outside current ICS practices employed. AFD utilizes Triage, Treatment, and Transport Officers.

- 5.13 ICS Reporting.** Pay closer attention to completing ICS forms and transportation records in order to better document incidents.

ICS reporting is incorporated as part of HREP. Transport Officers, as time and resources allow, work diligently to track patient destinations. This information is then passed on to the EOC for record keeping.

- 5.14 Expanded Police EMS Role.** Aurora Police Department should consider expanding the EMS scope of practice for police officers, especially for gunshot wounds. The International Association of Chiefs of Police now recommends (since October 2013) that every law enforcement officer receive tactical emergency medical training including critical core skills of early, life-threatening hemorrhage control and rapid evacuation of mass casualty victims to a casualty collection point. Tactical emergency medical skills are critical life-saving interventions whether as officer applied self-aid or aid given to a

fellow officer, or aid to victims of a mass casualty situation such as an active shooter or bombing event.

The U.S. military, under the Committee on Tactical Combat Casualty Care and the Rapid Fielding Initiative, created the “improved first aid kit” (IFAK), which is now issued to every combat deployed U.S. soldier. The contents of IFAKs vary between branches, but civilian versions are now in widespread use in law enforcement. The IFAK is designed to increase the user’s capabilities to provide Self-Aid/Buddy-Aid and provides interventions for the two leading causes of death on the battlefield—severe hemorrhage and inadequate airway. Civilian IFAKs should include a tourniquet, a “battle dressing” (either an “Israeli Dressing” or a dressing impregnated with a hemostatic agent such as “quik clot”), and a nasopharyngeal airway. Figure 5 shows a picture of a Civilian IFAK.

Figure 5. Civilian IFAK



Nasopharyngeal Airway (NPA) – The nasopharyngeal airway is recommended by the Committee on Tactical Combat Casualty Care for use to maintain a patent airway in semi-conscious or unconscious patients with intact gag reflex. The NPA is well tolerated and is easy to keep in place during extrication and transportation. Figure 6 shows a NPA.

Figure 6. Nasopharyngeal Airway (NPA)



Emergency Bandage – The emergency bandage (nicknamed the “Israeli Bandage” by U.S. Military Personnel in the Middle East) is an elasticized bandage with a non-adhesive bandage pad sewn in. It has a small plastic bar that allows the direction of the bandage to be reversed and tightened. It can be deployed to the body or extremities, and can be

placed in more areas than a tourniquet can effectively reach. Some brands are impregnated with hemostatic agents that promote blood clotting. Figure 7 shows a picture of an “Israeli Bandage.”

Figure 7. Emergency (Israel) Bandage



Tourniquets – A tourniquet can control severe hemorrhage, and is usually employed when dressings and direct pressure have failed. The use of tourniquets has been taught as a last resort as part of basic first aid. Originally, medical providers were taught that the application of a tourniquet would result in the eventual loss of the limb. Recent advances in military medicine have guided emergency care standards in a new direction. Low-cost, easy to use devices can be applied with a greater level of bleeding control. Loss of limb is not a necessary result. Figure 8 shows examples of tourniquet devices available.

Figure 8. Tourniquet Devices



CAT TK



MedGag

Medical Direction – The physicians making up the fire and EMS medical director group should also be officially appointed as APD EMS Medical Directors. EMS is the practice of medicine outside the hospital. The scope of such practice and not the type of organization should determine the extent of medical direction needed. The National Association of EMS Physicians advocates for medical direction through all phases of EMS. This includes a recent

emphasis on Law Enforcement Special Operations, including Tactical EMS.^{2,3} If qualified, one of the EMS Medical Directors should be appointed the Tactical EMS Medical Director. Alternatively, a qualified Assistant EMS Medical Director for Tactical EMS should be appointed.

APD has encouraged all personnel to attend the Tactical Casualty Care for Law Enforcement course given by Denver Health and Hospitals through UASI. After completing the course, officers most likely to be a first responder to an incident, are issued a medical kit (there are only 450 kits available). All graduates of the class are issued a CAT tourniquet by Denver Health. Aurora Police Officers have used tourniquets at least three times, one involving a gunshot wound, since the training and kits have been issued.

Chapter 6

6.1 Public Safety Three-party Team. Foster more integration of planning and exercises among public safety communications, fire and police. Communications personnel felt there was not enough understanding, respect, and training among the agencies, and that emergency preparedness should be considered a three-legged stool.

This recommendation is already in process. PSCD has participated in several activities involving both APD and AFD. PSCD is scheduled to conduct quarterly meetings with AFD and APD to continue work on facilitating a better working relationship and communication. This 3-party team process was used when developing HREP.

6.2 Communications Interoperability Drills. The Communications Department should hold regular inter-department interoperability communications drills with all three agencies—police, fire, and public safety communications. Personnel of all three agencies should develop hands-on proficiency with their equipment. Human and equipment communications issues should be identified in joint mass casualty exercises, and remedied. The dispatch center should be involved in ICS training, which should include testing of proficiency in using the communications systems.

PSCD is currently and has been participating in several drills to enhance our knowledge of the needs and exposure of their staff to these types of events and situations. PSCD will continue to engage the department and actively participate.

² Heck, J.J. and Pierluisi, G. (2001). *Law enforcement special operations medical support*. Position Paper of the National Association of EMS Physicians. Adopted: March 27, 2001. Retrieved from: <http://www.naemsp.org/Documents/Position%20Papers/POSITION%20LawEnforcementSpecialOperationsMedicalSupport.pdf>

³ NAEMSP. (2010, March). *Medical direction for operational EMS programs*. Position Paper of the National Association of EMS Physician. Adopted: March 23, 2010. Retrieved from: <http://www.naemsp.org/Documents/Position%20Papers/POSITION%20MedDirforOperationalEMSPrograms.pdf>

6.3 Call-taking in MCI. Empower telecommunicators to use their judgment in a large-scale event, and to suspend the usual protocols when they are inefficient or troublesome. Do not waste time requesting the same information over and over from the same event. Once the nature and size of the incident is realized, it should suffice to ask something like “Are you at the theater? Are you safe? Are you hurt?” Even inexperienced call takers should be told they may suspend the usual full protocols for such situations.

PSCD plans on addressing this topic and the suggestions provided in on-going education trainings to reinforce understanding of a critical incident philosophy when call taking to expedite processing and handling of related phone calls. An emergency rule has been established for use during major incidents that allows for expedited information gathering.

6.4 Prepare for Second Surge. In a mass casualty incident, there is likely to be a second surge of calls from family, friends and media following the initial emergency call surge. This extra workload will hit an already fatigued work staff. Procedures should be established early in the incident to temporarily divert non-emergency calls elsewhere, as was eventually done in this incident. The calls could be sent to the city EOC, PIOs, or a special office set up for that purpose.

Aurora OEM has established a primary number to divert MCI calls to a call center, as soon as a team of phone operators is up and running. PSCD will work with OEM to establish policy and protocol to follow and train staff on the new direction.

6.5 Adequate Telecommunicator Relief. The Communications Department should prepare to provide relief to its telecommunicators for a long duration incident. The Communications Department has an Everbridge Interactive Communications and Mass Notification System that can be programmed to do callbacks efficiently using group notifications. This can save Communications Department staff and field commanders’ time in the midst of an emergency. The lead or shift supervisor should have responsibility for deciding when to initiate callbacks of communications staff. A set of notifications should be pre-planned and stored in the system.

Clear definitions must be established for all public safety staff (including police, fire and communications) as to what situations require a request for immediate callbacks to which personnel must respond, versus a non-urgent request for which personnel decide voluntarily. Guidelines on call backs need to specify when to call, whom to call, what text to use to convey a sense of urgency, and how acknowledgement is to be obtained from the person notified.

PSCD set up paging groups within their emergency notification system for emergency and/or critical communication for staffing needs. Policy was established for callback or response expectations. Message and emergency situation needs will be stressed in the notification. Tiered

levels of notification were established, i.e. Immediate, Delayed, Stand-by templates. As for Police and Fire, on duty supervisors and commanders always have the discretion to call back personnel if needed and have established procedures for doing so.

6.6 Face-to-face Command Communication. As recommended in other chapters, establish a unified police, fire and EMS command, or at least face-to-face communications at a command center, as early as possible in a mass casualty incident, to reduce reliance on radio communications.

PSCD role can be to ensure or suggest APD and AFD commands are identified and assisted in directing both to the appropriate talk group to communicate directly with one another. This has also been addressed in the HREP (High Risk Extrication Protocol). PSCD teamed with representatives of APD and AFD to develop the HREP protocol to identify communication needs.

6.7 Simplify Operation of Radio System. The radio system needs to be reconfigured to make it simpler to use its interoperative capabilities. Attempting to use interoperability talk groups (channels) or scanning capability is too complicated during an emergency and may result in missing critical transmissions. Consider re-programming police radios to simplify communications. Place specialized talk groups in separate and distinct fleets and do not comingle them with standard (universal or department-wide) programming. Consider reducing the number of radio “fleets” (series of talk groups) to avoid operational confusion. Use identical basic radio “profiles” (channel configurations).

City of Aurora, along with representatives from all primary radio user departments, is currently in the process of implementing a new radio system. A primary goal is to address a simplified solution for talk groups and/or patching capabilities.

6.8 Do Not Rely On Scan Feature. The scan feature on radios is not effective during a critical incident; the radio will prioritize to the selected talk group and transmissions on non-selected talk groups will be cut off. More training on the radio system would help, but probably not suffice.

Agreed, the scan feature has limitations under the best conditions and with the level of radio traffic during any major incident, it becomes more of a distraction than a benefit. The City is purchasing a new radio system. Talk groups will be analyzed for effectiveness and new talk groups/radio profiles will be incorporated. Additional training will also be part of the new system role out. Training on radios is also incorporated into MCI training.

6.9 Separate Command Radios. Consider installing both police and fire radios in police and fire command vehicles. This would allow continuous monitoring of each other’s activities, and communicating without switching radio systems or talk groups. This

capability is especially useful while en route to an incident. Reprogramming existing radios probably would help, but not suffice, because the portable radios will not always be set to the correct talk group, they are difficult to adjust while driving, and they do not work that well inside a vehicle. Further study probably will be required to determine how best to allow reliable inter-department communications using portable radios.

Fire Battalion Chief vehicles have two separate radios for this purpose. With the new radio system, it may be possible to put a second radio in police vehicles; however, police vehicles, unlike Fire Battalion Chief vehicles, especially sedans, are not designed to be mobile command posts so where that radio would go is not immediately obvious. Once the mobile command post arrives, there are adequate radios to monitor three or more channels.

6.10 Facilitate Cell Phone Use. A backup inter-department communications systems such as cell phone direct connect should be considered. The Communications Dispatch should maintain listings of police and fire department cellular telephone numbers. However, the radio system still should be the primary system, because cell phone infrastructure may become overloaded and fail during emergency situations. Note: that the Communications Manager is of the opinion that cellular telephone numbers released to the Communications Department become public records. A brief review of the Colorado Open Records Act (Title 24, Section 24-72-200.1 et. seq.) does not appear to support this conclusion; however, we recommend consultation with legal counsel prior to proceeding.

For personnel receiving a stipend to maintain a cell phone, or a permanently assigned City cell phone, their number is part of their Outlook profile. Police Patrol Sergeants and Lieutenants are issued a phone for each shift and the phone number is part of that shift's roster. The Duty Lieutenant has a permanent number that is forwarded to his or her cell phone, and that can be switched to any cell phone by the records section. This should facilitate cell phone communications. Additionally, a communications plan is established within a formal Emergency Action Plan (EAP.). Cell phone use is currently employed within each department as a back-up/notification system. The City does not currently use a direct connect type of phone system.

6.11 Satellite Phones. If not already available, consider purchasing a small number of satellite phones that do not rely on cell phone sites and will work at almost any location. During destruction of the explosives removed from the Paris Street apartment, the ATF reported that the destruction location was so remote that cell phones did not work. Also, the cell phone system can get overloaded in a major emergency.

This is recommendation is still being researched by the City's first responders.

- 6.12 Mutual Aid Communications.** Provide a way for mutual aid units to monitor Aurora police talk groups. It appears that adequate patching capabilities that can be used for this are now operational.

Many bordering jurisdictions and those we frequently interact with currently have access to APD and AFD primary fleet talk groups. A patch between the primary talk group, and a network first talk group was recently used very successfully on an actual emergency. Monitoring of talk groups, however, is more difficult. Outside agencies can monitor Aurora via the internet or a scanner but many cannot switch to an Aurora talk group due to radio system disparities. The purchase and implementation of a new P25 capable radio system should provide better monitoring capabilities.

- 6.13 Empower Dispatchers.** Dispatchers should be empowered and encouraged to, with tact, recommend or suggest and, if needed, direct Incident Commanders to undertake actions in support of the management of an operation. In the theater shooting, it would have been appropriate to suggest that the fire IC call for additional chief-level support, or even to initiate it themselves, but the dispatcher was uncertain about the appropriateness of this. Dispatchers also should have the authority to solicit critical information from the Incident Commander (i.e., incident status, personnel accountability reports, etc.).

PSCD will address this suggestion through continuing on-going education and training classes. They will specifically address handling of significant critical incidents when PSCD experiences an increased level of incoming calls where expediency of confirming known information is critical. Simplified questions can be used in a major incident to gather enough information but not waste time.

- 6.14 Mobile Terminals in Vehicles.** Do not rely on mobile terminals in vehicles for critical incident communications because incident commanders and supervisors often will be out of their vehicles and unable to monitor computer displays.

PSCD will address this suggestion through continuing on-going education and training classes. It is important for telecommunicators to be aware; CAD messaging should not be relied upon as a primary source of pass-on of important/critical information. Over-the-air and/or cellphones will be a more reliable method of communication to ensure delivery of message. CAD messaging can be a back-up resource of passing on information.

- 6.15 Computer Aided Dispatch System Database.** If not already done, program into the Aurora Intergraph CAD system all Denver fire/EMS units, private ambulances, and public medical care facilities. Consider use of the communications technology called CAD 2 CAD Data Exchange Hub (DEH) in the metro area to improve integration with

surrounding jurisdiction's CAD systems, and to improve unit situational awareness and real time unit availability in routine and major incidents.⁴

All important EMS, ambulance, hospital, and public health care facilities will be added to our Viper phone system directory. A handy address book - reference document can be updated with this information as well. Additionally, the City is exploring options for a CAD to CAD system but there are technical and financial barriers.

- 6.16 Major Incident Working Area in Communications Department.** The Communications Department now has a combined police-fire major incident dispatching area where police and fire dispatchers can be seated next to each other and easily exchange information.

As a combined center PSCD has a system in place to easily communicate (recorded intercom system) between APD and AFD specific pods. There is an additional unoccupied 'pod' to isolate a specific incident, if necessary.

- 6.17 National Incident Management System (NIMS) /Incident Command System.** Communication Department staff, as well as police, fire and EMS personnel, must be versed in the use of NIMS and ICS, including the roles of various positions. Communications Department personnel need to understand the system when field command is setting up ICS positions, and might even prompt or query them about doing so if they forget, as was the case in this incident with the absence of a Transportation Group Coordinator.

PSCD personnel are currently required to take specific NIMS on-line training. PSCD can enhance continuing education and reinforcement of the command system through group and individual trainings.

- 6.18 Toll Free 1-800 Number.** After this incident, the city acquired a toll free number to facilitate public contact with the city for inquiries after a major incident. Aurora set up some special telephone lines, but a ready-to-go 1-800 number will make it easier for callers and city staff.

The City of Aurora OEM department has developed multiple solutions for information dissemination and collection. One of which is a single number, but it is not a toll free number. This number is a dedicated line located in the Aurora Emergency Operations Center that is ready to be put in service as soon as staffing allows. The number of phones associated in this system is scalable based on the event and the needs for that event. They are also located in the same room where the most recent and accurate information is being collected. This number can

⁴ Additional information regarding CAD2CAD/Data Exchange Hub is available at <http://www.ncrnet.us/cad2cadportal>

also be transferred anywhere within the city system if the call center needs to be moved at any time. A 1-800 number is still an option but because of the city's existing system that was scalable and moveable, a 1-800 number was not selected for immediate implementation.

6.19 Critical Incident Stress Management. CISM needs to be available to telecommunicators and their managers as well as to first responders. When external CISM counselors are used, they need to be informed on what telecommunicators do.

PSCD has a Peer Support team and a contract psychologist that specializes in public safety. PSCD personnel also have access to the Employee Assistance Program (EAP) available to all City Employees.

AFD has established a Peer Support Team that is available for one on one counseling, as well as CISM.

APD has Peer Counselors, Chaplains, and professional Psychologists available to all responders.

6.20 After Action Debriefing. A debriefing for Communications Department personnel should be conducted soon after a major event. One purpose is to dispel any lingering rumors.

PSCD management staff will make it a priority to organize and conduct an after action debriefing as soon as soon as reasonably possible after a major critical event. PSCD management staff understands a delay in this process can cause additional issues and grief.

AFD recognizes that this is essential and will make every effort to conduct a debrief as soon as practically possible at all large-scale incidents.

Chapter 7

7.1 Institutionalize Practices. The processes that the city used to manage and provide public information should be institutionalized in its major incident response plans. This should include the manner in which volunteers with the requisite skill sets and experience were identified and used to support public information surge operations.

This practice developed by the City will remain in effect.

7.2 Public Information Command Post. Establish a Public Information Command Post remote from the crime scene in a major incident. Reporters want access to a “talking

head” and the ability to video something for the electronic media. Establishing a press command post that provides regular briefings and the ability to photograph police activities from a distance usually satisfies that need. PIOs had set up inside the police primary command post vehicle in front of the theater, to use as the public information command post, but this interfered with command and control operations. They should have been relocated, and left the vehicle for its primary purpose of police incident command.

Agreed, this is standard ICS and will be accomplished in future incidents.

7.3 Joint Information Center. A Joint Information Center should be established when there is a major incident or other disaster, to provide consistent, accurate, and unified messages from all disciplines, agencies, and responders.

Agreed, this is standard ICS and will be accomplished in future incidents.

7.4 Local Media Priority. Local media should be allowed to do interviews first, before the national media is accommodated. The information is more important to get out locally, and the local media has more of a vested interest and will be covering the story for a long time after the national media leaves the area.

This recommendation has been communicated to PIOs and City Management.

7.5 Coordination of Plans. Decisions or planned information actions should be well coordinated in advance with other affected city departments, as they were for almost all information actions.

Agreed, this is standard ICS and will be accomplished in future incidents.

Chapter 8

Recommendations – ICS

8.1 Single Command Post. Having the senior police and fire command personnel operating at a single incident command post would greatly enhance inter-agency communications. It would have also facilitated activation of basic EMS system components, coordinated requests for additional resources, and limited the filtering out of some police-fire messages going through the dispatch center. Regardless of which command approach is used, there can only be one Incident Commander. Using the Single Command approach, a Deputy Incident Commander may be appointed.

Unified Command is addressed in the HREP and will be at a mutually agreed upon location

8.2 Unified Command. As noted earlier, a unified command approach would likely be the best option for these types of incidents.

See 8.1 above

8.3 Safety. It is essential to have an Incident Safety Officer and Assistant Safety Officers to assure responder, patient, and refuge safety.

Addressed previously, as resources are available these positions are staffed in accordance with ICS.

8.4 Multi-casualty (EMS) Branch. Staff with EMS Officers from mutual aid agencies.

This recommendation was addressed in the HREP.

8.5 Staging Area. A staging area should be designated early in the incident, along with a Staging Area Manager. This is critical for control and assignment of later responding units.

ICS procedures followed as resources allow.

8.6 ICS Equipment. Equipping police ICS personnel with command boards, ICS forms, and similar materials (like fire has) will allow for quicker implementation of the ICS system.

Command boards are available in the Fire Battalion Chief's vehicles. Police Watch Commander vehicles are not designed appropriately for this operation. As sedans, they have limited capability to act as a Command Post. Obtaining vehicles for Watch Commanders equivalent to that of Battalion Chiefs is cost prohibitive. White boards are being added to the Watch Commanders vehicles to give them some options for ICS implementation.

Recommendations – EOC

8.7 EOC Organizational Reporting. The City of Aurora should consider changing its organizational structure for emergency management. Emergency management by its very nature involves support to and cooperation from all city departments in order to be effective. It is usually more difficult for this to be accomplished if the emergency

management function is placed in one of the public safety departments—fire or police—because it then is perceived as “belonging” to one or the other department and often as a lower priority division at that.

Emergency Management should be in a direct line relationship with the City Manager’s Office where a higher level of authority and oversight would underscore the importance of this function and provide greater visibility for planning and EOC operations, and more easily facilitate coordination with other key city departments and agencies.

This was investigated and the decision was made to keep OEM within the fire department but to emphasize the importance of OEM by creating the new position of Bureau Manager of the Office of Emergency Management and adding two additional staff to the office. The Bureau Manager was elevated in the organization as a direct report to the fire chief.

8.8 Notification and Opening EOC. The OEM Coordinator should be notified as soon as a critical incident occurs, and the EOC should be opened earlier than it was.

OEM has developed a notification procedure for front line EOC staff as well as a three deep roster of individuals from each department that can work in the EOC. OEM staff has also met with PSCD to discuss the type of events where OEM should be immediately notified.

8.9 Equipment in the Police DOC and City EOC. There were not enough phones and computers for all the representatives in the operations centers, and the communications were not recorded since many people were using their personal devices.

The Police department is currently looking at moving the District Operations out of Headquarters. If this happens, there may be adequate space to set up a permanent DOC for any future incidents. Such a DOC could have adequate phone lines and computer locations to handle a surge.

Chapter 9

9.1 Family Assistance Volunteers. Do not allow even good-hearted volunteers without family assistance training to have easy access to families and victims after a mass casualty incident. They can do harm.

The Victim’s Services Unit continues to strengthen local partnerships with mental health providers and spiritual care providers in order to identify and direct these volunteers to the appropriate locations. Part of the Toolkit for Response for Advocates in Colorado (TRAC), a statewide plan under the Colorado Department of Public Safety, is to designate “Gatekeepers” to control access and ensure that designated, authorized personnel only be given access to

victims and families during the initial crisis response. These volunteers will also be required to sign in and out and attend briefing and debriefing sessions.

<http://trac.state.co.us/>

In the long term theater response, outside agencies and newly appointed personnel that were not familiar with Aurora partnerships may have overlooked valuable resources within our own community. An attempt to ensure connections with established provider networks is ongoing.

9.2 Consistent Advocates. Once a family advocate is assigned to a victim or family, it is best not to eliminate that advocate, even if another advocate needs to be added per legal protocols. Of course, an exception would be removal if requested by the victim, or for some overt problem. A key aspect of the assistance is providing someone the family can regard as a trusted advocate.

Referring to the recommendations of the state in the TRAC document, consistent leadership, and advocacy is stressed. This was possible and evident at the early stages of the 7/20 response; however transition to community based advocates was difficult for the victims and the system advocates due to the lack of preparation and notice of changes. Collaboration and preparation with consideration of both victims and first responding advocates should ease the impact of this process.

9.3 Explanation of Identification Delays. Be prepared to explain to families of victims why identification of the deceased takes so long. While certain details may be best to avoid, families should be given general information about how and why the crime scene has to be processed first before the deceased can be processed—and how long both processes generally take. They also should be informed about what is considered “positive identification” and what the law and good practice require. Explain the potential impact of an incorrect identification on other families. Families will still be unhappy, but at least they will have more information about why the process requires a certain amount of time to be completed correctly.

During the theatre tragedy, the process was explained numerous times both one on one to each family and in large group information meetings. This only emphasizes how important it is that service providers and leadership understand not only the process but also what trauma does to the brain and how information may or may not be received.

9.4 Victim Donations. Include in a mass casualty plan options for receiving and distributing large amounts of donations likely to flow in to help victims’. One approach that worked well in Aurora and in Boston after their Marathon bombing is to quickly established a “One Fund” into which all unrestricted financial donations are channeled. Other types of donations, for example airline tickets for victims’ families, can be accommodated separately.

The Governor established Community First Foundation as the place cash donations could be directed. In Aurora, the 7/20 Executive Committee (composed of city staff and community leaders) was established to work on guidelines for the distribution of the donated funds to victims and family members of the deceased. After a number of concerns were publicly expressed by family members of the deceased, the Governor requested that attorney Ken Feinberg be asked to oversee the distribution of the funds. Mr. Feinberg managed the distribution process and the city did not play a role. At that point, the 7/20 Executive Committee turned their focus to the establishment of the Aurora Strong Resilience Center. The distribution of donated funds is controversial and difficult; it is critical to proceed with caution and to regularly communicate with the victims and family members.

The city of Aurora established a system for handling in-kind donations, working collaboratively with donors and with the Victims Services unit within the Aurora Police Department. The Victims' Advocates were able to identify needs of victims and family members and match them with various in-kind donations. This process worked very well.

The Resilience Center was established as a result of the desire to meet the needs of those who suffered trauma as a result of the theater shootings. Funds were distributed to families of the deceased, those who have life-altering injuries, and those who were admitted for a hospital stay. It was recognized that there was a need for addressing mental health concerns including the ongoing effects of that traumatic evening. The Resilience Center is still open in Aurora, and has services available to all members of the community who need them.

Eventually, a 501(c)3 fund was established so that donated funds could be collected and used for a permanent memorial. A number of victims and family members participate on the committee that is working on the permanent memorial and fund raising. They are assisted by two city councilmembers and city staff.

9.5 Staggered Leave. Victim Services should consider scheduling leave so that there are not too many advocates on leave at the same time. Advocates also recommended establishing a phone tree with assigned team leads to facilitate the process of call-backs.

The VSU does stagger leave, but laws such as FMLA and city policies sometimes limit scheduling options related to leave. Time off is also crucial for the health of the employees, especially advocates that are working with crime victims on a daily basis. VSU will continue to manage leave within the confines of laws and City policy.

9.6 Hospital-based Advocates. There should be a lead advocate assigned to each hospital that receives victims, to coordinate all victim advocates responding to that location. Hospitals should include a point of contact in their mass casualty plans who would work with that victim advocate coordinator. As a team, they would be in position to handle requests for information on the status of the injured, help family members to be with their loved ones, and coordinate information with the family reunification center.

Agreed, this is incorporated through the TRAC document.

9.7 Gathering Place. In a major incident, designate an area near but not immediately adjacent to the family reunification center where people can gather without interfering. Establish access control as soon as a family reunification center is opened.

Agreed. Depending on the location of the event and the availability of space, a gathering place for friends and families, away from the actual reunification site, will be established in future incidents.

9.8 Clergy. Designate a special area where clergy can assemble within the family reunification center. Let them know that family members and friends will initiate contact if they want their assistance, and make sure the families are aware of which clergy are present. Do not allow clergy to circulate and approach families on their own.

Agreed. A separate space for the clergy to wait for victims/families who desire their assistance is appropriate. Additionally, in October of 2012 VSU provided the opportunity for Aurora Spiritual Care Providers to attend a State Department of Health, Psychological First Aid class. The State is also working on a credentialing process for spiritual care providers to provide Psychological First Aid, which needs to be distinguished from proselytism. In the meantime, the APD VSU is working on an extension of the volunteer program that would include spiritual care providers who would be credentialed by APD with training and background checks.

9.9 Single Victim File. Establish one central file on victim information to avoid multiple files with conflicting or incomplete information. Hospitals, police, and victim advocates are the primary suppliers and users of this information and should work together to create a template for any future mass casualty incidents. Aurora may be able to accomplish this using Versadex (Police Records Management System).

It is important to note that there are limitations on how information can be shared. Information sharing is affected by laws and policies, such as those regarding confidentiality of open cases and HIPPA. VSU has become a member of the TCHD (Tri County Health Department) Emergency Preparedness and Response Healthcare Coalition, which is working on the issue of sharing information in Mass Crisis. This will be another point of contact for assistance in the process of releasing the names of victims at the hospitals. This recommendation may be difficult to implement, due to laws and needs surrounding a successful prosecution, but efforts will continue to make progress within those boundaries.

9.10 Family PIOs. Promote the successful concept of assigning PIOs to families of the deceased victims at the state and federal level, including DOJ's Office of Victim Assistance in Washington, D.C.

This is already the practice at the Aurora Police Department and this will be promoted when possible to other agencies.

9.11 First Responder Relief. If possible, do not require first responders who worked at a traumatic incident to work their immediate next shift, especially if those become 12-hour shifts. Give first responders and other city employees a chance to rest and unwind. For vigils, visits by the President or other high-ranking officials, or memorial events held immediately following a mass casualty event, use mutual aid agencies to relieve officers who are likely to have been physically and emotionally fatigued. Tired officers may not provide the best security.

This is has been recognized by AFD and Firefighter relief will be provided by out of service time or replacement crews. This is addressed by the Police Department in recommendation 3.20.