

High Threat Considerations, Active Shooter Scenario

Aliases

None noted

Definitions

- Hot Zone or Direct Threat Zone: an area within the inner perimeter where active threat and active hazards exists
- Warm Zone or Indirect Threat Zone: an area within the inner perimeter where security and safety measures are in place; this zone may have potential hazards, but no active danger exists

Patient Care Goals

1. Assess scene.
2. Mitigate further harm.
3. Accomplish goal with minimal additional injuries.

Patient Presentation

Inclusion Criteria

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

Exclusion Criteria

No significant threat exists to provider and patient, allowing for the performance of routine care.

Patient Management

Assessment, Treatment, and Interventions

1. Hot Zone or 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. Employ threat mitigation techniques; they will minimize risk to patients and providers.
 - c. Defer triage to a later phase of care.
 - d. Prioritize extraction based on resources available and the situation at hand.
 - e. Employ minimal interventions; these circumstances warrant it.
 - 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 or Direct Threat circumstance.
 - ii. Consider instructing patient to apply direct pressure to the wound if no tourniquet available (or application is not feasible).
 - iii. Consider quickly placing or directing patient to be placed in position to protect airway, if not immediately moving patient.
2. Warm Zone or Indirect Threat care considerations:
 - a. Maintain situational awareness.
 - b. Ensure safety of both responders and patients by rendering equipment and environment safe (firearms, vehicle ignition).
 - c. Conduct primary survey, per the General Trauma Management guideline, and initiate appropriate life-saving interventions:
 - i. Maintain hemorrhage control:
 1. Apply a tourniquet.
 2. Employ wound packing if feasible
 - ii. Maintain airway and support ventilation [see Airway Management guideline].

- d. Do not delay patient extraction and evacuation for non-life-saving interventions.
- e. Consider establishing a casualty collection point if multiple patients are encountered.
- f. Limit triage in this phase of care to the following categories (unless in a fixed casualty collection point):
 - i. Uninjured and/or capable of self-extraction
 - ii. Deceased/expectant
 - iii. All others

Patient Safety Considerations

1. Anticipate unique threats based on situation.
2. Consider provider safety in balancing the risks and benefits of patient treatment.

Notes and Educational Pearls Key Considerations

- Novel risk assessment should be considered. Provider and patient safety will need to be simultaneously considered.
- Integrated response in partnership with other public safety entities may be warranted.
- A little risk may reap significant benefits to patient safety and outcome.
- Maintaining communications and incident management concepts may be crucial to maximizing efficiency and mitigating dangers.

Quality Improvement

- **Associated NEMESIS Protocol(s) (eProtocol.01)**
 - None recommended

Key Documentation Elements

- Traditional documentation may not be appropriate during Hot Zone or Direct Threat and Warm Zone or Indirect Threat care
- Documentation of key intervention should be relayed:
 - Time of tourniquet application
 - GCS

References

1. Callaway DW, Smith ER, Cain J, et al. The Committee for Tactical Emergency Casualty Care (C-TECC): evolution and application of TCCC guidelines to civilian high threat medicine. *J Spec Oper Med.* 2011;11(3):104–122.
2. Hartford Consensus. Facs.org. <https://www.facs.org/about-ac/hartford-consensus>. Accessed August 22, 2017.
3. TCCC-MP Guidelines and Curriculum. NAEMT.org. http://www.naemt.org/education/TCCC/guidelines_curriculum. Accessed August 22, 2017.
4. TECC Guidelines. C-TECC.org. <http://www.c-tecc.org/guidelines>. Committee for Tactical Emergency Casualty Care. Accessed August 22, 2017.