Australian Tactical Medical Association
Clinical Practice Guideline
Clinical Care in High Threat Incidents

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Date	August, 2017
Purpose	To ensure standardized and consistent management of patients in a high threat incident
Scope	Applies to all clinical staff authorised by ATMA executive to use CPG
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What is a High Threat Incident?
Any incident that involves the potential or actual risk of physical harm to responders as a result of dangers inherent at the scene. This encompasses the use of firearms or edged weapons, fire, rising floodwaters or unstable structures.

Whilst Paramedics should not knowingly place themselves in areas of high threat, recent events such as the 2014 Ottawa Parliament Hill shooting, 2015 Paris terror attacks and 2017 London attacks have shown that first responders may inadvertently find themselves in such a situation. This guideline therefore sets out considerations for safety and clinical care in high threat incidents. Paramedic Safety must be paramount.

What is an Active Armed Offender?
The term 'active shooter' makes a direct reference to the use of a firearm or firearms, but an incident may also involve any weapon type such as bladed weapons, explosive devices and any improvised object capable of inflicting serious injury or death, including motor vehicles, and this is why the term Active Armed Offender (AAO) has been adopted.

These attacks are aimed at people rather than infrastructure and against relatively soft targets and they can occur with little or no planning, or intelligence forewarning.

While the term 'extremist' is very topical at this time, particularly in the media, it's important to realise not all AAO incidents are motivated by extremism or perpetrated by religious or ideologically-focused individuals. An AAO incident can also include an individual with a serious fixation and/or a serious mental health issue or it could be motivated by hatred, revenge or criminal intent.

What is Hybrid Targeted Violence Incident?
Intentional use of force to cause physical injury or death to a specifically identified population using multifaceted conventional weapons and tactics.(1)

This may involve a criminal act such as the 2017 Bourke Street Mall incident; through to a terrorist incident such as the complex, coordinated 2015 Paris attacks.

What is the current threat profile in Australia?
Australia's National Terrorism Threat Level remains PROBABLE. Credible intelligence, assessed by our security agencies, indicates that individuals or groups continue to possess the intent and capability to conduct a terrorist attack in Australia.(2)

The current threat environment has evolved with the effective disruption of a number of attempts at coordinated attacks. Lone actors or small groups utilising low tech means such as vehicles and edged weapons have risen in prominence, whilst the use of firearms and/or improvised explosive devices(IED's) is still a significant threat. The aim of these terror attacks is to inflict maximum casualties and quite often the intent of the attacker is to be killed.

Attacks that require minimal preparation are favoured to reduce the likelihood of detection and disruption.(3)

The approach to scene, assessment and treatment of patients in both High Threat, Active Armed Offender and Hybrid Targeted Violence incidents remains the same and is covered under the principles of Tactical Emergency Casualty Care.

What is Tactical Emergency Casualty Care?
Tactical Emergency Casualty Care (TECC) is a set of best practice treatment guidelines for trauma care in the high threat prehospital environment. These guidelines are built upon critical medical lessons learned by military forces over the past 15 years of conflict. They are appropriately modified to address the specific needs of civilian populations and civilian paramedic practice.

Whilst data from the battlefield has progressed the application of prehospital care exponentially, the differences in treating civilian populations are considered in TECC. Geriatric, obese, paediatric populations with underlying co-morbidities require unique approaches.

Analysis of previous AAO and HTV incidents shows that civilian wounding patterns are also unique, with a higher incidence of penetrating torso trauma and more complicated medical needs.(4, 5)

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Principals of TECC/ Zones of Care

At the core of TECC are three distinct phases:

Direct Threat Care/ Hot Zone Care
Care that is rendered whilst under attack or in adverse conditions.

- During DTC patient should be directed to find cover or safety and rapidly apply haemorrhage control with direct pressure of tourniquet. Beyond *consideration* of tourniquet application and unconscious patients being rolled into the recovery position, no further clinical care should be undertaken when the threat is still present.
- The priority during DTC is threat mitigation and moving to cover or a safe area. In a HTV incident this may require Police action to suppress or eliminate the threat prior to any clinical care being undertaken.

Indirect Threat Care/ Warm Zone Care
Care that is rendered while the threat is not immediately present.

- This could be in an area cleared by Police, but not yet secured. For example Police will bypass casualties to engage an Active Armed Offender, but will not have searched and secured that area. If Paramedics move into this area to treat patients, they must maintain awareness of potential threat at all times.
- Further primary assessment of the patient should be commenced, with an emphasis on rapid haemorrhage detection and control, using a 'limb sweep' to find severe bleeding on the extremities. Tourniquets are to be placed over clothes and as proximal on the limb as possible without moving past the horizontal plane. Conduct a 'rub and rake' under clothes to detect torso trauma, and place a chest seal on any penetrating injury to the chest or back.
- In a HTV incident light and noise discipline should be exercised, and cover/concealment maintained to prevent detection. Situational awareness must be maintained at all times and if becoming task focussed then other team members should remain 'heads up'.
- If multiple casualties are found a Casualty Collection Point (CCP) should be established to collocate resources, patients and personnel. If Police are present they should be utilised to provide security for the CCP.

Evacuation/ Cold Zone Care
Care that is rendered while the casualty is being evacuated from the incident site or in an area of absolute safety.

- The full range of clinical interventions can be employed in the cold zone.

TECC focuses on the medicine during these phases of care and provides guidelines for managing trauma in the civilian tactical or hazardous environment. While TECC has a tactical slant, it takes an all-hazards approach to providing care outside the normal operating conditions of

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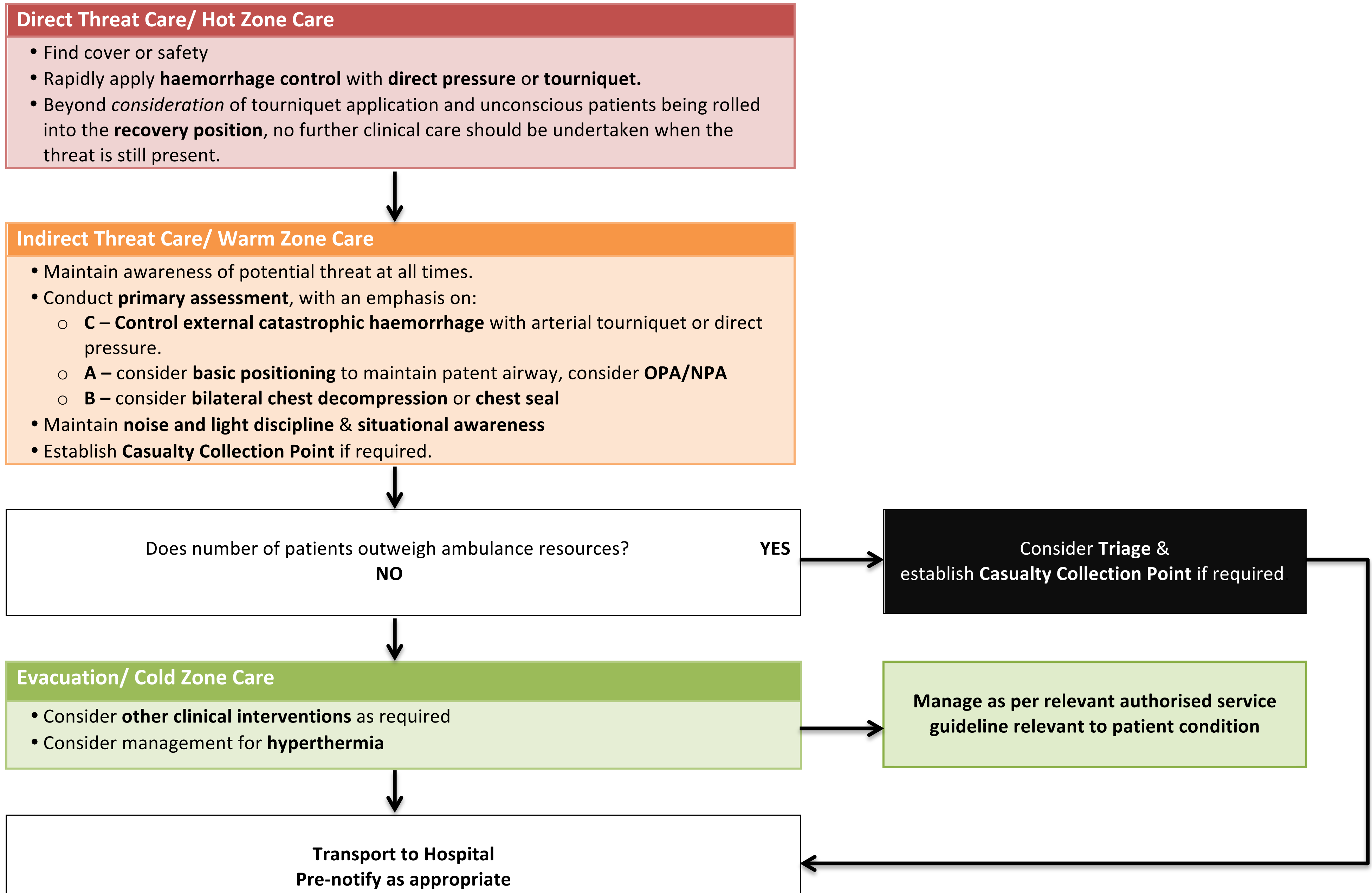
Clinical Care in High Threat Incidents Flow Chart



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