

As today's attacks in Brussels, Belgium so tragically demonstrate, we continue to face ongoing threats in an uncertain world. Active shooter events, the use of improvised explosive devices (IEDs), and the threat of complex coordinated attacks like those seen in Brussels, Paris, Nairobi, and Mumbai must be considered as at least plausible, if not probable.

A pre-planned, integrated response by all first responder disciplines is required in order to maximize effectiveness and improve the survivability of those injured in such attacks. Some of the considered actions may seem contrary to those responders indoctrinated in the time-honored doctrine of "scene safety trumps all". The truth is that the first responder community now has decades of response and trauma data to be used as the foundation for evidence-based best practices. Many communities have already established integrated response programs, and there is no reason for any jurisdiction to "reinvent the wheel" from scratch. While there is no "one-size fits all" solution to the challenge of integrated response, there are already model communities of different sizes and compositions. From rural to urban, volunteer to paid, and everything in between – somewhere, in a system a lot like yours, someone has already done much of the ground work. And the benefits of integrated response extend well beyond those realized during the rare terror attack. Relationships between police, fire, and EMS agencies that are formed (and enhanced) during pre-planning and training will pay great dividends during all requests for service from routine calls to natural disasters.

Below are just some of the many resources that already exist to help guide those communities who have decided to pursue a more prepared community through integrated response.

Training for Complex Coordinated Attacks

[E912: Preparing Communities for a Complex Coordinated Attack – IEMC: Community Specific](#)

Integrated response (culture change):

[First Responder Guide for Improving Survivability in Improvised Explosive Device and/or Active Shooter Incidents](#)

[Fire/Emergency Medical Services Department Operational Considerations and Guide for Active Shooter and Mass Casualty Incidents](#)

[Improving Active Shooter/Hostile Event Response: Best Practices and Recommendations for Integrating Law Enforcement, Fire, and EMS](#)

[A Study of Active Shooter Incidents in the United States Between 2000 and 2013](#)

[Active Shooter Study: Quick Reference Guide](#)

Hemorrhage Control (Early care saves lives)

[See Something, Do Something: Improving Survival – Strategies to Enhance Survival in Active Shooter and Intentional Mass Casualty Events: A Compendium](#)

[An Evidence-Based Prehospital Guideline for External Hemorrhage Control: American College of Surgeons Committee on Trauma](#)

Prevailing Response Models and Concepts:

[Advanced Law Enforcement Rapid Response Training](#)

[Rescue Task Force](#)

[Committee on Tactical Emergency Casualty Care](#)

[Improving Active Shooter/Hostile Event Response: Best Practices and Recommendations for Integrating Law Enforcement, Fire, and EMS](#)

Bystander Preparedness and Response:

[Stop the Bleed \(DHS\)](#)

[Stop the Bleed \(DoD\)](#)

[Bleeding Control for the Injured \(B-Con\)](#)

[Ready.gov](#)

Grant opportunities:

[Purchase of Ballistic Protective Equipment \(BPE\) for Fire and Emergency Medical Services \(EMS\) Personnel in Support of Active Shooter and Mass Casualty Incidents \(AS/MCIs\)](#)

[U.S. Department of Justice Bulletproof Vest Partnership](#)

Other Resources:

[Federal Bureau of Investigation – Active Shooter Incidents](#)

[NAEMT Courses – B-Con/LEFR-TCC/TCCC/TECC](#)

The DHS Office of Health Affairs stands ready to assist you as you endeavor to strengthen your response. If you need assistance, or want to speak with other communities who have already developed integrated response programs, please contact us at Healthaffairs@HQ.DHS.GOV.