Jackson Hole Fire/EMS Operations Manual

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PURPOSE

- To establish policies and procedures for pre-hospital medical care where there is an actual or suspected ballistic, explosive, chemical, or violence threat
- To provide effective patient care in tactical environments
    - Active Shooter Scenarios
    - Barricaded Suspects/Subjects
    - Hostage Situations
    - Suicidal Individuals with Explosives and/or Firearms
    - Riots/Civil Disturbances
    - Mass Gatherings
    - Clandestine Laboratory Raids
    - Escaped Convict Searches
    - Bomb Threats
    - National Security Incidents
    - Terrorist Incidents
- To provide emergency medical care in the field to officers and citizens
- To ensure continuum of care for all patients in the Tactical EMS environment

GENERAL

Jackson Hole Fire/EMS, in conjunction with the Regional Emergency Response Team (RERT) Region 8 and law enforcement agencies, will train and deploy pre-hospital medical personnel in alignment with current Tactical EMS guidelines, such as Committee for Tactical Emergency Casualty Care (C-TECC).

C-TECC guidelines are a set of best practice recommendations for casualty management during high threat civilian tactical and rescue operations. Based upon the principles of Tactical Combat Casualty Care (TCCC), TECC guidelines account for differences in the civilian environment, resources allocation, patient population, and scope of practice.

Tactical environments by nature are incidents requiring joint operations by law enforcement, Region 8 and Fire/EMS personnel. Separate tactical objectives must be defined and met to achieve strategic success.

The C-TECC recognizes three phases of tactical emergency casualty care. The phases are listed below with priorities associated with mission success.

C-TECC PHASES	ASSOCIATED PRIORITIES
Direct Threat Care (DTC) • Warm/Hot zone • Area of evolving or unmitigated risk; hostile environment • Law enforcement, bomb team, HazMat team or first responder buddy care • Extraction	• mitigate the threat • move wounded to cover or area of relative safety (e.g. casualty collection point) • manage massive hemorrhage
Indirect Threat Care (ITC) • Warm zone/Cold Zone boundary (Casualty Collection Point) • Cleared but unsecured environment • Fire/EMS personnel with attached law enforcement, bomb team or HazMat team (Rescue Task Force)	• initiated once the casualty is in an area of relative safety • focus on preventable causes of death ◦ Hemorrhage, ABCs ◦ Disability, Environment ◦ Effective Triage
Evacuation Care (EVAC) • Cold zone • Secured transport corridor • Fire/EMS personnel with attached law enforcement, bomb team or HazMat team	• movement of casualty to definitive treatment facility • interventions similar to normal EMS transport operations • continued emphasis on reassessment of interventions and hypothermia management

DEFINITIONS

CASUALTY COLLECTION POINT (CCP)
Designated location where responder personnel gather, triage, provide ITC, and package patients for transport to medical treatment facilities.

EXTRACTION
Use of drags, lifts, and casualty evacuation platforms for rapid movement of patients from hot zone

FORCE PROTECTION
Actions taken by law enforcement to conserve operational ability Fire/EMS resources to extract, care for, and evacuate patients

RESCUE TASK FORCE
Fire/EMS personnel paired with law enforcement, bomb team or HazMat team that operate downrange

TRANSPORT CORRIDOR (TC)
Secured area beyond casualty collection point for ambulance access

EXCLUSION/OPERATIONAL ZONES

(1) **HOT ZONE**: Area where a direct and immediate threat exists. Examples of direct and immediate threats are active shooters, barricaded suspects, hostage situations, high-risk warrant services, possible terrorist acts, environments of risk, and areas with confirmation of CBRNE contamination.

(2) **WARM ZONE**: Area where a potential threat exists, but the threat is not direct or immediate. Examples include casualty collection points, areas of unknown hostility, unconfirmed hazardous environments. Jackson Hole Fire/EMS will conduct operations within warm zone with force protection.

(3) **COLD ZONE**: Area where no significant danger or threat can be reasonably anticipated. Examples include transport corridor, staging of resources, ICP.

SECTION I: CASUALTY COLLECTION POINT and the RESCUE TASK FORCE (RTF)

CASUALTY COLLECTION POINT

The CCP is an area designated to receive patients extracted from the hot zone, located at the boundary between the warm and cold zone. The CCP operates under force protection, with the location of the CCP designated by Unified Command. Law enforcement and Fire/EMS personnel will establish the CCP as soon as feasible to begin receiving patients. The CCP can be located within a strong-hold created by law enforcement or through the use of Fire/EMS apparatus.

The use of additional Personal Protective Equipment (PPE) within the CCP (i.e. ballistic protective equipment (body armor) or Hazardous Materials Suit) will be designated by the Incident Commander or Safety Officer.

The CCP is managed by the Medical Group Supervisor or Treatment Unit Leader, if designated. The CCP acts as the Treatment Area, as defined in the Fire/EMS Mass Casualty Incident Guidelines (Division 20, Article 1).

Indirect threat care principles will guide Fire/EMS personnel assigned to the CCP. These can be remembered by the MARCHE acronym.

- MARCHE
  - **M**assive hemorrhage control
    - Tourniquets
  - **A**irway management
  - **R**espiratory management
    - Occlusive dressings for open pneumothoraces
    - Needle decompression for tension pneumothoraces
  - **C**irculation
  - **H**ypothermia and **H**ead injury
    - Emergency blankets
  - **E**verything else
    - Monitoring and Reassessment, Pain Mgt., Head to toe, etc.
    - Transport preparation

During tactical operations, mass violence incidents, and MCI events Fire/EMS members can utilize radio failure protocols (Division 17, Section 3.7).

Fire/EMS members will always operate within their scope of practice.

RESCUE TASK FORCE

A Rescue Task Force (RTF) includes Fire/EMS medical personnel paired with law enforcement, bomb team or hazardous materials personnel (Region 8), deployed to provide care to victims where there is a reduced risk of on-going ballistic, explosive, or hazardous materials threat. These teams treat, stabilize, and remove the injured in a rapid manner while wearing body armor and ballistic helmets or designated level of chemical protective clothing.

A RTF operates within the Cold and Warm zone, following the first wave of law enforcement, bomb team or hazardous materials personnel, securing the area. RTF responders come from the cadre of firefighter/EMTs and paramedics.

The RTF, including Fire/EMS medical personnel, will not be deployed into the Hot Zone for the purpose of Direct Threat Care.

SECTION II: INITIAL TRAINING

All Fire/EMS medical personnel will be training in TECC and CCP principles.

Operational Staff will be trained in Tactical EMS.

- Train personnel on operational tactics, strategy, and contingency considerations
- Develop joint training with assisting/cooperating agencies
- Tactical EMS operators will maintain job-appropriate physical fitness readiness and standards

SECTION III: PRE-PLANNING CONSIDERATIONS

- Assess risk versus gain for target hazards
- Assess "soft targets" identified by law enforcement (e.g. hotels, hospitals, theaters, special events, schools and airports)
- Determine potential PPE for both warm and hot zone deployment
- Promote interoperability between Fire/EMS, law enforcement, or other cooperating agencies

SECTION IV: ACTIVATION OF TACTICAL MEDICAL RESPONSE

INITIAL CONSIDERATIONS

- Confirm type of incident (i.e. active shooter, barricaded suspect, hostage situation, terrorist acts)
- Consider options for scene security and Fire/EMS access
- Gather intelligence on approximate number of victim(s)/hostage(s)/perpetrator(s), and their status.
- Consider complexities and Risk vs. Benefit of evolving mass violence and hybrid targeted threat (e.g. secondary devices)
- Identify or assist in the establishment of an Incident Command Post (ICP) location, staging areas, control points, and any established perimeters
- Fire/EMS senior member will establish Unified Command with corresponding agencies
- Establish a Medical Group Supervisor within the command system
- Unified Command and Medical Group Supervisor will determine initial area for CCP
- Establish RTF team with necessary law enforcement, bomb tech or hazardous materials team members
- RTF members will don appropriate personal protective equipment (PPE)
- Determine appropriate access and response routes
- Identify communications plan
- Consider additional resources early
- **Consider activation of MCI protocol (see Division 20, Article 1)**
- Notify confirmed medical facilities early

INITIAL BRIEFING

- Obtain briefing from Operations
- Establish Leader's Intent
- Determine availability and extent of force protection for CCP and RTF
- Confirm type and location of threat to best of available intelligence
- Obtain current incident status and threat assessment

- Determine resources currently assigned, requested, and their locations
- Identify Hot Warm and Cold Zones with perimeters
- Identify Incident Objectives
- Determine if "shelter in place" or "evacuation" strategy is to be implemented
- Confirm locations of CCP and Transportation Corridor
- Consider sorting areas to facilitate law enforcement processing of evacuees
- Confirm Communications Plan

SECTION V: MEDICAL TRANSPORT

See MCI Protocol, Division 20- Article 1.7, for suggestions for medical transport.

SECTION VI: STAND-DOWN and POST-MISSION DEBRIEFING

Stand-down and demobilization of CCP and tactical EMS resources will be made by Unified Command in conjunction with ICS's Medical Group Supervisor.