~~*Active Assailant*~~*ASHER – Rescue Task Force* ***Policy***

The purpose of this protocol is to provide guidance for triage, treatment and transport of injured individuals during active assailant incidents.

Adopting MCAs will have an "X" under their MCA name. If no "X" is present, the MCA has not approved or adopted the protocol.

Allegan	Barry	Clare	Ionia	Isabella	Kent	Mason
Montcalm	**Muskegon**	**N. Central**	**Newaygo**	**Oceana**	**Ottawa**	

Definitions

1. CASUALTY COLLECTION POINT (CCP)~~asualty Collection Point (CCP):~~
2. External TREATMENT AREA ~~reatment Location~~:
3. LINK UP~~ink Up~~ LOCATION:~~ocation:~~
4. RESCUE TASK FORCE ~~escue Task Force~~ (RTF):

Responsibility

1. Unified Command shall determine, in advance when possible, the structure and design of teams intended to function as a RESCUE TASK FORCE~~escue Taskforce~~ (RTF) for the purposes of providing lifesaving intervention and extraction for patients within a warm zone.
2. Ambulance personnel are responsible for the transportation and accountability of injured individuals. Unlike other mass casualty incidents, ambulance personnel should work to remain intact and ready to transport rather than leave their vehicle.
3. Life Support Agencies must provide the MCA with a copy of their approved Active Assailant Standard Operating Guideline/Procedure as part of their annual license renewal.

Triage

1. Primary Triage will generally be conducted by the RTF team at the point of ~~casualty~~injury~~contact~~.
2. Rapid measures to control major hemorrhage should be conducted in conjunction with SALT Triage.
~~1.~~3. RTF teams encountering an isolated, not-dead patient, should either ~~evacuate and~~ transfer that person to ~~either~~ a CCP, if established, or evacuate them out to the ~~external~~ TREATMENT AREA~~treatment location~~.
~~2.~~4. RTF teams encountering a group of patients, should perform a rapid walk thorough of the group with the intent of recognizing and managing uncontrolled hemorrhage.
~~3.~~5. ~~Rapid control of hemorrhage is the primary mission.(Kinda says that in #2 above)~~ Once all hemorrhage control is completed, the RTF then triages the most severely injured and elects to transfer to a CCP, if established, or evacuates those patients ~~to a CCP(s) or~~ to the ~~external~~ TREATMENT AREA~~treatment location~~.
~~4.~~6. A re-stocking area, or process, should be established to allow RTF units to quickly turn around and prepare to re-enter the area without having to return to their apparatus/vehicles.~~When the RTF drops off a patient at a CCP, or the external treatment location, a new supply of tourniquets, pressure dressings, etc. should be ready for the crew as an exchange for thepatient~~.

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Treatment

1. It is likely that during an active assailant incident, the sheer number of patients may require the TREATMENT AREA be managed by Fire Department staff. The primary goal in the TREATMENT AREA~~treatment area~~ is to, as quickly as possible, facilitate preparation for patient transport to the hospital. If patients are ready to go, and a resource is available, efforts should be made to~~cycle~~ cycle them out for transport. If there are delays in having available ambulances for transport, the sending of patients should be tiered based upon the triage category.
2. When possible and prudent, the highest priority patients should be transported first.
3. Treatment management should be aimed at minimal level care unless there is no other care or transport preparation to be done. ALS level care should be minimal, if any.

Transportation

1. Patients should be sent by ambulance when possible and prudent.
2. Spontaneous use of other vehicles is permissible under exceptional circumstances per MCL §333.20939.
3. If patients are transported by vehicles other than an ambulance, or without medical personnel, efforts should be made to provide critical emergency care prior to departure (hemorrhage control, chest seals,etc.) ~~when prudent and possible~~.

Equipment

1. All licensed life support vehicles must, at a minimum, carry go bags each containing:
    a. Two hemostatic gauze (min. 3" x 48")
    b. 2 rolled gauze
    c. Two pressure dressings, combination (Israeli) type dressings are preferred
    d. Chest seal – combo pack or two seals
    e. 2 tourniquets – CAT or SAM XT
    f. 1 adult NPA (32 F) and 1 pediatric NPA (24 F)
    g. 2 SALT Triage cards
2. Premade kits that are slingable to allow for hands free ~~with the listed contents~~use are encouraged but not required.

~~2.~~

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