REGION 11 CHICAGO EMS SYSTEM PROTOCOL	Title: High Threat Considerations – BLS/ALS
	Section: Trauma
	Approved: EMS Medical Directors Consortium
	Effective: July 10, 2024

HIGH THREAT CONSIDERATIONS – BLS/ALS

I. DEFINITIONS

1. Hot Zone/Direct Threat Zone: An area where active threat and active hazards exists.
2. Warm Zone/Indirect Threat Zone: An area where security and safety measures are in place. This zone may have potential hazards, but no active danger exists.
3. Cold Zone/Evacuation Zone: An area where no significant threat is reasonably anticipated.

II. PATIENT CARE GOALS

1. Assess scene for safety and number of patients.
2. Mitigating further harm.
3. Treat immediate medical conditions.
4. Accomplish goal with minimal additional injuries.

III. PATIENT PRESENTATION

A. Inclusion Criteria

1. High threat environment – when greater than normal conditions exist that could cause threat to clinician or patient.

B. Exclusion Criteria

1. No significant threat exists to clinician or patient allowing for the performance of routine care.

IV. PATIENT MANAGEMENT

A. Assessment, Treatment and Interventions

1. Hot Zone/Direct Threat Care Considerations:
    a. Mitigate threat as able to minimize risk to patients and clinicians, move to a safer position and recognize that threats are dynamic and may be ongoing, requiring continuous assessment of threat.

b. Defer in depth medical interventions if engaged in ongoing direct threat (e.g. active shooter, unstable building collapse, improvised explosive device, hazardous material threat).
c. Triage should be deferred to when no longer in a hot zone/direct threat care zone.
d. Prioritization for extraction is based on resources available and the situation encountered.
e. Minimal interventions are warranted.
f. Encourage patients to provide self-first aid or instruct uninjured bystanders to provide aid.
g. Consider hemorrhage control:
    i. Tourniquet application is the primary "medical" intervention to be considered in Hot Zone/Direct Threat.
    ii. Consider instructing patient to apply direct pressure to the wound if no tourniquet available (or application is not feasible).
h. Consider quickly placing or directing patient to be placed in position to protect airway, if not immediately moving patient.

2. Warm Zone/Indirect Threat Care Considerations:

a. Maintain situational awareness.
b. Ensure safety of both responders and patients by rendering environment safe (firearms, vehicle ignition).
c. Conduct primary survey, per the General Trauma Management Protocol, and initiate appropriate lifesaving interventions:
    i. Hemorrhage control
        - Tourniquet
        - Wound packing if feasible.
    ii. Maintain airway and support ventilation per Airway Management Protocol.
d. Do not delay patient extraction and evacuation for non-life-saving interventions.
e. Consider establishing a casualty collection point (CCP) if multiple patients are encountered.
f. Unless in a fixed casualty collection point, triage in this phase of care should be limited to the following categories:
    i. Uninjured and/or capable of self-extraction;
    ii. Deceased/expectant;
    iii. All others.

3. Cold Zone/Evacuation Zone:

a. Reassess all interventions applied in previous phases of care
b. Additional trauma treatment and destination per Region 11 EMS Protocols and Policies.
c. Additional medical or transport resources may be staged in this area.

C. Patient Safety Considerations

1. Anticipate unique threats based on situation.

2. During high threat situations, clinician safety should be considered in balancing the risks and benefits of patient treatment.

V. NOTES/EDUCATIONAL PEARLS

A. Key Considerations

1. In high threat situations, clinician and patient safety will need to be simultaneously considered.

2. During high threat situations, an integrated response with other public safety entities may be warranted.

3. During these situations, maintaining communications and incident management concepts may be crucial to maximizing efficiency and mitigating dangers.