

AFTER ACTION REPORT



(AAR)

Full-Scale Active Shooter/Terrorist
Exercise

Adams State College Campus

Alamosa, Colorado



November 9th, 2007

Version 1.1

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I. Executive Summary

The exercise was designed to give first responders in the Alamosa area an opportunity to work together and respond to a scenario that produced multiple casualties and an on-going threat to ASC students and citizens in the immediate area of the event. Law enforcement agencies would have to coordinate their efforts to contain and, if possible, neutralize the shooter. Emergency Medical Service (EMS) personnel were faced with a mix of gunshot wounds with various levels of severity. EMS personnel also transported injured student to San Luis Valley Regional Medical Center (SLV RMC) for more advanced care. Emergency Room staff at SLV RMC practiced their procedures to triage and treat injured students.

About a dozen students from ASC Theater/Drama Department volunteered to be mock victims. Moulage kit materials (looks like an actual wound) were applied to each student. These simulated injuries were designed to (a) give EMS units opportunity to treat and triage patients, and (b) give Emergency Room staff realistic trauma injuries to treat.



A few days before the exercise, Adams State College Department of Public Safety sent several E-mail alerts to ASC students. They also posted signs around the campus notifying everyone of the upcoming exercise. Several weeks before the exercise, the Valley Courier ran a public service announcement in the paper describing the upcoming exercise.

When the exercise started, the ASC Incident Management Team tested their new “e2campus” messaging system and sent text messages regarding the exercise to student cell phones. This system sends a short text message simultaneously to dozens of cell phones.



Since law enforcement personnel would be responding with firearms, an Exercise Safety Officer was assigned to inspect and render-safe all firearms before entering the exercise area. Inspected firearms could be identified with yellow tape around the muzzle and ammunition magazines on rifles.

This exercise was a “worst case scenario” for EMS, because a large number of EMS personnel from Alamosa and other agencies with the San Luis Valley region were out of town attending a state EMS conference in Keystone, CO.

The following agencies participated in the exercise:

- Alamosa Ambulance Service
- Alamosa County Sheriff’s Office
- Alamosa Police Department
- Adams State College Department of Public Safety
- Adams State College Theater/Drama Department

- Adams State College Senior Administrators
- Colorado State Patrol, Alamosa Regional Communications Center (ARCC)
- Federal Bureau of Investigation, Denver Field Office
- San Luis Valley Regional Medical Center
- Valley Wide Health Services

A total of 62 people from the above agencies or departments participated in this exercise.

Before the exercise started a controller and evaluator meeting was conducted by the Exercise Director/Senior Controller. Exercise materials, vests, short-range radios were passed out. An important message to the controllers was to make every effort to have exercise participants begin each radio message with, “This is an exercise message”.

Multiple 911 calls started coming into ARCC at 1400 hours describing what individuals were observing. Most of the calls were made by bystanders selected at random and asked to make a 911 call.



Exercise activities followed fairly close to the scenario. Other than the start time of the exercise, there were no timelines to accomplish exercise objectives. Exercise planners wanted responding agencies to use current procedures and protocols, as they would have used had this been an actual emergency.

ASC officers responded, engaged the perpetrator, wounding him.



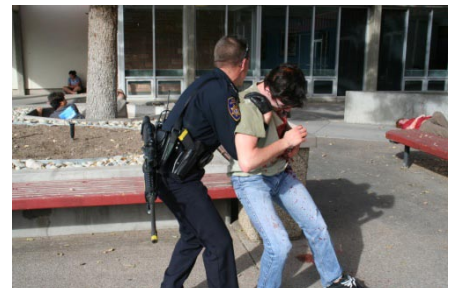
Once the perpetrator retreated, with hostages, into a small alcove off of the Student Union Building, ASC officers called for backup help from Alamosa Police



Department.

APD officers began rescuing injured students while other officers gave them cover.

An Incident Commander (IC) emerged early in the scenario. This individual was an APD officer who took operational command of the situation and coordinated actions with ARCC. Location of the Incident Command Post was not clear at first, but the location was transmitted to ARCC in a fairly timely manner. As the exercise progressed, the Director of Public Safety for ASC took over the role of IC.



A Campus Incident Management Team also formed at another location on the ASC campus to manage internal and external campus operations. This group operated in isolation, with no contact with the IC or ARCC.

When the perpetrator took hostages the IC contacted ARCC and made the decision to contact the APD Critical Incident Response Team (CIRT)¹. ARCC paged CIRT members, but pager contact protocols within the CIRT had changed resulting in ARCC's inability to contact team members. After some delay, ARCC did contact the CIRT commander and the team was dispatched to the scene.



When the APD CIRT arrived in their armored vehicle, they brought their hostage negotiator from San Luis Valley Mental Health Center (Dave Hayden). Arriving separately, a CIRT sniper team quietly positioned themselves on a roof top across the street from the perpetrator and the hostages. The hostage negotiator was able to make contact with the perpetrator and a dialog ensued.

The hostage taker demanded that three convicted terrorists incarcerated in the Federal "Super Max" prison in Florence, Colorado be released or he would start shooting hostages. The IC felt this demand required notification of the Federal Bureau of Investigation (FBI). The IC contacted ARCC and they contacted the FBI Denver Field Office (who was also a player in the exercise).

The hostage negotiator was able to talk with one of the hostages. On a prearrange signal, the hostages all dropped to the ground and the CIRT sniper said he had a clear shot. That ended the exercise.

Perhaps one of the most important strengths of the entire exercise was the ability of responders to communicate using the relatively new Digital Trunk Radios (DTR). This was especially true for most law enforcement personnel and agencies.

An area for improvement concerns communications between responding EMS units, ARCC and Incident Command. The first ambulance to arrive on scene asked ARCC if they could safely proceed and ARCC responded with "affirmative, but contact Incident Command". The ambulance proceeded to the scene without contacting Incident Command and before law enforcement had made the incident area safe for their arrival.



¹ CIRT is the same as a Special Weapons and Tactics Team (SWAT)

Another area for improvement concerns the Campus Incident Management Team². This group is needed to manage many facets of campus emergency operations, but should coordinate their activities with the IC and ARCC.

II. Improvement Plan Matrix

This document summarizes recommended improvements identified during the exercise. It also assigns responsibility for making improvement and a timeline to have corrections completed.

The Improvement Plan Matrix is located at Attachment 1.

III. Exercise Funding

This exercise is funded by the San Luis Valley Homeland Security Program Coordinator using funds from grant year 2006-2007.

IV. Exercise Design Summary

In the past few decades, a number of deranged or politically motivated individuals have gone into schools and colleges with the intent to injure and kill students and faculty.

Adams State College officials want to test their ability to respond to an “active shooter” incident using their own law enforcement assets as well as other local agencies. San Luis Valley Regional Medical Center also wanted to practice their ability to transport and treat a large number of victims with gunshot wounds. The response and containment phases of this exercise gave participating agencies an opportunity to coordinate their actions. As in all emergencies, interoperable communications between supervisors, Incident Command, ARCC and responding officers and EMS personnel was key to an efficient resolution of the mock events presented to participants.

V. Exercise Staff, Controllers and Evaluators

Exercise Director and Senior Controller

Dave Pote
San Luis Valley Exercise Design Team
(719) 580-0738

² Campus Incident Management Team is composed of senior ASC administrators

Safety Officer

Shawn Woods
12th Judicial District Attorney's Office, Alamosa, CO
(719) 589-3691

Photographer

Kyle Zarn
Adams State College
(719) 588-9060

Hot Wash Recorder

Renee Monaghan
Adams State College Department of Public Safety
(719) 587-7901

Controllers

Adams State College Department of Public Safety – Tyrece Bass (719) 587-7901

Alamosa Police Department – Jeff Babcock (719) 480-1767

Alamosa County Sheriff's Office – Cilia Rodriguez (719) 589-0318

San Luis Valley Regional Medical Center – Denise Trujillo (719) 589-2511

Alamosa Ambulance Service – Angela Medina (719) 589-4723

Incident Command – Cilia Rodriguez (719) 589-0318

Staging Area – John Baker (719) 256-5148

Evaluators

Adams State College – David Chavez (719) 378-6323

Alamosa Police Department – Robert Jackson (719) 589-2548

Alamosa County Sheriff's Office – Cilia Rodriguez (719) 589-0318

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San Luis Valley Regional Medical Center – Arlene Harmes & John Overall (719) 589-2511

Alamosa Ambulance Service – Tom Candlin (719) 589-2511

Incident Command – Cilia Rodriguez (719) 589-0318

Staging Area – John Baker (719) 256-5148

VI. Exercise Scenario:



An Islamic extremist shoots twenty (20) students in front of the Student Union Building (SUB). A student witnesses the event and calls 911 on her cell phone. She reports a man standing in front of the SUB shot



repeatedly into a group of students. The caller says, "Lots of people are hurt and he keeps shooting!" Students walking by stopped to look at the carnage and the shooter quickly fired and hits multiple victims. Their conditions are unknown at this time. Alamosa Regional Communications Center (ARCC) contacts and dispatches the following agencies:

- Adams State College Department of Public Safety (DPS)
- Alamosa Police Department (APD)
- Alamosa Fire Department
- Alamosa County Sheriff's Office (ACSO)
- Alamosa Ambulance Service

DPS officer arrives first and fires at the shooter still standing in front of the SUB. The gunfire from ASC DPS officer injures the perpetrator and forces the shooter into the SUB building. The shooter grabs three students and forces himself inside the SUB with the hostages. APD and ACSO units arrive and the DPS officer advises them to take up defensive positions around the SUB to cover entrances. The CIRT team will be deployed. The perpetrator shouts out a window that he has three hostages. He demands that the following "political prisoners" be released immediately from the "SuperMax" federal prison in Florence, Colorado or he will begin shooting hostages:

- Zacharias Moussaoui
- Ramzi Yousef
- Omar Abdel-Rahman

Once the shooter makes these demands to release convicted terrorists, the situation changes from being a local situation to a federal terrorist incident. The Federal Bureau of Investigation should be notified by the Incident Commander via ARCC.

The Staging Area and the Incident Command Post should be established in the parking lot immediately north of Plachy Hall.

Participants must organize themselves in accordance with National Incident Management System (NIMS) and Incident Command System (ICS). Participants should also coordinate communications with Digital Trunk Radios (DTR) using San Luis Valley DTR Protocols, version 1.3, dated June 30, 2006.

VII. Summary of Design Initiative Events

In late September 2007, representatives from Adams State College (ASC), Alamosa Police Department (APD) and San Luis Valley Regional Medical Center (SLV RMC) approached the San Luis Valley Exercise Design team and requested their assistance with a full-scale active shooter exercise on the ASC campus. These representatives were advised that in order to have access to Homeland Security funds, the exercise scenario would have to contain a component involving weapons of mass destruction or terrorism.

Exercise planners decided the active shooter would take hostages and have a political agenda demanding release of three actual convicted terrorists incarcerated in the “Supermax” federal prison in Florence, Colorado.

This full-scale exercise was conceptualized, planned and executed in four weeks. There were a total of four planning meetings. About a week before the exercise, the Exercise Plan, Evaluation Plan and the Master Scenario of Events Listings (MSEL) were passed out to exercise planners. Planners went back to their respective agencies and organizations to work with their controllers and evaluators. The controller and evaluator meeting conducted by the Exercise Director was conducted just before the exercise.

There were five separate MSELs for this exercise, where normally there would only be one MSEL for the entire exercise. Separate MSELs were used because, with the exception of the start time of the exercise, there were no timelines established for controllers. Responders were going to use their existing policies and procedures to respond, contain and recover from the events portrayed in the scenario. MSELs contained events and anticipated actions in chronological sequence.

Controllers were chosen for their familiarity of the agency they were with. When they observed that a needed action had not taken place in a timely manner, controllers would prompt or push exercise participants to take that particular action to keep the exercise play flowing.

Planners decided not to give exercise roles to fire departments. This was decided because the exercise was only to take place for 90-120 minutes and fire events were not scripted into the scenario. Alamosa Fire Department was represented during exercise planning meetings. Since they did not have an active role in this exercise, AFD provided four firefighters to provide crowd control for spectators.

The exercise area was limited to one of the campus side streets, minimizing traffic flow and disruption on campus. The actual incident scene was on the west walkway of the Student Union Building.

Exercise planners discussed the best methods to notify the public and ASC students about the upcoming exercise. About a week before the event, ASC Department of Public Safety published an article in the Alamosa Valley Courier newspaper, alerting the readers of the exercise. They also posted signs on most campus building doors reminding students of the exercise. Finally, they sent E-mails to all ASC students reminding them of exercise. Planners felt comfortable that adequate notification had been given.

General Timeline for the Exercise

Time and Date	Who is Involved	Location	Description
1300 hours, November 9 th	Actors	South entrance of Student Union Building	Apply moulage to injured actors.
1300 hours	Controllers and evaluators	North side of Computing Services Building, in the parking lot	Exercise registration. Issue badges, vests.
1330 hours	All law enforcement participants	South entrance to ASC Department of Public Safety building	Exercise registration. Firearms safety check, ensure no loaded firearms are used during the exercise; Safety Officer will render safe all weapons and mark each with blue tape.
1345 hours	Actors	West side of the Student Union Building	Assume mock injured positions. Perpetrator takes a position in the same area with three (3) hostages.
1400 hours	All individuals involved in the exercise		Start of exercise
1500-1530 hours	All individuals involved in the exercise		End of exercise
1500-1530 hours	All individuals involved in the exercise	Cafeteria in Student Union Building	Exercise debriefing ("hot wash"), snacks, drinks

VIII. Exercise Objectives:

1. Evaluate the capability of first responders to implement the National Incident Management System and Incident Command System in response to a terrorism incident within five (5) minutes after arrival on the scene.
2. Evaluate law enforcement's ability to neutralize or reduce the ability of the shooter to pose a continuing danger to the public.

3. Assess the ability to establish and maintain multi-agency and multi-jurisdictional communications in response to a terrorism incident using the San Luis Valley Digital Trunk Radio Protocols.
4. Examine the ability to provide effective pre-hospital emergency medical care in response to a terrorism incident. Assess the ability to conduct triage, treatment, and transport operations.
5. Assess ways to reduce the conflicting requirements for protection of a crime scene and evidence collection with the need to perform victim rescue operations.
6. The Adams State College Public Information Officer responds to the Incident Command Post and is prepared to release a statement for the media within thirty (30) minutes.

IX. Homeland Security Target Capabilities Included in this Exercise

The Department of Homeland Security has identified 37 different defined Target Capabilities. Each of these Target Capabilities addresses a specific area of readiness. These Target Capabilities are:

Common Capabilities

1. Planning
2. Communications
3. Community Preparedness and Participation
4. Risk Management

Prevention Mission Capabilities

5. Information Gathering and Recognition of Indicators and Warning
6. Information Analysis and Production
7. Information Sharing and Dissemination
8. Law Enforcement Investigations and Operations
9. CBRNE (chemical, biological, radiological, nuclear and explosive) Detection

Protection Mission Capabilities

10. Critical Infrastructure Protection
11. Food and Agriculture Safety and Defense
12. Epidemiological Surveillance and Investigation
13. Public Health Laboratory Testing

Response Mission Capabilities

14. Onsite Incident Management
15. Emergency Operations Center Management
16. Critical Resource Logistics and Distribution
17. Volunteer Management and Donations
18. Public Safety and Security Response
19. Responder Safety and Health
20. Animal Health Emergency Support

21. Environmental Health
22. Explosive Device Response Operations
23. Firefighting Operations and Support
24. Weapons of Mass Destruction/Hazardous Materials Response and Decontamination
25. Citizen Evacuation and Shelter-in-Place
26. Isolation and Quarantine
27. Urban Search and Rescue
28. Emergency Public Information and Warning
29. Triage and Pre-Hospital Treatment
30. Medical Surge
31. Medical Supplies Management and Distribution
32. Mass Prophylaxis
33. Mass Care (Sheltering, Feeding and Related Services)
34. Fatality Management

Recovery Mission Capabilities

35. Structural Damage and Mitigation Assessment
36. Restoration of Lifelines
37. Economic and Community Recovery

Federal, State and local governments across the nation are working to increase their readiness posture in each of these 37 areas. The State of Colorado has chosen to focus on and prioritize 13 of the 37 Target Capabilities. Those Target Capabilities are:

1. Planning
2. Interoperable Communications
3. Responder Health and Safety
4. Critical Infrastructure Protection
5. Community Preparedness and Participation
6. Intelligence and Information Sharing
7. Medical Surge
8. CBRNE (chemical, biological, radiological, nuclear and explosive) Detection
9. Law Enforcement Investigations and Operations
10. Weapons of Mass Destruction/Hazardous Materials Response and Decontamination
11. Mass Prophylaxis
12. Emergency Operations Center Management
13. Explosive Device Operations

There were a number of Homeland Security Target Capabilities addressed during this mock emergency. Following are those Target Capabilities, Capability Definition, Desired Outcome, Exercise Narrative(s), Strengths and Areas of Improvement.

X. Target Capability – Planning

Capability Definition: Planning is the mechanism through which Federal, State, and local governments, non-governmental organizations (NGO's), and the private sector develop, validate, and maintain plans, policies, and procedures describing how they will prioritize, coordinate, manage, and support personnel, information, equipment, and resources to prevent, protect and mitigate against, respond to, and recover from Incidents of National Significance. Preparedness plans are drafted by a litany of organizations, agencies and/or departments at all levels of government and within the private sector. Preparedness plans are not limited to those plans drafted by emergency management planners. The preparedness planning capability sets forth many of the activities and tasks undertaken by an Emergency Management planner when drafting (or updating) emergency management plans.

Unlike the other target capabilities, the attributes of planning are difficult to quantify, as individual planners may have considerably varied education and experience, and still produce plans that lead to the successful implementation of a target capability. The focus of the Planning Capability should be on the successful achievement of a plan's concept of operations using target capabilities and not the ability to plan as an end unto itself. Plans should be updated following major incidents and exercises to include lesson learned. The plans should form the basis of training and should be exercised periodically to ensure that responders are familiar with the plan and be able to execute their assigned role. Thus, it is essential that plans reflect the preparedness cycle of plan, train, exercise and incorporation of after action review and lessons learned.

Desired Outcome: Preparedness plans incorporate an accurate hazard analysis and risk assessment and ensure that capabilities required to prevent, protect and mitigate against, respond to, and recover from acts of all-hazards are available when and where they are needed. Plans are vertically and horizontally integrated with appropriate departments, agencies and jurisdictions. Where appropriate, plans incorporate a mechanism for requesting State and Federal assistance with a clearly delineated process for seeking and requesting assistance from appropriate agencies.

Narrative: Adams State College, Alamosa Police Department and Alamosa County Sheriff's Office don't have traditional written plans for supporting each other during emergencies or disasters. Rather they do have mutual aid agreements and unofficial understandings between agencies. Absence of written plans notwithstanding, the agencies wanted to test and evaluate their response and work together for the first time during a mock active shooter/terrorist emergency. The logic was that if an actual emergency of this magnitude was thrust upon them, they would have to respond and contain the incident using what little planning had already been done between agencies. Additionally, recent shooting incidents on other college campuses and public schools added to the urgency of exercise planners and agencies to test their combined ability to respond to the scenario presented in this exercise.

Areas for Improvement: Adams State College Administration, law enforcement, fire and EMS agencies should come together and reach consensus on concept of operations for various planning scenarios. Planning scenarios could include an active shooter, bomb threats, attempted suicide, dormitory fire, etc.

Once these planning scenarios have been identified, agencies can formulate plans and assign tasking to develop concepts for initial response activities.

XI. Target Capability - Public Safety and Security Response

Capability Definition: Public Safety and Security Response is the capability to reduce the impact and consequences of an incident or major event by securing the affected area, including crime/incident scene preservation issues as appropriate, safely diverting the public from hazards, providing security support to other response operations and properties, and sustaining operations from response through recovery. This capability requires coordination among officials from law enforcement, fire, and emergency medical services.

Desired Outcome: The incident scene is assessed and secured, access is controlled, security support is provided to other response operations (and related critical locations, facilities, and resources), emergency public information is provided, while protecting first responders and mitigating any further effect to the public at risk, and any crime/incident scene preservation issues have been addressed.



Exercise Narrative: After receiving the first few 911 calls, ARCC notified ASC Department of Public Safety officers on duty of the incident as reported in 911 calls. Two ASC officers respond and engage the shooter. The shooter is wounded and retreats into a small alcove off the northwest side of the Student Union Building. ASC officers contact ARCC and report the shooter has five hostages and request APD send backup help.

Strengths:

- With the shooter retreating into a narrow alcove, danger to students and citizens is limited to a very narrow field of fire for the shooter. APD patrol officers arrived to further insure the perpetrator could not move out of the small alcove. APD decided to move injured students to a safe location out of the line of fire. These APD officers were covered by ASC and other APD officers who had taken up defensive positions.
- APD CIRT (Critical Incident Response Team) sniper team (spotter and shooter) positioned themselves west of the incident scene, across the street on top of the Computer Sciences Building. Remaining CIRT team members arrived in an armored vehicle and immediately drove up on the concrete walkway between the perpetrator and EMS units. The EMS units drove to the scene without the Incident Commanders permission, but CIRT members used their vehicle to protect EMS while they provide triage, treatment and transport.

Areas for Improvement:

- At one point, ASC officers were located between the perpetrator and arriving APD officers. ASC officers could have been caught in a cross fire if a firefight ensued with the perpetrator and APD officers. This was corrected during the exercise.
- Several CIRT members entered the Student Union Building with the intent of a dynamic entry through a door just behind the perpetrator. However, the CIRT team did not have a floor plan to guide them through the building. After the exercise, they did determine that they had, indeed, found the door they needed, but were unsure it was correct during the event. ASC maintenance staff could have provided the CIRT with a floor plan of any building on the college grounds. CIRT members should have contacted the IC to obtain a floor plan before entering the building.

XII. Target Capability – Communications

Capability Definition: Communications is the fundamental capability within disciplines and jurisdictions that practitioners need to perform the most routine and basic elements of their job functions. Agencies must be operable, meaning they must have sufficient wireless communication to meet their everyday internal and emergency communication requirements before they place value on being interoperable, meaning being able to work with other agencies.

Communications interoperability is the ability of public safety agencies (police, fire, EMS) and service agencies (public works, transportation, hospitals, etc.) to talk within and across agencies and jurisdictions via radio and associated communications systems, exchanging voice, data and/or video with one another on demand, in real time, when needed, and when authorized. It is essential that public safety has the intra-agency operability it needs, and that it builds its systems toward interoperability.

Desired Outcome: A continuous flow of critical information is maintained as needed among multi-jurisdictional and multi-disciplinary emergency responders, command posts, agencies, and the government officials for the duration of the emergency response, operation in compliance with National Incident Management System (NIMS). To accomplish this, the jurisdiction has a continuity of operations plan for public safety communications to include the consideration of critical components, networks, support systems, personnel, and an appropriate level of redundant communications systems in the event of an emergency.

Narrative:

- Historically, the ad hoc communications architecture needed during emergencies or disasters is much different than the day-to-day practices for first responders. Individual responders often have difficulty remembering which channels to use as well as how to find those channels on their DTR radio. This exercise was no different.
- Exercise planners were promoting the use of the San Luis Valley DTR Protocols (see attachment 2). This document provides a simple form of communications architecture using channels

already in each Digital Trunk Radio. The key to using the protocols effectively is practice along with a change in the thought process of using the DTR radios.

- As the exercise progressed, responders began to use more of the protocols. This helped information flow from the Incident Commander to ARCC and from the IC to responders at the scene.
- On balance, law enforcement responders used the San Luis Valley DTR Protocols and their DTR radios very well. An important reason for this is that a law enforcement representative was with the Incident Commander. This relationship formed the first part of a Unified Command at the Incident Command Post. The IC was able to communicate with ARCC while the LE representative kept in contact with LE responders working the scene.
- Emergency Medical Services was not able to provide an EMS representative to the Unified Command. All available EMT's were needed to drive ambulances and provide care for mock injured students. EMS staffing was further exacerbated by the fact that many EMT's from various SLV EMS agencies around the San Luis Valley region were attending a conference in Keystone, Colorado. One of the ambulance crews maintained contact with ARCC instead of receiving instructions from the IC. The ambulance crew asked ARCC if it was safe to proceed to the scene. ARCC responded with "affirmative, but contact ASC 1". ASC 1 or "Adams State College 1", the Director of Public Safety was the Incident Commander but was not contacted by the ambulance crew. Consequently, they drove up to the incident site before the scene had been secured.

Areas for Improvement:

- Responding units must take their direction at the scene from the Incident Commander or the Unified Command. EMS units dispatched to the incident should move off of their normal dispatch channel and contact the Incident Commander using the county mutual aid channel. Since the incident takes place in Alamosa County, the Alamosa County Mutual Aid Channel (ALAMAC) was the proper channel to contact the IC.
- EMS agencies should make time during their regular in-service meetings to become more familiar with their DTR radio and the San Luis Valley Digital Trunk Radio Protocols. DTR users should practice finding and transmitting on channels other than their normal dispatch channel. Periodic hands-on experience with their DTR radios is probably going to be the best and most important radio training or refresher training for EMT's in all SLV EMS agencies.

XIII. Target Capability – On-Site Incident Management

Capability Definition: On-site Incident Management is the capability to effectively direct and control incident activities by using the Incident Command System (ICS) consistent with the National Incident Management System (NIMS).

Desired Outcome: The incident is managed safely, effectively, and efficiently through the integration of facilities, resources (personnel, equipment, supplies, and communications), and procedures using a common organizational structure that is the ICS.

Narrative:

- When APD arrived, Sgt Black advises ARCC that he is the Incident Commander. When the Director of Public Safety arrives, Incident Command changed and he becomes IC. Whenever one of the first responders asked who the IC is, ARCC directed them to move off of their DTR dispatch channel and contact the IC on Alamosa Mutual Aid Channel (ALA MAC).
- The San Luis Valley Digital Trunk Radio Protocols (see Attachment 1) specifies the person who assumes the role of IC to switch their DTR radio channel to the county mutual aid channel for the county the incident or emergency is located in. Since the exercise took place in Alamosa County, ALA MAC was the appropriate channel for the IC to use.

Strengths: Two members of Adams State College (ASC) Department of Public Safety arrived on scene within two minutes of notification from ARCC. They engaged the perpetrator with handguns, wounding the individual, forcing him to retreat into a small stairway on the west end of the Student Union Building. Three minutes later, Alamosa Police Department (APD) patrol officers arrived, took up defense positions with AR-15 rifles and shotguns, further preventing the perpetrator from injuring more students.

Areas of Improvement: Some of the APD and ASC officers had difficulty finding ALA MAC and simplex channels on their DTR radios. DTR radio familiarity classes are being designed and will be available very soon. These classes will consist of lecture, demonstration and student performance. Attendees will have a much better understanding of their DTR radios and their capabilities. When these classes are announced, APD and ASC management should schedule times, dates and places for this training. Once the training is completed, ensure DTR users remain familiar through practice sessions during periodic training, meetings, etc.

Narrative: One of the exercise objectives was for ASC to provide a PIO (Public Information Officer) to the On-Scene Incident Command Post. The PIO was supposed to release a news media statement within 30 minutes after the exercise started. This objective was not accomplished.

Areas for Improvement: The Campus Incident Management Team should send the ASC PIO or a designated representative to the On-Scene Incident Command Post. The PIO must have reliable communications with the Campus Incident Management Team.

Narrative:

- The following exercise narrative does not directly relate to On-Site Incident Management, but, for the purposes of this After Action Report, fits best under this Target Capability. Adams State College Senior Administration Staff met at another location, forming an Incident Management Team. The purpose of this group was to manage campus affairs (internally and externally) during an emergency situation. This group was not included in the planning process for this exercise, but probably should have been included. This omission was most likely due to the short exercise planning period.

- The Campus Incident Management Team should have been part of the On-Scene Incident Command Post and not working in isolation. One of the cornerstones of the Incident Command System is that there should be only one Incident Command Post and one Incident Commander. During the exercise, the On-Scene Incident Command Post did not communicate any information between the Campus Incident Management Team and vice versa. This arrangement may well lead to mixed messages to the campus and community, miss-direction of resources and other problems associated with poor communications.

Areas of Improvement:

- The Campus Incident Management Team should always provide a representative to the Unified Command formed at the On-Scene Incident Command Post. This individual should be a senior member of the campus administration, and have reliable communications to coordinate efforts at the incident site and with the Campus Incident Management Team.
- Notes provided to the author regarding activities and problems encountered by the Campus Incident Management Team suggest this group can benefit from using the concept of Incident Command System (ICS) to manage their operations. ICS-100, an introductory ICS course is available upon request.

XIV. Target Capability – Triage and Pre-Hospital Treatment

Capability Definition: Triage and Pre-Hospital Treatment is the capability to appropriately dispatch emergency medical services (EMS) resources; to provide feasible, suitable, and medically acceptable pre-hospital triage and treatment of patients; to provide transport as well as medical care en-route to an appropriate receiving facility; and to track patients to a treatment facility

Desired Outcome: Emergency Medical Services (EMS) resources are effectively and appropriately dispatched and provide pre-hospital triage, treatment, transport, tracking of patients, and documentation of care appropriate for the incident, while maintaining the capabilities of the EMS system for continued operations.



Narrative:

- The exercise scenario presented responding EMS units with nine mock injured patients suffering from gunshot wounds of varying severity. Patient care and transport to SLV RMC appeared excellent and well within standards.
- When patients arrived at the Emergency Room, some patients were not wearing triage tags.

Areas for Improvement: More supplies need to be placed on primary ambulances or possibly consider a “disaster bag” for easy access by EMS personnel on potential large-scale disaster calls

Narrative: Two responding ambulances drove up to the incident scene before law enforcement could neutralize the threat from the perpetrator. This endangered the crew and EMS resources. More discussion on this aspect is contained in the “Communications” section of this report.



Areas for Improvement: EMS units must take their direction from the on-scene IC or Unified Command. ARCC does not have, nor will it ever have, a visual understanding of the incident to the point where they can give tactical direction to emergency assets at the scene of an emergency or disaster.

XV. Target Capability – Medical Surge

Capability Definition: Medical Surge is the capability to rapidly expand the capacity of the existing healthcare system (long-term care facilities, community health agencies, acute care facilities, alternate care facilities and public health department) in order to provide triage and subsequent medical care. This includes providing definitive care to individuals at appropriate clinical level of care, within sufficient time to achieve recovery and minimize medical complications. The capability applies to an event resulting in a number or type of patients that overwhelm the day-to-day acute-care medical capacity. Planners must consider that medical resources are normally at or near capacity at any given time. Medical Surge is defines as rapid expansion of the capacity of the existing health care system in response to an event that results in increased need of personnel (clinical and non-clinical), support functions (laboratories and radiological), physical space (beds, alternate care facilities) and logistical support (clinical and non-clinical equipment and supplies).

Desired Outcome: Injured or ill from the event are rapidly and appropriately cared for. Continuity of care in maintain for non-incident related illness or injury.

Triage Activities:

Narrative: Triage by one of the Emergency Room physicians was performed on ER ramps.

Areas for Improvement: Triage should be performed on all patients in the ambulance bays for warmth, safety and to be able to control patients, as needed.



Strengths: EMS and hospital ER staff use a color code system to triage patients: “red” is the most severe and require priority treatment; “yellow” identifies patients who require treatment, but their injuries do not qualify them as “red” level patients; “green” denotes patients who are injured, but ambulatory to some degree (“walking wounded”). Patients tagged as “green” at the ER were transported to Valley Wide Health

Systems clinic or SLV RMC Physicians Services by two members of SLV RMC Housekeeping Services (Emily DeGalavis and Linda Garcia).

Narrative: The names of patients coded as “green” were not recorded for Communications Team personnel.

Areas for Improvement: ER staff should make every effort to collect initial information on arriving patients and pass it on to Triage and Communication Team personnel.

Narrative: A Triage Nurse was not designated early in the event.

Areas for Improvement: More intensive training is needed for those individuals who will become Triage Nurses. Establish parameters for this respondent that is consistent with their level of training.

Emergency Room:



Narrative: Even though there is a DTR base station radio in the ER, communications between ER staff and Incident Command Post were not efficient. This problem was compounded by the fact that the Incident Commander did not have an EMS representative within his Unified Command. Unfamiliarity with use of the DTR base station and use of the SLV DTR protocols may have contributed to communication difficulties.

Areas for Improvement: ER staff should receive familiarity training with the DTR base station. This kind of training is available and will enlighten ER staff to the communications architecture used during events that use Incident Command System. ER staff should also attend Incident Command System 100-level training.

Strengths: Even though the extent of the incident could not be ascertained by ER staff, the ER Physician, Dr. Grant Hurley, and the ER Nurse, Heather Haefeli, they both acted quickly and appropriately to delegate duties to responding personnel.

Admissions:

Narrative:

- There was confusion with hospital readiness color code activation.
- Billing Department had problems obtaining patient information, tracking orders and services.

Areas for Improvement:

- Hospital readiness color code activation procedures



should be discussed at future staff and department meetings. To reinforce understanding, this procedure should be on the agenda of meetings for the next few months.

- Establish “Code Orange” boxes and packets to expedite patients and their associated information. One packet should be given or attached to patients during triage and stay with the patient during the entire visit to the hospital. Identify patients with wristbands and add information as it is obtained. The goal is not to disrupt any patient flow, but still track vital information.

Strengths: The ER Unit secretary, Melissa Brownlow, developed a “spur of the moment” tracking system for incoming patients that worked well.

Laboratory:

Narrative: Some laboratory reports were not placed with correct patients.

Strengths: Laboratory personnel quickly took the initiative to organize themselves for the expected surge in demands for analytical information and did so without hospital staff direction.

Areas for Improvement: Triage wristbands will be placed in the triage area for all patients. Self-adhesive labels will be used to identify patients and results until standard charts can be initiated.

Radiology:

Strengths: Staff displayed a very coordinated effort to meet the increased demands for radiology products. The Computed Tomography (CT) equipment was warmed up prior to any patient arrival and staff was ready to handle the expected large influx of victims needing radiology products.

Respiratory:

Narrative:

- The Respiratory Division Director was not notified of the mock incident.
- Not enough Respiratory Division staff was available for an incident of this magnitude.

Areas for Improvement:

- Add the Director to the hospital pager and telephone emergency notification list.
- Develop an “all call” list of Division staff. Ensure this list is available to appropriate hospital staff and is tested and updated periodically

Strengths: Leland Romero and Autumn Mosenteen handled any and all patients appropriately even though they had to divide their time between ER and their work area. These staff members kept their calm even when faced with overwhelming request for services.

Obstetrics:

Narrative: Response was very appropriate and personnel were ready to assist any obstetrical patient as needed. At one point, an ER physician deemed a mock pregnant patient was not workable but never checked the fetus. Nurses should probably have been a little more proactive by possibly checking for fetal heart tones prior to the physician's decision.

Surgery:

Narrative: No paging response from department personnel initially. However, several CRNA's (Certified Registered Nurse Anesthetist) answered the page and were present in the ER at the time mock victims started arriving. The department was contacted directly and a number of beds were dedicated to the influx of mock patients.

Administration:

Narrative: Security around doors, hallways and stairwells was poor.

Areas for Improvement: Develop a better system for security of the facility and patients during medical surge emergencies. Selected employees should have designated security positions and responsibilities during emergencies. These special duties should include keeping hallways open for ER and other hospital staff.

Narrative: Hospital staff was unsure of where the temporary morgue was located.

Areas for Improvement: The San Luis Valley Conference Room located in the Administration Wing is designated as the temporary morgue during large scale disasters. This location will expedite removal of remains without interrupting services in the rest of the hospital.

Narrative: Personnel pool contact information was outdated.

Strengths: Cheryl Anderson was placed in this position and without training and minimal or no supervision contacted as many employees as possible. Cheryl displayed tremendous effort to accomplish her disaster exercise task.

Areas for Improvement: Update names, digital pager numbers, and telephone numbers. Devise a system to periodically verify that personnel pool contact information is current.

Narrative: Staging areas for responding personnel, media representatives and patient relatives were not designated.

Areas for Improvement: Responding hospital personnel will stage in the Information Services Training Room, media representatives will meet in the cafeteria and patient relatives will meet in the cafeteria lobby.

Narrative: Kathy Rogers is the designated hospital spokesperson or PIO (Public Information Officer). However, during this exercise Kathy was not on the hospital campus.

Areas for Improvement: Hospital management should designate one or two other staff members to back up Kathy Rogers when she is away. These staff members should receive training in Risk Communications and work with Kathy to become familiar and comfortable with this new role.

Narrative: Hospital management was not sure which external assets should be alerted and placed on stand-by or requested to assemble in hospital staff staging area (Information Services Training Room).

Areas for Improvement: Ensure San Luis Valley Mental Health Center, Eagle Air Medical Services, and Victims Advocate (contact them through ARCC).

Narrative: This exercise identified the need for a Liaison Officer in the ER to expedite accurate patient information transfer and disposition to other hospital units.

Areas for Improvement: Hospital management should designate a primary and several alternates to this position. Ensure designees receive orientation training on their duties.

Housekeeping:

Strengths: Staff members took direction from hospital medical staff, as appropriate. They left their comfort zones and responded to tasks that were asked of them without complaint. Throughout the mock medical surge emergency they kept smiling even though it was apparent they were very nervous over what was being asked of them.

Areas for Improvement: Offer and encourage CPR and Basic First Aid training for all Sodexo employees.

Maintenance:

Narrative:

- With the surge in patient load in the ER, a decision was made to move the “Disaster Trailer” from its storage area on the east side of hospital property over near the ER. Maintenance personnel attempted to move the trailer with conventional pickup trucks, but discovered the trailer was too heavy.
- Maintenance personnel provided traffic control around the ER entrance. However, reflective safety apparel was not immediately available. This put personnel performing traffic control at risk.

Areas for Improvement:

- Attach a tow bar to one of the plant tractors. (This was accomplished on November 13, 2007)

- Obtain high visibility safety apparel for hospital employees who provide traffic control during surge emergencies. Selection of needed items should take into account day and nighttime operations as well as cold weather.

XVI. Analysis of Capabilities Demonstrated:

On balance, law enforcement, emergency medical services and San Luis Valley Regional Medical Center displayed the ability to rapidly respond to an active shooter scenario. This exercise demonstrated responders' ability to use existing equipment, vehicles, and weapons to respond, suppress and contain the events portrayed in the scenario.

Alamosa Regional Communication Center (ARCC) demonstrated their procedures to coordination activities between the Incident Commander (IC) and ARCC. ARCC also used agency dispatch channels to instruct responding agencies on which channels to use.

ARCC's inability to page out CIRT members due to a change in APD's notification policy and procedures demonstrated the need for ARCC and APD to work together more often on updating common policies and procedures.

Digital Trunk Radio (DTR) assets were available to responders, but lack of familiarity with these radios caused some confusion at the mock incident scene.

Incident Command System (ICS) procedures were used during the exercise. The senior APD officer assumed the role of Incident Commander (IC) until the Adams State College Director of Public Safety arrived to assume the role of IC. Emergency Medical Services (EMS) had difficulty working within the ICS structure and with the IC.

ATTACHMENT 1**Improvement Plan Matrix**

Tasks	Recommendations	Improvement Actions	Responsible Party or Agency	Completion Date
EMS personnel not familiar with DTR radio or SLV DTR Protocols	EMS agency management personnel should request DTR radio training. Training will include instruction on SLV DTR Protocols	EMS personnel attend DTR radio familiarity training	Alamosa Ambulance Service	April 30, 2008
EMS personnel unfamiliar with Incident Command System (ICS)	EMS agency management personnel should request ICS-100 training	EMS personnel attend ICS-100 training	Alamosa Ambulance Service	April 30, 2008
EMS personnel unfamiliar with DTR radios	EMS agency management personnel should ensure DTR users become more familiar with DTR radios	Include DTR radio familiarity training at all agency meetings or in-service training; ensure DTR users understand switches, controls	Alamosa Ambulance Service	January 31, 2008
ASC Incident Management Team unfamiliar with ICS concepts	ASC should incorporate ICS concepts into their campus Incident Management Team; team members should attend ICS-100 training	ASC campus Incident Management Team members attend ICS-100 training; develop an organization structure for campus Incident Management Team that incorporates ICS concepts	ASC, President's Office	July 31, 2008
ASC Emergency Management Plans do not incorporate ICS concepts in their procedures or policies	Amend Emergency Management Plans to include ICS; ensure Emergency Management tasks are identified by position title	Contact the Alamosa County Emergency Manager (Pete McGee, 587-0286) for assistance in amending Emergency Management Plans	ASC, President's Office	July 31, 2008

ASC Department of Public Safety Officers unfamiliar with DTR radios	ASC DPS Officers should ensure DTR users become more familiar with DTR radios	Include DTR radio familiarity training at all agency meetings or in-service training; ensure DTR users understand switches, controls	ASC Department of Public Safety	January 31, 2008
San Luis Valley Regional Medical Center (SLV RMC) personnel had difficulty with identification procedures during medical surge	A better method of identifying and tracking patients from triage to final disposition is needed	Design, test and implement a "Code Orange" box with individual packets	SLV RMC Administration	February 28, 2008
Some SLV RMC departments had difficulty with outdated contact information; staff call-out efforts were not entirely successful	A better method of keeping call-out lists updated is needed	Each department should develop call-out lists with current pager, home phone and cell phone numbers; test call-out lists at least monthly and correct problems promptly; consider developing an "emergency actions card" for each employee; describes their emergency duties and where to report during call-out emergencies or exercises.	SLV RMC department heads for: Emergency Room Admissions Laboratory Respiratory Surgery Administration Security Maintenance Housekeeping	February 28, 2008
SLV RMC has only one Public Information Officer (PIO)	More PIO's needed to be available during emergencies	Identify, appoint and train at least two other hospital staff members to perform PIO duties; contact Alamosa County Emergency Manager for PIO training classes	SLV RMC Administration	July 31, 2008
Problems with DTR radio communications between Incident Commander and Emergency Room	A more efficient DTR radio communications procedure for ER and Administration is needed	Design, test and implement a DTR radio communications protocol within ER and Administration	SLV RMC Emergency Room Hospital Administration	February 28, 2008

ATTACHMENT 2

SAN LUIS VALLEY REGION STANDARDIZED DIGITAL TRUNK RADIO (DTR) PROTOCOLS

Version 1.3

Prepared by the San Luis Valley Exercise Design Team

June 30, 2006

1.0 Purpose

1.1 The digital trunk radio (DTR) system is intended to improve and enhance voice communications between emergency response agencies within the San Luis Valley. It also provides effective communication links with other DTR users throughout the State of Colorado during periods of mutual aid.

1.2 These protocols provide a standardized and seamless method for all regional emergency response agencies to communicate and coordinate their actions, regardless of incident location. They are also in compliance with the “Standard Operational Procedures” published by the Consolidated Communications Network of Colorado, Inc. (CCNC). CCNC is a non-profit corporation organized exclusively for the purpose of managing the Statewide Digital Trunked Radio Network, under and by virtue of the laws of the State of Colorado.

2.0 Background

2.1 Each emergency response agency within the San Luis Valley has received digital trunk radios in the form of portable (hand held), mobile (vehicle mounted), and/or base station units. Each agency also has DTR user groups and channels specific to their organization to use during day-to-day operations.

2.2 Since there are dozens of different emergency response agencies within the San Luis Valley, it is impractical to expect each DTR user to be familiar with all other DTR user groups and channels. This wide array of different DTR groups and channels has created difficulty when multiple agencies respond to an incident and attempt to communicate with each other.

2.3 During incidents involving more than one agency, or agencies arriving from another county, it is imperative that all responding units have available a simple and common method to communicate with the Incident Commander and other responding units.

3.0 Reference Documents

- 3.1 Consolidated Communications Network of Colorado, Inc., “Standard Operation Procedures”, Revision 1, dated May 6, 2005. This document is available for viewing or downloading on the Internet at www.ccncinc.org
- 3.2 We also wish to acknowledge the Durango Fire and Rescue Authority in Durango, Colorado for providing the majority of radio procedures contained in these protocols.

4.0 Procedures

4.1 In accordance with the National Incident Command System (NIMS), all radio transmissions during an incident should be “in the clear”. This means users should avoid the use of “10” codes or jargon that other responders may not be familiar with.

4.2 When making a transmission with digital trunk radios (DTR), press and hold the oval shaped “press-to-talk” button on the left side of the radio, then listen for the short “chirp”. Once the “chirp” is complete, you are ready to make your radio transmission.

4.3 Standard reverse transmission protocols will be observed. When making a call, state the unit being called and then state your unit.

4.3.1 Example:

Saguache County Public Health one [this is] San Luis Valley Public Health one [calling]

4.4 There are two basic rules to follow to control communications:

4.4.1 Units must identify themselves in every transmission.

4.4.2 The receiver must acknowledge every message by repeating the essence of the message to the sender. This ensures that everyone understands the same message and terms.

4.4.2.1 Example:

Engine one, [this is] Command [calling]

Engine one

Engine one, I would like you to advance a two inch hose to the stairwell on side two

Engine one copy, we will advance a two inch hose to the stairwell on side two

4.4.3 If in doubt about terminology, say exactly what you mean. Listen before transmitting to make sure the channel is clear. Do not use airtime/DTR tower space with unimportant messages or details. Speak at a moderate rate and volume. Finish your sentence, don’t trail off and hesitate after keying the microphone so you don’t cut yourself off.

5.0 Mutual Aid Channels or “MAC” Channels

5.1 Each digital trunk radio in the State of Colorado has a number of common state-wide mutual aid channels (or MAC) programmed. Mutual aid channels are shown as MAC13 SW, MAC14 SW, etc. on the digital display screen on each DTR radio. These MAC channels correspond to geographical sector quadrants within the State of Colorado. Transmissions made on these MAC channels are routed through the DTR tower network located throughout the State of Colorado. Those common state-wide MAC channels are:

- 5.1.1 MAC 13 SW (southwest) through MAC 16 SW – The San Luis Valley region is in the Southwest sector of Colorado
- 5.1.2 MAC 17 NW (northwest) through MAC 20 NW
- 5.1.3 MAC 5 NE (northeast) through MAC 8 NE
- 5.1.4 MAC 9 SE (southeast) through MAC 12 SE
- 5.1.5 MAC 1 MET (metropolitan) through MAC 4 MET – Includes Boulder, Adams, Arapaho, Douglas, Jefferson, Broomfield and Denver counties

5.2 CCNC Standard Operation Procedures specify the following MAC 13 SW through MAC16 SW channel allocations:

- 5.2.1 MAC 13 SW – This talk group is not specified for a specific discipline by CCNC and will be assigned to hazardous materials agencies and/or coroners.
- 5.2.2 MAC 14 SW – This talk group has been allocated to fire agencies for mutual aid and coordination and communications.
- 5.2.3 MAC 15 SW – This talk group has been allocated to law enforcement agencies for mutual aid coordination and communications.
- 5.2.4 MAC 16 SW – This talk group has been allocated to emergency medical service (EMS) agencies for mutual aid coordination and communications.

5.3 Each DTR radio assigned to agencies within the San Luis Valley region also has the follow regional mutual aid channels (MAC) programmed:

- 5.3.1 ALA MAC – Alamosa County MAC
- 5.3.2 CON MAC – Conejos County MAC
- 5.3.3 COS MAC – Costilla County MAC
- 5.3.4 MIN MAC – Mineral County MAC
- 5.3.5 RG MAC – Rio Grande County MAC
- 5.3.6 SAG MAC – Saguache County MAC

5.4 If one or more of the MAC channels are unavailable, the Incident Commander on-scene will request, through the dispatch center serving the county in which the incident is located, a MAC channel assignment.

6.0 Simplex (SIMP) Mode

6.1 Each DTR radio in the State of Colorado also has five “simplex” channels programmed. These are shown as SIMP 1 through SIMP 5 on the digital display screen on each DTR radio. Simplex transmissions are only for radio-to-radio communications. Simplex transmissions do not utilize the DTR tower network. Therefore, simplex transmissions have a relatively short range (5-10 miles depending of geography and structures located between sending and receiving units).

6.1 CCNC Standard Operation Procedures specify the following simplex channel allocations:

- 6.1.1 Simplex 1 – This talk group has been allocated to fire agencies for mutual aid coordination and communications.
- 6.1.2 Simplex 2 – This talk group has been allocated to law enforcement agencies for mutual aid coordination and communications.
- 6.1.3 Simplex 3 – This talk group has been allocated to EMS agencies for mutual aid coordination and communications.
- 6.1.4 Simplex 4 – This talk group is not specified for a specific discipline by CCNC and will be allocated to hazardous materials agencies for mutual aid coordination and communications.
- 6.1.5 Simplex 5 – This talk group is not specified for a specific discipline by CCNC and will be allocated to coroners for mutual aid coordination and communications.

7.0 Concept of operations within the San Luis Valley region involving more than one agency

7.1 The Incident Commander (IC) will select the mutual aid channel (MAC) for the county in which the incident is located. Example – If the incident is located in or near San Luis, the IC will select COS MAC on his DTR radio.

7.2 Responding emergency response units will make initial contact with the IC using the county MAC channel. Unless directed to do otherwise by the IC, arriving emergency response units will then select the appropriate simplex channel to coordinate and communicate with other units within their discipline.

7.2.1 Example – Fire units will select simplex 1 on their DTR radios.

7.3 If simplex DTR transmissions are ineffective due to geography and/or structures, emergency response units will select the appropriate Southwest Sector state-wide MAC channel to coordinate and communicate with other units within their discipline.

7.3.1 Example – Law enforcement units will select MAC 15 SW on their DTR radio.

7.4 Attachment 1 to these protocols shows a San Luis Valley regional DTR communications algorithm chart.

8.0 Status Reporting (Non-Emergent)

Available	Ready to respond to calls; location is optional
Responding	Used to specify an apparatus movement to a specific location in response to an alarm (non-code)
In Quarters	Used to indicate that a resource is at station
In Service	Unit is operating, but not in response to a dispatch
Arrived	Used to announce apparatus arrival at a non-emergency location
Clear	Used to indicate a unit is released from a scene
Break	Used to indicate a unit still has control of the channel, but needs a break before continuing transmission
Same Traffic	Used when a unit has the same message as a preceding transmission and does not want to repeat same traffic

9.0 Status Reporting (Emergent)

Responding Emergent (location)	Used to specify an apparatus movement to a specific location in response to an alarm (code)
On Scene	Used when units arrive at the scene of an incident
Under Control	Used by Incident Command to denote when an incident is stabilized
Transporting Number	Used to designate how many patients medic units are transporting
Emergent	Used to designate if patient transport is a “code” run
Non-Emergent	Used to designate that patient transport is “non-code”
Evacuate	Used to designate removal of civilians
Cancel	Self-explanatory
Rescue	Used to mean civilians are in immediate danger and must be removed; firefighters have verified the location of the civilians

Search and Rescue	Used to mean civilians are endangered, but their location is unknown
Primary Search	Used to mean that there is not a known life safety problem (unknown if occupied)
All Clear	Used to mean that a primary search has been done or occupants have confirmed no civilians are in danger
Withdraw	Used to mean that an orderly, proactive removal of firefighters is necessary
Abandon	Used to mean that firefighters are in immediate danger; exit quickly by whatever means necessary; an audible alert of three air horn blasts should also be used
Emergency Break	Clear the channel for emergency traffic
Mayday	Used by firefighters to indicate that they are in trouble and in need of intervention; repeat three times; may also be used for developing emergent situations on any emergency scene
Intervention	Used to mean immediate and calculated removal of endangered firefighters whose location is known and verified by the teams' supervisors and RIT; also actions taken by RIT to ensure safety and survival of members operating at any emergency scene
Command Terminated	Used to indicate the last unit is clear and the incident is terminated

10.0 Standard Replies

Affirmative	Yes
Negative	No
Can Handle	Used by first arriving unit to announce ability to manage an incident without further assistance
Copy	Used to acknowledge a message received
Disregard	Self-explanatory
Repeat	Request to repeat unclear or unintelligible radio traffic

Standby	Request to hold radio traffic momentarily
How Do You Copy	Request for report on transmission quality
Loud and Clear	Self-explanatory
Unreadable	Self-explanatory

11.0 Digital Trunk Radio Towers in the San Luis Valley Region

Tower Name	Site Number as viewed in Digital Trunk Radio display
11.1 La Veta Pass	32
11.2 San Luis	40
11.3 Pool Table Mountain (Aqua Ramon)	42
11.4 San Antonio Mountain	45
11.5 Methodist Mountain	50
11.6 Alamosa	52
11.7 Saguache Peak	54
11.8 Monte Vista	61