



PRINCE GEORGE'S COUNTY, MARYLAND FIRE/EMERGENCY MEDICAL SERVICES DEPARTMENT GENERAL ORDER

General Order Number: 05-32	Effective Date: August 5, 2022
Division: Emergency Medical	
Chapter: Emergency Medical Services Care for Active Violence Incidents	
By Order of the County Fire Chief: Tiffany D. Green <i>TJ</i> Issue Date: August 5, 2022	

POLICY

This policy is utilized for Fire/Emergency Medical Services (EMS) operations that require pre-hospital emergency care during an incident that involves an ongoing law enforcement presence and/or a potential active threat to EMS personnel and the public. These procedures will minimize threat to providers while implementing Warm Zone integration for effective treatment and evacuation of victims in a timely manner.

DEFINITIONS

Active Violence Incident (AVI) – Incident where one (1) or more individuals are actively engaged in killing or attempting to kill people in a confined and/or populated area. The overriding objective of an active violence incident is mass murder. The situation is not contained and is very dynamic in nature.

Armored Personnel Carrier (APC) – A vehicle configured to transport and protect personnel from various types of weaponry.

Ballistic Protection – A garment (vest/helmet) or device (shield/barrier) that offers a degree of protection from firearm ammunition or explosive shrapnel. Protection ranges from Type I (lowest) to Type IV (highest), and the protection standards are defined by the National Institute of Justice Standard 0101.06.

Casualty Collection Point (CCP) – A forward location where victims can be assembled for movement from areas of risk to the triage/treatment area. A CCP is a location that cannot be accessed by motorized vehicles and is generally located in the Warm Zone. This area is distinctly different than a traditional triage, treatment, and transport area located in the Cold Zone.

Clear – A term used by law enforcement; it is the determination that an area or space in which a person could be concealed, and/or could conceal other threats (i.e., IED) to first responders or the public, does not contain a threat. An area that has been “cleared” by law enforcement is analogous to the Fire/EMS Department’s primary search. It is a cursory search for persons in a given area. It does not mean the area has been methodically searched; this type of search will happen later in the incident by law enforcement since it is very time consuming, and the priority is to mitigate the active threat and treat injured victims.

Cold Zone – An area surrounding the Warm Zone where first responders can operate without concern of danger or threat to their personal safety or health.



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Concealment – A position which hides a person from view but does not offer protection from ballistic threats.

Cover – A strategic position which offers protection from gun fire/blast effect. **Cover is a dynamic term depending on the weapons system.** What might offer cover from a handgun might not defeat the threat from a rifle.

Doomed Captive – A person held against their will by a suspect for the purpose of prolonging an active violence incident, maximizing media coverage, and who will likely be eventually killed by the suspect or die from injuries sustained prior to their capture. This also refers to a victim who, due to the physical location or lack of containment of the suspect, is in a Hot Zone and likely to suffer death or serious bodily injury from wounds sustained during the assault.

Dirty/Clean Transition Point – Transition area between the CCP, Warm and Cold Zone treatment areas. This process is analogous to hazmat decontamination such that persons should be checked by law enforcement prior to entering a Cold Zone area.

Evacuation (Warm) Corridor – A term used to describe an area inside the Warm Zone and secured by law enforcement personnel that allows for a mitigated risk in transporting victims from the CCP to the triage/treatment area. If certain conditions are met, an evacuation corridor may be secure enough where Fire/EMS Department personnel do not need a personal escort to move into the Warm Zone.

Extraction Team – Team comprised of either law enforcement or Fire/EMS Department personnel that moves victims from the CCP to the external treatment area by means of the Warm Corridor.

Hot Zone – Any operational area consisting of the immediate incident location with a direct and immediate threat to personal safety or health. For the purposes of high threat response, the Hot Zone is immediately outside the CCP towards the area of the threat. PGFD Tactical Paramedics and police personnel are the only personnel that should be operating in the Hot Zone. Fire/EMS Department personnel should not be deployed to Hot Zone areas.

Immediate Action Team – A group of responding law enforcement officers, usually patrol or other non-specialized assets, that enter the Hot Zone in immediate pursuit of an active shooter or other active threat. They accomplish the ultimate incident priority in any active threat scenario, which is to stop the active killing. Stopping the dying should proceed immediately following stopping the killing by treating or extracting the wounded as soon as possible.

Law Enforcement Rescue – Law enforcement assets conduct rescue operations to extract patients to staged medical assets in the Cold Zone. To be effective in “stop the dying,” law enforcement personnel must stabilize any immediate life threat using the principles of Tactical Emergency Casualty Care (TECC) prior to extraction.



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MARCHE Algorithm – TECC Treatment mnemonic for Fire/EMS Warm Zone care operations. This addresses the preventable causes of death in the correct order of treatment. These include massive bleeding, airway compromise, respiratory collapse, circulation, head injuries and hypothermia, and everything else.

Mitigated Risk – The identification, assessment, and prioritization of risks, followed by coordination and application of resources to minimize, monitor, and control the probability and/or impact of unfortunate events, or to maximize the realization of opportunities.

Patrol Officer – Standard, uniformed police officers, assigned to the traditional police function of patrol.

Perimeter – A term used by law enforcement to describe the boundary lines of an event, described as “inner” and “outer.”

Priority of Life – A recognition that police officers may be faced with situations where the actions and decisions of other persons will require a prioritization of the lives of all persons involved to bring the situation to a successful conclusion. Generally, the priority of life consists of the following, in ranked order:

1. Victims in jeopardy of great bodily harm or death and hostages
2. Innocents
3. Public Safety
4. Suspects

Protected Corridor – A pathway secured by law enforcement within the Warm Zone that will allow for medical providers to move more freely to access patients for medical stabilization and extraction.

Protected Island – A location that is tactically hardened and protected in the Warm Zone to serve as a hasty CCP. Medical providers are escorted into the location to provide medical stabilization and operate only in this hardened position. Law enforcement must conduct the rescue operations to move patients from the point of wounding to this CCP and must establish a protected extraction cordon from this location to the Cold Zone.

Rescue Task Force (also known as Escorted Warm Zone Care) – A multi-disciplinary team, ideally consisting of four (4) police officers and 2-3 Fire/EMS Department personnel, whose objective is to treat patients in the Warm Zone at the point of wounding. In order for the Rescue Task Force to be initiated, there must be:

- A known Warm Zone
- A defined location of victims
- Unified Command established

Safe – A term used to describe a zone or area that is free from danger or attack. This means the area has been thoroughly checked for all hazards. This concept would be synonymous with both a primary and secondary search being performed by the Fire/EMS Department. *Note: Law enforcement also uses the term “safe” to describe a weapon which is in a condition that will not cause harm.*



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Secure – A term used by law enforcement to reflect possession or control of an area, person, object, etc. **It should never be taken to mean the scene is safe.**

Sift and Sort – This is a quasi-triage process that occurs in the Warm Zone. “Sifting” is the process of determining which victims can self-extricate, which will require an Extraction Team (dual-color orange/white marker), or which will be left in place (dual-color black/white marker). “Sorting” is the process of assessing a victim’s injuries. Sifting and Sorting is done by rescue teams in the **Warm Zone**.

Tactical Emergency Casualty Care (TECC) – The medical management of casualties under hostile conditions, expecting limited equipment, limited patient assessment, and limited treatment until the patient is removed from the Warm Zone or the threat is eliminated.

Tactical Emergency Medical Support (TEMS) – The utilization of specially trained emergency medical personnel to support the operational readiness, mission completion, rehabilitation and return to duty of law enforcement officers during tactical operations.

Tactical Medic – A certified emergency medical services provider who is authorized to operate with a law enforcement agency within a Warm or Hot Zone. This EMS provider should have received specific training regarding operating in a law enforcement tactical environment.

Tactical Team – A group of specially trained and equipped law enforcement officers who perform high-risk operations which fall outside the abilities of regular officers. *Synonyms: EST, SWAT, ERT, SRT, SERT, SOT, STATE, etc.*

Triage – The process of determining the priority of patients' treatments based on the severity of their condition. In the National Capital Region (NCR), the accepted standard is START (Simple Triage And Rapid Treatment). Triage should occur in the Cold Zone. The modified triage process that happens in the Warm Zone is called Sift and Sort and is very different than traditional triage.

Unified Command – The integration of command personnel from each responding agency to a multi-jurisdictional or multi-agency operational event to enhance communication, planning, and logistics for all responding agencies by the utilization of shared resources, knowledge, and expertise. Unified Command means command is co-located with law enforcement making mutual incident priorities in an incident action plan. It does not mean that each agency has their own command post. Unified Command is the most critical aspect of integration. Warm Zone operations cannot commence until this is formed.

Victim – Any person suffering from physical/psychological trauma who requires medical evaluation and possible transport to definitive care. For this General Order, anyone requiring such evaluation remains classified as a victim until a patient/provider relationship is established in the Cold Zone.

Warm Zone – Any operational area with a potential threat to personal safety or health. The Warm Zone typically exists between the Hot Zones and the Cold Zones.



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PROCEDURES / RESPONSIBILITIES

I. Establishing Initial Command

- A. When responding to any act of violence that is or may become an active violence incident with the potential for multiple victims, the first arriving Fire/EMS Department officer shall consider the following:
1. Upgrade the response to the appropriate level of resources needed.
 2. Consider Specialty Teams/Units (Hazmat, Tactical EMS, Bomb Squad, Multiple Casualty Support Units (MCSU), Rescue Squad, etc.).
 3. Immediately declare Level 2 staging and establish an appropriate location.
 4. Establish and verbalize over the radio a safe route into the scene.
- B. Units that have the ability to monitor the police radio channel should do so while concurrently operating on the fire channel.
- C. The first arriving officer shall **physically locate** the location of the law enforcement (LE) Command Post (CP). If unable to locate or determine if a CP has been established, the first arriving officer will establish Command, deliver a Brief Initial Report (BIR), and designate a Level 2 staging area. Public Safety Communications (PSC) will relay the location of the **CP AND STAGING AREA** to all responding LE agencies.
- D. Once contact is made with LE, a Unified Command post shall be established, and the Fire/EMS Department officer will communicate the location to all responding units. Unified Command requires that the Fire/EMS Department officer or first chief officer is physically co-located with the initial police incident commander. A situation status (SIT/STAT) report will be obtained with the following information:
1. Type of incident, current and potential hazards
 2. Type of occupancy, number, and location of potential victims
 3. Additional resources needed
 4. Unified Command will establish Hot/Warm/Cold Zones commensurate with the threat and announce such as soon as possible and repeat throughout the incident
- Note: Fire/EMS personnel SHALL NOT enter the Hot Zone under any circumstances. (This excludes TEMS, fire investigators, and bomb squad personnel under the direction of Unified Command).
- E. If resources are sent directly to the incident scene, officers shall use discretion in committing the minimum number of resources needed and have others respond to the staging area during the initial assessment of the incident. Command officers will give verbal guidance over the radio to maintain access/egress routes.



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- F. Common terminology is imperative to safe functioning.
- G. The command officer or unit officer will need to complete a risk-benefit analysis of when to commit resources directly to the scene prior to staging.

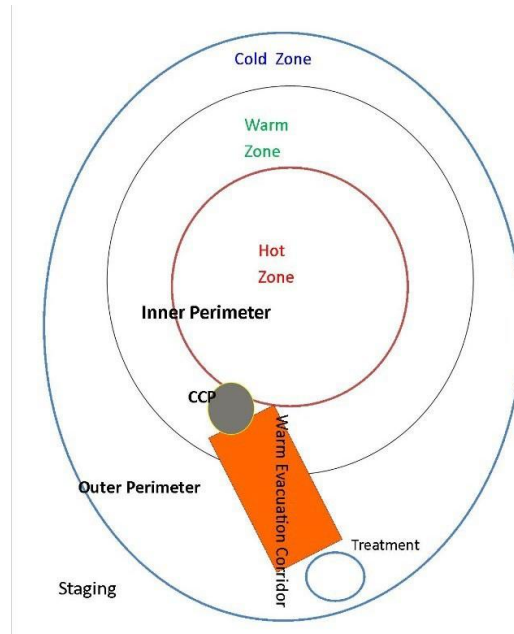
II. Zone Guidance

- A. Resources dispatched early in the incident will report to staging, which should be near the incident but outside the threat area. Given that a threat area is weapons system dependent, this may need to be re-evaluated during the incident. Command will initially locate and stage units 500 yards from the area with the first unit officer or command officer ascertaining from PSC the location of the police command post. The first unit or command officer will respond to the police command post. The initial police command post will be in the Warm Zone. The Fire/EMS incident commander and police on-scene commander should establish face-to-face contact at this initial command post location.
- B. Unified Command is critical for successful resolutions of these types of incidents. Without Unified Command, departments will be operating independently from each other without full situational awareness, which could lead to significant injuries to Fire/EMS personnel. Also, a Warm Zone operation cannot be commenced until Unified Command has been established.
- C. When establishing operational zones of exclusion, all incident commanders must consider the possibility for explosive/incendiary devices. Incident commanders should always have the area swept for explosives when resources are available. Incident commanders will ensure perimeter security by law enforcement.
- D. Since all Fire/EMS Department assets will initially stage except for the first command element, this is deemed to be **Cold Zone integration**. This level of operation is the **default response posture**. It is likely that ambulating victims may self-evacuate and present to Cold Zone units. It is also likely that an injured law enforcement officer or victim assisted by a law enforcement officer may present to staging units early in the incident. Incident commanders should plan for these potential complexities.
 - 1. **However, the intent of police and Fire/EMS integration is to bring resources to active threat incidents in a timely manner under a mitigated risk model and not leave units in staging for extended periods of time.**
- E. The incident commander will develop an incident action plan based upon the totality of the circumstances and available resources. The incident commander will switch the response pattern to a **Warm Zone integration model (rescue task force or Warm Corridor) when:**
 - 1. Unified Command has been established



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2. Law enforcement have confirmed engagement with the threat(s) in a different area than the victims/CCP location
 3. Law enforcement has mitigated the primary threat
 4. Law enforcement has resources to provide security for rescue teams
 5. Law enforcement can ensure security of the CCP
- F. Incident command may need to designate an area for resources to assemble and pair with law enforcement partners. This area shall ideally coincide with the start of the Warm Corridor that connects the Warm Zone with the Cold Zone.



III. Patient Treatment and Evacuation

A. Warm Zone Integration

1. Initial police contact teams will have already proceeded to the threat and have mitigated the threat or, at minimum, contained the threat to a specific geographic area that allows for access to some injured victims. This involves passing over injured victims to establish dominance and neutralize ongoing threats, which prevents additional casualties. However, this should have provided law enforcement opportunities to obtain awareness on where victims are located and convey that to Fire/EMS.
2. Once the threat(s) has/have been mitigated, the ranking police officer will inform Incident Command regarding an estimate of victims and, if possible, severity of injuries. Incident Command should consider forming Rescue Task Force (RTF) teams as an asset that is ready to be deployed if victims are present.



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3. RTF teams should be assembled by command from the resources available in the staging area.

B. Rescue Task Force

1. Will only operate in the **Warm Zone** and provide indirect threat care.
2. Fire/EMS Department personnel **MUST** don ballistic personal protective equipment (PPE) before entering the Warm Zone. PPE should include ballistic vest, light, identifiable uniform, radio, multiple sets of exam gloves, eye protection, Knox box keys if available, radio earpiece (if available), patient evacuation device, and active threat sift and sort tape.
3. RTF will consist of at minimum four (4) personnel containing at least two (2) EMS providers and two (2) LE personnel (Force Protection personnel). The optimum rescue task force configuration is four (4) law enforcement officers protecting three (3) Fire/EMS personnel (one (1) being a Fire/EMS company level officer to control the rescue task force movement).
4. Each RTF shall take a minimum of one (1) EMS-TECC bag into the Warm Zone. Each EMS-TECC bag includes equipment designed to Sift and Sort, and if necessary, rapidly treat approximately 1 – 5 victims.





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IV. Other Models for Warm Zone Integration for Deployment by Unified Command

A. Warm Corridor

1. Depending upon how the incident progresses and the availability of additional resources, other methods of deployment can be utilized for Warm Zone operations. If enough law enforcement officers exist to secure a pathway at all junctions within a building, a protected corridor can be established from one point to another. While still a Warm Zone, this will allow for medical providers to move more freely to access patients for medical stabilization and extraction.

B. Protected Island

1. A protected island could be utilized when law enforcement resources are overwhelmed by the number of casualties. This involves a location that is tactically hardened and protected in the Warm Zone to serve as a hasty CCP. Medical providers are escorted into the location to provide medical stabilization and operate only in this hardened position. Law enforcement must conduct the rescue operations to move patients from the point of wounding to this CCP and must establish a protected extraction corridor from this location to the Cold Zone.

C. Law Enforcement Rescue

1. Law enforcement rescue may also occur prior to the arrival of Fire/EMS where law enforcement assets conduct rescue operations to extract patients to staged medical assets in the Cold Zone. To be effective in “stop the dying,” law enforcement personnel must stabilize any immediate life threat using the principles of TECC prior to extraction.

D. Responsibilities

1. The RTF shall relay information to Command regarding the number of victims, situation status, and pertinent information including the need for additional teams (i.e., multi-level structures, multiple theaters, the presence of an immediately dangerous to life or health atmosphere (IDLH)/smoke/fire, and large interior/exterior areas). They shall be responsible for completing a rapid victim assessment, determining their sifting category (dual-color orange/white or black/white), sorting the victim's injuries, and providing immediate life-saving medical interventions if necessary.
2. RTF's shall be responsible for directing incoming Extraction Teams to the most critical victims. RTF's may also transition to the role of managing CCP's or assemble into Extraction Teams if necessary. RTF's are not search teams - they only go to the known location of victims as directed by command.



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E. Extraction Team

1. Extraction Teams may consist of any combination of Fire/EMS Department or LE personnel based on the safety of the Warm Zone where the sorted victims are located. Due to the dynamic environment and number of RTF's in the Warm Zone, Extraction Teams consisting of Fire/EMS Department personnel may not need LE force protection. Extraction Teams communicate on the Operations channel and shall be responsible for removing victims in the Warm Zone who are marked with dual-color **ORANGE/WHITE tape**. Extraction Teams will move patients to an external triage area in the Cold Zone. This also may be accomplished via armored personnel carrier (APC). If entering to solely remove victims, personnel should ensure they bring carrying or dragging devices.

F. Considerations

1. Appropriate equipment should be assembled prior to entry (i.e., flashlights, soft litters, TECC equipment, etc.).
2. Extraction Teams shall be sent into the Warm Zone immediately following the deployment of RTF's.
3. Extraction teams work in the Warm Zone and should don PPE at the same level as RTF teams.

G. Sifting and Sorting

1. Sifting is the process of determining which victims can self-extricate, will require an Extraction Team (dual-color orange/white), or will be left in place due to an injury incompatible with life or deceased (dual-color black/white). Sorting is the process of assessing a victim's injuries. Sifting and Sorting is done by RTF's in the Warm Zone. **This process differs from formal triage in that it is a rapid determination of a victim's injuries and which victims:**
 - a) Require immediate lifesaving interventions
 - b) Have injuries that are not immediately life threatening
 - c) Have injuries not compatible with life. Formal triage of the victims will take place once victims have moved from the Warm Zone, through the Dirty/Clean Transition and into the Triage, Treatment, and Transport (TTT) Area.
2. Uniquely designed tape will be used during the Sifting process as not to confuse "Sifting" with "Triage." The purpose of the unique sorting tape is to make identification of victims that need immediate removal out of the Warm Zone easier for incoming Extraction Teams.



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3. The three (3) categories below reflect how victims shall be sifted:
 - a) Walking Wounded
 - (1) Victims who can self-evacuate or will be instructed to do so
 - (2) Victims that can be assisted to the triage area with minimal assistance from the "Walking Wounded" that are self-evacuating
 - (3) These victims will not receive Sifting tape as they will move to triage, treatment, and transport area on their own
 - b) Extraction
 - (1) Victims that do not fit into the categories of "Walking Wounded" nor "Expectant"
 - (2) Viable victims that cannot evacuate on their own
 - (3) Lifesaving interventions may need to be immediately performed in a rapid manner to extend victim viability prior to removal to a formal Triage, Treatment and Transport Area
 - (4) These victims will receive a dual-color **ORANGE/WHITE** Sifting marker
 - c) Expectant
 - (1) Respirations not compatible with life
 - (2) Injuries not compatible with life
 - (3) Unresponsive with both 1 & 2
 - (4) These victims will receive a dual-color **BLACK/WHITE** Sifting marker and will be left in place
 - (5) Sorting tape shall be placed on the victim's ankle. If the legs are not available, the tape shall be placed on the victim's wrist.

H. Casualty Collection Point

1. Depending on the number of people involved and the geographical layout, there may be multiple CCP's at the incident, however CCP's should be limited if possible.
2. Victims shall be funneled from the Dirty Area (dropping all personal items and checked for weapons by LE) prior to transitioning into the Clean Area.
3. Those most critically injured must be prioritized through the Transition Area.
4. Refuge Area
 - a) Uninjured evacuees should be contained in a LE monitored Refuge Area prior to being released from the scene



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- b) Injured victims will take priority in the initial stages of the incident and tasks such as evidence collection, witness statements, and intelligence gathering may be needed prior to releasing evacuees from the scene
- c) Chemical, Biological, Radiological, Nuclear, or Explosive (CBRNE) related contaminants that were not identified during initial evacuation may mandate further treatment of evacuees thought to be uninjured
- d) These areas may be set up by Fire/EMS Department or LE personnel and shall be in a safe area away from the incident based on the number of evacuees
- e) Large personal items such as purses, backpacks, suitcases, etc. will be collected, and inspected by LE at a safe distance from Refuge Areas
- f) **Attention must be given to clearing victims of hazards such as contaminants or weapons prior to entering the Triage, Treatment and Transport Area**

5. Casualty Collection Point Operations

- a) A CCP is a cleared area where injured victims are brought and staged for eventual evacuation. A CCP is generally not an area accessible by vehicle access.
- b) Assessment of potential CCP areas should include, if possible:
 - (1) Position of cover
 - (2) Adjacent to exterior wall
 - (3) Proximity to large number of victims
- c) Bringing patients together allows for centralization and focusing of resources in a single area. Initial or continued sifting/sorting and indirect threat care treatment should continue in this area. A CCP will only be established if needed by RTF or police personnel. A continuous police presence must be maintained at a CCP. A fire department officer (EMS Duty Officer, Command Officer, unit officer, etc.) should be assigned as the CCP group leader for supervision and coordination of assets. This person should not be directly involved in patient care if possible and will be escorted in as part of a rescue team.
- d) A single CCP is most effective because numerous patients can be brought together into one area for treatment, prioritization, evacuation, and caching of supplies. However, multiple CCP's can be considered when:



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- (1) Distinct operational areas are separated by threat
 - (2) Incident has a large footprint which necessitates the need for resources to access from different directions
 - (3) Initial CCP must be abandoned due to threat situation
- e) Fire/EMS personnel will stay in the CCP and facilitate treatment and transport out of the CCP
- f) Incident commanders will devise a plan that utilizes extraction through the Warm Corridor by extraction teams. There are many options that are situational and threat dependent; however, options include traditional evacuation by ambulance/medic unit, drags and carries, armored vehicle, or medical ambulance bus.
- g) The ranking Fire/EMS officer inside CCP shall inform Command of the extraction requirements and extent of injuries
- h) Evacuation Corridor will be selected by Command, who will consider the following:
- (1) A route which offers a position of cover and/or concealment from active threat area
 - (2) Corridor should be clear for emergency apparatus and personnel use
 - (3) A law enforcement presence should be maintained in warm corridor for protective posture. The corridor must be coordinated by unified command.
- i) Rescue or CCP teams may need to be resupplied near point of entry. Incident commanders shall take this into account and consider mobilizing additional equipment from the Mass Casualty Support Units.
- j) Fire/EMS personnel designated as rescue teams will carry specialty equipment designed for the rescue team mission (TECC bags)
- k) Once victims are extracted through the Warm Corridor to traditional Fire/EMS units, standard Multiple Casualty Incident (MCI) procedures can apply. Incident commanders should refer to General Order 05-10, Multiple Casualty Incident Operations for this area and order appropriate resources early on for the scope of the incident. This could include, but is not limited to, mass casualty support units, medical ambulance buses, or aeromedical resources staged in a landing zone location.



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- l) Clinical Intervention
 - (1) Clinical Intervention should be determined by patient assessment and medical judgment. However, providing medicine under a real or perceived threat emphasizes different priorities based upon proximity to the threat.
- m) **These zones are quantified by the consensus guidelines for Tactical Emergency Casualty Care (TECC):**
 - (1) **Hot Zone→ Direct threat care (Major Hemorrhage Control and Evacuation)**
 - (2) **Warm Zone→ Indirect threat care (MARCHE)**
 - (3) **Cold Zone → Evacuation Care (Traditional EMS Care with emphasis on Damage Control Resuscitation)**

I. Triage

- 1. Emphasis is placed on triaging for priority AND destination. Normal START Triage should take place in the Cold Zone. Warm Zone operations should be limited to sifting and sorting only.
- 2. Uninjured persons are to be directly evacuated to a designated location that does not impede incident operations
- 3. Deceased victims should be left in place
- 4. Victims who are under law enforcement custody must have a law enforcement officer present with them and should be segregated in the triage area

REFERENCES

Committee for Tactical Emergency Casualty Care Tactical Emergency Casualty Care Guidelines.

Maryland Institute for Emergency Medical Services System Life Saving Intervention (LSI) Protocol

Metropolitan Washington Council of Governments Model Framework for Law Enforcement and Fire/EMS Response to a Law Enforcement Incident v 4.1

General Order Division 05, Chapter 10 – Multiple Casualty Incident Operations

General Order Division 06, Chapter 34 – Ballistic Protective Equipment

Prince George's County Police Department Active Threat General Order Volume 2, Chapter 2



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FORMS / ATTACHMENTS

N/A