Gallatin County Emergency Management

Preparing Our Community

Agenda for RTF Group Meeting, May 28, 2019

1000 hours, Coordination Center in Bozeman

-Updates on discussion items from last meeting

-Review progress through Table Top Exercise from previous meeting

-Complete Table top Exercise- up to point of "immediate" patients being admitted to ER

-Review draft SOPs (have barely started on these, it will be a ROUGH draft)

-Update on discussion with dispatch on creation of response groups in Zuercher/CAD

-Update on discussion with Chris Randle about Ballistic PPE

-Next actions

-Set date range for next meeting

-Close

Notes from May 28 Meeting

In attendance: Dr. Brett Birrer, Mike Maltaverne, Shawn Toresdahl, Shane Frantz, Kevin Larsen, Dustin Lensing

Smaller group, but some really good discussions. We decided to wait for better attendance to finish the table-top scenario, worked through some discussions on terminology and communications.

~Rough draft of proposed SOPs was handed out, soon led to realization that there are several differences between disciplines in regards to common terminology. One example: "Check-in" vs. "Staging." We already discussed difference of designating sides of structures ("1" vs. "A"). We should probably take a step back and work on a glossary which is based on national standards. May require some changes for all disciplines, but this seems to be the appropriate stage of the process to set common definitions.

~It was once again recognized that the quick and early link-up of LE and FD on-scene commanders to create Unified Command is quite likely the biggest factor in making our response to an Active Killer incident as effective as possible. MANY examples of how this didn't happen, even in large jurisdictions. If nothing else, this needs to be the critical message that is taken back to our respective agencies.

~I went over my discussion with Michele in Dispatch about their efforts to create Active Killer response protocols in CAD. Their biggest concern is how quickly the 9-1-1 Center will get overwhelmed with calls, both at the time of the incident, and well after. They are loading automatic activations into the Active Killer "Button," such as an all-call for all Center staff to come to work, some kind of pre-alert to ER staff, etc. They are very interested in the work product of our group, and are receptive to our input. I will keep Michele in the loop on our efforts.

~We talked about the Sheriff's Office training deputies to stay off the radio until they are arriving on scene; this is in hopes of reducing a little bit of the inevitable mass of radio transmissions. Group agreed that this can be applied to most LE, and many bigger FD and EMS agencies; these should all have MDTs or similar means to go en route electronically. Discussion about inevitability of cluttering up of the primary dispatch channels, but things that agencies can do to reduce it somewhat.

~The question was raised about drafting a Memorandum of Understanding to cover mutual aid requests between agencies in the County. We might bump this question up to the policy-level group of Chiefs/Sheriff to see how formal they might think it needs to be.

~Sheriff's Office has progressed to second phase of their Active Killer Response training, which delves heavily into formation and deployment of RTFs. They will send out invites to

any/everyone to come and be a part of the training exercises. We discussed the value of involving everyone in a full-scale exercise, but it also seems important to increase the frequency of smaller exercises that involve at least two different agencies. We are all, to some extent, training Active Killer Response within our respective agencies, but there are probably some missed opportunities in working with our partners.

~Shawn presented info on Ballistic PPE. This might be another discussion item for the larger group; differing ideas on what is most practical for our purposes. We should get input from those that will be on actual RTFs. Also, there are some specific grant requirements as to the purchase, storage, distribution of BPPE. More discussion required.

~Drs. Lowe and Birrer have Active 9-1-1 and are able to receive alerts from dispatch. We talked about creating a CAD group so that they can be pre-loaded into certain call types (Several possible applications, not just Active Killer/MCI).

~Find attached the DRAFT SOP for Active Killer Response in Gallatin County. It is HEAVILY plagiarized from the Arlington County (Virginia) FD, but has some local flavor thrown in. PLEASE review and make notes and revisions, we will discuss at our next meeting, which I hope to set for the second half of June sometime.

~As always, your thoughts and ideas are welcomed, and your time and efforts are appreciated!