

SYMPTOMS: High threat environment when greater than normal conditions exist that are likely to cause damage or danger to provider or patient.

DEFINITIONS:

- HOT ZONE or Direct Threat Zone: an area within the inner perimeter where active threat and active hazards exist.
- WARM ZONE or Indirect Threat Zone: and area within the inner perimeter where security and safety measures are in place; this zone may have potential hazards, but mitigation and mechanisms of protection are in place.
- COLD ZONE: an area where responders may stage; command, triage, treatment, transport and rehabilitation areas may be established.

Assessment, Treatment, and Interventions

ALL LEVELS

1. Assess scene.
2. Identify Incident Command structure in place.
 - a. Integrate response with other public safety entities.
 - b. Maintain communications to maximize efficiency and mitigate dangers.
3. Report to or establish EMS Branch.
4. Request situation report. Identify need for additional EMS resources. Request as appropriate.
5. Identify Hot and Warm zones.
6. Do not enter Warm zone without direction from Operations/IC.
7. If directed to rescue patient from warm zone, prioritize extraction/movement from the area. Managed risk may reap significant benefits to patient safety and outcome.
8. Triage.
 - a. Uninjured and/or capable of self-extraction.
 - b. Injured
 - i. Employ minimal interventions.
 - ii. Instruct patient to apply direct pressure for bleeding.
 - iii. Encourage patients provide self-first-aid or instruct aid from another victim.
 - iv. Tourniquet application may be considered
 - c. Deceased/expectant
9. Move victims/patients as quickly as possible to cold zone and designated triage/treatment area.
10. Conduct primary survey per the [General Trauma Management guideline \[T-1\]](#).
11. Maintain hemorrhage control.
12. Consider establishing a casualty collection point/treatment area officer and transport officer if multiple patients are encountered.
13. Manage patient injuries per appropriate protocol.