Region 5 Regional Trauma Advisory Committee

Stop the Dying: Rescue Task Force Warm Zone Care

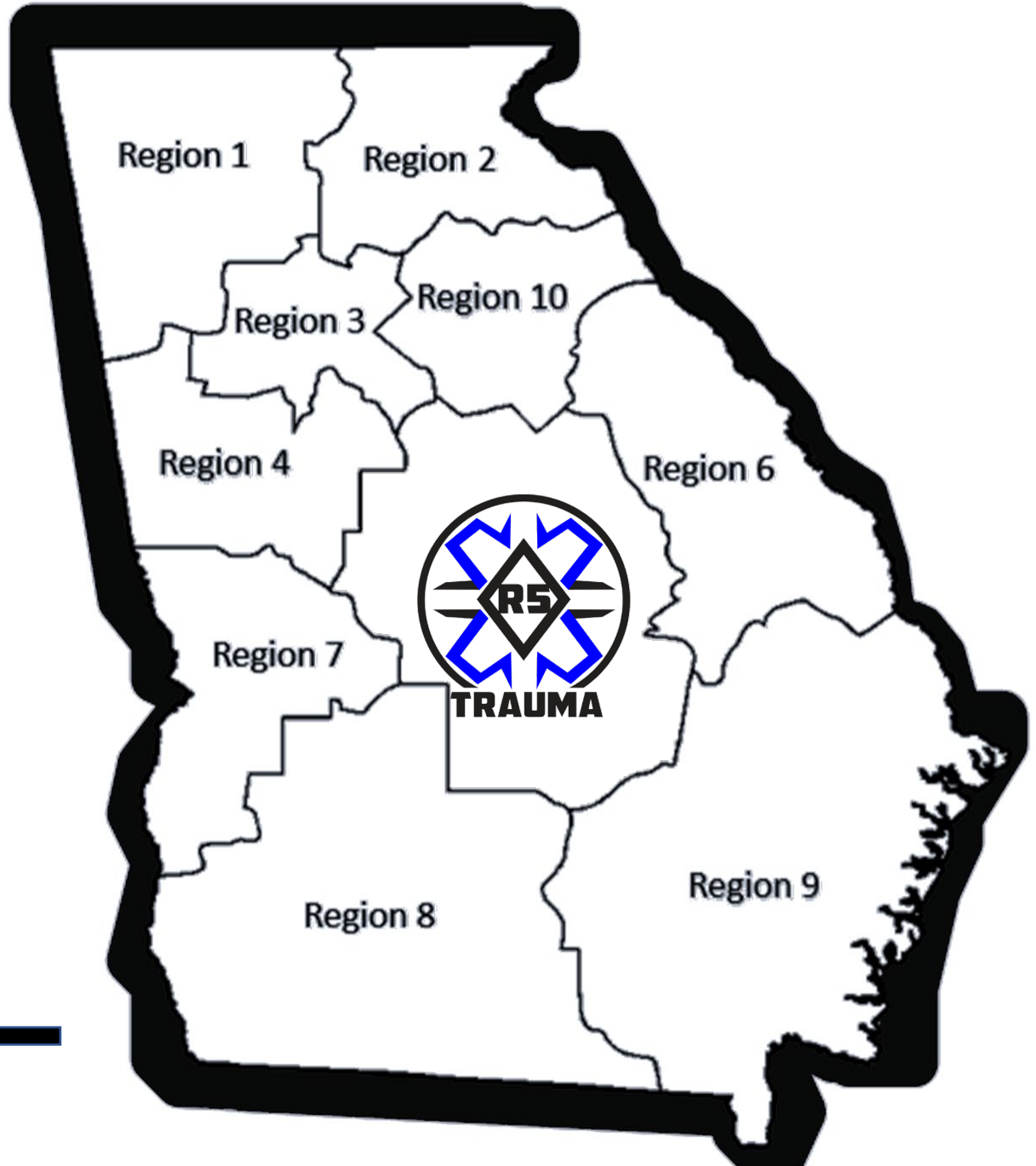
2023 Public Safety Conference

Georgia Public Safety Training Center

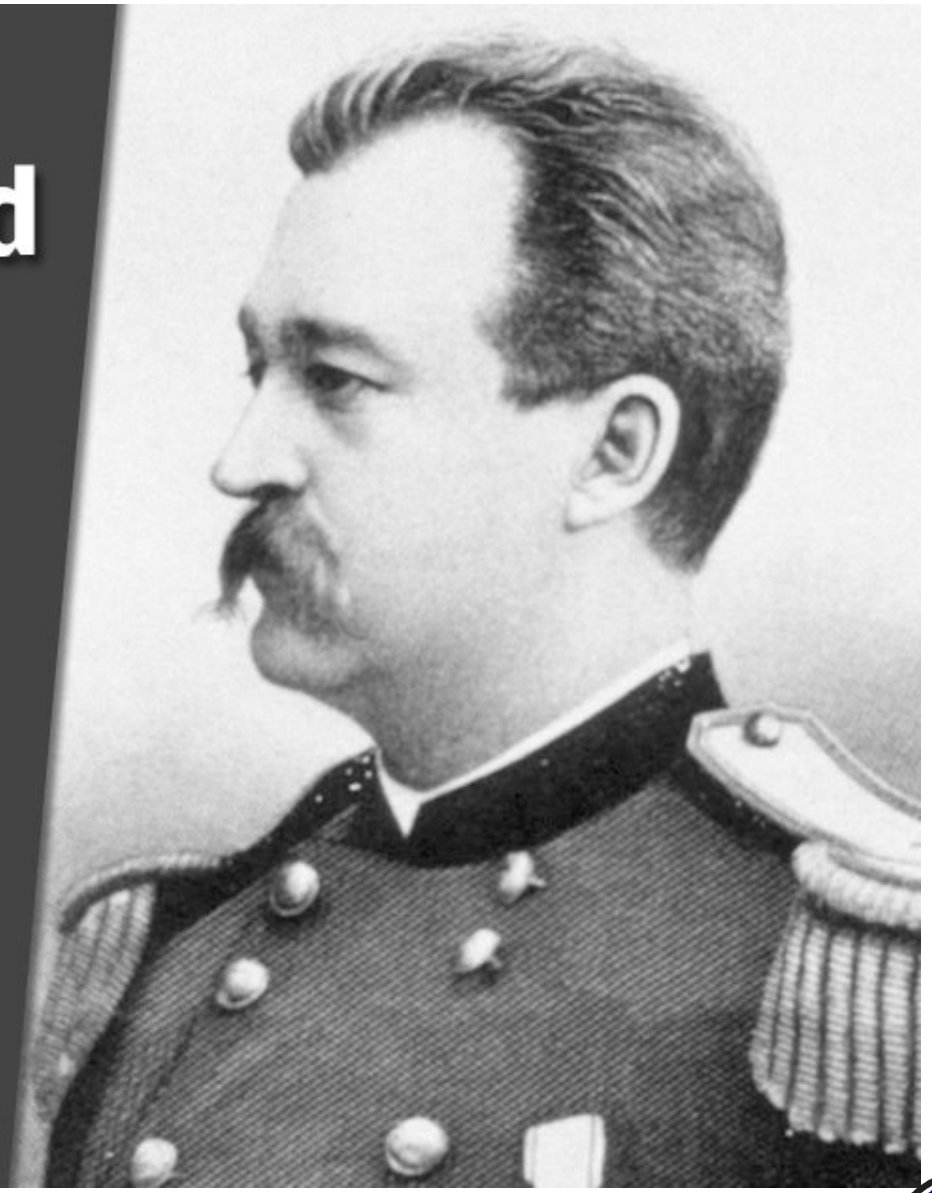
R5TRAUMA EDUCATION & OUTREACH TEAM

Serving Baldwin, Bibb, Bleckley, Crawford, Dodge, Hancock, Houston, Jasper, Johnson, Jones, Laurens, Monroe, Montgomery, Peach, Pulaski, Putnam, Telfair, Treutlen, Twiggs, Washington, Wheeler, Wilcox, and Wilkinson counties.

Welcome!



“The fate of the wounded lies in the hands of the ones who apply the first dressing”



Dr Nicholas Senn (1844 – 1908)

Founder of the Association of Military Surgeons of the United States

R5 TRAUMA

By the Numbers

2021	2022	
61 in 30 states	50 in 25 states + DC	Total Incidents
243 103 Killed 140 Injured	313 100 Killed 213 Wounded	Casualties (excluding Shooters)
2	1	Law Enforcement Officers Killed
5	21	Law Enforcement Officers Wounded
12	13	Met “Mass Killing” Definition
17	9	Incidents Where Law Enforcement Engaged Shooters
60 male 1 female	47 male 1 female 1 nonbinary 1 unidentified	Shooter Gender
2	4	Shooters Wore Body Armor
11	9	Shooters Committed Suicide
14	7	Shooters Killed by Law Enforcement
4	2	Shooters Killed by Citizen
30 1 at large	29 3 at large	Shooters Apprehended by Law Enforcement

Complete the Mission

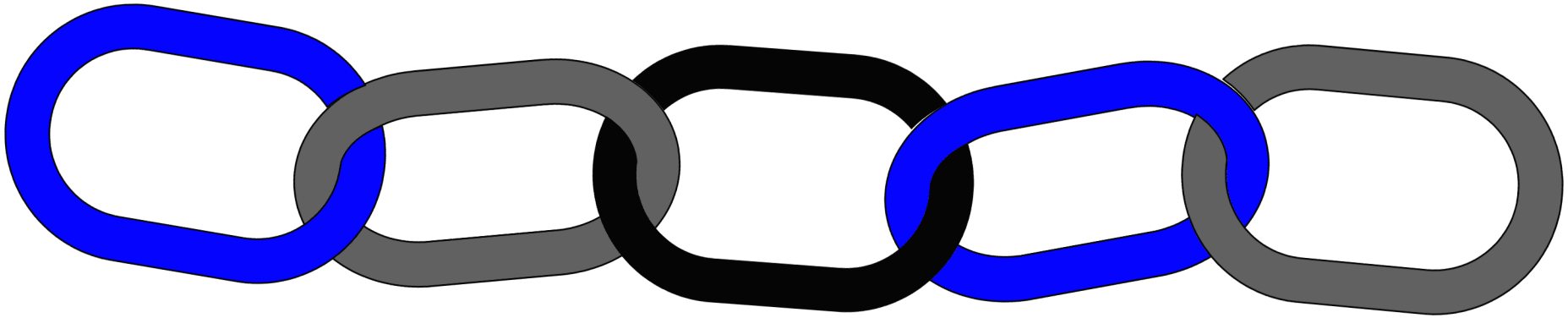
Immediate Responders

Non-Medical First Responders

Medical First Responders

Emergency Medicine

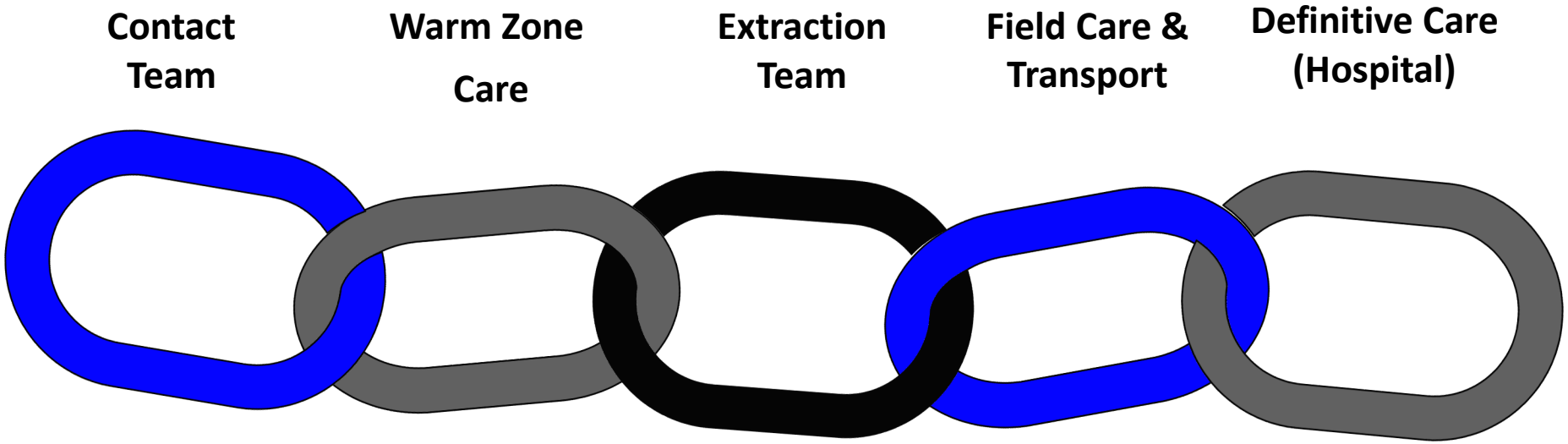
Trauma Surgery & Critical Care



TECC CHAIN OF SURVIVAL

R5 TRAUMA

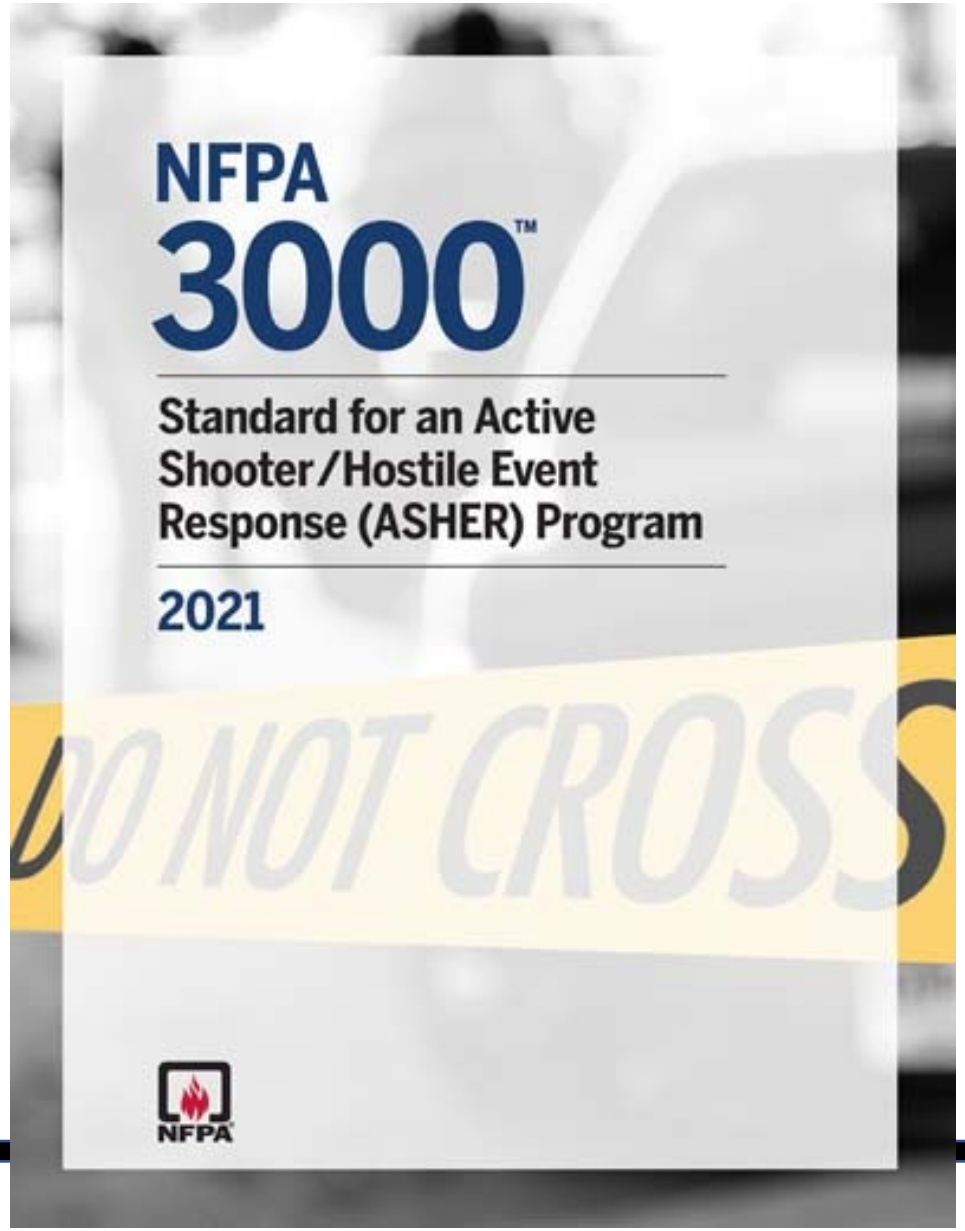
Patient Survivability



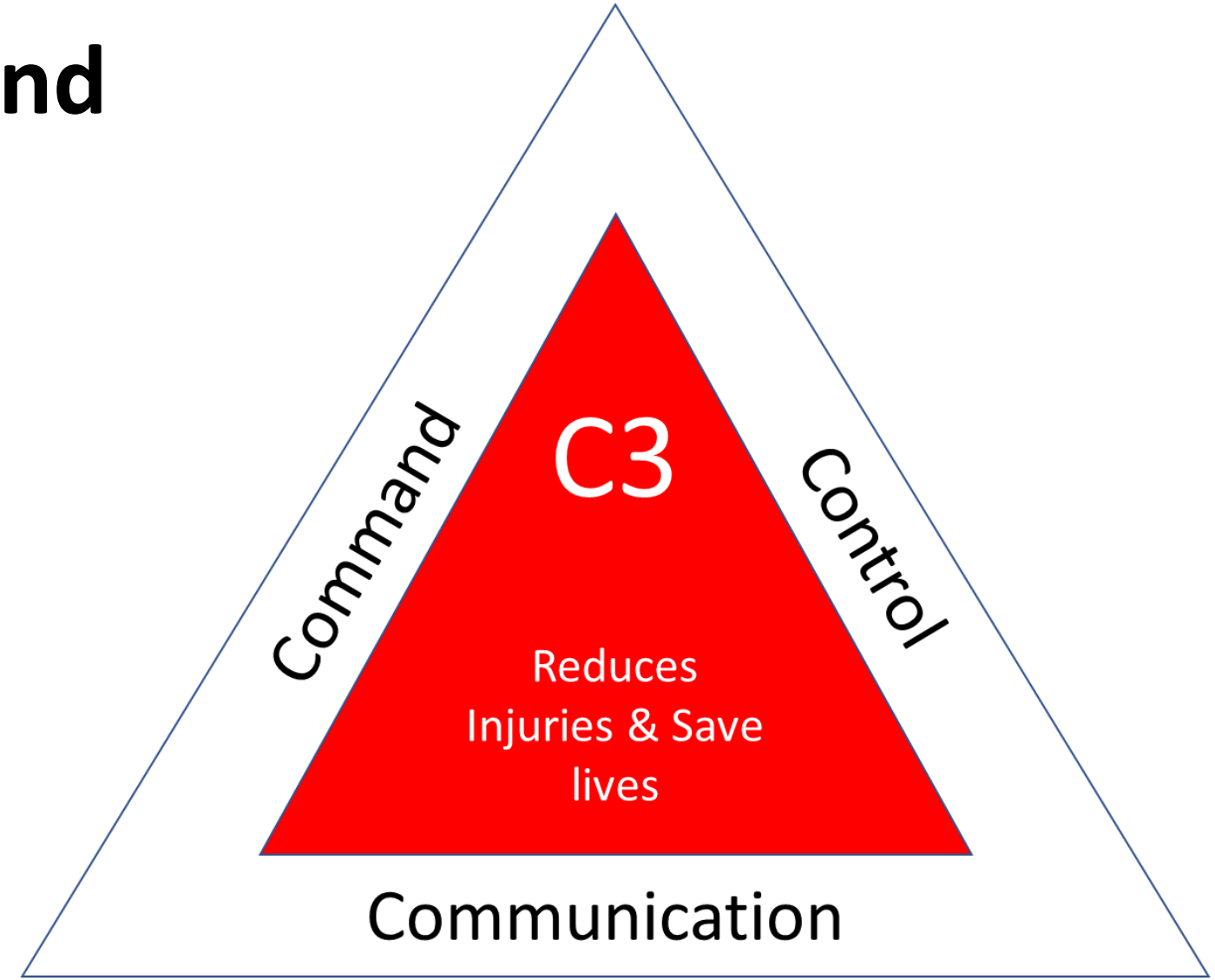
ASHER TOOLBOX OF SURVIVAL

R5 TRAUMA

NFPA 3000


NFPA
3000™
Standard for an Active Shooter/Hostile Event Response (ASHER) Program
2021
NFPA

Command


Command
Control
C3
Reduces
Injuries & Save
lives
Communication

Plug for Unified Command

- What is it?
- Command **must** be Unified
  - Lack of Unified Command creates communication issues, which is a problem for warm zone care
- Takes priority over other items such as perimeters, traffic control, etc.
- Unified Command Post
  - Co-located
  - Make-up
    - Law Enforcement
    - Fire
    - EMS
    - Location Representative

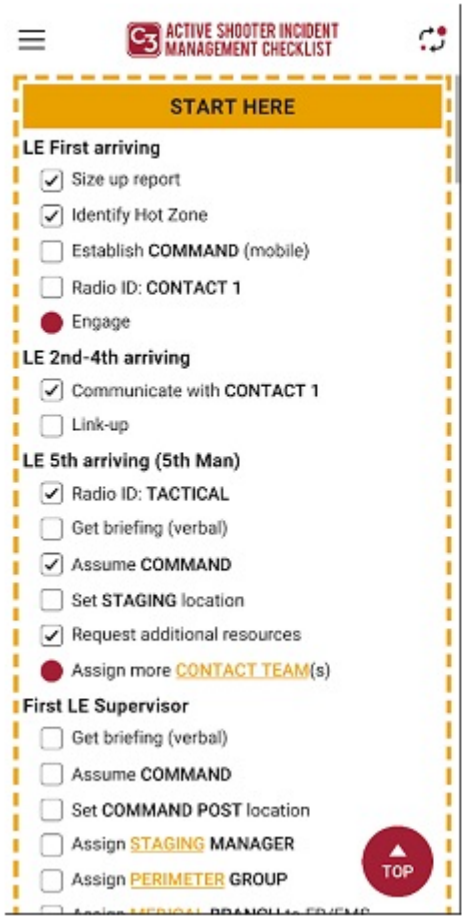
Early Establishment!!!

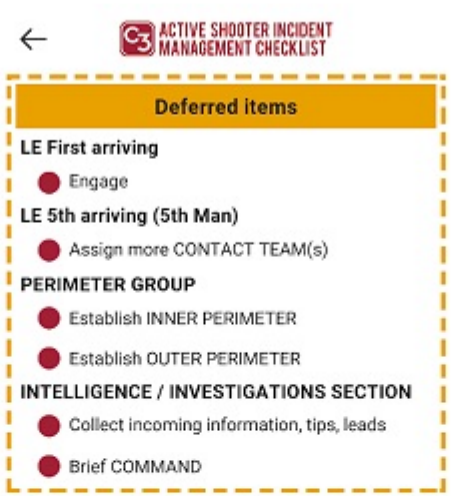
Active Shooter Incident Management Checklist

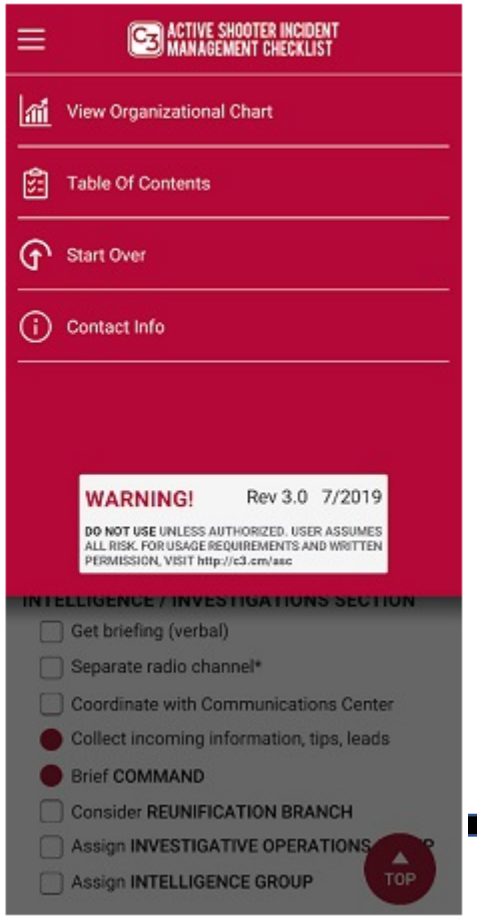
C3 PATHWAYS
TRAINING. EXERCISES. CONSULTING.

Apple

Android







R5 TRAUMA

START HERE

LE First arriving
- [ ] Size up report
- [ ] Identify Hot Zone
- [ ] Establish COMMAND (mobile)
- [ ] Radio ID: CONTACT **1**
- [ ] Engage

LE 2nd-4th arriving
- [ ] Communicate with CONTACT **1**
- [ ] Link-up

LE 5th arriving (5th Man)
- [ ] Radio ID:TACTICAL
- [ ] Get briefing (verbal)
- [ ] Assume COMMAND
- [ ] Set STAGING location
- [ ] Request additional resources
- [ ] Assign more CONTACT TEAMs

First LE Supervisor
- [ ] Get briefing (verbal)
- [ ] Assume COMMAND
- [ ] Set COMMAND POST location
- [ ] Assign STAGING manager
- [ ] Assign PERIMETER GROUP
- [ ] Assign MEDICAL BRANCH to FD/EMS

Second LE Supervisor
- [ ] Get briefing (verbal)
- [ ] Assume COMMAND
- [ ] Request additional resources
- [ ] Designate First LE Supervisor as LAW ENFORCEMENT BRANCH
- [ ] Assign INTELLIGENCE SECTION
- [ ] Assign LEAD PIO to establish JOINT INFORMATION CENTER

First FD/EMS Supervisor
- [ ] Go to COMMAND POST
- [ ] Request MEDICAL BRANCH assignment

fold here

Law Enforcement

LAW ENFORCEMENT BRANCH
- [ ] Get briefing (verbal)
- [ ] Co-locate with MEDICAL BRANCH
- [ ] Coordinate with INTELLIGENCE SECTION

TACTICAL GROUP
- [ ] Coordinate CONTACT TEAM(s)
- [ ] Prioritize 1Threat, 2Rescue, 3Clear
- [ ] Update Hot and Warm Zones
- [ ] Update casualty information to Triage Group

CONTACT TEAM
- [ ] Contain or neutralize threat
- [ ] Update location as moving
- [ ] Report casualty locations, numbers
- [ ] Establish Casualty Collection Point(s)

PERIMETER GROUP
- [ ] Separate radio channel*
- [ ] Establish INNER PERIMETER
- [ ] Establish OUTER PERIMETER

INTELLIGENCE / INVESTIGATIONS SECTION
- [ ] Get briefing (verbal)
- [ ] Separate radio channel*
- [ ] Coordinate with Communications Center
- [ ] Collect incoming information, tips, leads
- [ ] Brief COMMAND
- [ ] Consider REUNIFICATION BRANCH
- [ ] Assign INVESTIGATIVE OPERATIONS GROUP
- [ ] Assign INTELLIGENCE GROUP

*Leader monitors two channels, their channel and the assigned BRANCH / COMMAND channel.

fold here

Fire / EMS

MEDICAL BRANCH
- [ ] Get briefing (verbal)
- [ ] Request additional resources
- [ ] Assign TRIAGE GROUP
- [ ] Assign TRANSPORT GROUP
- [ ] Co-locate with LAW ENFORCEMENT BRANCH
- [ ] Consider TREATMENT GROUP

TRIAGE GROUP
- [ ] Get briefing (verbal)
- [ ] Stand-up RESCUE TASK FORCE(s)
- [ ] Co-locate with TACTICAL GROUP
- [ ] Get operable areas, routes, and Casualty Collection Point location(s)
- [ ] Deploy RESCUE TASK FORCE(s)

RESCUE TASK FORCE†
- [ ] Assemble team and equipment
- [ ] Notify TACTICAL when deploying
- [ ] If not done, establish Casualty Collection Point(s)
- [ ] Rapidly assess casualties
- [ ] Report counts to TRIAGE GROUP
- [ ] Identify Ambulance Exchange Point and confirm with TACTICAL
- [ ] Coordinate casualty evacuation

TRANSPORT GROUP
- [ ] Get briefing (verbal)
- [ ] Co-locate with TACTICAL GROUP
- [ ] Determine routes
- [ ] Separate radio channel*
- [ ] Get Hospital capacity count
- [ ] Transport casualties from Ambulance Exchange Point(s)
- [ ] Target 3 per ambulance (1ea Red/Yel/Grn)
- [ ] Distribute to Hospitals
- [ ] Keep Transport Log

†Target minimum staffing 2 LE, 2 Medical for each RTF.

fold here

Multi-Discipline

STAGING
- [ ] Check-in and list resources
- [ ] Give resources assignment, location, and channel
- [ ] Prioritize assignments as directed
- [ ] Maintain minimum resources as directed

LEAD PIO (JOINT INFORMATION CENTER)
- [ ] Establish JOINT INFORMATION CENTER
- [ ] Establish Media Staging Area
- [ ] Clear all messaging and releases with COMMAND
- [ ] Announce Reunification site when authorized

REUNIFICATION BRANCH
- [ ] Get briefing (verbal)
- [ ] Select Reunification Location
- [ ] Location approved by INTELLIGENCE SECTION
- [ ] Notify DISPATCH of Location Not for public release
- [ ] Assign REUNIFICATION STAGING MANAGER
- [ ] Request additional resources
- [ ] Assign SERVICES GROUP
- [ ] Assign ACCOUNTABILITY GROUP
- [ ] Assign ASSEMBLY GROUP
- [ ] Notify INTELLIGENCE SECTION when ready to announce Location to public

REUNIFICATION SERVICES GROUP
- [ ] Assign Set-up Unit
- [ ] Assign Law Enforcement Unit
- [ ] Assign Transportation Unit
- [ ] Assign Medical Unit
- [ ] Establish Family Assistance Center

REUNIFICATION ACCOUNTABILITY GROUP
- [ ] Assign Accountant Unit
- [ ] Assign Checker Unit
- [ ] Assign Greeter Unit
- [ ] Assign Reunifier Unit
- [ ] Assign Exit Control Unit

REUNIFICATION ASSEMBLY GROUP
- [ ] Assign Class Leader Unit
- [ ] Assign Nutritional Support Unit
- [ ] Consider Entertainment Unit

ACTIVE SHOOTER INCIDENT MANAGEMENT CHECKLIST

Endorsed by
National Tactical Officers Association

Improvised Explosive Device (IED)

DISCOVERY or DETONATION
- [ ] Announce "Bomb Cover" or "Bomb Go"
- [ ] Secondary threat scan (device, 5ft, 25ft)
- [ ] Maintain 540° scan
- [ ] NEVER TOUCH Bombs
- [ ] Bombers are Bombs

CONTACT and RESCUE
- [ ] Consider threat to life and alternate route
- [ ] Mark (Chem Lights) and bypass
- [ ] Provide security element if possible

EXPOSED SURVIVOR RESCUE
- [ ] Direct survivor movement explicitly
- [ ] View area for secondary threats
- [ ] Establish narrow cordon in/out of area
- [ ] Provide Direct Threat Care only
- [ ] Evacuate to standoff / Isolate / Barricade

FROM RADIO SAFE DISTANCE (300ft or standoff)
- [ ] Report IED location, description, size
- [ ] Report action taken
- [ ] Request Bomb Squad

NO SURVIVORS THREATENED
- [ ] View area for secondary threats
- [ ] Reposition personnel to safe standoff
- [ ] Report impact to assignment and priority
- [ ] Cordon off 360° device kill zone
- [ ] Control cordon security awaiting Bomb Squad

Standoff Distance‡

IED	Size	Minimum with Cover	Preferred
Pipe Bomb	5 lb	**70 ft**	**1200 ft**
Suicide Bomber	20	**110**	**1700**
Briefcase/Suitcase	50	**150**	**1850**
SUV / Van	1000	**400**	**2400**

‡See Help Guide and DHS reference for IMPORTANT information.

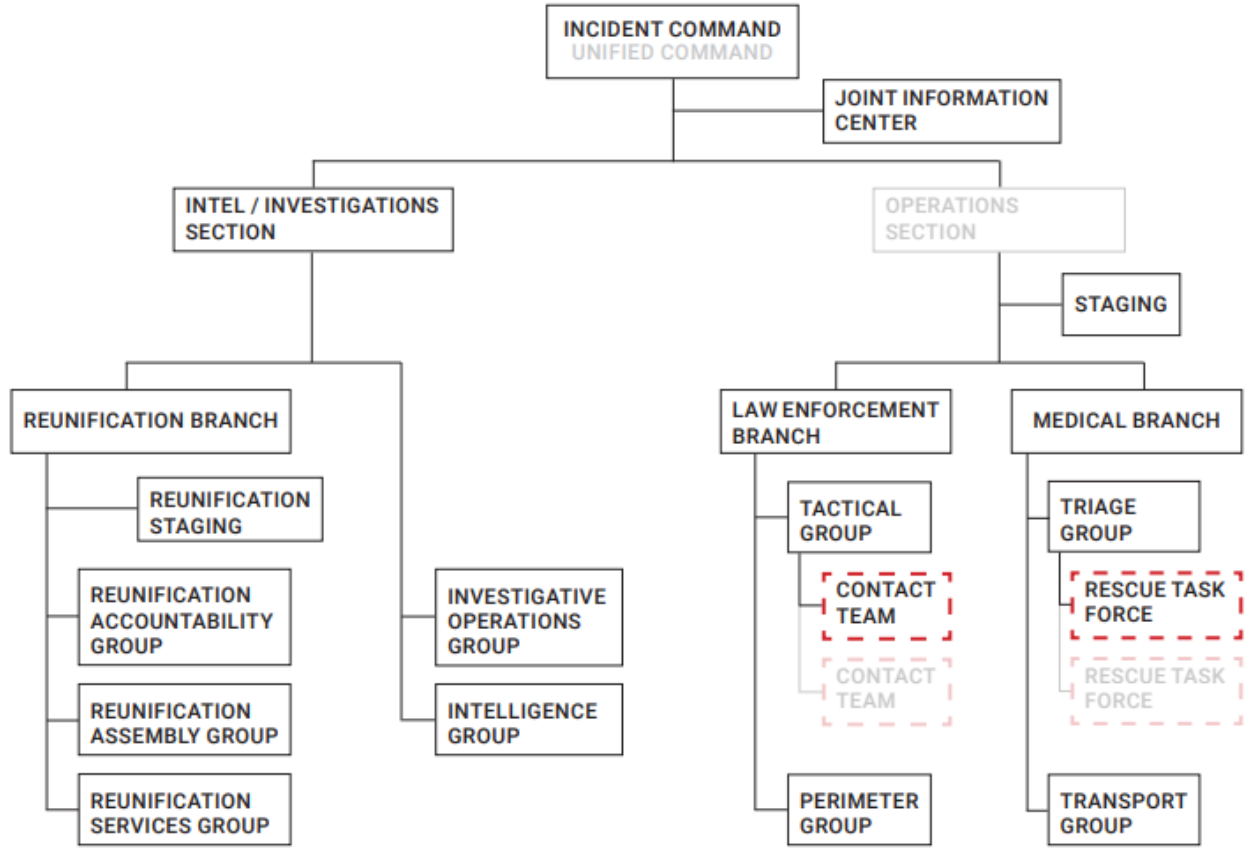


Fig 1. Active Shooter Incident Command Organizational Chart

WARNING! Rev 3.0 7/2019

DO NOT USE UNLESS AUTHORIZED. USER ASSUMES ALL RISK. FOR USAGE REQUIREMENTS AND WRITTEN PERMISSION, VISIT **http://c3.cm/asc**

C3 PATHWAYS
TRAINING. EXERCISES. CONSULTING.

Office : +1 (407) 490-1300
Toll Free : +1 (877) 340-4032
Email : info@c3pathways.com

1335 Oviedo Mall Boulevard
Oviedo, FL 32765 • USA
C3Pathways.com

START ON OTHER SIDE

Understanding T H R E A T

Threat Suppression	*Hot Zone*
Hemorrhage Control	*Hot/Warm Zone*
Rapid Extrication	*Warm Zone*
Assessment by medical providers	*Cold Zone*
Transport to definitive care	*Cold Zone*

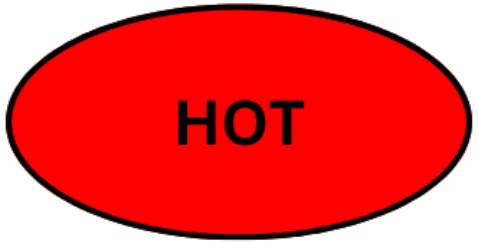
R5 TRAUMA

Understanding T H R E A T

Direct Threat Care

Indirect Threat Care

Evacuation Care



Contact Teams

Rescue Task Force
Protected Island
Protected Corridor
Rescue Strike Team
Law Enforcement Rescue

Hospital/ Trauma Center

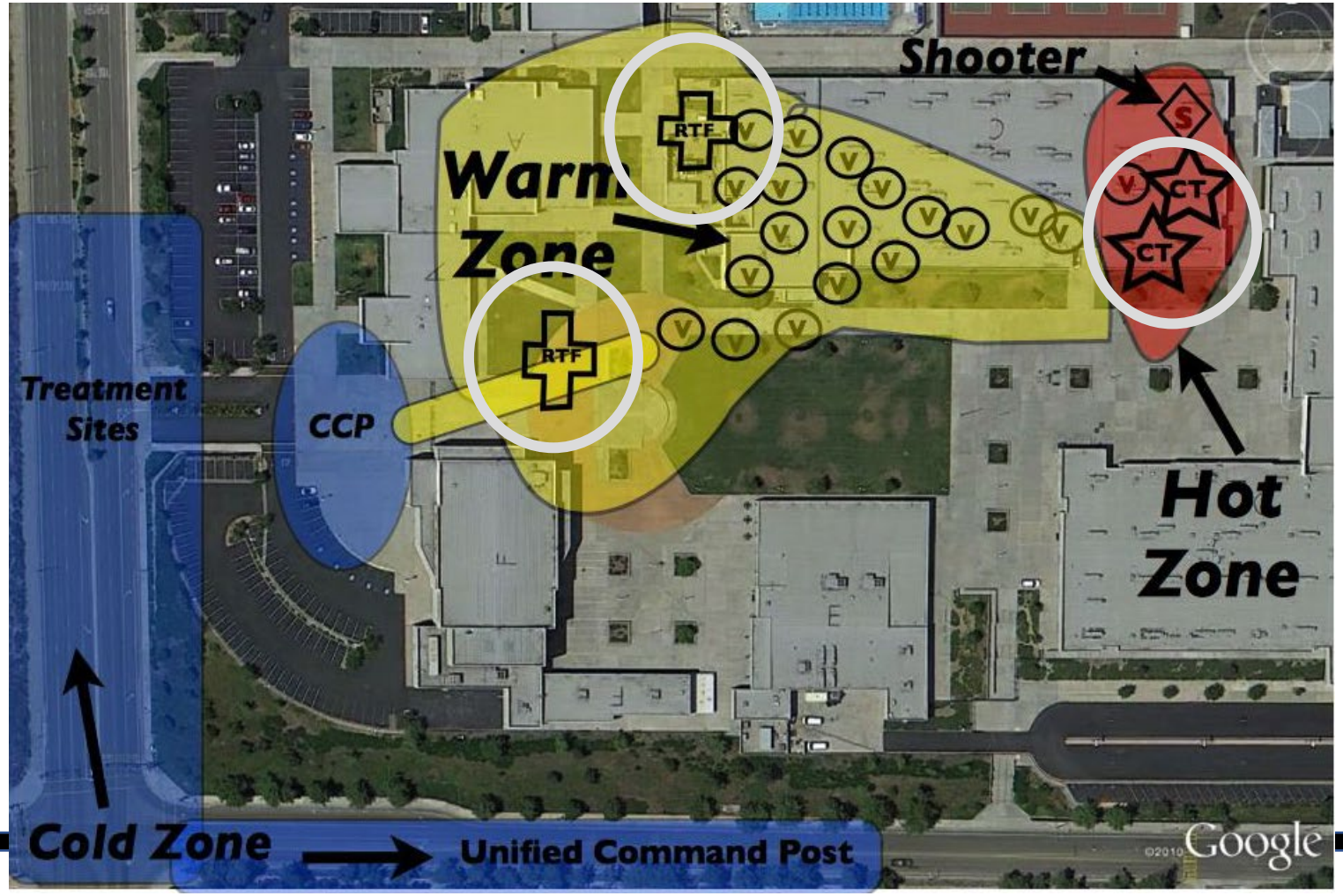
Threat Suppression

Hemorrhage (Bleeding) Control
Rapid **E**xtrication

Assess Patient
Transport to Hospital

R5 TRAUMA

Zones of an ASHE Event



“Traditional Response”

- Columbine, April 20, 1999
- Virginia Tech, April 16, 2007
- Fort Hood, Nov 5, 2009
- Sandy Hook, Dec 14, 2012
- Aurora, July 20, 2012
- Parkland, Dec 14,2018
- Pulse Night Club, June 12,2016
- Uvalde, May 24, 2022

Goals of a Contact Team

- Make rapid entry, limit trigger time and "Killing Clock / Stopwatch of death"

- ? Bypass injured
  - Report back wounded
  - DO NOT perform search and rescue

- Converting **Hot zone** to **Warm zone**

R5 TRAUMA

Goals of Warm Zone Care

- Treat Casualties
- Extract Casualties
- Complete the Mission

R5 TRAUMA

Treat the Casualties

Massive Hemorrhage

Airway

Respirations

Circulation

Head Injury & **H**ypothermia

STOP
THE DYING

R5 TRAUMA

MARCH Refresher

M.A.R.C.H. - Massive Hemorrhage

Control life-threatening bleeding

- Tourniquet ♦
- Direct Pressure ♦
- Wound Packing

♦ Direct pressure and tourniquet application are the only bleeding control methods used during Direct Threat Care.

R5 TRAUMA

M.A.R.C.H. - Airway

Establish and maintain a patent airway

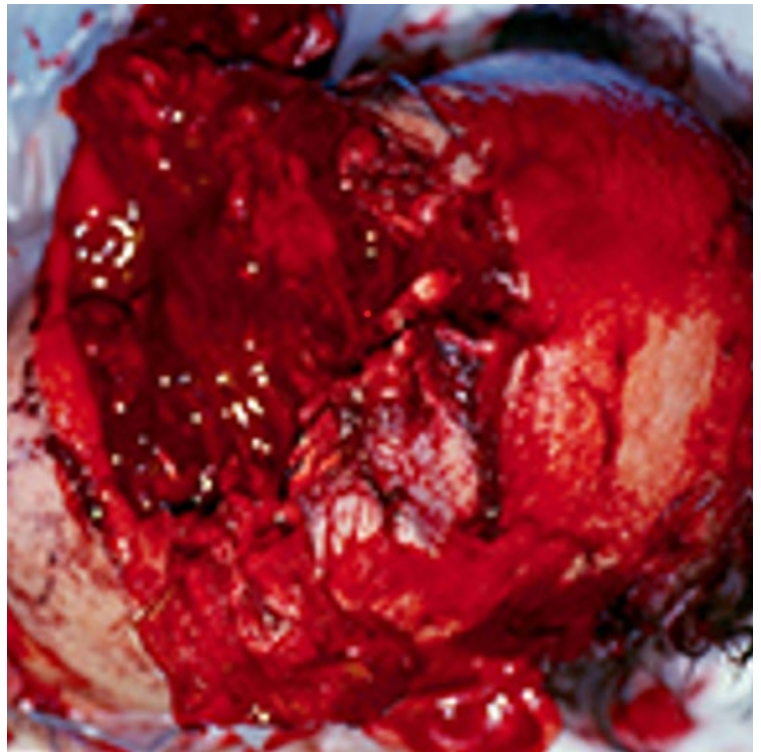
- Patient Positioning ♦
- Manual Airway Maneuvers

♦ Only treatment applied during Direct Threat Care.

M.A.R.C.H. - Airway

Patient Positioning ♦

- Casualties with severe facial injuries can often protect their own airway by sitting up and leaning forward.



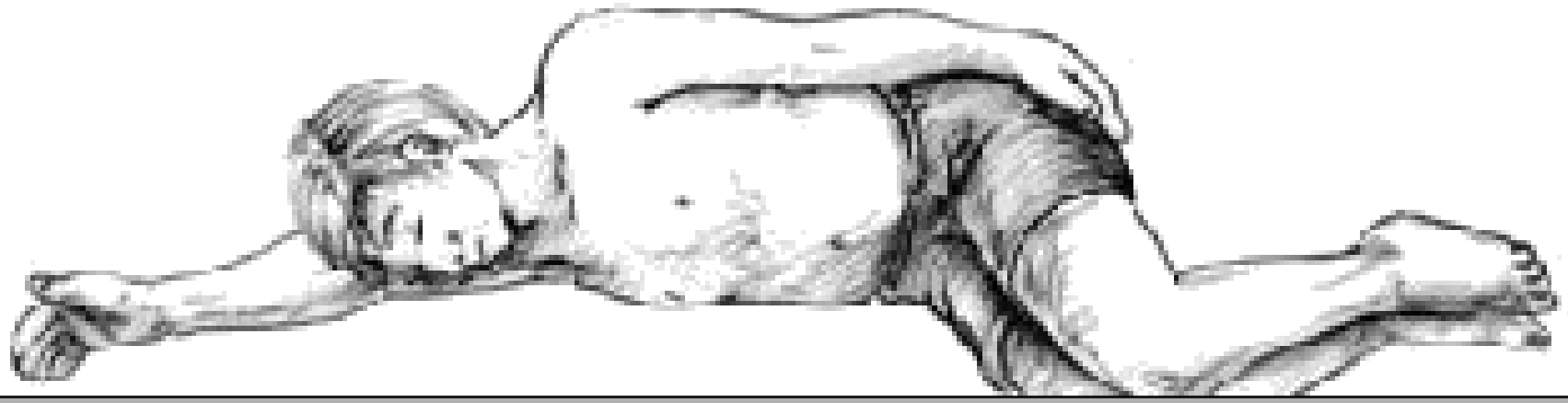
♦ Only treatment applied during Direct Threat Care.

TRAUMA

M.A.R.C.H. - Airway

Patient Positioning ♦

- Modified Recovery Position



♦ Only treatment applied during Direct Threat Care.

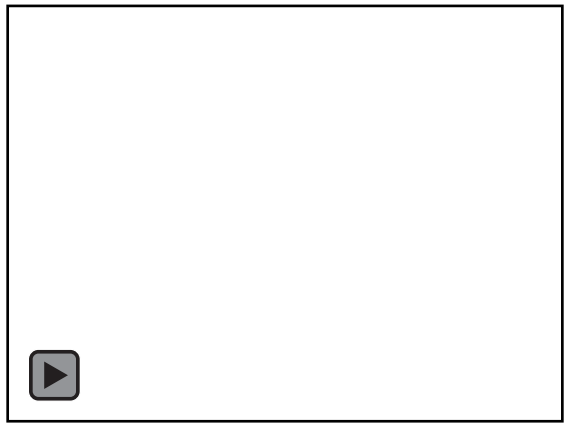
M.A.R.C.H. - Respirations

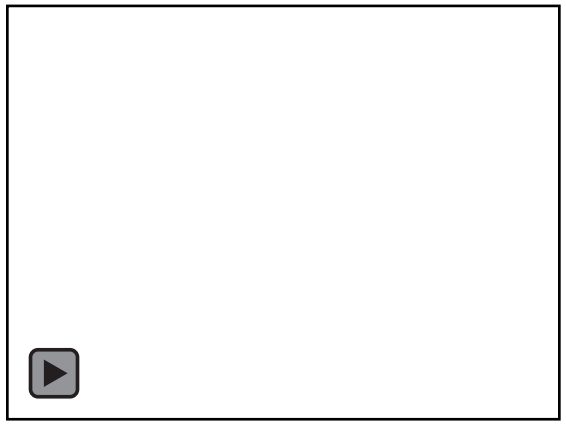
Locate and treat injuries that are causing difficulty breathing

- Expose the chest and back

- Apply a vented chest seal to all wounds to the torso

M.A.R.C.H. - Respirations





Sucking Chest Wound

- Wound may interfere with ventilation.
- Treat by applying a vented chest seal over the open wound.
- Allow the casualty to adopt the sitting position if breathing is more comfortable.

M.A.R.C.H. - Circulation

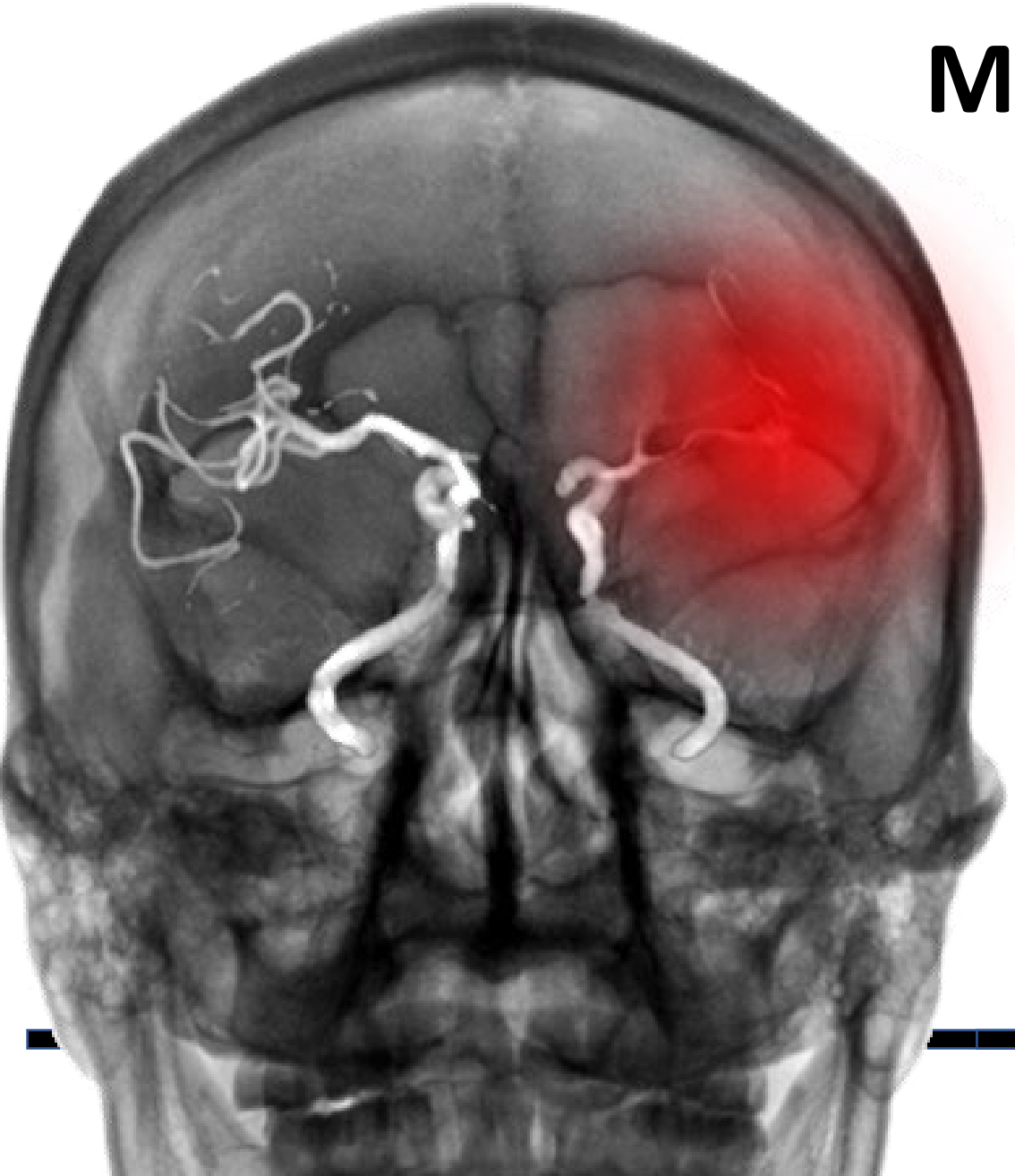
The best indicators of shock in Indirect Threat Care phase are:

- Decreased level of consciousness (in the absence of a head injury)AND/OR
- Abnormal character of the radial pulse (weak or absent)

M.A.R.C.H. - Circulation

Check for signs of shock

- Does the injured person have a radial pulse? Is the casualty alert?
- Be sure all bleeding is controlled, have or help the patient lie down.



M.A.R.C.H. - Head Injury

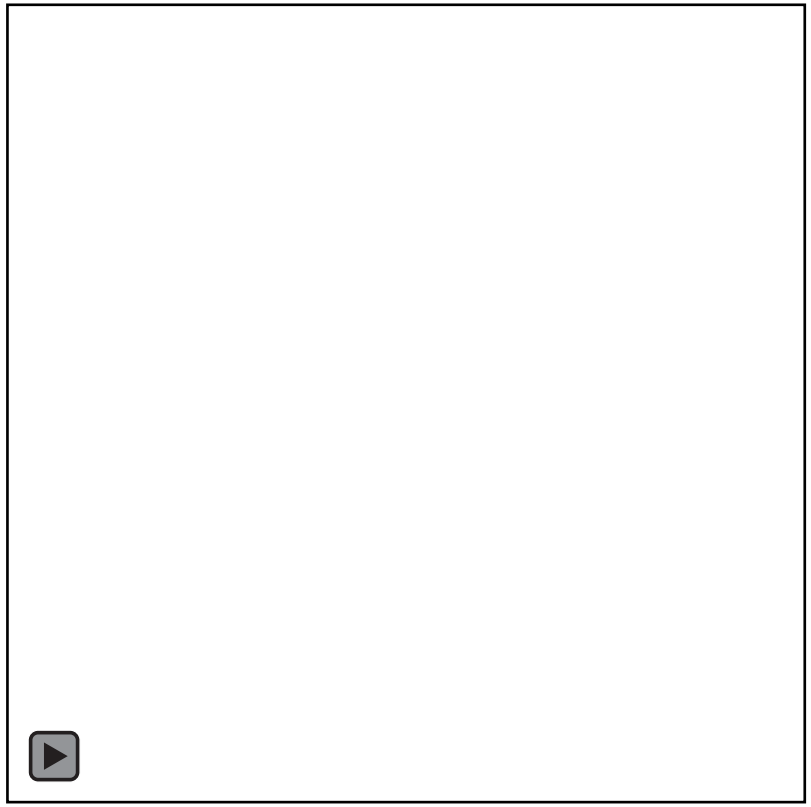
Prevent/treat hypotension and hypoxia to prevent worsening of traumatic brain injury (TBI), and prevent/treat hypothermia

R5 TRAUMA

M.A.R.C.H. - Hypothermia

Keep the patient warm – decreasing body temperature inhibits the body's ability to clot

Constantly reassess patient to assure bleeding is controlled, airway remains patent, and shock is treated



Armed with MARCH, How do we safely (?) get to our patients?

How do we get to do Warm Zone care?

- Rescue Task Force
  - “Escorted Warm Zone Care”
- Protected Island
- Protected Corridor
- Police Rescue
- Rescue Strike Team?

Each method is a “tool” in the joint response “toolbox.”
No single type is ***THE*** answer.

How do we get to do Warm Zone care?

- **Rescue Task Force**
  - "Escorted Warm Zone Care"
- Protected Island
- Protected Corridor
- Police Rescue
- Rescue Strike Team?

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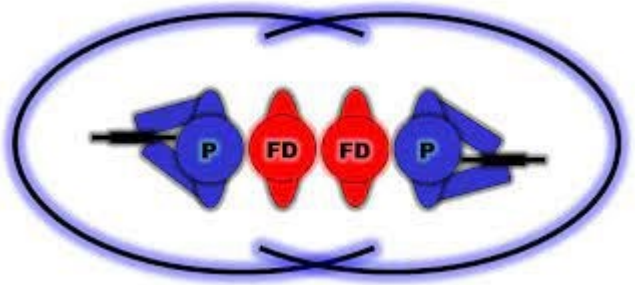
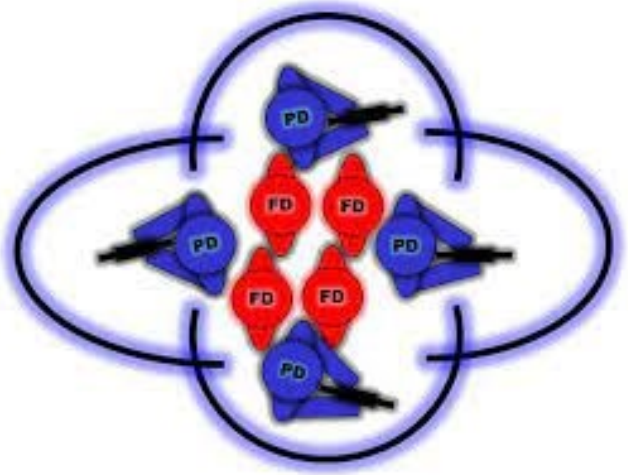
R5 TRAUMA

Rescue Task Force

- Teams of Fire / EMS and police officers assembled for the purpose of providing rapid patient treatment within the Warm Zone
- RTF Teams operate under control of the Fire / EMS Incident Commander
- Optimally comprised of 4 law enforcement, 2 fire service personnel
  - Depends on local protocol





R5 TRAUMA

RTF Timeline

- 5-60 minutes
- Should be the immediate priority of Fire Department Incident Commander
- Can operate concurrently with Contact Teams

RTF Zone of Operation

- Very Warm to Mildly Warm
- Scalable to environment
- Must have geographic separation between Warm / Hot Zones

RTF Responsibilities
Law Enforcement

- Physical security for medical personnel
- Choose fastest, safest route to point of wounding
- Establish Immediate Action Plan in case Warm Zone turns into Hot Zone
- Assist with medical treatment, if possible
- Communicate with Fire/EMS

RTF Responsibilities
Fire Service

- Move within security “bubble” established by law enforcement
- Prioritize treatment at point of wounding
- Work with law enforcement to establish evacuation plan
- Communicate with law enforcement

RTF Setup

- T/Y formation
- 2+ firefighters stacked behind center officer
- Grab officers vest / shirt
  - Pros / cons
- Provide physical body blocks for firefighters
- Lead law enforcement stay ½ threshold ahead

- Firefighters scan for:
  - Threats
  - Cover Positions
  - More Patients
- Actions upon contact

Communication!

R5 TRAUMA

RTF Equipment
Law Enforcement

- Duty gear
- Weapon system
- Ballistic protection
- Police markings on 4 sides
- Radio

TRAUMA

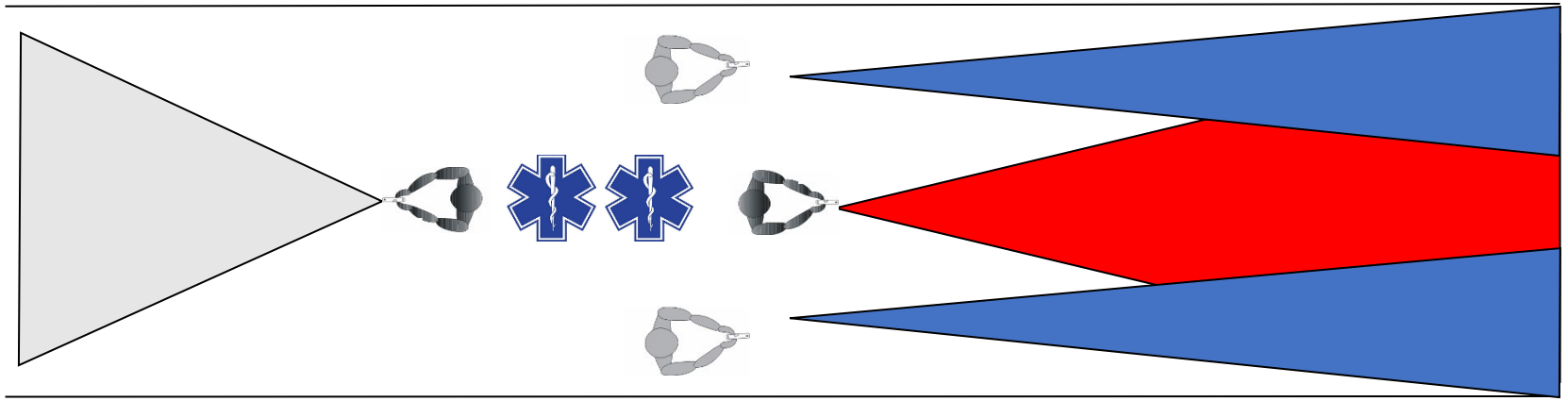
RTF Equipment
Fire Service

- Medical equipment (TECC specific)
  - MARCH
- Body armor, if issued
  - Helmet
  - Vest/Plate Carrier (level 3A)
- Radio

R5 TRAUMA

Warm Zone Care Supplies

“Traditional” Diamond Pattern

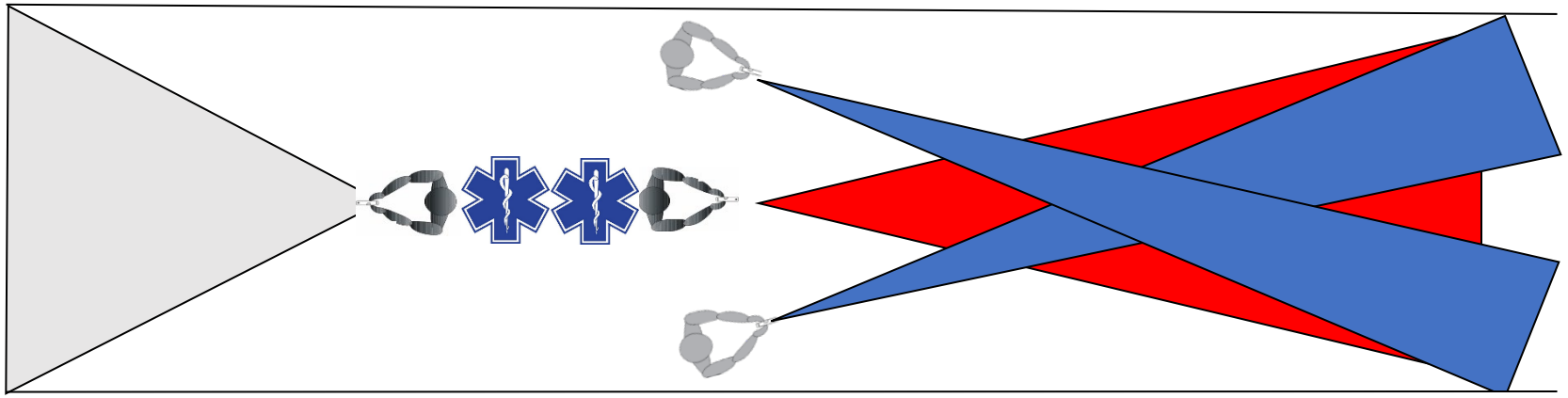


POINTMAN

L/R COVER

REAR SECURITY

“T-Y” Formation

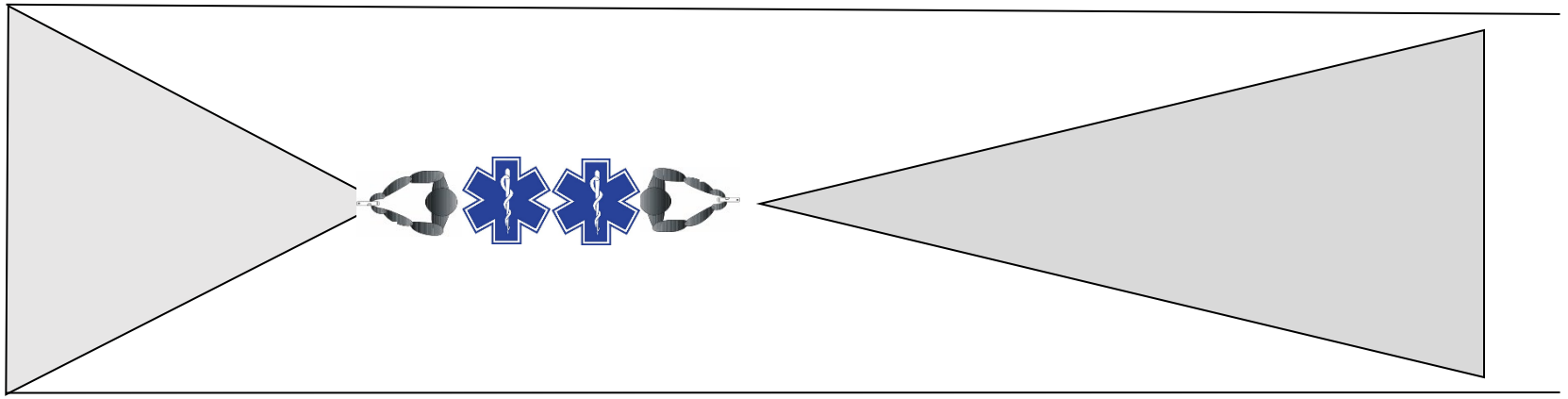


SWINGMAN/TEAM LEADER

L/R COVER

REAR SECURITY

Line Formation



SWINGMAN/TEAM LEADER

FIRE/EMS

REAR SECURITY

RTF Pros / Cons

Pros

- Hasty point of wounding care
- Highly mobile
- Scalable
- Requires few law enforcement assets
- Short term solution
- Multiple teams can be deployed to multiple areas

Cons

- Limited number of medical personnel
- Less efficient for mass casualty
- Requires joint training
- Limited amount of medical supplies at the point of wounding

R5 TRAUMA

How do we get to do Warm Zone care?

- Rescue Task Force
  - “Escorted Warm Zone Care”
- **Protected Island**
- Protected Corridor
- Police Rescue
- Rescue Strike Team?

Each method is a “tool” in the joint response “toolbox.”
No single type is ***THE*** answer.

Protected Island

- An interior casualty collection point secured by law enforcement within the Warm Zone
- Law enforcement can conduct rescue operations to move patients from unprotected areas to the Protected Island
- Medical personnel may enter and exit the Protected Island via a Protected Corridor or, if necessary, RTF
- Medical personnel may move freely within the Protected Island

Protected Island Zone of Operation

- Very Warm – Mildly Warm
- May be surrounded by Hot-Warm Zones
- Must have geographic limits

TRAUMA


Mtg Rm 21
Mtg Rm 20
Mtg Rm 19
Mtg Rm 18
Mtg Rm 17
Mtg Rm 16
Mtg Rm 10
Mtg Rm 9
Mtg Rm 8
Mtg Rm 7
Mtg Rm 1
Mtg RM 11
Mtg Rm 2
Mtg Rm 12
Mtg Rm 3
Mtg Rm 13
Mtg Rm 4
Mtg Rm 14
Mtg Rm 5
Mtg Rm 15
Mtg Rm 6
Exhibit Hall "C" 18,000 SF
Exhibit Hall "A" 36,000 SF
Exhibit Hall "B" 28,800 SF
Exhibit Hall "D" 18,000 SF
Banquet Room "E"
Banquet Room "H"
Banquet Room "F"
Banquet Room "I"
Banquet Room "G"
Banquet Room "J"

Protected Island Command and Control

- Protected Island can be established by:
  - Law Enforcement units already on scene
  - Rescue Task Force members responding into the scene
- Protected Island must have someone in charge
  - Ensure coverage areas are maintained
  - Serve as ad hoc Interior Division Supervisor

Protected Island Equipment

Law Enforcement

- Duty gear
- Weapon system
- Ballistic protection
- Police markings (4 sides)
- Radio

Fire Service

- Medical equipment (TECC specific)
- Body armor (if issued)
- Radio

Protected Island Responsibilities

Law Enforcement

- Physical security for the Protected Island and all inside
- Coverage of ingress / egress points
- Establish Immediate Action Plan in case Warm Zone turns Hot
- Assist with medical treatment, if possible
- Communicate location with Command

Fire Service

- Provide medical care within the Protected Island
- Communicate with Law Enforcement
- Consider utilizing mini-RTFs to bring patients from outside into the Protected Island

R5 TRAUMA

Protected Island Pros / Cons

Pros

- Most efficient way to treat large amount of patients
- Medical personnel can move freely within Island
- Many medical personnel / equipment can operate
- Can be achieved with limited number of Law Enforcement
- Can be immediately established on scene by contact team personnel

Cons

- Must have contained area to establish
- Need to utilize RTF or Protected Corridor to escort medical personnel into/out of the Island
- May require large amount of rescue personnel for extraction

R5 TRAUMA

How do we get to do Warm Zone care?

- Rescue Task Force
  - “Escorted Warm Zone Care”
- Protected Island
- **Protected Corridor**
- Police Rescue
- Rescue Strike Team?

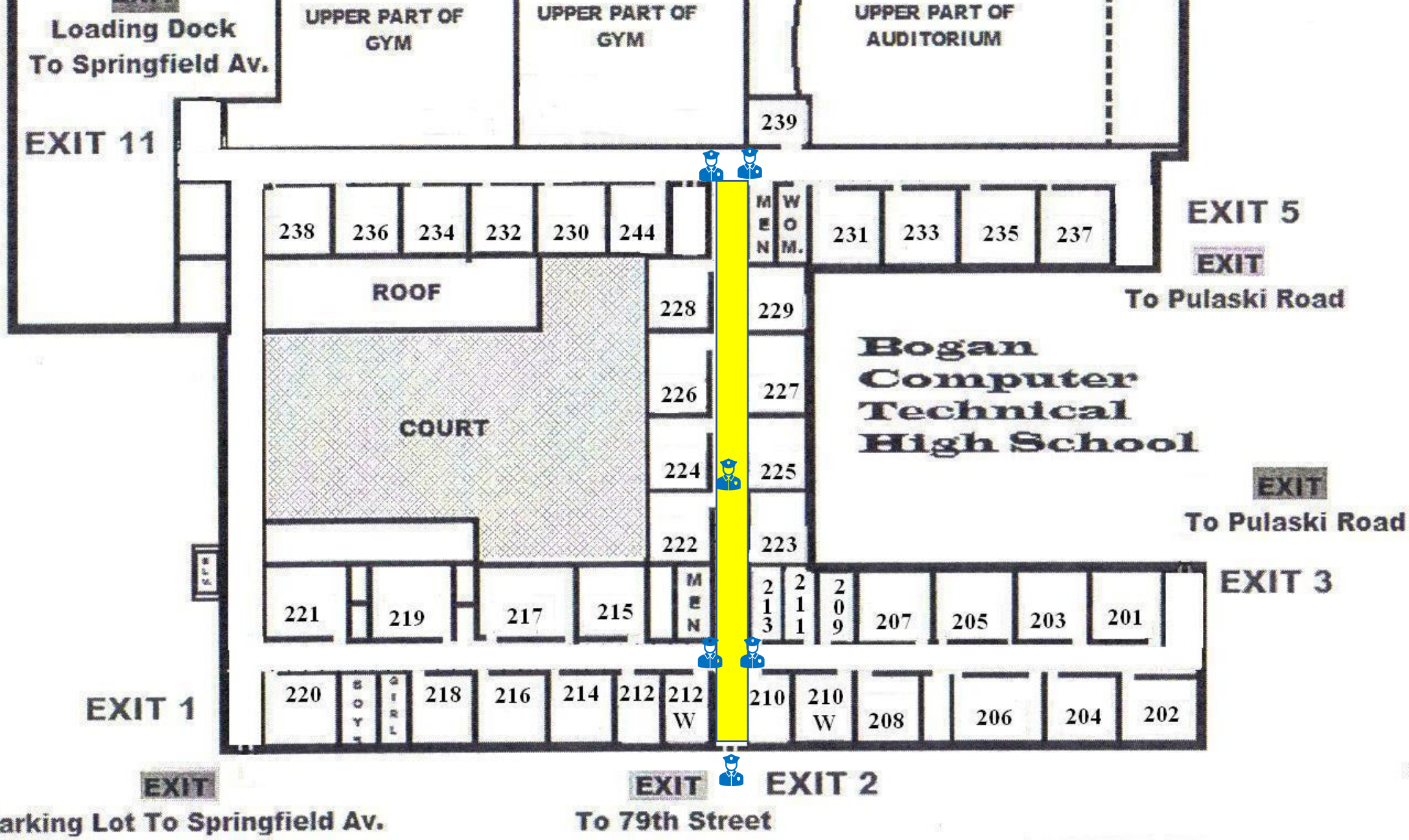
Each method is a “tool” in the joint response “toolbox.”
No single type is ***THE*** answer.

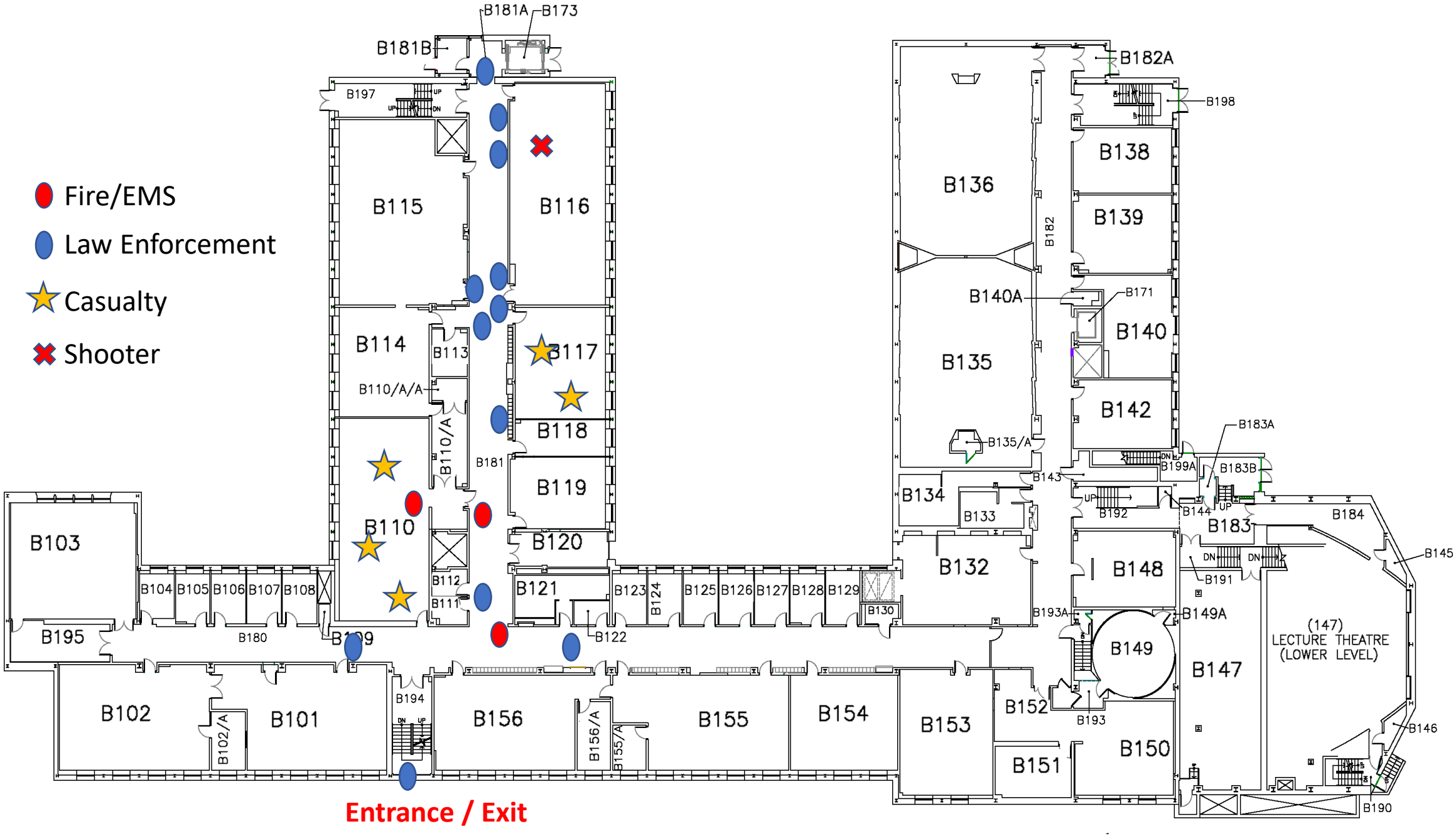
Protected Corridor

- Corridor begins at the point of threat elimination or containment
- Corridor continues along the path of wounding
- Line of sight LE presence
- LE essentially “OWNS” the space
- One officer must ensure the Protected Corridor is complete and then advise Unified Command that a Protected Corridor has been established
- Allows for rapid flow in and out of FD, does not require full “VIP” detail of RTF

Protected Corridor Command and Control

- Established by:
  - Law Enforcement units already on scene
- Must have someone in charge
  - Ensure coverage areas are maintained
  - Serve as ad hoc Interior Division Supervisor


Loading Dock
To Springfield Av.
UPPER PART OF GYM
UPPER PART OF GYM
UPPER PART OF AUDITORIUM
EXIT 11
239
238
236
234
232
230
244
MEN
WOM.
231
233
235
237
EXIT 5
EXIT
To Pulaski Road
ROOF
228
229
Bogan
Computer
Technical
High School
COURT
226
227
224
225
222
223
EXIT
To Pulaski Road
EXIT 3
221
219
217
215
MEN
213
211
209
207
205
203
201
EXIT 1
220
BOYS
GIRL
218
216
214
212
212 W
210
210 W
208
206
204
202
EXIT
Parking Lot To Springfield Av.
EXIT
EXIT 2
To 79th Street


Fire/EMS
Law Enforcement
Casualty
Shooter
B181A
B173
B181B
B197
B115
B116
B114
B113
B110/A/A
B110/A
B181
B117
B118
B119
B120
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B106
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B108
B195
B180
B109
B102
B102/A
B101
B194
B156
B156/A
B155/A
B155
B154
B153
B136
B135
B140A
B135/A
B182
B182A
B198
B138
B139
B171
B140
B142
B183A
B199A
B183B
B143
B134
B133
B144
B192
B183
B184
B132
B148
B191
B145
B193A
B149A
B149
B147
(147)
LECTURE THEATRE
(LOWER LEVEL)
B152
B193
B150
B151
B146
B190
Entrance / Exit

Protected Corridor Pros / Cons

Pros

- Most efficient method to flood medical assets into the scene
- Can be established as soon as threat is down
- Can bring in heavier equipment to aid extraction
- Can move large amounts of medical personnel through the Protected Corridor

Cons

- May utilize a large amount of law enforcement assets

Protected Corridors Operations

- Courtesy of Fire Engineering Training Minutes
- #6018253662001

How do we get to do Warm Zone care?

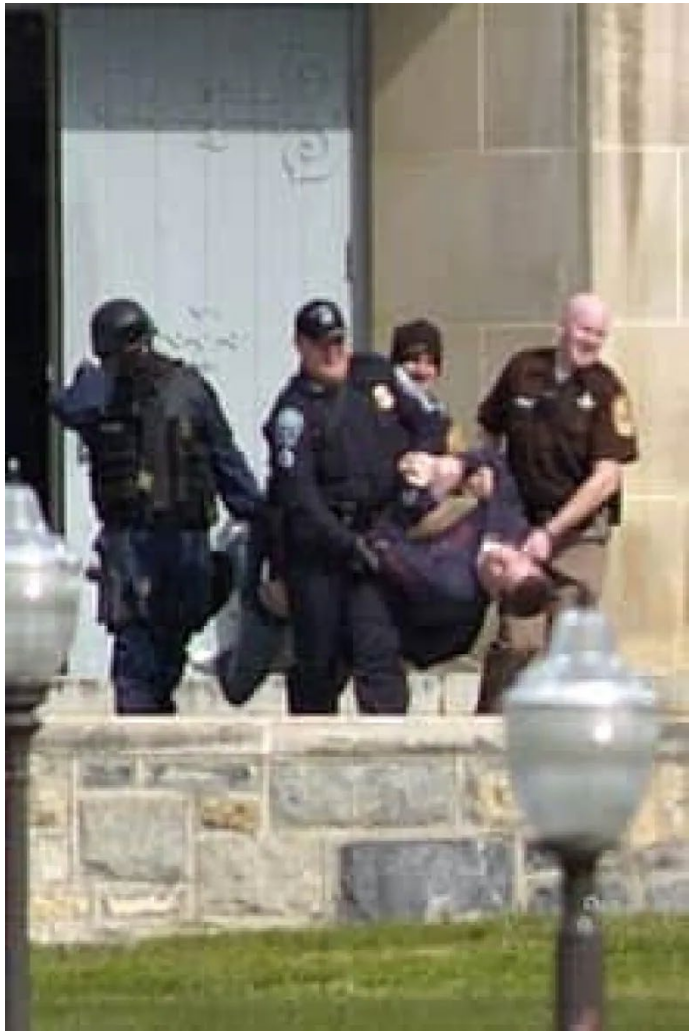
- Rescue Task Force
  - “Escorted Warm Zone Care”
- Protected Island
- Protected Corridor
- **Law Enforcement Rescue**
- Rescue Strike Team?

Each method is a “tool” in the joint response “toolbox.”
No single type is ***THE*** answer.

R5 TRAUMA

Law Enforcement Rescue

Washington Post (washingtonpost.com)



CBC News (cbc.ca)

Law Enforcement Rescue

- Understanding the primary police mission
  - Eliminate or contain the threat
- Police officers may need to provide treatment and / or evacuations
  - When Fire / EMS resources are not available
  - No Warm Zone has yet been established

Law Enforcement Rescue Pros / Cons

Pros

- Hasty point of wounding care
- Can operate in a Hot Zone (based upon Safety Priorities)

Cons

- Inefficient use of resources
- Divides attention of the officers
- Limited amount of training and equipment

How do we get to do Warm Zone care?

- Rescue Task Force
  - “Escorted Warm Zone Care”
- Protected Island
- Protected Corridor
- Law Enforcement Rescue
- **Rescue Strike Team?**

Each method is a “tool” in the joint response “toolbox.”
No single type is ***THE*** answer.

Rescue Strike Teams

Next tool in the ASHER toolbox?

Strike Team

- Strike Team—Multiple units, often five in number, of the same resource category that have an assigned strike team leader.
  - LE Strike Team
  - Fire/EMS Strike Team

Understanding T H R E A T

- Threat Suppression
- Hemorrhage Control
- Rapid Extrication
- Assessment by medical providers
- Transport to definitive care

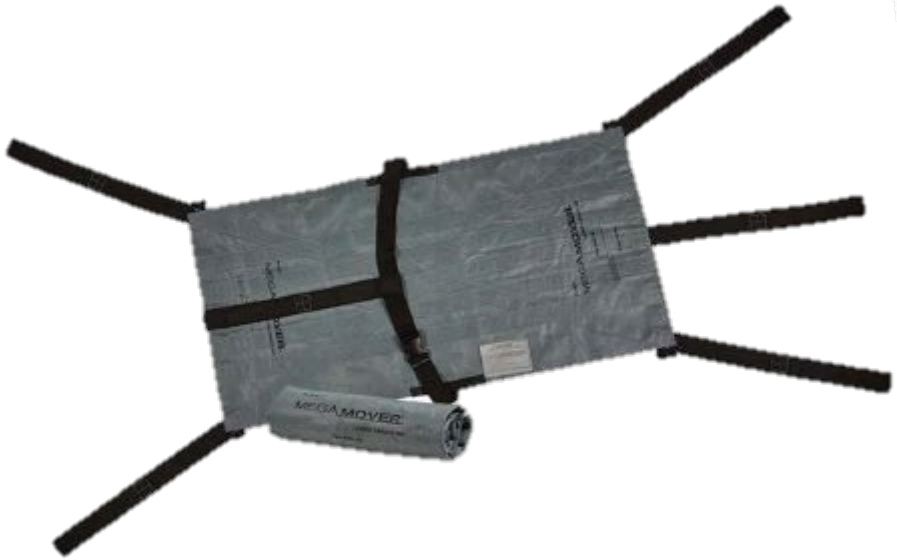
R5 TRAUMA

Rapid Extrication

Foxtrot® Litter – TacMed Solutions™

Rescue Task Force Litter – TacMed Solutions™

Rapid Extraction



Graham Medical
Tactical Megamover ®

North American Rescue
QuikLitter™

Phantom® Litter – TacMed Solutions™

Practice!!!

R5 TRAUMA

Aurora Fire/Police ASHER

Understanding T H R E A T

Threat Suppression

Hemorrhage Control

Rapid Extrication

Assessment by medical providers

Transport to definitive care

R5 TRAUMA

Understanding T H R E A T

Threat Suppression

Hemorrhage Control

Rapid Extrication

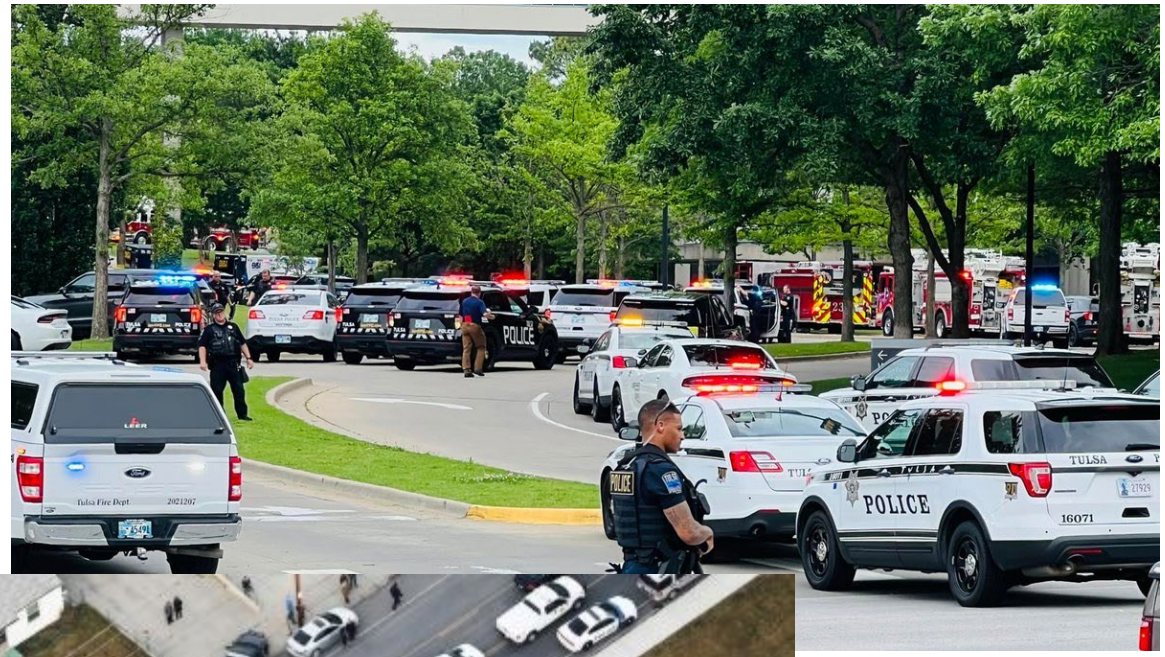
Assessment by medical providers

Transport to definitive care

R5 TRAUMA

Clear Path

- Initial Response
  - Congestion of roads for ingress/egress
- Staging
  - Fire/EMS
    - Like vehicles together
  - Law Enforcement



Transport to Definitive Care

RIGHT PATIENT

RIGHT PLACE

RIGHT TIME

RIGHT MEANS

R5 TRAUMA

Three Main Goals of Warm Zone Care

- Prevent Further Casualties
  - Contact Team
- Treat the Casualties
  - Rescue Task Force
  - Protected Island
  - Protected Corridor
  - Law Enforcement Rescue
  - Rescue Strike Team
- Complete the Mission
  - Definitive Care

STOP
THE KILLING

STOP
THE DYING

R5 TRAUMA

Key Takeaways

- Getting medical care to victims within minutes. Stop the killing, stop the dying
- Tactics are driven by operational objectives and shaped by the environment
- Commitment by agency leaders that the response will be integrated, utilizing National Incident Management System as their base
- Include commitment to joint training as well as continual training

R5 TRAUMA

Key Takeaways

- Develop your plan
  - Don’t Forget PACE
    - Primary
    - Alternate
    - Contingency
    - Emergency
- Practice your plan
- Practice your plan
- Practice your plan

R5 TRAUMA

Call to Action

- Include the citizen bystander-as-responder concept into training and planning

STOP THE BLEED®

GEORGIA

EDUCATE • EQUIP • EMPOWER

R5 TRAUMA

Call to Action

- Ensure that all first-responding law enforcement officers have training and proficiency in bleeding control
- Integrate fire/rescue/EMS early into the response continuum

STOP THE BLEED®

GEORGIA

EDUCATE • EQUIP • EMPOWER

R5 TRAUMA

“Georgia Kit”

North American Rescue
Cost per kit: $39.98
Item #: 85-1563
Phone: 888.689.6277
Email: info@NARescue.com

EDUCATE • EQUIP • EMPOWER

R5 TRAUMA

QUESTIONS?

Thank You!