Warm Zone Operations at Tactical Incidents

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While this policy and procedure refers primarily to active shooter incidents, the same concepts apply to other situations involving multiple severely injured patients at unsecured scenes.

DEFINITIONS

Active Shooter: An active shooter is an individual actively engaged in killing or attempting to kill people in a confined and populated area; in most cases, active shooters use firearm(s) and there is no pattern or method to their selection of victims.

Casualty Collection Point: A facility or location in the warm or cold zone where victims may be extracted to for initial evaluation and treatment.

Contact Team: The swift and immediate deployment of law enforcement (LE) personnel and resources to an ongoing, life-threatening situation where delayed deployment of personnel could otherwise result in death or great bodily injury to innocent persons. Contact Team tactics are not a substitute for conventional response tactics to a barricaded gunman.

EMS Extraction Officer: The individual responsible for coordinating the removal of patients from the active incident area to the Casualty Collection Point or Treatment Area.

Extraction Team: Group equipped to enter an active incident area and remove victims with appropriate stabilization, to a casualty collection point or treatment area. Depending on the situation, the extraction team may consist of a LE Rescue Team, a joint LE/EMS Rescue Task Force, or EMS personnel assisted by certified first responder trained personnel from the police and/or fire Department.

Hartford Consensus: Consensus document which includes the actions contained in the mnemonic "THREAT"

- **T** - Threat suppression
- **H** - Hemorrhage control
- **RE** - Rapid Extrication to safety
- **A** - Assessment by medical providers
- **T** - Transport to definitive care

Rescue Task Force (RTF): A Rescue Task Force is a team jointly consisting of law enforcement and EMS personnel deployed to provide point of wound care to victims where there is an on-going ballistic or explosive threat. These teams treat, stabilize, and remove the injured in a rapid manner, while wearing ballistic protective equipment and under the protection of a law enforcement. When possible, a RTF team should include at least one ALS provider.

Rescue Team: The deployment of law enforcement personnel tasked to respond to known locations of injured victims for the purposed of immediate first aid and rapid extraction to a more secure location. Since most traditional rescue teams are comprised solely of law enforcement personnel, it can transition into a contact team if a threat or active shooter is encountered. Rescue teams are typically deployed after a contact team has neutralized the immediate threat.

Hot Zone: The geographic area, consisting of the immediate incident location, where there is a known or suspected hazard with direct and immediate threat to personal safety or health. Rescue Task Forces will not be deployed into a Hot Zone.

Warm Zone: This zone is an area of indirect threat that has been swept by Law Enforcement and cleared of any immediate threats. The Rescue Task Force may deploy in this area, under force protection, to treat victims.

Cold Zone: The cold zone is where responding personnel can operate with minimal threat to personal safety or health. This area is a distance from the active incident, or an area that has been cleared *and* secured by law enforcement.

POLICY

Boston EMS personnel will not knowingly be deployed into a “hot zone”/ direct-threat area. Based on the circumstances and in consultation with EMS and Law Enforcement Incident Commanders, Boston EMS personnel may be escorted under force protection as part of a Rescue Task Force into areas of mitigated risk (“warm zone”) which have been cleared by Law Enforcement to execute triage, medical stabilization at the point of wounding, and provide for evacuation or sheltering in place.

PROCEDURE

EMS personnel should recognize that LE will initially be fully engaged with the primary mission of neutralizing the threat(s). There will be rapid deployment of LE officers in the form of contact teams into the impacted area to directly engage the threat, secure the perimeter to ensure the perpetrator(s) does not evade/escape, and to minimize access to the area. Current law enforcement policy is to bypass any wounded / dead until their primary objective / mission is complete.

As areas are cleared and resources permit, LE operations may initially include deployment of Rescue Teams that focus on extraction of wounded victims to a designated casualty collection point (CCP) for EMS personnel to render initial aid. Boston EMS personnel may be requested to join a law enforcement Rescue Team(s), thereby forming a Rescue Task Force for operation in the warm zone to provide medical operations including triage, primary point of wounding treatment (hemorrhage control and airway), and assist with extraction of victims based on available resources and capabilities.

Unified Command (U/C) should establish an accountability process for all incident responders using a check in / check out procedure. Under no circumstances should EMS personnel enter an area that has not been cleared without LE consent and protective escort. Personnel operating at an incident should consider secondary devices

or other threats. Should threats be identified, it would necessitate upgrading the area to one of direct threat ("hot zone") requiring rapid evacuation of all EMS personnel and surviving patients.

Anticipate a protracted event. Research and history have indicated that the active risk at most incidents is over before first responders arrive on scene, or shortly thereafter, but they may also require extended operations. Depending on the size of a building or active incident area, number of victims and/or reported shooters, it could take several hours to fully clear a scene and declare it completely safe. The EMS response should include sufficient resources when available for victim management and law enforcement, EMS, and other on scene public safety personnel support for the duration of the event.

EMS RESPONSE

When responding to a reported active shooter or similar incident, consider turning off emergency lights and warning devices when on approach to the area. Dispatch Operations should attempt to determine the most appropriate routing, access, and staging areas for responding EMS personnel. Remember that frightened citizens fleeing the event may act in an unsafe manner.

If assigned staging is designated via Dispatch Operations, immediately assess upon arrival for safe zone adequacy. First arriving unit(s) should position themselves in a safe area that does not block key access / egress for additional responders if possible. If EMS staging is designated by the on scene unit(s), ensure all additional response personnel have the exact location and safest means of access. When establishing a staging area, consider the possibility of improvised explosive device (IED) or other secondary threats.

Establish Unified Command. Advise law enforcement of available EMS resources and staging location. Personnel should place all anticipated necessary medical equipment on the wheel cot. Depending on the situation and distance from incident, consider leaving the stretcher in the ambulance until requested for victim removal. To the extent possible, all units should be positioned to allow rapid egress from the scene should transport or relocation to an alternate staging area becomes necessary.

Supervisor, Command, Paramedic, and Special Operations units are equipped with "multi-patient hemorrhage control" kits. Whenever possible, these kits should be made available to EMS personnel that will be operating in the warm zone. These kits contain:

Qty	Item		Qty	Item
6	C-A-T Tourniquets		4	HyFinn Vent Chest Seal
2	ARS Needles; 10g 3.25" (ALS)		10	4 x 4 Gauze
4	Hemostatic Gauze Dressings		2	6" Elastic roll bandages
2	4" Israeli Bandage		2	6" Israeli Bandage
1	Roll of tape		4	Pair of Gloves (Large)

10	MCI Tags		5	MCI Tags (dead)
1	Trauma Shears		6	Nasal Airways / Surgilube

Appropriate personal protective equipment (PPE) shall be donned at the direction of the EMS Incident Commander. Department issued body armor, respiratory protection, and helmet should be immediately available and donned as directed. Additional or higher-level PPE may be used when available.

In certain cases, it may be appropriate to limit initial warm zone operations to sweep triage. Ambulatory victims should be directed by the team to self-evacuate, if safe to do so. Communication back to EMS IC and LE IC advising of incoming victims should be confirmed as soon as possible.

Non-viable victim(s) should be clearly marked to allow for easy identification and to avoid repeated evaluations by additional rescue / extraction teams. Secondary triage should occur as victims are brought to the designated CCA.

Rescue Task Force teams can be deployed for victim treatment, victim extraction from warm to cold zone, movement of supplies from cold to warm zone, and any other duties deemed necessary to accomplish the overall mission. Team(s) should work within LE security at all times.

As the incident evolves, law enforcement may begin to designate areas as cleared *and* secured. EMS may begin to operate in previously designated warm zones without the requirement of immediate force protection from LE. The EMS I/C will coordinate with the LE I/C to determine if it is necessary to continue rescue operations under law enforcement force protection.

U.S. Department of Homeland Security "Active Shooter Response" booklet http://www.dhs.gov/xlibrary/assets/active_shooter_booklet.pdf

http://www.naemt.org/Libraries/Trauma%20Resources/Hartford%20Consensus%20Document%20Final%204-8-13.sflb and http://bulletin.facs.org/2013/09/hartford-consensus-ii/

NIMS definition of "Task Force" is any combination of single resources, but typically two to five, assembled to meet a specific tactical need.