Region 5 Medical Control Authority Network
Special Operations Protocol

Hostile MCI

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This Protocol is intended to be used under the direction and in conjunction with law enforcement.

The purpose of this protocol is to provide guidance for the responsibilities for triage, treatment and evacuation of injured individuals following Hostile MCI incidents and to provide for the safety of personnel when responding to scenes of violence. To coordinate with Law Enforcement (LE) to effectively mitigate the incident while maximize lifesaving and life preserving opportunities.

Definitions

Hostile MCI: Any type of multi-casualty incident (MCI) in which EMS personnel may be exposed to harm as a result of active (or potentially active) violent or threatening act(s). LE should be the initial lead agency at such incidents. LE will address the threat and provide security in accordance with agency guidelines. EMS will address medical treatment and patient transport.

Rescue Task Force (RTF): A multi-disciplinary team comprised of EMS and LE personnel designated to operate in the Warm Zone. LE personnel will provide dedicated protection for EMS personnel. Other public safety resources (e.g., non-EMS fire service) may be included in the RTF for support. EMS personnel will establish a Casualty Collection Area in the Warm Zone as directed by LE Command. The RTF will provide assessment and immediate lifesaving treatment to patients within the Warm Zone and transport patients from the Warm Zone to the Transport Unit in the Cold Zone. RTF/EMS personnel should not be used for extracting victims from Hot Zones.

Hot Zone: Any area in the incident scene in which there is a real or potential direct threat to personnel. LE Command is responsible for defining the Hot Zone. Areas that have not had a primary search by LE personnel should be considered as a Hot Zone.

Warm Zone: Any area in the incident scene where there is a potential hostile threat to personnel, but the threat is not direct and immediate. This is the area of operation for the RTF.

Cold Zone: Areas where there is little or no threat. EMS conducts treatment and transport operations in this area. Unified Command will be located in this area.

Unified Command: Unified Command includes law enforcement, EMS, and other appropriate response agencies. LE is considered the lead agency within Unified Command. EMS should be represented within the Unified Command. Initially, EMS may be assigned as a subordinate operations resource under LE Command.

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<u>Contact Teams</u>: LE personnel who have a primary task of neutralizing any active threat and conducting primary and secondary searches for additional threats.

<u>Extraction Teams:</u> LE personnel who have a primary task of searching for and extracting living casualties from the Hot Zone to the Warm or Cold Zone.

<u>Force Protection Teams:</u> LE personnel who have a primary task of protecting RTF and other personnel and who are assigned to the RTF with EMS personnel.

Operational Considerations

1. Unified Command shall determine, in advance when possible, the structure and design of teams intended to function as a RTF for the purposes of providing lifesaving interventions for patients within a warm zone and the extraction of those patients.

2. RTF will only be deployed when the following conditions are in place:
   A. Unified Command has been established that includes EMS in a Command or subordinate role.
   B. A specific Warm Zone has been defined (subject to revisions per tactical considerations)
   C. A dedicated LE Force Protection Team is assigned to the RTF

3. EMS personnel are responsible for coordinating transportation of injured individuals and accountability for those injured individuals.

4. Consider early requests for additional EMS resources.

5. The Regional Medical Coordination Center (MEDCOM) should be notified early and is responsible for alerting hospitals.

6. Personal Protective Equipment, when available, should be donned by EMS personnel assigned to the RTF. This may include ballistic vests and helmets. While PPE is desirable, it is not required for RTF personnel, per LE Command direction.

7. If EMS personnel unknowingly or inadvertently enter a scene of violence prior to coordinating with LE, they shall leave the area immediately.

8. LE will provide security for all areas at an incident where EMS may be working. The level of protection shall be determined by Unified Command.

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Patient Movement, Triage, Treatment, and Transport

A. Casualty Collection Point (CCP)

1. The CCP is a forward location where victims can be assembled for movement from areas of risk to the treatment area. It is a temporary location to stage and triage patients until a formal treatment area is created. Although the CCP may be used to relocate patients away from the hot zone, hazard mitigation remains the priority.

2. The CCP will typically be in the warm zone in close proximity to the injured persons. Law Enforcement shall provide continuous security measures to protect personnel and patients at the CCP.

B. Rescue Task Force (RTF)

1. A Rescue Task Force is a group of responding law enforcement (LE) and EMS personnel who enter the warm zone to effect a rescue of injured persons inside the warm zone. EMS personnel will determine immediate care, triage and evacuation decisions.

2. The primary focus is to evacuate injured persons to the casualty collection point. Medical treatment in the warm zone should be limited to that necessary to sustain life, such as opening the airway, controlling life threatening bleeding, decompressing tension pneumothorax (ALS only).

3. The number of personnel assigned to the RTF should be limited to the number needed for the mission. RTF composition should include, when practical, a mix of basic and advanced life support personnel.

4. LE personnel will control movement of the RTF.

Triage

1. EMS personnel shall triage patients using SALT triage.

2. Ambulatory victims not requiring RTF intervention may be directed by LE/RTF to self-evacuate.

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3. Primary treatment is for control of major hemorrhage, basic airway management, and decompression of suspected tension pneumothorax (decompression is ALS only).

Treatment/Transport

1. On scene treatment should be minimal and that needed for life saving purposes.

2. When possible and prudent, the highest priority patients should be transported first.

3. Treatment management should be aimed at minimal level care unless there is no other care or transport preparation to be done. ALS level care should be minimal, if any.

4. An EMS Transport Unit Leader shall assign patient destinations

5. While ambulance transport is ideal, transport in non-licensed vehicles is appropriate and permissible under the Michigan Public Health Code. Such vehicles may include, but are not limited to LE and fire vehicles, wheel chair vans, busses, and private vehicles. When possible, an EMS provider should accompany the patient in the non-ambulance vehicle. Destination should be based on Regional Trauma Triage Protocol.

6. Air medical transportation should be considered when large numbers of casualties are present and/or long distances to definitive care.

Equipment

1. Transporting EMS agencies must maintain equipment listed in Appendix A for each primary ambulance in service for emergency calls. Ambulances in reserve, assigned to stand-bys, or dedicated to non-911 transports are exempt from this requirement, but may carry this equipment as available.

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Appendix A

5th District Regional Medical Control Authority Network

MCI Bag Equipment Inventory List

QTY	Item(s)
5	CAT Tourniquets
5	High Strength Pressure Dressings
5	Nasal Pharyngeal Airways (1ea. Size 7.0, 7.5, 8.0, 8.5, 9.0)
3	14ga 3.25" Decompression Needles
2	Hyfin Chest Seals
1	Full Size Mega Mover
1	Pair of Trauma Shears