These Protocols Apply ONLY to EMS Providers that are Operating as Part of a Rescue Task Force

Purpose
To establish patient care protocols for FDNY EMS providers (CFR, EMT, Paramedic) that allow for maximal effectiveness while operating in a warm zone as part of a dedicated Rescue Task Force (RTF).

Scope
The RTF is a team composed of specially trained members from the New York City Fire Department (FDNY) and the New York City Police Department (NYPD), which may be activated either in advance of a mass gathering event or after a mass casualty incident has occurred.

The mission of the RTF is to provide lifesaving medical treatment and extraction of victims at an ‘aggressive deadly behavior incident’, such as an active shooter, ramming attack, or bombing.

FDNY providers shall administer limited lifesaving medical treatment and extraction of victims. NYPD officers shall provide force protection to the FDNY first responders inside a warm zone. A warm zone is an area that has been determined by NYPD to have no visible threats; however, there may be potential threats to personal safety or health.

These protocols are to be used by specially trained FDNY EMS providers when operating in a warm zone as part of an RTF. Standard REMAC protocols will be used when providing care to patients once they have been removed to a cold zone.

Training
Members of the RTF have received specialized classroom and skills training in hemorrhage control, prioritizing rapid evacuation, and coordinated movement in a tactical formation.

RTF EMS providers have been fitted for, and trained to operate in, specialized gear including a ballistic helmet and ceramic plated vest.

Medical Equipment
EMS providers will carry limited medical equipment into a warm zone. The following serves as the basis for equipment required for warm zone patient care. Additional medical supplies may be added based on operational objectives.

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Standard Approach to Warm Zone Patient Care


2. Assess airway. If not spontaneously breathing, make one attempt to reposition the head to open the airway. If still no spontaneous breathing, the patient shall be triaged with a black tag (see Protocol B: MCI Triage).

3. Cover open chest or neck wounds with an occlusive dressing.

4. If clinical signs of tension pneumothorax are present, the paramedic shall perform needle decompression of chest (only for paramedic provider, if equipped with decompression needle). Open chest wounds shall not be routinely decompressed.

5. Perform ‘Modified Start Triage’ and apply appropriate triage tag. (see Protocol B: MCI Triage)

6. Rapidly extract red tagged patients to the cold zone (see Protocol C: Patient Extraction).

NOTE: Treatment of non-life-threatening injuries should be deferred to the cold zone unless extraction is delayed by tactical considerations.

Protocols

A: HEMORRHAGE CONTROL

B: MCI TRIAGE

C: PATIENT EXTRACTION
HEMORRHAGE CONTROL

1. If life-threatening hemorrhage is identified on an extremity, immediately apply a tourniquet HIGH and TIGHT. If continued life-threatening hemorrhage after the tourniquet is tightened, apply a second tourniquet HIGH and TIGHT, adjacent to the first tourniquet.

2. If life-threatening hemorrhage is identified in a junctional area, insert a hemostatic dressing to pack the wound and apply a pressure dressing.

NOTE: For life-threatening hemorrhage in the warm zone, do not attempt hemorrhage control with direct pressure prior to tourniquet or hemostatic dressing application.

3. Non-life-threatening bleeding may be controlled with gauze or a pressure dressing after other life threats have been addressed.

4. Non-bleeding extremity wounds should not be dressed in the warm zone if this will delay extraction or use limited supplies that may be needed for other patients.
Perform Modified START Triage, with the following RTF specific modifications.

1. All persons encountered must be triaged unless tactical considerations require bypassing.

2. If life-threatening hemorrhage control intervention is required with the application of a tourniquet or insertion of a hemostatic dressing, and the patient does not meet red tag criteria, then the patient **MUST** be triaged with an orange tag.

   **NOTE:** Non-life-threatening hemorrhage does not require triage to an orange tag if not otherwise indicated.

3. Apneic pediatric patients with no spontaneous breathing after airway repositioning maneuvers shall not have ventilations attempted and shall be triaged with a black tag.

4. People assessed who are uninjured (e.g., sheltering in place), or have minor injuries and are ambulatory, shall have a green triage tag placed to indicate they were evaluated.

   **NOTE:** Patients shall only be triaged with a **RED** tag if they have any of the following criteria:
   - Respiratory rate greater than 30 per minute or less than 10 per minute
   - Absence of radial pulse (in an upper extremity without a tourniquet in place)
   - Failure to follow simple commands

   **NOTE:** Patients should be triaged with an orange tag in the warm zone if meeting standard orange tag criteria, such as active chest pain or respiratory distress.
C

PATIENT EXTRACTION

The RTF team operates as a unit. Routes and timing of team movement shall be determined by the NYPD Officers based upon tactical considerations. The method of patient transport (e.g., ambulation, sked, etc.) shall be determined by the EMS providers on the RTF.

1. Red tagged patients must be removed to the cold zone immediately. If unable to remove patients due to tactical considerations, providers should continue to assess and treat other patients if possible.

2. Orange, yellow, and green tagged patients shall be extracted as soon as possible as long as this does not delay the removal of red tagged patients.

3. Spinal motion restrictions may be deferred to the cold zone at provider discretion.

4. Patients may be assisted to ambulate even if there is an injury or medical condition that typically would require a stair chair or stretcher for movement. This determination should be based on overall team objectives.

5. RTF members may use alternative movement techniques to evacuate patients (e.g., dragging on a sheet, pushing on a wheeled office chair, etc.).

Note: Specific tactical situations may require alteration of the above protocol.