



ICEMA SYSTEMS ADVISORY COMMITTEE

MEETING NOTICE

**February 12, 2014
1300 - 1500**

**ICEMA
Training Rooms A & B
1425 South "D" Street
San Bernardino, CA 92408**

ICEMA
1425 South "D" Street
San Bernardino, CA 92415-0060
(909) 388-5811 FAX (909) 388-5850



AGENDA

ICEMA SYSTEMS ADVISORY COMMITTEE

February 12, 2014

1300 - 1500

Purpose: Information Sharing

Meeting Facilitator: Kevin Parkes

Timekeeper: Danielle Ogaz

Record Keeper: Danielle Ogaz

	AGENDA ITEM	PERSON(S)	DISCUSSION/ACTION	TIME
I.	Welcome	Kevin Parkes		1300 - 1301
II.	Introductions	All		1301 - 1303
III.	Task Force Updates			1303 - 1310
	A. Triage Tag Program Task Force	Sandy Carnes	Discussion	
	B. Active Shooter	Mike deMoet	Discussion	
IV.	Discussion/Action Items			
	A. Active Shooter	MikeCostillo/DanielleBoldt	Discussion	1310 -1340
	B. 5150 Patients	Kevin Parkes	Discussion	1340 -1355
	C. D10 Versus D50	Todd Sallenback	Discussion/Action	1355 -1405
	D. Committee Organizational Flow Chart	Ron Holk	Discussion	1405 -1410
V.	Public Comment	All	Discussion	1410 - 1415
VI.	Round Table/Announcements	All	Discussion	1415 - 1418
VII.	Future Agenda Items	All	Discussion	1418 - 1419
VIII.	Next Meeting: April 9, 2014	All	Discussion	1419 - 1420
IX.	Adjournment	Kevin Parkes	Action	1420 - 1420



MINUTES

SYSTEMS ADVISORY COMMITTEE

December 10, 2013

1300 to 1500

AGENDA ITEM		DISCUSSION/FOLLOW UP	RESPONSIBLE PERSON(S)
I.	WELCOME/INTRODUCTIONS	Meeting called to order at 1304.	Kevin Parkes
II.	APPROVAL OF MINUTES	The October 9, 2013, minutes were approved. Motion to approve. MSC: DeMoet/Carnes	
III.	DISCUSSION/ACTION ITEMS		
	A. Triage Tag Tuesday Meeting Process Overview	Triage Tag training and use was discussed in response to several recent After Action Reports. A Triage Tag Tuesday task force was formed at the request of the committee. Sandy Carnes agreed to chair the task force. Objective: Develop the process, goals, and objectives for the training, exercise and measurement of triage tag use in the ICEMA region for all EMS providers and hospitals. Task force members will include: Sandy Carnes (Chair), Shawn Reynolds (LLUMC), Patty Eickholt (SACH), an AMR educator (to be determined), and others as requested by Chair. Ron Holk will provide any required ICEMA support.	Sandy Carnes
	B. Core Measures	Tom Lynch and Ron Holk presented an overview of the State Core Measures.	Ron Holk
	C. Active Shooter	A discussion took place regarding Active Shooter guidelines and response. An Active Shooter task force was formed at the request of the committee. Ray Ramirez and Mike deMoet will co-chair the task force. Objective: Develop guidelines and equipment list for Active Shooter responses.	Ray Ramirez/Mike deMoet

MINUTES - SYSTEMS ADVISORY COMMITTEE

December 10, 2013

Page 2

		<p>Task force members will include: Ray Ramirez (Co-Chair), Mike deMoet (Co-Chair), and others as requested by co-chairs. Ron Holk will provide any required ICEMA support.</p> <p>Mike deMoet will contact Chief Mike Costillo (RCFD) and Lieutenant Danielle Boldt (SBSO), to serve on the task force and present the Active Shooter training program used by RCFD and SBSO at the February meeting.</p>	
IV.	PUBLIC COMMENT	None	
V.	ROUND TABLE/ ANNOUNCEMENTS	Mike deMoet advised the committee that Montclair Fire and Upland Fire were moving forward with entering into an agreement for shared services; the beginning phases will occur in January 2014.	
VI.	FUTURE AGENDA ITEMS	<ul style="list-style-type: none"> - D10 versus D50 - 5150 Patients - Committee Organizational Chart 	Todd Sallenbach Kevin Parkes Tom Lynch
VII.	NEXT MEETING	February 12, 2014	
VIII.	ADJOURNMENT	The meeting adjourned at 1512.	

Attendees:

NAME	SAC POSITION	EMS AGENCY STAFF	POSITION
<input checked="" type="checkbox"/> Mitch Dattilo, SBC Sheriff Aviation	Sheriff's Department	<input checked="" type="checkbox"/> Tom Lynch	EMS Administrator
<input type="checkbox"/> VACANT	Public Safety Answering Points (PSAPs)	<input type="checkbox"/> Denice Wicker-Stiles	Assistant Administrator
<input checked="" type="checkbox"/> Mike Antonucci, SBC OES	County Office of Emergency Services	<input checked="" type="checkbox"/> Ron Holk	EMS Nurse Specialist
<input checked="" type="checkbox"/> Ray Ramirez - Ontario FD	Fire Service	<input checked="" type="checkbox"/> Danielle Ogaz	EMS Specialist
<input checked="" type="checkbox"/> Sandy Carnes, Rancho Cucamonga FD	EMS Officers		
<input checked="" type="checkbox"/> Mike deMoet, Montclair Police Chief	Law Enforcement		
<input type="checkbox"/> Llyod Duplechan, KP - Ontario	Receiving Hospital Representative		
<input checked="" type="checkbox"/> Kevin Parkes, SACH	Specialty Care Hospital Representative		
<input checked="" type="checkbox"/> Renee Colarossi, AMR	Private Ambulance Providers		
<input checked="" type="checkbox"/> William Hinton, Mercy Air	Private Air Transport Providers		
<input checked="" type="checkbox"/> Al Daniel, SBC Sheriff Aviation	Public Air Transport Providers		
<input checked="" type="checkbox"/> Randy Huey, SBC ISD	County Information Services		
<input checked="" type="checkbox"/> Pete Roebuck, CVFD	EMS Continuing Education Providers		
<input type="checkbox"/> Judd Symons, Symons Ambulance	Inyo County Representative		
<input type="checkbox"/> Rob DeForrest, Mono County EMS	Mono County Representative		
<input checked="" type="checkbox"/> Todd Sallenbach, HDMC	MAC Liaison		

MINUTES - SYSTEMS ADVISORY COMMITTEE

December 10, 2013

Page 3

GUESTS	AGENCY
Patty Eickholt	SACH
Allen Frances	CDCR
Dale Gregory	SBC Sheriff Aviation
Bill Jones	San Manuel FD
Shane Panto	CHP
Stephanie Rasmussen	Upland FD
Shawn Reynolds	LLUMC

Manual of Operations

Effective Date: 3-18-2013
Revised Date: #12-9-2013

Prepared by: M. Costello, J. Wenger, P. Lewis,
O. Lichtman
Reviewed by: SBSO-

Subject:
Tactical Response Scenario

Approved by:



I. POLICY STATEMENT

A. PURPOSE

When the lives of multiple people are at stake, as in an active shooter environment, barricaded suspect, hostage situation or terrorist attack, the need to enter a relative safe scene under force protection may come to pass with the primary objective of providing point of wound care to victims that otherwise would have died from preventable death injuries.

B. SCOPE

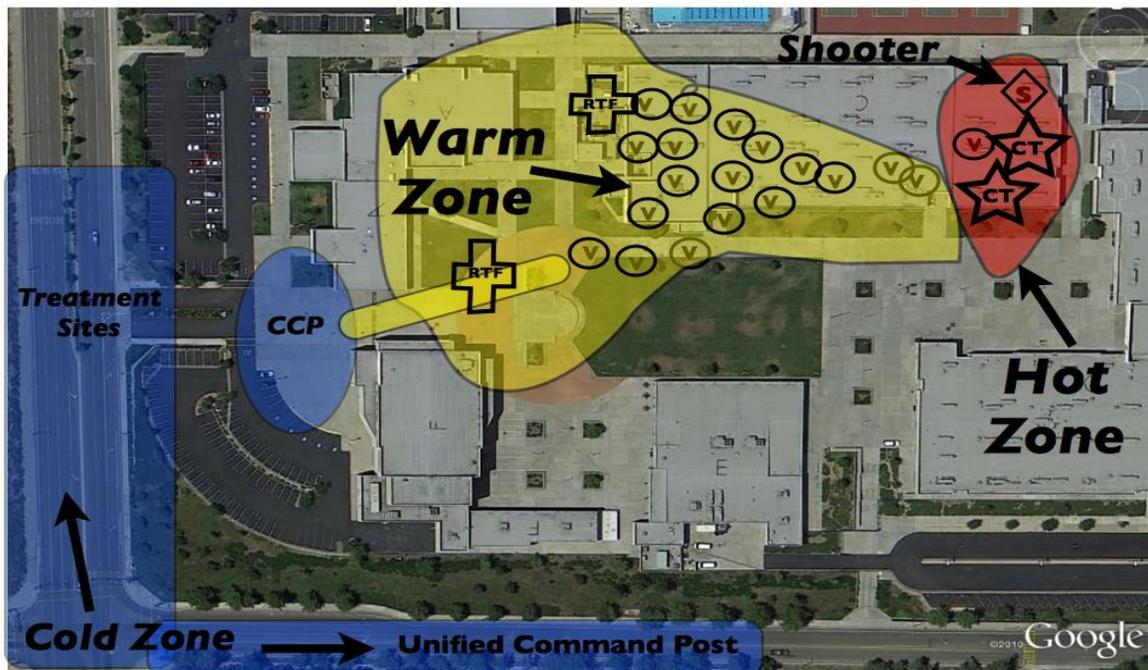
This policy shall apply to all personnel at Tactical Response Scenario incidents within the Rancho Cucamonga Fire Protection District.

II. DEFINITIONS

- 1. Active Shooter:** Any armed person who uses or has used deadly physical force on other persons and continues to do so while having unrestricted access to additional victims.
- 2. Unified Command:** A unified team effort which allows all agencies with responsibility for the incident, either geographical or functional, to manage an incident by establishing a common set of incident objectives and strategies. Initial Law Enforcement, UCP, RTF's will utilize compatible maps/Block plans/GIS technology. This is accomplished without losing or abdicating agency authority, responsibility, or accountability.



- 3. Dynamic Risk Assessment:** A continues process of gathering and evaluating information throughout the entire incident in an effort to properly determine risk (i.e. a Green vs Red light condition).
Considerations: A strong Unified Command, Number/location of shooters, determine weather shooter is engaged/ barricaded or eliminated, known rescue, known IED's, availability of security element, Properly trained Fire personnel, identified access points/travel routes, proper PPE, etc. It is important to remember that when determining threat zones, do not get fixated on concentric circles surrounding the scene; zones might be discontinues/dynamic depending on the threat locations.
- 4. Green Light Condition:** No direct or immediate threat to RTF and area of operation will be relatively safe. This is a information rich environment (all considerations in the Dynamic Risk Assessment have been met). This is a "GO" condition.
- 5. Red Light Condition:** Direct and immediate threat to RTF exists. This is a very information poor environment (all considerations in the Dynamic Risk Assessment have **not** been met). This is a "NO GO" condition.
- 6. Stop Point:** This is a term used to describe anytime a RTF has changed its objective, or has a change of condition from Green light to Red light for any reason. This could be from running out of supplies, encountering an IED, Loss of communication, Lack of "LACES" or no more patients. *** When using this term it should be immediately communicated to the UCP with "Why Stop"
- 7. Hot Zone:** Area where there is known hazard or life threat that is direct and immediate. An example of this would be any uncontrolled area where the active shooter could directly engage an RTF team. RTF teams will not be deployed into a Hot Zone.
- 8. Warm Zone:** Areas that Law Enforcement have cleared where there is minimal or mitigated threat. This area can be considered clear but not secure; this is where Rescue Task Forces deploy to treat and extract victims.
- 9. Cold Zone:** Areas where there is little or no threat, due to distance, shielding and or secured by law enforcement (i.e. Casualty Collection Points). Areas where RCFD and mutual aid resources will stage, triage, treat, and transport victims once removed from the warm zone.
- 10. Casualty Collection Point (CCP):** An area that has been determined by the Rescue Group Supervisor to have both cover and concealment and will function as the drop off point between the warm and cold zone. When needed the CCP will be used as a safe temporary location until victims can be moved into a treatment area well into the cold zone. ASAP the RGS will assign a RTF to manage the CCP and coordinate the transitions of victims from the CCP to the Cold zone Treatment areas. Tactical Emergency Casualty Care can also be performed in this location by RTF's as needed.



11. **Clear:** An area that during an initial sweep revealed no immediate or direct life threat.
(It is critical to differentiate the difference between clear of threats vs victims)
12. **Secure:** An area that has been actively maintained free of any immediate or direct life threats by Law Enforcement.
13. **Safe Refuge area:** An area identified within the Warm zone where RTF's or individuals can seek temporary refuge. These areas may be identified by the RTF's as they progress through the warm zone.
14. **Cover:** Gives you protection from bullets, fragments. Could be a large tree, fire engine, or concrete wall etc.
15. **Concealment:** Anything that hides you from suspects observations. Does not protect you from bullets, fragments or fire.
16. **Law Enforcement Officer:** Standard uniformed or plain clothes police officers assigned specified geographic areas or functions. May engage/ contact the shooter(s) as a single resource or as part of a Contact Team.
17. **Qualified Law Enforcement personnel for RTF:** Law enforcement personnel that have been through basic RTF training with RCFD.

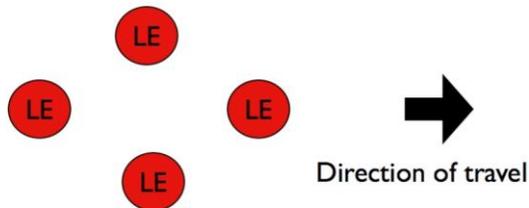
18. Security Element / Detail: Law enforcement component of a RTF that provides protection for the Fire Rescue personnel. The security element for RCFD, will only be done by qualified LE personnel.



19. Contact Team: Initial Law enforcement teams of up to 4 officers who form immediately on arrival to scene and deploy into building moving rapidly with objective of initiating contact to contain / eliminate the active shooter to prevent further injury or loss of life.



Contact Team

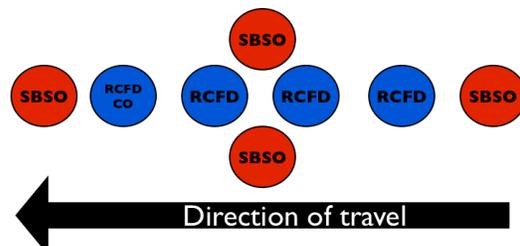
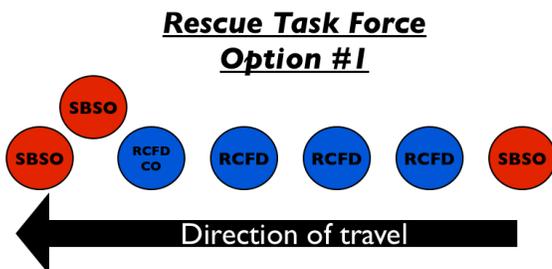


20. Contact Team Group Supervisor (CGS): Law enforcement person who assumes overhead position early into the incident to direct and coordinate the operations of the contact teams. The CGS position will likely be filled by one of the responding law enforcement sergeants or senior officers and will serve as the communication point between law enforcement dispatch / UCP and the Contact Teams. The CGS will help gather information from the Contact Teams and relay intelligence: suspect/shooter location, estimated number of casualties, Hot/Warm Zone(s), Rescue (RTF) access route(s) etc. to the UCP and or Rescue Group Supervisor (RGS). *The Contact Group Supervisor plays a critical role in initiating the “Green light” for the joint rescue mission of the Rescue Task Forces (RTFs).*

21. Rescue Task Force (RTF): Rescue Task Force (RTF) is a set of teams (made of both Fire and Law Enforcement personnel) deployed in the Warm Zone to provide point of wound care to victims where there is an on-going ballistic or explosive potential. These teams triage treat / stabilize and extract the injured while wearing Ballistic Protective Equipment (BPE) in a rapid manner. An RTF consists of: **Three to four RCFD personnel** to include a Captain and an ALS/Paramedic and **three qualified law enforcement personnel**. Based on the dynamic risk assessment and needs of the incident, unified command has the option of modifying the number of qualified law enforcement personnel per RTF. This response can be deployed to work in, but not limited to, the following; Active shooter in a school, business, mall, conference, special event, etc. Any other scene that is or has the possibility of an on going ballistic or explosive potential.



Rescue Task Force
Option #2



22. Rescue Group Supervisor (RGS): A RCFD suppression member will be assigned to the RGS. The RGS will coordinate with the UCP on security element and resources for the formation of the RTF's. The RGS will direct / coordinate RTF(s) and the rescue operation for rapid treatment and extraction of victims. The RGS will monitor conditions and confirm Warm / Hot Zones; determine RTF staging, entry points, and the CCP(s). The RGS will be the point of contact between the UCP and the RTF's. The RGS will communicate/coordinate with the incident Medical Group Supervisor for the relocation of victims from the CCP to MCI Treatment Areas.



RGS briefing prior to operations

- 23. Rescue Task Force staging area (RTF Staging):** An area “On Deck”, that has been determined by the RGS to have both cover and concealment and will function as the staging area of the RTF(s). This will be the area where RCFD personnel in tactical PPE and law enforcement assigned to the RTF report for deployment into the Warm Zone.
- 24. RGS Assistant:** A RCFD suppression member assigned to the RGS that will assist with; accountability / PAR, movement of patients between the CCP and Cold zone / treatment areas, communications etc.
- 25. Improvised Explosive Device (IED):** A device placed or fabricated in an improvised manner incorporating destructive, lethal, noxious, pyrotechnic, incendiary or chemicals designed to destroy incapacitate, harass or distract.

26. Tactical PPE: All ballistic protective equipment worn by the RTF. See appendices.



27. Tactical Emergency Casualty Care (TECC): (These are RCFD medical treatment guidelines and can be viewed as Warm Zone Tactical EMS) The TECC guidelines are a set of best-practice recommendations for casualty management during high- threat civilian tactical and rescue operations. The guidelines are based on the principles of Tactical Combat Casualty Care (TCCC), but account for differences in the civilian environment such as allocation and availability of resources, variances in patient populations, and scopes of practice. The goals of Tactical Emergency Casualty Care are to: Balance the threat, civilian scope of practice, differences in civilian populations, medical equipment limits, and variable resources for responses to atypical emergencies. Establish frameworks that balance risk - benefit ratios for all civilian operational medical response elements. Provide guidance on medical management of preventable deaths at or near the point of wounding. Minimize providers' risks while maximizing patients' benefits.



28. Tactical EMS Gear: Tactical Medical and evacuation gear carried on RTF teams. See Appendices section.



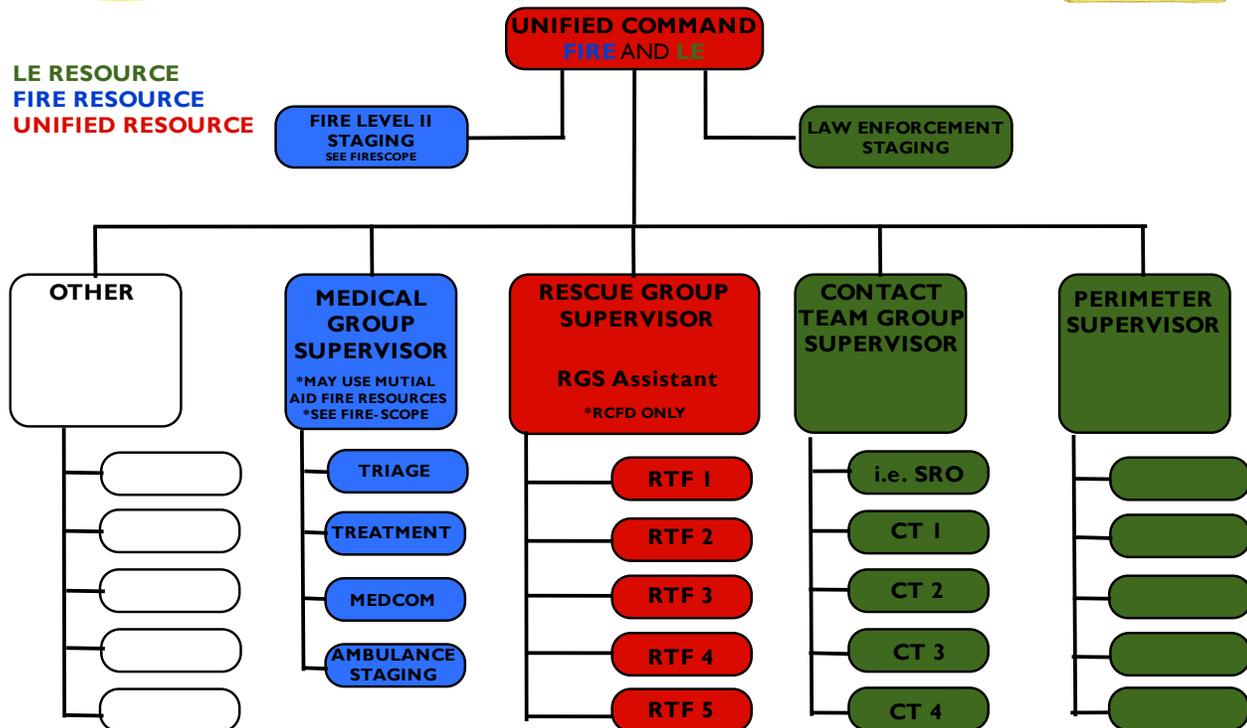


RANCHO CUCAMONGA

UNIFIED COMMAND FOR ACTIVE SHOOTER INCIDENT
INITIAL-RESPONSE



LE RESOURCE
FIRE RESOURCE
UNIFIED RESOURCE



Fire and Law Enforcement Staging Considerations:

1. Consider last tactical option and do not over commit
2. Centralized staging
3. Monitor appropriate command and tactical frequencies
4. Report to command post for assignment

Initial ICS Graphic

Cold Zone:

Unified Command Post



Initial Objectives:
Unify ICP
Isolate/eliminate threat
Deploy RTFs ASAP

Warm Zone: (Rescue Task Force)

Objectives:
* Orientate / Coordinate
Communicate
* Rapid treatment and
extraction.
* Confirm Warm zones
and entry point(s) ASAP
* Relay hazards...

Rescue Group Supervisor



RTF 1



RTF 2



RTF 3



RTF 4



RTF 5



Hot Zone: (Contact Teams)

Objectives:
* Orientate /
Communicate.
* Coordinate pursuit
of threat.
* Identify hazards,
Hot/ Warm zones &
RTF entry
point(s) ASAP.

Contact Team Supervisor



Contact Team 1



Contact Team 2



Initial Single Resource



Shooter



Subject:

Tactical Response Scenario

Subject No:

Issue:

Page 11

III. RESPONSIBILITY

- A. It shall be the responsibility of the Incident Commander at a Tactical Response Scenario incident to assure that all the applicable elements of this policy are complied with.
- B. All Fire District suppression personnel shall complete the RCFD Tactical Response Scenario Operations class.
- C. All Fire District personnel shall complete at least one annual Tactical Response Scenario training drill or class.

IV. PROCEDURE

- A. Pre-Incident Preparation
 - 1. It is the responsibility of the Engineer to insure all Tactical Response Gear is maintained and accounted for on their unit at the beginning of each shift. For list of equipment see Appendices.
- B. Dispatch and Response to Reported Active shooter, bombing or terrorist attack incident.
 - 1. Dispatch shall provide responding resources with detailed information and the circumstances of the reported incident.
 - 2. As information is coming in consider early on to request additional resources as the need for resources in the incident will grow rapidly. Responding units shall monitor appropriate Law Enforcement radio channels. Maintain radio discipline.
- C. Initial actions of first arriving unit.
 - 1. Identify a level II staging area for all initial units to assemble. Consider an area out of line of sight of incident, in line of approach to location or possible pre determined area from pre plans.
 - 2. May assume MCI positions in the "Cold Zone" though not recommended due to limited amount of trained RTF personnel.
 - 3. Notify and/or request any additional resources.

D. First arriving Chief Officer.

1. Establish Unified Command with SBSO.
2. Will identify and establish operating zones with SBSO and begin a DRA to determine RED vs GREEN light condition for Tactical Response Scenario operations.
3. Will assign a RGS and Assistant from available RCFD units and assign them RCFD crews as needed to form and deploy RTF'S.
4. May assign mutual aid resources to fill MCI positions or fire suppression that only involve working in the COLD zone.

E. Rescue Group Supervisor

1. Will coordinate with SBSO/UCP to have security detail for RTF teams
2. Will coordinate rescue operations.
3. Will set up RTF staging area.
4. Will coordinate the movement of patients from the CCP to the cold zone treatment area.
5. Confirm Warm zones/Hot zones and entry point(s)
6. Relay Hazards

F. **Primary** Rescue Task Force

1. All RTF's will move in and out of the warm zone only through entrances and corridors primarily cleared by the initial contact teams.
2. **Objectives:**
 - Perform only life saving treatment in accordance to the TECC guidelines. See APPENDICES for treatment protocols.
 - Perform "START" triage in the warm zone using colored tape. See APPENDICES for START Triage guidelines.
 - Provide updated information to RGS and directions to incoming RTF's("CAN" report)
3. Advance until they reach a stop point. If they do exit they will extract with them the furthest immediate patients.

4. The role of the security element in the RTF will be that of security and movement of the RTF only. They will not assist with any patient care or movement of patients.
5. The security element of the RTF will provide 360 degree coverage at all times.
6. At no time will the security detail assigned to RTF leave the team further then close direct line of sight.
7. The security detail must be able to provide effective defensive fire cover for the RTF at all times.

G. All other Rescue Task Force's

1. **Objectives:**
 - Reassess the victims and perform only life saving treatment in accordance to the TECC guidelines if not already done so by the Primary RTF
 - Evacuate / extract the first critical patient they encounter identified by Red tape to the established CCP.
2. RTF teams will re-enter the warm zone after they evacuate a patient.

H. Considerations for all RTF teams.

1. RCFD Company Officer (C.O.) will lead the RTF and maintain constant communication with security detail and RGS. It is critical for the RTF to maintain situational awareness and not become task oriented.
2. All other RTF members will be flexible in the roles and be able to switch from Triage to Treatment as the environment dictates. There may be a time such as in a classroom or CCP where all RTF team members are engaged in life saving treatment.
3. RTF members will use constant tactical situational awareness and immediately advise their security detail if they encounter or see a weapon or IED.
4. As the RTF moves through out the warm zone the C.O. in conjunction with the security detail will identify areas of safe refuge.
5. If the zone in which the RTF is operating in changes from Warm to Hot due to a direct or and immediate threat, immediate evacuation of the RTF to appropriate cover will occur and the CO will declare a RED light condition.
6. Print block plans.
7. Bring unit trauma bag to the RTF staging and drop it off.

Subject:

Tactical Response Scenario

Subject No:

Issue:

Page 14

8. Use of glow sticks: Use a red glow stick to mark an area with a hazards such as a IED. Use a green glow stick to mark dead victims by placing it in there mouth. Use a white glow sticks as “bread crumbs” to mark the route you have taken, place them every 30’-50’ at every change of direction.
9. If responding to a bombing other considerations may apply including the use of shields by the security element and limiting the number of RTFs.

V. APPENDIXES

1. Equipment

A. Inventory Of Personnel Protective Equipment

1. Level 2+ concealable personal body armor
2. PASGT style ballistic helmet
3. Molle style tactical plate carrier
4. Front and back Level 3 rifle plates
5. Tactical EMS gloves (black) one box of each size in bag

B. Accessories on or in the plate carrier vest

1. 3 triage tape dispensers from Wolfpack Gear, non reflective
2. 3 rolls of triage tape: Black/white, Red and yellow
3. Radio pouch
4. SCBA mask pouch
5. Extra gear pouch
6. Trauma sheers with a pouch and retractable gear keeper
7. Large velcro identified as RESCUE on back of plate carrier vest
8. Glow sticks (6" lasting 12 hours): 2 red. 3 green and 3 white
9. Streamlight PolyTac 90 LED compact right angle flash light
10. Anti fog wipes for mask
11. MSA Advantage GME-P100 Combination cartridge respirator
12. MSA tear gas cartridge respirator

C. Inventory of Tactical EMS bag

1. 4 CAT tourniquets (combat application tourniquet)
2. 4 3.25" Needle Thoracostomy kits
3. 4 Large Israeli dressing (NARESCUE 6")
4. 4 Small Israeli dressing (NARESCUE 4")
5. 4 Occlusive dressings (Hyfin chest seal)
6. 4 OPA's
7. 4 Triangular Bandages
8. (Conterra- patrol II aid belt)
9. 2 Rapid Flex medical litter

APPENDIXES

2. Medical Guidelines

(Tactical Response medical guidelines will be based on current TECC guidelines)

A. **Situational Awareness:**

- 1) Be aware of your surroundings and always consider cover vs concealment.
- 2) Ambulatory patients should be told to evacuate towards the Cold Zone.
- 3) Assess patients using START triage.

B. **Circulation (Hemorrhage control):**

- 1) Identify and treat major neck or extremity bleeding.
- 2) Immediately apply direct pressure by kneeling with your body weight on the proximal brachial or femoral artery. This will free up your hands.
- 3) Apply Tourniquets ASAP for the following extremity wounds:
 - a) Total or near total amputations
 - b) Large vessel arterial bleeding
 - c) Large venous bleeding
 - d) Any wound that can not be controlled with a pressure dressing
- 4) Place tourniquets initially as proximal on the limb as possible.
- 5) Pressure dressings may be used when a tourniquet would not work or is not indicated. This can include areas of the neck, shoulders, armpits and groin. Consider packing wounds with hemostatic agent and gauze to transmit pressure deep into the wound to the site of bleeding.

C. **Airway:**

- 1) Basic airway management is emphasized in the “Warm Zone”.
- 2) Any occluded airway or unresponsive patient will have a NPA or OPA placed.
- 3) Allow the casualty to assume the best position for them that protects their airway, this can include sitting up.

D. **Breathing:**

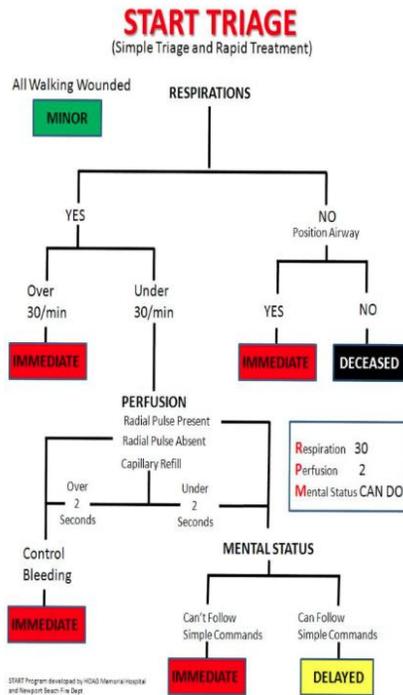
- 1) Identify and treat aggressively any open or sucking chest wounds, and tension pneumothorax.
- 2) Apply chest seal dressing to all trunk wounds anterior or posterior from the umbilicus to the trapezius muscles.
- 3) Any patient with a thoracic injury and respiratory distress will receive a needle decompression utilizing a department approved NT device and in the approved landmarks per ICEMA.

E. **Evaluate and Evacuate:**

- 1) Reassess interventions and prepare for evacuation.
- 2) Evaluate the effectiveness of applied pressure dressings, tourniquets, chest seals and NT.
- 3) Perform a blood sweep and assess for unrecognized hemorrhage.
- 4) Place conscious PT's in position of comfort and unconscious PT's in recovery position while awaiting evacuation.
- 5) Evacuate all **Immediate** patients prior to the **Delayed** patients.

F. START TRIAGE and Tagging patients:

- 1) All patients that are ambulatory are considered MINOR and will not be marked in the warm zone. These patients should be told to evacuate towards the Cold Zone.
- 2) All patients that are **DELAYED** should be marked with **YELLOW** TAPE and not be evacuated until all the IMMEDIATES have been evacuated first.
- 3) All patients that are **IMMEDIATE** should be marked with **RED** TAPE and be the first to be evacuated by the RTF's.
- 4) All victims that have been determined **DEAD** will be tagged with **BLACK / WHITE** TAPE and in low light setting will have a **GREEN GLOW STICK** placed in there mouth.



START Triage Assess, Treat, (use bystanders) When you have a color STOP - TAG - MOVE ON	
M I N O R	-- Move Walking Wounded
	-- No RESPIRATIONS after head tilt
	-- Breathing but UNCONSCIOUS
	-- Respirations - over 30
	-- Perfusion Capillary refill > 2 or NO RADIAL PULSE Control bleeding
D E L A Y E D	-- Mental Status Unable to follow simple commands
	-- Otherwise
I M M E D I A T E	REMEMBER:
	Respirations - 30
	Perfusion - 2
D E C E A S E D	Mental Status - Can Do

Inland Counties EMS Agency Advisory Committees

