Agenda for Active Killer RTF Operations Group Meeting
Tuesday, March 12, 2019, 1000 hours

1. Introductions
2. Keeping in mind smaller group, any stakeholders missing?
3. Where did the group leave off last year?
   a. Last meeting?
   b. Sub-committees?
   c. Unfinished tasks?
4. New proposed structure, three MCI/Active Killer working groups:
   a. Policy Workgroup
   b. Operational Workgroup (Us)
   c. Medical Workgroup
5. Three primary questions:
   a. What is GC RTF operational procedure?
   b. What is GC RTF minimum training standards, and how do we deliver them?
   c. What is appropriate ballistic PPE for RTF medical personnel?
6. What are respective agencies currently doing for Active Killer Response training?
   a. Opportunities for cross-training or observation?
7. Structure for next meetings?
   a. Best location? (one known site, or move around?)
   b. Day of month?
   c. Length?
8. Assignments
9. Schedule next meeting

Attended: Sean Grabbe, Mike Maltaverne, Kevin Strickler, Kevin Larsen, Dustin Lensing, Jeremy Kopp, Patrick Lonergan, Jessica Ellingson

Summary:
-Discussion of what individual agencies are currently doing for training.

-Discussion/question, which other agencies are stakeholders. *Not trying to exclude folks, then tell them later, "We've decided, and this is how you will do things." Smaller group with focused mission, establish some good ideas, get things moving forward again, then invite others. Quarterly? Other stakeholders mentioned were MSU PD, Airport Authority PD, and Gallatin Gateway FD.

-Discussed what things were accomplished by group last year that we can carry forward. Grabbe and Jess discussed TECC and ALERRT RTF training. Identified that Chris Randle did a lot of research into appropriate ballistic PPE for RTF FF/EMS providers.

-Discussion of written SOPs, including NFPA-produced Standards Manual. Arlington County, VA written SOPs as just one example. Agreement- no need to re-invent the wheel.

-Discussion of a couple of critical factors to effective RTF response and formulation. **First**, need for immediate/ASAP establishment of Unified Command between LE and FD. The longer this is delayed, the longer it will take to form RTFs. **Second**, comms plan. One thought, if co-located, cops stay on cop channels, fire/EMS stay on their channels, most comms occur between commanders. Another thought, channels for comms within RTFs and second-tier command should be pre-established. Worthy of more discussion. Initial response: Cops will use either Law West or Boz PD Repeater, then Silver; FD will use Fire North or Boz FD Repeater, then G-Tac or other tactical channel, Gold for check-in. How to integrate??

-Brief discussion of RTF "go bag", appropriate for placement in FD command vehicles. Contents: ID and/or ballistic vest, triage tags, clipboard, minimal medical supplies- oral airways, tourniquets, pressure bandages.

-Discussion, remember that this all ties back into MCI protocols. Active Killer Response has differences on the front end, and specialized tactics, but in the end, is still an MCI.

-Discussion that we are eating an elephant; begin with a single bite. For all of the other issues/tactics/SOPs, we (this group at this time) are focused on the formulation and deployment of Rescue Task Forces, which integrate responders from different disciplines and agencies. Need to keep bigger picture/objective in mind, but we don't need to get overwhelmed by all the other aspects of Active Killer Response right now.

-Discussion that a full-scale exercise, while necessary and valuable at some point, is too big too soon for this group's purposes. Jeremy suggested, with group agreement, a table-top exercise involving all group members that will establish a capability baseline. Real-time "walk-through" of active killer scenario, with timeline and discussion of actual available units and response.

-Larsen will actively solicit group thoughts for best date and time for next meeting, likely at the Coordination Center, hopefully the table top walk-through described above.

-Offline discussion of different training models, ALERRT RTF course vs. Best Practices. Need research into these, and maybe others. Cost-benefit analysis (ALERRT is free, Best Practices is local).