EMSIA OF SANTA CRUZ COUNTY
EMERGENCY MEDICAL SERVICES INTEGRATION AUTHORITY

Santa Cruz County
Emergency Medical Services Program

Core Principles for EMS Response to Law Enforcement Incidents (LEIs)

Rule #1 – Law has ultimate authority at all Law Incidents. Fire/EMS are there to support the Law effort, and to manage EMS and Rescue needs as requested by Law, when conditions are safe enough to allow this to occur.

Rule #2- Containing and stopping the active threat and preventing additional casualties is the highest priority at an ongoing Law Incident. This takes priority over patient care.

Rule #3 – EMS/Fire responder safety is still the highest priority for incoming EMS crews.
Responders can't take care of victims if they are injured or killed. Ultimately sacrificing a responder is not a good trade when attempting to provide aid to downed officers or bystanders.

Rule #4 – EMS and Fire must be trained and capable of getting closer to victims in mass shooter and other Law incidents in order to provide rapid triage, manage critical life threats, and extricate patients for transport to definitive care.
"Uphill, upwind, cover it up with your thumb" is a strategy that no longer works in today's tactical incident environments. Studies show that preventable deaths occur when responders wait for an incident to be truly "cold" before rendering aid.

Rule #5 – Law Incidents can be divided into three zones, generally geographically delineated:

a. **Hot zone –** active threat to safety (shooter, assailant, IED, etc., present)
   No first responders should be present (not even tactical EMS medics, unless they are also regular armed duty officers).

b. **Warm Zone –** Threat is not imminent. Law has secured the area and is providing protection for responders as they care for victims. Area is not deemed 100% cleared, and EMS and fire responders focus on life threat management and rapid extrication of victims to the more secure cold zone.

c. **Cold Zone –** Well protected from any threat, considered cleared of any danger, where EMS and fire operations can proceed to manage patients as they would in a non-tactical environment.

Rule #6 – Fire/EMS and Law Enforcement have widely divergent responses to larger scale incidents and day to day operations:

a) Law Enforcement:

i. Primarily work independently as a single resource.
ii. Deploy independently at the scene of an incident without a command structure initially in place.
iii. Top priority is to eliminate the active threat and to minimize additional casualties, not manage those who have already been injured.
iv. Does not initially set up accountability prior to entering an area that is Immediately Dangerous to Life and Health (IDLH).
v. Develops command structure later in incidents

a. Fire/EMS

i. Always work in teams of 2s, 3s, and 5s.
ii. Each team has a command officer or senior paramedic
iii. Initial incident response includes establishing command, scene size up, report on conditions, and requesting additional resources.
iv. Entry to an incident is made with the permission of the Incident Commander who also assigns tasks to incoming resources.
v. Accountability is set up prior to sending crews in to an IDLH
vi. Entry to an IDLH is not made until a Rapid Intervention Crew (RIC) has been established in order to provide a rescue response if necessary.

Rule #7 – Law and Fire/EMS must collaborate and communicate during a Law Incident in order to ensure responder safety and to optimize outcomes for all those who have been injured.

Rule #8 – The primary goal of medical care for patients in a hot or warm tactical zone is to prevent further injury, evaluate and manage immediate life threats, and evacuate them as quickly as possible to a cold zone.

a. Hot zone care should only include management of life-threatening hemorrhage.
b. Warm zone care can include other life threat interventions.

Rule #9 – Control of life threatening bleeding and rapid extrication to the cold zone and awaiting transport resources are the most important interventions for victims of a mass shooting, bombing, or other mass casualty event. The following interventions are also acceptable depending on available responder resources:

a. Obtain hard cover for you and your patients when possible
b. Establish an airway using an OPA or King Tube; consider left lateral positioning in most instances where an airway needs to be established.

c. Establish ventilation in an apneic patient using a BVM (no 02!)
d. Seal a sucking chest wound.
e. Decompress a tension pneumothorax.
f. Stop life threatening bleeding using tourniquets/Quik Clot, pressure dressings.
g. Rapidly dress (contain) a large evisceration
h. Evacuate rapidly to a cold zone for further evaluation, triage, and transport to definitive care.

The following interventions generally should not be conducted within a tactical incident:

a. 02/suctioning
b. IV fluids
c. Medications
d. Intubation
e. Spinal immobilization
f. Bandaging of non life threatening bleeding and wounds
g. ECG monitoring
h. Full set of VS, 02 monitoring, C02 monitoring, etc.
i. Splinting

Rule #10 – The question to ask and answer when managing patients in a tactical environment: What life threat interventions do I need to employ to keep my patient alive? These should be the only interventions you consider.

Rule #11 – Casualty Collection Points (CCPs) are designated places inside a tactical event where casualties are placed for further triage, life threat treatment, and evacuation to a cold zone.

a. Should be placed behind hard cover if possible.
b. Life threat trauma care only.
c. Priority on evacuation to the cold zone.