



A marauding attack may take many forms, from an attacker with a bladed weapon, to a multi sited attack with firearms and explosives. If the motivation is terrorism, it will be referred to as a Marauding Terrorist Attack (MTA).

Operation **PLATO** is the agreed national identifier for the multi-agency response to an ongoing MTA and the **PLATO** declaration is designed to inform and prepare personnel from all three emergency services for the response.

Non - specialist responders have an important role in accordance with the **SEE TELL ACT** principles.

- Can you see the attackers and confirm their location without putting yourself in danger?
- Are you able to give an accurate description of the attackers?
- Can you describe the types of weapon being used?
- Are the attackers carrying bags/rucksacks?
- Can you see casualties? If so, how many?
- Are there any hostages?

The suspect(s) location is vital in directing armed officers, colleagues and the public to the right place as quickly as possible.

Where the suspect(s) are moving about, real time updates allow effective redirection of resources, if required.



- Communicate with the public to guide them to safety.
- When safe to do so, communicate with control rooms.
- Explain type of incident using **METHANE** with accuracy, brevity and clarity:

M	MAJOR INCIDENT	Has a major incident been declared?
E	EXACT LOCATION	Road – name or number Postcode Landmarks Grid reference
T	TYPE OF INCIDENT	Firearms, bladed attack, vehicle attack, fire as a weapon or IED?
H	HAZARDS	Subject description(s) Vehicle – Make, model & colour Weapon – Knife/firearm (type) IED – Person borne, bag or vehicle
A	ACCESS	Identify best routes in and out Identify congested routes Identify suitable RVP/FCP
N	NUMBER OF CASUALTIES	How many? Injury type(s)? Can they self-evacuate?
E	EMERGENCY SERVICES	What emergency responders are required at the scene? Ambulance, Fire Service, Police Taser/Firearms Explosive Ordnance Disposal Other...

- Consider interoperable talk group.



- Do not approach unnecessarily. Treat casualties as soon as it is safe to do so.
- Help the public to help themselves. Can they assist with basic casualty treatment?
- Consider approach/escape routes.
- Consider the safety of others.
- Wear correct PPE.
- Direct and/or disperse the public to safety.
- Gain relevant information from evacuating public.
- Provide real time information and updates and continue to do if safe.

COVER

Use cover from fire (**hard cover**) e.g.

- Substantial brick.
- Stone wall (not breeze block).
- Substantial tree.
- Earth bank.
- Vehicle engine block.

Where cover from fire is not available consider cover from view (e.g. wooden fence, hedgerow or vehicle).

Avoid isolated or obvious forms of cover, like lone objects as an example.

Try to select cover that whilst providing protection also gives maximum fields of view.

When in cover, scan the area for secondary threats and be prepared to move again if not satisfied with the area you have selected for cover.

Once in cover, plan an escape route.

Stay calm and control your breathing. Remain focused.

IF YOU NEED TO WITHDRAW FROM AN AREA:

Plan your route.

Move as quickly as possible. If able, take casualties and mission critical medical equipment with you.

Move in a direction away from the actual or perceived threat and avoid running in straight lines.

Move from point to point using hard cover as necessary and if available.

The distance to withdraw to is situationally dependent and individual judgement should be used.

If Police and/or security services are present they may give a specific distance to move to.

CLINICAL CARE

It may not be obvious to responders (especially those first on scene) that an incident involving weapons has occurred and subsequently that there may still be a potential risk to the public and responders alike.

Once on scene, particularly those incidents with Mechanisms of Injury (Mol) of penetrating and/or blast injury, with no apparent explanation, should be attended with caution.

Incidents involving weapons carry with them their own injury patterns depending on the type of weapon(s) used (penetrating, blunt trauma and burns for example). The Mol of incidents involving weapons do share some commonalities, and injury types may coexist.

For specific guidance on treatment algorithms please refer to your Trust's trauma guidelines.

Clinical care should be limited to life saving interventions only and focussing on the control of Catastrophic Haemorrhage and basic airway management. Casualties should be triaged and evacuated as soon as possible.

If chemical or corrosive substances are used during an attack, then the Initial Operational Response (IOR) (Remove) principles should be used:

If you think someone has been exposed to a **HAZARDOUS SUBSTANCE**

Use caution and keep a safe distance to avoid exposure yourself.

TELL THOSE AFFECTED TO:

REMOVE THEMSELVES...

...from the immediate area to avoid further exposure to the substance. Fresh air is important.

If the skin is itchy or painful, find a water source.

REPORT... use M/ETHANE

REMOVE OUTER CLOTHING...

...if affected by the substance.

Try to avoid pulling clothing over the head if possible.

Do not smoke, eat or drink.

Do not pull off clothing stuck to skin.

REMOVE THE SUBSTANCE...

...from skin using a dry absorbent material to either soak it up or brush it off.

RINSE continually with water if the skin is itchy or painful.

REMEMBER: Exposure is not always obvious. **SIGNS CAN INCLUDE:**

The presence of hazardous or unusual materials.

A change in environment, such as unexplained vapour, odd smells or tastes.

Unexplained signs of skin, eye or airway irritation, nausea, vomiting, twitching, sweating, disorientation, breathing difficulties.





Stay Safe Aide Memoire

For further information please contact:
National Ambulance Resilience Unit (NARU)
Website: www.naru.org.uk

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ZONING

A 'Marauding Attack' response may differ from a normal emergency services response. Commanders may zone areas in order to identify and differentiate levels of risk.

This ensures the appropriate deployment of emergency service responders. Non – specialist responders will play a vital role in the initial stages of the response and should recognise that this may include activity within each of the zones.

HOT ZONE

The **HOT** zone is an area assessed to contain a credible and continuing threat to life, including the presence of attackers with weapons.

WARM ZONE

The **WARM** zone is an area assessed as where the attackers are not believed to be present at this time, but an identified threat remains.

COLD ZONE

The **COLD** zone is an area where no known threat exists or where appropriate control measures have been implemented. Some cold zones will not require any control measures.

The RVP and Forward Command Point (FCP) will be within this zone.

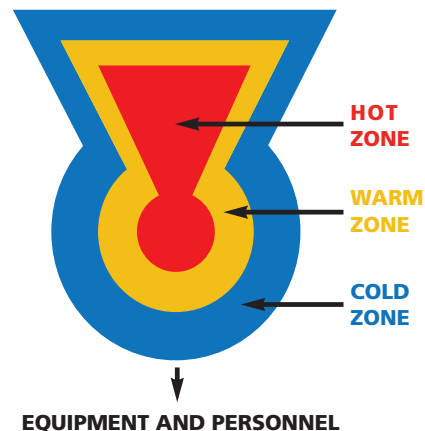
RESPONDER DEPLOYMENT

The deployment of resources into the **HOT** and **WARM** zones may include both specialist and non-specialist multi-agency responders. The decision as to when and how should be made by commanders and informed by the attack methodology.

Non-specialists may be tasked with:

- directing potential victims/vulnerable persons
- dealing with casualties
- gathering information and reporting back

Non-specialists should be briefed upon the extent of their role including evacuation signals/procedures or other appropriate mitigating measures.



IMPROVISED EXPLOSIVE DEVICES (IEDs)

IEDs can be hidden to maximise effect and could take any shape or size. Context is key; consider what is normal for the location or situation. Treat all IEDs as **REAL** until you know differently.

IEDs usually contain certain key components (e.g. packaging, switch or timer, power source, initiator and main charge). Not all of the components may be visible.
Check RVP area by conducting 5 and 20 metre check.

PERSON BORNE IED (PBIED)

- Maintain your minimum cordon safety distance during any movement of the subject.
- Use hard cover if available but maintain observations.
- Direct and/or disperse public from the immediate area and any anticipated direction of travel taken by the subject(s).

IED/PBIED MINIMUM CORDON DISTANCES

Cordons should not be in direct line of sight. Use hard cover avoiding glass or parked vehicles.

100m for smaller items (e.g. rucksack, briefcase or **PBIED**)
200m for medium items (e.g. suitcase, wheelie bin or car)
400m for larger items (e.g. vans or lorries)

Be aware of your electronic signature:
Minimum safe transmission distances: 15m handheld radios, mobile phones and PDAs. 50m vehicle radios.

IED DETONATION AND GRENADES

POST OR PARTIAL DETONATION

- For any 'Explosion' put in a minimum 100m cordon as there may be a remaining explosive hazard.
However, where there are casualties the situation may be too dynamic to achieve immediately.
The rapid treatment and extrication of casualties will remain a priority.

- Don't touch or move anything you don't have to.
- Move people away from the seat of explosion as quickly as possible (accepting that casualties may make this a slower process).
- Essential personnel may go forward to protect and save life, following a JDM assessment.
- Utilise any available hard cover.
- Spend the minimum amount of time in the area as possible and keep numbers to a minimum.
- Consider the need for respiratory protection measures. Dust, smoke, debris, and CBRN hazards may be present.



Stay Safe Aide Memoire



This aide-memoire is designed to assist initial responders at an incident involving the use, or suspected use, of firearms or potentially lethal weapons.