



**REGION 11  
CHICAGO EMS SYSTEM  
PROTOCOL**

Title: High Threat Considerations
Section: Trauma
Approved: EMS Medical Directors Consortium
Effective: July 1, 2021

## **HIGH THREAT CONSIDERATIONS**

### **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 and urgent medical conditions.
4. Assist evacuation.
5. Accomplish goal with minimal additional injuries.

### **III. PATIENT MANAGEMENT**

#### **A. Assessment, Treatment and Interventions**

1. Hot Zone/Direct Threat Care Considerations:
  - a. Defer in depth medical interventions if engaged in ongoing direct threat (e.g. active shooter, unstable building collapse, improvised explosive device, hazardous material threat).
  - b. Threat mitigation techniques will minimize risk to patients and providers.
  - c. Rapid primary triage as required
  - d. Prioritization for extraction is based on resources available and the situation.
  - e. Minimal interventions are warranted.
  - f. Encourage patients to provide self-first aid or instruct aid from uninjured bystander.
  - 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).



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- 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
- c. Conduct primary survey, per the General Trauma Management Protocol, and initiate appropriate life saving interventions:
  - i. Hemorrhage control:
    - 1. Tourniquet;
    - 2. 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 transport 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, provider safety should be considered in balancing the risks and benefits of patient treatment.

**IV. NOTES/EDUCATIONAL PEARLS**

**A. Key Considerations**

- 1. In high threat situations, risk assessment should be performed and regularly re-evaluated. Provider 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.



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