

## Hot, Warm, and Cold Zones

### *Applying Existing National Incident Management System Terminology to Enhance Tactical Emergency Medical Support Interoperability*

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A key component of an interoperable response is the use of common terminology and language. Ideally, tactical casualty care guidelines should use existing incident management language where possible in order to facilitate understanding and widespread adoption by law enforcement, fire, and emergency medical services (EMS) agencies.

The Tactical Emergency Casualty Care (TECC) and the Tactical Combat Casualty Care (TCCC) guidelines are widely accepted as the standard guidelines for care in the civilian and military communities, respectively. TECC currently uses the terms “Direct Threat Care,” “Indirect Threat Care,” and “Evacuation Care,” while TCCC uses the terms “Care Under Fire,” “Tactical Field Care,” and “Tactical Evacuation Care” to denote the phases of casualty care in a tactical environment based on the level of threat. While the guidelines use different terminology, they could be easily applied to existing National Incident Management System (NIMS) terminology, namely Hot, Warm, and Cold Zones, which denote the level of threat within an area. Public safety agencies and personnel throughout the United States are already typically familiar with these NIMS terms. Various Tactical Emergency Medical Support (TEMS) operational planning guides use the terms “Hot Zone,” “Warm Zone,” and “Cold Zone” or recommend an understanding thereof in the setting of active shooter/mass casualty/TEMS incidents,<sup>1-4</sup> as well as link terms such as “Warm Zone” and “Indirect Threat Care.”<sup>1,3</sup>

The Hot Zone is the area where a direct and immediate threat exists. Hot Zone Care would therefore equate to the TECC Direct Threat Care or the TCCC Care Under Fire. The emphasis in this zone is on threat suppression, preventing further casualties, extracting casualties from the high-threat area, and implementing control of life-threatening extremity hemorrhage. The Warm Zone is the area where a potential threat exists, but there is no direct or immediate threat. Warm Zone Care would

equates to the TECC Indirect Threat Care or the TCCC Tactical Field Care. Warm Zone Care includes the other life-saving interventions associated with applying the MARCH algorithm (Massive hemorrhage, Airway, Respiration, Circulation, and Hypothermia) in the tactical environment. Casualty collection points and Rescue Task Forces are typically employed within the Warm Zone. Finally, the Cold Zone is the area where no significant threat is reasonably anticipated and additional medical/transport resources may be staged. Cold Zone Care equates to Evacuation Care and generally falls under established local, regional, or state protocols rather than national tactical casualty care guidelines in the civilian setting.

The TECC guidelines are being established nationally as the tactical medicine standard for the civilian TEMS community; however, many providers have previously received TCCC training in either the military or civilian communities. We believe that the use of accepted NIMS terminology (Hot Zone, Warm Zone, and Cold Zone) to describe the phases of care would help bridge the language gap between TEMS personnel trained in TECC versus TCCC and thereby enhance interoperability. It would also facilitate the learning process for personnel undergoing training by associating tactical casualty care principles and phases of care with standard NIMS threat zone terms already well established in the civilian responder community.

#### Disclosures

The authors have nothing to disclose.

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