



## Public Comment No. 4-NFPA 3000-2019 [ Section No. 3.3.4 ]

**3.3.4** Active/Shooter Hostile Event Response (ASHER). I recommend striking this term entirely and changing it to "intentional MCI" to better align with the Hartford Consensus.

An incident involving one or more individuals who are or have been actively engaged in harming, killing, or attempting to kill people in a populated area by means such as firearms, explosives, toxic substances, vehicles, edged weapons, fire, or a combination thereof.

### Statement of Problem and Substantiation for Public Comment

There is a constant stream of new terminology to describe "active shooter" events. Most of them describe tactics used by perpetrators. This leads to stagnant thinking. The Hartford Consensus uses "intentional MCI." NFPA should adopt this term because it is descriptive without focusing too much on a single method of attack. The Standard addresses all manner of threats, but the title is still stuck on active shooters.

#### Related Item

- PI

### Submitter Information Verification

**Submitter Full Name:** Morgan West

**Organization:** FF/TP-C/68W

**Street Address:**

**City:**

**State:**

**Zip:**

**Submittal Date:** Tue Apr 30 00:18:20 EDT 2019

**Committee:** ACT-AAA

### Committee Statement

**Committee Action:** Rejected

**Resolution:** After much deliberation, the ASHER name has been settled by the TC. In addition, MCI is a term that can create further confusion, even with the term intentional attached to it because then it requires a qualifier. The TC chose the term hostile in the acronym is there to describe the other types of attack.



## Public Comment No. 13-NFPA 3000-2019 [ New Section after 3.3.49 ]

### Public access trauma kit / Public bleeding control kits

A trauma kit that is readily available to the public or bystanders at a facility. These kits will be capable of treating multiple injuries and specifically address all preventable causes of death due to trauma. These kits will be placed strategically as recommended by the AHJ to increase their availability at the target hazard they are in.

### Statement of Problem and Substantiation for Public Comment

Not in draft

#### Related Item

- IFAK

### Submitter Information Verification

**Submitter Full Name:** Ofer Lichtman

**Organization:** Rancho Cucamonga Fire Protecti

**Street Address:**

**City:**

**State:**

**Zip:**

**Submittal Date:** Tue Jun 04 22:00:00 EDT 2019

**Committee:** ACT-AAA

### Committee Statement

**Committee Action:** Rejected but see related SR

**Resolution:** [SR-17-NFPA 3000-2019](#)

**Statement:** Added to support language in Chapter 9.



## Public Comment No. 19-NFPA 3000-2019 [ New Section after 3.3.52 ]

### Rescue Group Supervisor (RGS)

Based on the complexity and number of RTF's deployed in an ASHE incident a RGS may need to be established.

The RGS is a fire suppression member assigned by the incident commander who will coordinate with the UCP on force protection and resources for the formation of the RTF's. The RGS will coordinate the RTFs and the rescue operations for rapid treatment and extraction of victims. The RGS will monitor conditions for the RTFs and communicate pertinent information. The RGS will be the point of contact between the UCP and the RTF's and will coordinate/communicate with the medical group supervisor for the relocation of victims from the CCP to the MCI treatment areas.

### Statement of Problem and Substantiation for Public Comment

need someone to coordinate RTF's

#### Related Item

- RTF

### Submitter Information Verification

**Submitter Full Name:** Ofer Lichtman

**Organization:** Rancho Cucamonga Fire Protecti

**Street Address:**

**City:**

**State:**

**Zip:**

**Submittal Date:** Tue Jun 04 23:54:35 EDT 2019

**Committee:** ACT-AAA

### Committee Statement

**Committee Action:** Rejected but see related SR

**Resolution:** [SR-17-NFPA 3000-2019](#)

**Statement:** Added to support language in Chapter 9.



## Public Comment No. 14-NFPA 3000-2019 [ Section No. 3.3.52 ]

### 3.3.52\* Rescue Task Force (RTF).

A- The RTF is one response model option during warm zone operations. It is a combination of fire and/or EMS personnel and law enforcement who provide force protection. The RTF has the overall objective of threat based care and may deploy in the warm or cold zones to provide rapid point of wound care to casualties. In addition the RTF could provide the following tasks : ~~threat-based care as determined by the incident priorities and objectives:~~ Recon , triage, and extracting victims to a casualty collection point or other designated location. The RTF could also have other tactical objectives such as breaching, utility control, managing building systems, and fire control.

### Statement of Problem and Substantiation for Public Comment

update RTF definition

#### Related Item

- RTF

### Submitter Information Verification

**Submitter Full Name:** Ofer Lichtman

**Organization:** Rancho Cucamonga Fire Protecti

**Street Address:**

**City:**

**State:**

**Zip:**

**Submittal Date:** Tue Jun 04 22:47:45 EDT 2019

**Committee:** ACT-AAA

### Committee Statement

**Committee Action:** Rejected but see related SR

**Resolution:** [SR-17-NFPA 3000-2019](#)

**Statement:** Added to support language in Chapter 9.



## Public Comment No. 16-NFPA 3000-2019 [ New Section after 3.3.67.3 ]

### Warm Zone Care Operations:

In order to meet the objective of rapid point of wound care the AHJ may use any of the following warm zone care operations. These four options will provide the local response system with the ability to adapt and best use its resources to meet the needs of an ASHE incident.

- a) Rescue Task Force
- b) Law Enforcement Rescue
- c) Protected Island Operations
- d) Protected Corridor Operations

### Statement of Problem and Substantiation for Public Comment

Need to add options for Warm zone care operations more then just RTF

#### Related Item

- more then just RTF

### Submitter Information Verification

**Submitter Full Name:** Ofer Lichtman

**Organization:** Rancho Cucamonga Fire Protecti

**Street Address:**

**City:**

**State:**

**Zip:**

**Submittal Date:** Tue Jun 04 23:09:15 EDT 2019

**Committee:** ACT-AAA

### Committee Statement

**Committee Action:** Rejected but see related SR

**Resolution:** [SR-17-NFPA 3000-2019](#)

**Statement:** Added to support language in Chapter 9.



## Public Comment No. 8-NFPA 3000-2019 [ Section No. 6.3 ]

### 6.3\* EOPs.

~~Local 6.3.1 Local~~ jurisdictions shall have an emergency operations plan with guidance for preparedness, mitigation, response, and recovery.

~~6.3.2 Pre-incident plans for emergency response agencies shall be developed in accordance with NFPA 1620~~

### Statement of Problem and Substantiation for Public Comment

NFPA 1620 is the standard for pre-incident planning. Pre-incident planning information is extremely helpful in all-hazards events, including active shooter incidents. Pre-incident plans for target hazards should be developed in accordance with NFPA's standard on this. Note that although I chair the NFPA 1620 committee, I am not representing the committee for this submittal

#### Related Item

- PI1140

### Submitter Information Verification

**Submitter Full Name:** Gregory Jakubowski  
**Organization:** Blazemark Fire Planning Associates  
**Affiliation:** Blazemark Fire Planning Associates  
**Street Address:**  
**City:**  
**State:**  
**Zip:**  
**Submittal Date:** Thu May 16 22:34:38 EDT 2019  
**Committee:** ACT-AAA

### Committee Statement

**Committee Action:** Rejected but see related SR  
**Resolution:** [SR-23-NFPA 3000-2019](#)  
**Statement:** Text edited for grammar and example clarity.



## Public Comment No. 5-NFPA 3000-2019 [ Section No. 8.4.2.1 ]

### 8.4.2.1

Unified command shall be responsible for the following, at a minimum:

- (1) Accountability of responders
- (2) Building occupants
- (3) Victims
- (4) Survivors
- (5) Bystanders
- (6) Communications
- (7) Occupants/employees utilizing various plans or systems, including rally points
- (8) Data from security or controlled access points
- (9) Communication and joint information sharing
- (10) Resource assignment and logistics

### Statement of Problem and Substantiation for Public Comment

Many "victims" have expressed the preferred term is "survivor." Also, victim may indicate those deceased and/or those injured or evacuated. Survivor is clearly a person that has been impacted by the event and will probably need survivor assistance..

#### Related Item

- survivor

### Submitter Information Verification

**Submitter Full Name:** James Pendley  
**Organization:** Jacksonville Sheriffs Office  
**Street Address:**  
**City:**  
**State:**  
**Zip:**  
**Submission Date:** Tue May 07 19:57:43 EDT 2019  
**Committee:** ACT-AAA

### Committee Statement

**Committee Action:** Rejected

**Resolution:** Current federal law does not list the term "survivor" rather it uses the term "victim." In order to assure that the language in the standard remains consistent with law the term is rejected in this instance. Further, within the standard in chapter three the TC references the term survivor in the victim definition. There have also been instances where plans reference the term survivor instead of victim and those plans are now incapable with federal law.



## Public Comment No. 2-NFPA 3000-2019 [ Section No. 9.3.2 ]

### 9.3.2

The plan for ASHE incidents shall include the location and identification of lockable or securable spaces and rooms as well as the locations of exits that lead directly to the outside or to a stairwell.

Wayfinding signage should be addressed to inform stakeholders of the direction they need to travel.

### Statement of Problem and Substantiation for Public Comment

Building occupants need a standardization of way finding throughout a building to avoid hazards.

#### Related Item

- PI

### Submitter Information Verification

**Submitter Full Name:** jeffrey childers

**Organization:**

**Affiliation:** SAFER COMPASS

**Street Address:**

**City:**

**State:**

**Zip:**

**Submittal Date:** Mon Apr 08 21:15:21 EDT 2019

**Committee:** ACT-AAA

### Committee Statement

**Committee Action:** Rejected

**Resolution:** This comment is better addressed in NFPA 101 and should be submitted there where appropriate..





## Public Comment No. 12-NFPA 3000-2019 [ New Section after 9.3.3.1 ]

### Emergency Building Access System for Fire/Law Enforcement

The school system/AHJ/or police chief shall have the authority to require an exterior access box(es) containing a master key or credentials and is accessible only to fire department, emergency medical service and law enforcement personnel to provide rapid access to locked doors in emergency situations. This box should be located at secondary access point(s) that provide strategic ingress for first responders (typically not at the main entrance). The access box(es) shall be of an approved type listed to UL 1037.

### Statement of Problem and Substantiation for Public Comment

In an active shooter situation, law enforcement and other first responders need access to the school. However, the access they need is generally in secondary locations such as back doors, side entrances, etc. Having secure and authorized access can be critical. For first responders to gain access to lock doors, they will need the key accessible to ensure rapid and safe ingress. An approved lock box in a secondary location(s) that can contain a key and other information (e.g. layout of building) can be a critical tool. Many school districts in Florida, which have experienced the Pulse nightclub and Parkland school shootings, have started putting in these boxes. This is a best practice that should be recommended to schools across the country.

Note: While Knox is suggesting this addition, there are numerous other lock box companies that provide this service/product.

#### Related Item

- This is related to 9.3.3.1 which relates to locked doors.

### Submitter Information Verification

**Submitter Full Name:** Neal Zipser  
**Organization:** Knox Company  
**Street Address:**  
**City:**  
**State:**  
**Zip:**  
**Submittal Date:** Tue May 28 18:17:55 EDT 2019  
**Committee:** ACT-AAA

### Committee Statement

**Committee Action:** Rejected but see related SR  
**Resolution:** [SR-33-NFPA 3000-2019](#)  
**Statement:** Section revised for additional supporting detail and for consistency of terms.



## Public Comment No. 3-NFPA 3000-2019 [ Chapter 13 ]

### Chapter 13 Competencies for Fire and EMS Personnel

**\*\* Since this is a Professional Qualifications Chapter the document should a) be formatted in JPR format like all other NFPA PQ documents or b) translate the competencies to JPRs in the Annex. Moving this document to competencies will force agencies to develop their own JPRs and own objectives which will lead to less interoperability between Fire and EMS agencies, and will limit our ability to adopt this standard at a state-wide level as we're hoping to do in Illinois.**

#### 13.1 Administration.

##### 13.1.1\* Scope.

This chapter shall apply to all fire and EMS personnel who in course of their duties could find themselves responding to an ASHE incident.

##### 13.1.2 Purpose.

The purpose of this chapter is to provide fire and EMS personnel with the knowledge and skills to respond effectively and efficiently in an integrated manner to ASHE incidents.

##### 13.1.3 Introduction.

###### 13.1.3.1

Fire and EMS responders shall be defined as personnel who in the course of their duties encounter an emergency involving an ASHE incident are expected to protect themselves, call for other trained personnel, and provide triage, rapid medical intervention, and/or transport of the sick and injured.

###### 13.1.3.2

Fire and EMS personnel shall be trained to meet all competencies defined in Section 13.4.

###### 13.1.3.3

Fire and EMS responders shall receive additional training to meet applicable federal, state, local, tribal, and provincial occupational health and safety regulations, scope of practice, and protocol.

##### 13.1.4 Goal.

###### 13.1.4.1

The goal of the competencies in Section 13.4 shall be to provide fire and EMS personnel who in the course of duties encounter ASHE incidents with the knowledge and skills to respond effectively and efficiently in an integrated manner with law enforcement.

###### 13.1.4.2

All personnel, as part of their minimum competencies, shall understand the concepts and requirements of the hot, warm, and cold zones.

#### 13.2 Threat-Based Care.

##### 13.2.1

Fire and EMS personnel shall have knowledge of a system where the medical care provided is determined by the hazard or risk that is present.

##### 13.2.2\*

The system of care that is used to provide medical aid to self and others, including emergency patient care, at a minimum shall be in accordance with the guidelines of *Tactical Emergency Casualty Care (TECC) Guidelines for First Responders with a Duty to Act* and *Tactical Emergency Casualty Care (TECC) Guidelines for BLS/ALS Medical Providers*.

#### 13.3 Reserved.

#### 13.4 Tasks.

##### 13.4.1 Hot Zone Tasks.

**13.4.1.1\***

Personnel shall not operate in the hot zone without the proper training and equipment to address the hazards that they could encounter.

**13.4.1.2**

Fire and EMS personnel who are not part of a specialized team, who find themselves unexpectedly in a hot zone, shall be able to perform the following tasks:

- (1) Recognize the zone(s) delineation has changed and communicate same as appropriate
- (2) Take measures to evacuate, defend, or engage in order to minimize injury and harm
- (3) Provide threat-based care

**13.4.2 Warm Zone Tasks.**

Fire and EMS personnel who are not part of a specialized team and who are assigned to operate in a warm zone shall be able to perform the following tasks:

- (1) Communicate the following:
  - (2) Determine the potential number and location of casualties.
  - (3) Locate a casualty collection point(s).
  - (4) Identify additional resources required.
- (5) Constantly evaluate the scene for emerging or re-emerging threats and recognize conditions that could cause the zone to change from warm to hot.
- (6) Conduct an evaluation and take measures to ensure personal safety as listed in 13.4.1.2.
- (7) Provide threat-based triage and care.

**13.4.3 Cold Zone Tasks.**

Fire and EMS personnel who are assigned to operate in a cold zone shall be able to perform the following tasks:

- (1) Establish and operate within unified command as detailed in Chapter 8.
- (2) Constantly evaluate the scene for emerging or re-emerging threats and recognize conditions that could cause the zone to change from cold to warm or hot.
- (3) Conduct an evaluation and take measures to ensure personal safety as listed in 13.4.1.2.
- (4) Provide appropriate care.
- (5) \* Triage, treat, and transport victims.
- (6) Address associated off-site operations as reference.

**13.4.4 Associated Off-Site Operations.**

Fire and EMS personnel who are assigned to operate in areas of associated off-site operations shall be able to perform the following tasks:

- (1) Provide services as requested by unified command that are within their scope of practice and training
- (2) Respond to off-site locations for any fire and EMS needs
- (3) Participate in unified command
- (4) Support recovery efforts, victim assistance, and family reunification/notification
- (5) Recognize conditions that cause the zone to change to hot, conduct an evaluation, and take measures to ensure personal safety as listed in 13.4.1.2

**13.5 Competencies.****13.5.1 Competencies for Fire and EMS Personnel when Operating at an ASHE Incident.****13.5.1.1**

Fire and EMS personnel shall receive training commensurate with the tasks listed in Section 13.4.

**13.5.1.2**

Fire and EMS personnel shall have knowledge of local/regional plans, policies, and procedures, including, but not limited to, the following:

- (1) Major incident notification procedures
- (2) Available resources
- (3) Procedures for activating the local ASHER plan
- (4) Communications plan and procedures
- (5) Hospital interface communications and procedures
- (6) "Mayday" and/or emergency assist procedure
- (7) Procedures for checking into the incident with unified command for accountability and assignment
- (8) Procedures on threat-based care
- (9) The use of specific or specialized equipment or tools that could be required to access victims
- (10) Procedures for designating zones
- (11) Patient distribution plans and procedures
- (12) Available medical supplies and resources and their appropriate and prescribed uses within the adopted scope of practice
- (13) Personal protective equipment (PPE) and ballistic protective equipment (BPE) and their appropriate and prescribed uses
- (14) Policies and procedures for operating with responders from partner agencies and jurisdictions
- (15) Warm zone care and rescue concepts, including, but not limited to, the following:
  - (16) Rescue task force
  - (17) Law enforcement rescue teams
  - (18) Protected island operations
  - (19) Protected corridor operations
- (20) Local law enforcement interface procedures and techniques
- (21) Vehicle positioning and staging plan
- (22) Identification methods to identify responders and roles
- (23) Recognizing and report known or suspected hazards
- (24) Transition to recovery procedures
- (25) Situational risk-benefit analysis

**13.5.2** Competencies for Fire and EMS Personnel when Operating at Vehicle as a Weapon Incidents.

Fire and EMS personnel shall have knowledge of the following in addition to 13.4.1.2:

- (1) Local integrated response procedures necessary to efficiently mitigate this threat
- (2) Potential vehicle-borne improvised explosive device (VBIED) identification
- (3) Chemical, biological, radiological, nuclear, and explosive (CBRNE) operations and awareness
- (4) Building and vehicle stabilization
- (5) Vehicle extrication and casualty removal

**13.5.3\*** Competencies for Fire and EMS Personnel when Operating at an IED(s) Incident.

Fire and EMS personnel shall have knowledge of the following in addition to 13.4.1.2:

- (1) Local integrated response procedures necessary to efficiently and effectively mitigate this threat
- (2) Blast effects and associated injuries
- (3) Recognition and awareness of hazardous devices and operational considerations
- (4) Local procedures for the deployment and positioning of vehicles
- (5) Evacuation distance using the DOT Emergency Response Guidebook for IED safe stand-off distance and/or the DHS stand-off chart
- (6) Local post-blast transition to fire event/structural collapse response procedures

**13.5.4** Competencies for Fire and EMS Personnel when Operating at Fire and Smoke as a Weapon Incidents.

Fire and EMS personnel shall have knowledge of the following in addition to 13.4.1.2:

- (1) Local integrated response procedures necessary to efficiently and effectively mitigate this threat
- (2) Fireground operations consistent with NFPA 1710 and NFPA 1720 depending on role (fire vs. EMS only responders)
- (3) Local integrated response capabilities necessary to efficiently and effectively mitigate this threat
- (4) Recognize improvised incendiary device (IID), explosive devices (IED), unexploded ordnance (UXO), and chemical, biological, radiological, nuclear (CBRN) weapons as single or multiple devices
- (5) AHJ's requirements for incidents with fire and smoke as a weapon

**13.5.5** Competencies for Fire and EMS Personnel when Operating within Immediately Dangerous to Life and Health (IDLH) Atmospheres.**13.5.5.1**

Fire and EMS personnel shall have knowledge of the following in addition to 13.4.1.2:

- (1) Local integrated response procedures necessary to efficiently and effectively mitigate this threat
- (2) Proper use of PPE, to include respiratory protection, for the hazard that will be encountered
- (3) "Mayday" or emergency assist procedures
- (4) Rapid intervention crew procedures
- (5) The hazardous atmosphere and the characteristics of the chemical
- (6) Sign and symptoms of exposure
- (7) Decontamination procedures

**13.5.5.2**

When operating in an IDLH atmosphere, personnel shall have the proper knowledge, skills, abilities, and appropriate personnel protective equipment in accordance with NFPA 1500 (Fire), NFPA 472 (Fire), and NFPA 473 (EMS).

**Statement of Problem and Substantiation for Public Comment**

All NFPA Professional Qualification Standards for Fire and EMS personnel would be formatted in a similar manner allowing agencies accredited by IFSAC and Pro Board or who will adopt the standard at a state or provincial level to consistently apply the standard. Not providing JPRs in this edition will limit the ability for training and certification agencies to implement the standard because competencies are inherently more vague than JPRs. I fully understand that the LEO chapter would not be willingly accepted if it were written in JPR format, but the Fire/EMS chapter is inconsistent with other PQ standards.

**Related Item**

- I submitted this request for the first draft of the document.

**Submitter Information Verification**

**Submitter Full Name:** Brian Brauer

**Organization:** University of Illinois Fire Se  
**Affiliation:** The Pro Board  
**Street Address:**  
**City:**  
**State:**  
**Zip:**  
**Submittal Date:** Mon Apr 29 14:31:18 EDT 2019  
**Committee:** ACT-AAA

### **Committee Statement**

**Committee Action:** Rejected

**Resolution:** Per submitter's request. the is addressed by referencing TECC/TCCC



## Public Comment No. 6-NFPA 3000-2019 [ Section No. 14.2.4 ]

### 14.2.4\*

The PPE deployment model shall be determined by the AHJ, but shall at a minimum comply with the standards set forth herein .

### Statement of Problem and Substantiation for Public Comment

This strengthens the minimum requirement language.

#### Related Item

- Revisions to Chapter 14

### Submitter Information Verification

**Submitter Full Name:** John Montes

**Organization:** National Fire Protection Assoc

**Affiliation:** This is being Submitted on behalf of a the Technical Committee for Fire Service Occupational Safety and Health via a unanimous motion at their last meeting.

**Street Address:**

**City:**

**State:**

**Zip:**

**Submittal Date:** Wed May 08 12:42:50 EDT 2019

**Committee:** ACT-AAA

### Committee Statement

**Committee Action:** Rejected

**Resolution:** The language in the standard is currently sufficiently provide the correct requirement.



## Public Comment No. 7-NFPA 3000-2019 [ Section No. 14.3 ]

### 14.3 Specification and Type.

#### 14.3.1\*

BPE provided for warm zone operations shall be at minimum a Level III-A ballistic vest as defined by the National Institute of Justice (NIJ) Standard-0101.06, *Ballistic Resistance of Body Armor*.

#### 14.3.1.1\*

BPE shall be NIJ certified, and the model shall be on the NIJ compliant products list.

#### 14.3.2\*

Personnel assigned to an integrated response team shall be equipped at a minimum with Level III-A body armor (BPE), outfitted with Level IV ballistic plates, tested to NIJ, FBI, and Drug Enforcement Administration (DEA) standards, means of communication, and an identifying garment.

#### 14.3.2.1\*

Integrated response teams shall ~~consider the use of a ballistic helmet,~~ be equipped with a Level II ballistic helmet as defined by the National Institute of Justice (NIJ) Standard-0106.01, *Standard for Ballistic Helmets*, a flashlight, medical exam gloves, an individual first-aid kit (IFAK), a radio with shoulder strap, and remote microphones with earpieces for communication.

## Statement of Problem and Substantiation for Public Comment

This increases the requirement to include level IV ballistic plates and helmets due to the the increasingly common threat of higher caliber weapons such as rifles being used in this events either in concert or in lieu of handguns.

### Related Item

- Frist revisions for chapter 14

## Submitter Information Verification

**Submitter Full Name:** John Montes  
**Organization:** National Fire Protection Assoc  
 Submitted on behalf of the Technical Committee For Fire Service  
**Affiliation:** Occupational Safety and Heath via unanimous motion at their last committee meeting.  
**Street Address:**  
**City:**  
**State:**  
**Zip:**  
**Submittal Date:** Wed May 08 12:47:21 EDT 2019  
**Committee:** ACT-AAA

## Committee Statement

**Committee Action:** Rejected  
**Resolution:** The current standard and requirement reflects the best knowledge and data as presented to this body which has the appropriate expertise including BPE manufacturers. This body disagrees with the comment by the FSOSH TC and further disputes that they are not within their scope in making this recommendation.





## Public Comment No. 11-NFPA 3000-2019 [ New Section after 15.2 ]

### Security Technology Training

Staff should be trained in the proper use of integrated systems and timely activation of existing plans and procedures.

### Statement of Problem and Substantiation for Public Comment

What good are integrated security and suppression systems if we don't train our people to use them? A training recommendation insures that occupants responsible for managing systems and responders that may address threats are trained on their capabilities, policies and resources.

### Related Public Comments for This Document

| Related Comment   | Relationship |
|---|--------------|
| Public Comment No. 10-NFPA 3000-2019 [Section No. A.5.4.2(5)] |              |
| <b>Related Item</b>   |              |
| • Facility Preparedness                                       |              |

### Submitter Information Verification

**Submitter Full Name:** Daniel Murphy  
**Organization:** Crotega LLC  
**Street Address:**  
**City:**  
**State:**  
**Zip:**  
**Submittal Date:** Mon May 27 19:08:02 EDT 2019  
**Committee:** ACT-AAA

### Committee Statement

**Committee Action:** Rejected but see related SR  
**Resolution:** [SR-52-NFPA 3000-2019](#)  
**Statement:** Annual exercise language added to match facility, communications, and healthcare chapters.



## Public Comment No. 10-NFPA 3000-2019 [ Section No. A.5.4.2(5) ]

### A.5.4.2(5)

Examples of security capabilities of the venue include, but are not limited to, cameras, security, security guards, threat detection systems, and electronic premises security systems.

#### Proposed Change:

Facilities should consider having a comprehensive, integrated assailant suppression system that can identify and potentially confront the threat quickly.

Such systems join various technologies such as smart CCTV, real time notifications/mass alerts, threat alert buttons, gunshot detection, remotely deployed suppression systems, locking technologies etc. which work in unison to identify and potentially engage the threat prior to the arrival of first responders, and may provide real time actionable intelligence of the event to first responders.

### Statement of Problem and Substantiation for Public Comment

The standard currently recommends consideration of many systems and resources that are frequently purchased and integrated in an unorganized manner. Missing from these recommendations are systems that can potentially be used offensively against the threat in certain appropriate and AHJ approved scenarios.

Also, with so many disparate systems there is the potential to cause confusion and over analysis when facing a threat. The use of technology is a noble enterprise that should certainly be included. However, it is important that that technology be integrated, cohesive, and user friendly. Further, the integration needs to extend beyond the facility, to the responders who are arriving to address the situation.

### Related Public Comments for This Document

| Related Comment  | Relationship |
|--|--------------|
| <p><u>Public Comment No. 11-NFPA 3000-2019 [New Section after 15.2]</u></p> <p><b>Related Item</b></p> <ul style="list-style-type: none"> <li>• Facility Preparedness</li> </ul> |              |

### Submitter Information Verification

**Submitter Full Name:** Daniel Murphy  
**Organization:** Crotega LLC  
**Street Address:**  
**City:**  
**State:**  
**Zip:**  
**Submission Date:** Mon May 27 18:54:29 EDT 2019  
**Committee:** ACT-AAA

### Committee Statement

**Committee Action:** Rejected  
**Resolution:** There is no specific data that the TC can locate that refers to resources that suppress threats. Because this standard is for a minimum requirement and this is emerging and evolving, the TC moves to reject at this time.



## Public Comment No. 18-NFPA 3000-2019 [ New Section after A.14.3.1 ]

### Minimum contents of an IFAK

An IFAK shall include at minimum the following but may include more items as recommended by the AHJ or agency issuing the IFAK's:

- (1) 1-Tourniquet approved by CoTCCC or AHJ
- (2) 1-Pressure dressing
- (3) 1-Hemostatic gauze approved by the AHJ
- (4) 2-Vented chest seals
- (5) 1-Hypothermia blankets
- (6) Marker
- (7) 1-Protective gloves
- (8) 1-Trauma shears

### Statement of Problem and Substantiation for Public Comment

need to describe contents of an IFAK

#### Related Item

- ifak contents

### Submitter Information Verification

**Submitter Full Name:** Ofer Lichtman

**Organization:** Rancho Cucamonga Fire Protecti

**Street Address:**

**City:**

**State:**

**Zip:**

**Submittal Date:** Tue Jun 04 23:43:35 EDT 2019

**Committee:** ACT-AAA

### Committee Statement

**Committee Action:** Rejected but see related SR

**Resolution:** SR-11-NFPA 3000-2019

**Statement:** Section edited to include starter recommendations for equip that can be included in an IFAK based on the AHJs risk assessment, capabilities, policies and resources. Also Law enforcement rescue deleted because it is moving to a different section.



## Public Comment No. 17-NFPA 3000-2019 [ Section No. A.16.3 ]

### A.16.3

More information can be found at [www.bleedingcontrol.org](http://www.bleedingcontrol.org) and <https://www.dhs.gov/sites/default/files/publications/active-shooter-pamphlet-2017-508.pdf>.

Public access trauma kits / Bleeding control kits should be easily identifiable to the lay person and include at minimum the following but may include more items as recommended by the AHJ or facility installing the kit :

- (1) 1- Instructional booklet on bleeding control
- (2) Tourniquets
- (3) Bleeding control dressing
- (4) Marker
- (5) Protective gloves  
Compression bandage
- (6) or pamphlet on treating preventable death injuries due to trauma
- (7) 2-Tourniquets approved by CoTCCC or AHJ
- (8) 2-Pressure dressings
- (9) 2-Hemostatic gauze approved by the AHJ
- (10) 2-Vented chest seals
- (11) 2-Hypothermia blankets
- (12) Marker
- (13) 2-Protective gloves
- (14) 1-Trauma shears

Public involvement is vital to provide additional support to response personnel and can often be the primary source of response in the first hours or days after a catastrophic event. As such, the public shall be encouraged to train, exercise, and partner with each other and emergency management officials.

### Statement of Problem and Substantiation for Public Comment

need description of what is in the public access kits

#### Related Item

- public access trauma kits

### Submitter Information Verification

**Submitter Full Name:** Ofer Lichtman  
**Organization:** Rancho Cucamonga Fire Protecti  
**Street Address:**  
**City:**  
**State:**  
**Zip:**  
**Submission Date:** Tue Jun 04 23:20:01 EDT 2019  
**Committee:** ACT-AAA

### Committee Statement

**Committee Action:** Rejected but see related SR

**Resolution:**

[SR-11-NFPA 3000-2019](#)

**Statement:**

Section edited to include starter recommendations for equip that can be included in an IFAK based on the AHJs risk assessment, capabilities, policies and resources. Also Law enforcement rescue deleted because it is moving to a different section.