2019

Colorado Springs EMS System Operating Guide

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SECTION 1 INTRODUCTION

The Colorado Springs EMS (Emergency Medical Services) System Operating Guide is prepared as an interface between the Colorado Springs Fire Department (CSFD) and the contracted ambulance provider. These guidelines shall not interfere with sound judgment and individual organizational polices. If a conflict between internal policies and procedures arise, the individual agency's policies and procedures shall take precedent over these guidelines.

Conflicts between this document and individual policies and procedures of each agency shall be reported so adjustments can be considered.

The City of Colorado Springs (City) has authority over emergency medical services scenes. While on or en-route to any scene, the ambulance contractor's employees shall operate under the City's command & control structure and polices in accordance with City Code § 8.2.303. The CSFD chief or company officer has on-scene authority; whenever there is a question as to medical treatment or patient destination, the final decision shall be made by the CSFD chief officer, company officer, firefighter/paramedic, or on-line medical control.

> 8.2.303: *ASSUME MEDICAL CONTROL AT SCENE OF ACCIDENT OR MEDICAL EMERGENCY*
>
> A. For the purposes of this section, "medical control" is defined as the authority to administer all procedures necessary to assure the continued health of any person or persons injured in an accident or the subject of a medical emergency.
>
> B. Medical control at the scene of an accident or emergency in Colorado Springs shall be assumed by the Fire Department upon arrival. The Fire Department may transfer medical control to an ambulance service with due regard for the welfare of the patient. If, in the opinion of the Fire Department officer in charge, an injured person should be transported to a particular medical facility within the City of Colorado Springs, the Fire Department officer in charge may direct the ambulance service to transport the injured person to that particular medical facility. It shall be unlawful for any person to fail or refuse to obey any order of the Fire Department officer in charge
>
> C. Nothing shall deprive the Fire Department of any power or authority vested in it by this Code, or otherwise provided by law, except as specifically set forth in this part. (1968 Code §7-63; Ord. 78-223; Ord. 94-137; Ord. 01-42)[1]

Guide Update Policy

This guide will be updated no less than annually and distributed to all agencies operating within the Colorado Springs EMS system.

[1] City Code, Colorado Springs, Colorado

SECTION 2 GENERAL ADMINISTRATIVE GUIDELINES

EMResource

The ambulance contractor's dispatchers shall have access to and work with the City communication center to utilize EMResource in order to help coordinate hospital destinations during large-scale events.

Hospital Destination

The Colorado Springs Pre-Hospital Practice Guidelines will be followed for transporting patients to receiving hospitals. Each occurrence of an elective deviation of the destination guidelines, defined by the bypassing of an appropriate receiving hospital, shall be reviewed. The City has the sole discretion to determine whether the deviation was appropriate.

Patient destinations will be communicated prior to departure of the scene and in accordance with the Colorado Springs Pre-Hospital Practice Guidelines. In the event a destination agreement cannot be made, the CSFD chief or company officer will have the authority to determine patient destination.

If a destination change occurs during transport, the ambulance provider shall advise the City communication center via the assigned radio talk group (usually talk group FIRE1).

Hospital Divert

The "Psychiatric/Alcohol Advisory" was established and approved by the El Paso County Medical Society (EPCMS) Emergency Care Committee (ECC) and adopted November 1, 2011.

Patients that are intoxicated or have behavioral health issues should be transported to the closest appropriate hospital not on a psychiatric/alcohol advisory status unless the ambulance contractor has two or less available ambulances.

This does not apply to trauma patients or patients that are critically ill who may coincidentally have behavioral health or alcohol/drug issues.

While providing their radio patient report, ambulance crews must inform the receiving hospital (closest appropriate) the status level in the system is less than two available ambulances.

When all hospitals in the Colorado Springs metropolitan area are on a psychiatric/alcohol advisory the Zone Distribution Plan will be implemented. UCH Memorial Hospital Central will serve as the "Zone Master" and direct ambulances to the respective hospital destinations as per the Zone Distribution Plan.

The Zone Distribution Plan provides for a patient distribution ratio of two (2) patients to UCH Memorial Hospital Central and one (1) patient to Penrose Main. The Zone Master may direct an ambulance to UCH Memorial Hospital North or Saint Francis Hospital if the ambulance is closer to one of those locations and an appropriate bed is available.

UCH Memorial Hospital Central will document destination distribution in the Zone Distribution log.

The Zone Distribution Plan will stay in effect until either UCH Memorial Hospital Central or Penrose Main Hospital comes off psychiatric/alcohol advisory.

Medical Clearances
Refer to the “Patient Refusal” section of the Colorado Springs Pre-Hospital Practice Guidelines.

All patient refusals shall have a patient care report (PCR) completed.

VIP Standby
The CSFD and CSPD are notified when a dignitary is within the City’s jurisdiction. During these situations, the CSFD will utilize a CSFD transport capable squad to manage and provide this service.

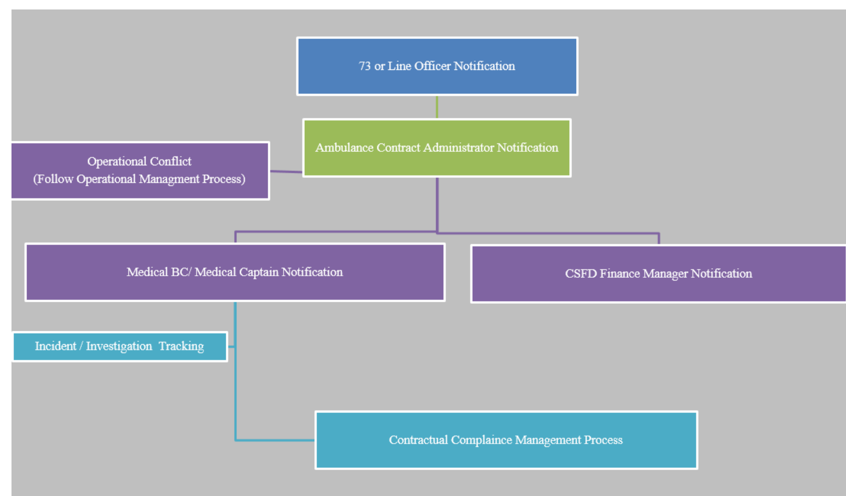
CSFD Squad Use for Transportation/Public
Unless dictated differently through a mutual aid agreement, before a squad is utilized to transport a member of the public, the Medical Lieutenant (73) or a chief officer shall be contacted to approve use of a CSFD squad for transport.

On-Duty CSFD Personnel/Transported
When on-duty CSFD personnel require transportation to a hospital, it is permissible to utilize a CSFD squad to transport when:

- The situation does not warrant the closest ambulance in the system
- When the Medical Lieutenant (73) or a chief officer is contacted and approves use of a squad

Inter-Agency Complaints/Concerns
Complaints and concerns between agency personnel should be handled at the lowest possible level between agencies as soon as possible. Although handled at that level, incidents should still be reported to the CSFD Medical Division through the CSFD Medical Lieutenant (73) or company officer as noted in the Contractual Compliance Management Process diagram.

Contractual Compliance Management Process



All external complaints shall be submitted to the City’s ambulance contract administrator.

Prohibited Activities

The ambulance contractor may not provide any other service within the City that is currently provided by the City without coordination and prior approval from the City or authorized representative. This includes, but is not limited to fire suppression, technical rescue, medical standbys, and hazardous material response.

SECTION 3 SAFETY

It is a reasonable expectation that all personnel on an emergency scene have heightened safety awareness.

Personal Protective Equipment (PPE)

It is an expectation that all field personnel shall wear the appropriate PPE for their position including but not limited to medical examination gloves, protective eyewear, masks, and gowns when appropriate.

Vehicle Extrication

Patient care during vehicle extrication and similar high risk situations can create an increased safety risk. The CSFD chief or company officer in charge of the incident may determine the best course of action regarding how to maintain continuity of care while providing the maximum amount of safety for all emergency personnel. Safety considerations including but not limited to unstable vehicles, fuel, glass, sharp edges, et cetera will be addressed. Ambulance personnel shall not subject themselves to high-risk situations without proper PPE or equipment.

SECTION 4 OPERATIONS

Response Expectations

It is expected the ambulance contractor develop, maintain, and share a jurisdictional staffing/response plan with the CSFD as per their contractual agreement. This plan will be reviewed by both agencies and modified accordingly to assure compliance with response obligations.

When dispatched, it is expected the ambulance contractor announce on CSFD talk group FIRE1 the unit number, location the unit is responding from, and their response level (code 2 or code 3). Please refer to "Communications" for further information/clarification.

Ambulance Reassignments

Ambulances assigned to a non-emergent response may be reassigned to an emergent response. Occasionally, after discussion with a CSFD chief officer or the CSFD Medical Lieutenant (73), a non-emergent incident may not be reallocated unless there is a closer ambulance to the incident without upgrading the ambulance to an emergent response. The CSFD chief officer or the CSFD Medical Lieutenant (73) shall contact the ambulance dispatcher and set the level of priority, followed by an email to the City's ambulance contract administrator explaining the rationale.

Response Mode Changes
It is the responsibility of the CSFD chief or company officer to consider all available incident information (i.e., dispatch information, occupancy, known hazards, et cetera) to determine the most appropriate response mode for all incidents.

The ambulance contractor's response mode can be increased or decreased at the discretion of the CSFD chief or company officer during the response as information is obtained.

Additionally, approaching intersections with a red light traffic signal during heavy traffic while responding emergent may warrant temporarily shutting down to non-emergent until the light changes to green.

If the response mode changes the CSFD and the ambulance personnel shall inform the other of the change.

Driving Right of Way
When multiple emergency vehicles are responding emergent and arrive at an intersection at relatively the same time, the CSFD fire apparatus will have the right-of-way and proceed first. Moreover, for a structure fire or hazardous materials response, the non-fire apparatus will yield and allow this CSFD apparatus and/or equipment to access the scene first/closer to the incident. For medical-only incidents, the ambulance shall be provided the best access for loading the patient.

40A ("Forty Alpha")
Police Request for Non-Emergency Medical Response

The Colorado Springs Police Department (CSPD) may request an ambulance to respond non-emergent to evaluate and transport a citizen with whom they have made contact. These responses are generally ambulance only responses. Therefore, the response information shall be entered into the City computer-aided dispatch (CAD) system and reported with the monthly data report.

Ambulances do not need to respond on talk group FIRE1 for 40A incidents when there is not a CSFD response.

All 40A responses shall have a patient care report (PCR) completed.

Lift Assist
The ambulance contractor may need assistance moving or lifting a patient for a call that did not originate through the 911 system.

The CSFD will respond to assist the ambulance contractor when one of the following conditions exist:

- The patient is being transported from their residence to an emergency department
- There are at least four (4) ambulance personnel on scene to assist in lifting the patient

Non-Patient Rider

It is reasonable to expect non-patient riders (NPR) such as friends or family members to ride to the hospital with patients. Unless there is an obvious safety component such as the NPR is intoxicated, combative, unable to sit in the front seat, has demonstrated they are unable to follow directions, or poses an increased health/exposure risk to the ambulance personnel, the NPR should be allowed to ride in the front seat of the ambulance. Ambulance personnel concerns shall be discussed with the on-scene CSFD chief or company officer before transport. The CSFD chief or company officer has the final decision regarding whether or not the NPR will ride in the ambulance.

Specialty Response

The City can utilize different means to provide the best care to the community. Currently it is utilizing two response models, C-MED and CRT, operated through the CSFD's Community and Public Health Division.

C-MED

The Community Medical (C-MED) unit is staffed with a CSFD EMT and CSFD paramedic during peak periods to respond to lower acuity medicals in the community. This additional resource can relieve the responding engine or truck company allowing them to be available for higher acuity situations.

CRT

The Community Response Team (CRT) unit is staffed with a CSFD paramedic, CSPD law enforcement officer, and a behavioral health clinician. Designed specifically to be a mobile mental health response unit, each member has training in crisis intervention. The CRT unit responds to mental health emergencies as a resource that can assist patients in obtaining the appropriate care for their condition(s).

In general, when a response includes a C-MED or a CRT unit which cancels a responding CSFD company, the ambulance personnel will continue to respond and stage upon their arrival. Communication between these companies and the ambulance personnel shall dictate the appropriate response mode.

CAT1

A partnering hospital is currently trialing a mobile stroke unit in the community. When the medical determinate indicates a patient may have stroke symptoms or if a responding agency believes the patient fits within the stroke guidelines, the mobile stroke unit (CAT1) may be requested. The CAT1 response unit is a licensed ambulance within El Paso County and can transport patients if the patient fits within the stroke guidelines.

Modified Dispatch

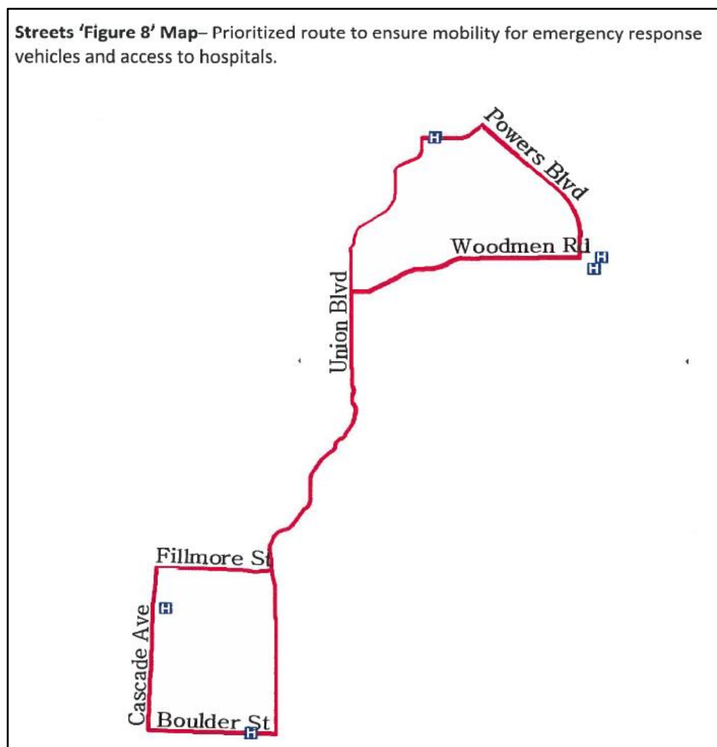
During times of reduced resource availability resulting from but not limited to weather, multiple large incidents, high call volume, et cetera, it may be necessary to adjust resource types and numbers for certain incidents to maintain adequate service coverage

across the City and prevent large service coverage voids from developing.[2] During modified dispatch, the following response modifications are implemented:

- Alpha-Level Medicals
  - Handled by the ambulance provider unless they have no resources available or a CSFD resource is significantly closer
- Bravo-Level Medicals
  - The nearest single resource is sent (CSFD or ambulance provider); if the CSFD is dispatched, they must advise the City communication center of the need for transport
  - In extreme resource-depleted situations, will be handled by the ambulance provider unless they have no resources available or a CSFD resource is significantly closer
- Charlie-, Delta-, and Echo-Level Medicals
  - No change; CSFD and the ambulance provider resource(s) will both be dispatched

Severe Weather

As emergency service agencies, preparation for all hazard events including severe weather is essential. It is expected[3] that each agency shall be familiar with the other's operating plans and share preplanned staffing/response plans prior to the event. Staffing levels for the ambulance contractor during severe weather events are specified in the ambulance contractor's contractual agreement.



Streets 'Figure 8' Map– Prioritized route to ensure mobility for emergency response vehicles and access to hospitals.

The ambulance contractor will coordinate with the CSFD Shift Commander during times of inclement weather.

Requests to place ambulance responses in a "severe weather event" status shall be discussed with the CSFD Shift Commander.

[2] CSFD Tac Ops 100.18

[3] City of Colorado Springs, Emergency Operations Plan, 2016

Severe weather events declared greater than 12 hours prior to the event shall have all ambulances ready for deployment at the time of the event. Severe weather events declared less than 12 hours prior to the event shall have ambulances ready for deployment within 90 minutes.

Requests for specialized equipment, such as snowplows, can be requested directly via the City communications center on CSFD talk group FIRE1.

Severe Weather Plan

Depending on the severity of the event, the ambulance contractor should expect to have ambulances assigned to a specific region of the City and may be assigned to a task force with PD, FD, and Public Works/Streets Division resources. Remaining ambulances will operate in the Streets' Division "Figure 8." The Figure 8 is the snow route the City will keep open for essential emergency travel. The Figure 8 encompasses hospitals within the City.

EOC participation

The City, through the Office of Emergency Management (OEM), keeps city departments and partner agencies informed of potential events including severe weather. The ambulance contractor shall participate in (OEM) preplanning and information meetings, conference calls, and EOC activations.[4]

When the City Emergency Operations Center (EOC) is activated, the ambulance contractor shall have a member of its organization report to the designated EOC location. The representative should be someone that can make operational decisions on behalf of the contractor.

Mutual Aid

The ambulance contractor may enter into mutual aid agreements with surrounding agencies. However, mutual aid obligations shall not deplete City ambulance coverage below four (4) available ambulances without obtaining approval of the on-duty CSFD Shift Commander or his/her delegate.

Incident Command Structure

The ambulance contractor will follow the CSFD incident command system (ICS)[5]. In most cases, the initial incident commander (IC) will be the first-arriving company officer; however, an ambulance may arrive first. When an ambulance arrives first, the ambulance personnel shall provide an initial size-up of the situation via radio.

Structure Fire Response

For specific information regarding structure fire response communication, refer to Section 5. It is the responsibility of the ambulance personnel to respond on CSFD talk group FIRE1 while monitoring the assigned command talk group. While on-scene it is the responsibility of the ambulance personnel to position themselves in a location that does

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[4] City of Colorado Springs, Emergency Operations Plan, 2016

[5] CSFD Tac Ops 200.01

not interfere with the arrival of fire department apparatus and allows for their easy departure from the scene should medical transport of a victim (civilian or firefighter) be necessary.

If not immediately directed, ambulance personnel should consider access and egress of additional ambulance resources into a triage/treatment/transport area that does not impede emergency scene operations.

Ambulance personnel shall report to the incident commander and have equipment ready for immediate treatment and transport. Being ready means having the stretcher available and prepared to move to the specific location assigned by the incident commander.

Hazardous Materials (Haz Mat) Response

The CSFD uses NFPA 472: *Standard for Competence of Responders to Hazardous Materials/Weapons of Mass Destruction Incidents* and the IFSTA *Hazardous Materials for First Responders, Fourth Edition*, as references in developing the procedures utilized during hazardous materials incidents for operations level personnel.[6]

Ambulances and ambulance personnel shall respond when requested and report to the incident commander or delegate. Ambulance personnel shall be aware of the sections of the *Emergency Response Guidebook* (ERG) that pertain to medical treatment.

Ambulance personnel shall insure they do not transport contaminated individuals. Ambulance personnel/supervisors who are currently certified at the hazardous materials–operations level may be asked by the CSFD to insure patients are properly decontaminated prior to being placed in ambulances.

Hospitals should be informed before the arrival of any patient that has had an exposure or is still exposed so they can decide if they want to utilize their decontamination showers.

Patient Decontamination

When a medical patient becomes contaminated, the patient MUST have gross decontamination completed prior to medical treatment and transportation depending upon the level and form of contamination.[7] Failure to decontaminate a patient can place the ambulance and the receiving emergency room out of service for an undetermined length of time.

Patients should have all contaminated clothing removed and the involved area of the body should be decontaminated in a fashion determined by the CSFD chief or company officer (i.e., dry or wet decontamination). Attention should be directed towards not allowing uninvolved areas of the scene to become contaminated from the decontamination runoff. As an example, patients exposed to hazardous materials should be properly decontaminated before being moved to a treatment or transport area.

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[6] CSFD Tac Ops 500.00

[7] CSFD Tac Ops 500.09

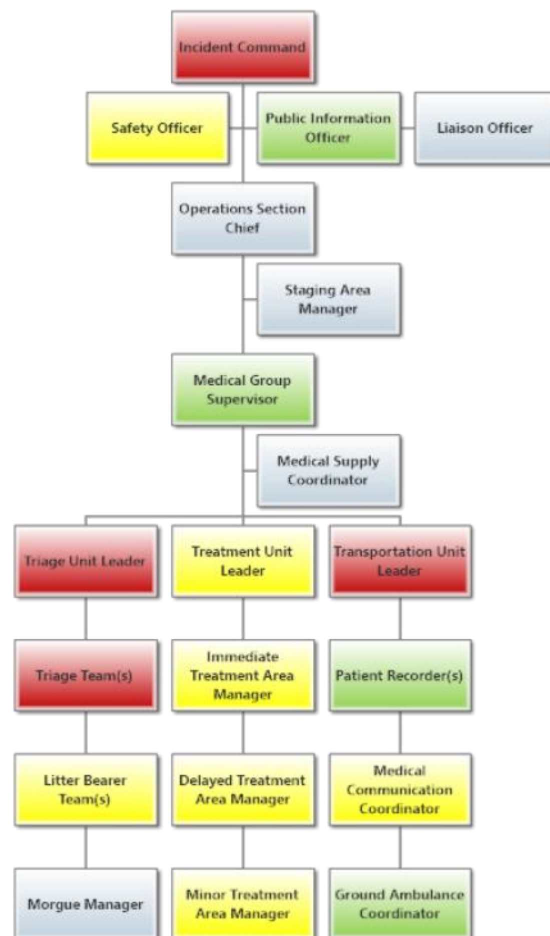
Traffic Incident Management
Traffic accidents present many dangers to fire, law enforcement, and ambulance personnel requiring coordination between all agencies for safe and effective scene management.

Positioning of fire apparatus and ambulances is vital. In general, fire apparatus shall be used to block traffic where the ambulance and patient care can be protected.

Ambulance positioning shall account for CSFD companies that need to be located closer to the incident for extrication while still positioning in a safe area to load patients.

Ambulance egress should be considered when multiple responders are responding and arriving on scene. Coordination with the incident commander and/or a staging officer is required.

Multi-Casualty Incident (MCI)
For the purposes of this procedure, an MCI is defined as an incident that generates more patients than available resources can manage using routine procedures. The CSFD will declare an MCI for incidents with five (5) or more potentially critical patients, or when deemed appropriate by the incident commander.[8]



Declared MCI incidents should generate a supervisory response from the ambulance contractor.

The first arriving ambulance personnel should be prepared, if assigned, to fill the triage, treatment, or transportation leader positions until properly reassigned.

The transportation unit leader and ambulances shall track patients and destinations through an approved method.

Triage
When performing triage, the Simple Triage and Rapid Treatment (START) method shall be used for adult patients and the JumpSTART method shall be used for pediatric patients.[9]

[8] CSFD Tac Ops 400.02
[9] CSFD Tac Ops 400.01

If safe to do so, triage should be initiated by the first-arriving emergency responder on scene. If the ambulance contractor is first on-scene and performing triage, CSFD personnel may relieve them of triage duties, making them available for transport.

Contaminated Patients

Patients exposed to hazardous materials during a mass casualty incident must be properly decontaminated before being moved to a treatment or transport area.

Tactical EMS

Law enforcement personnel are required to enter hostile and hazardous areas where EMS personnel are generally not trained or equipped to enter and provide care. Tactical Emergency Medical Support (TEMS) personnel possess specialized training and equipment to operate side-by-side with law enforcement in hostile/hazardous areas ("hot zone") to render care and extract victims.[10]

Ground ambulances shall stage in the "cold zone" and fall under the direction of the TEMS supervisor. Communication should take place on a talk group identified by the TEMS supervisor (usually "Command 10" {COM10} or "Tactical 11" {TAC11}).

Active Shooter Incident

During active shooter incidents, ambulance personnel shall remain in the cold zone and report to the incident commander or medical group supervisor for assignment.

Helicopter Operations

Helicopters are utilized as air ambulances to provide rapid transport of critically injured and ill patients from remote or outlying areas. Colorado Springs currently has two air ambulance helicopter services; UC Health LifeLine ("LifeLine 2") and Centura Health Flight for Life ("Lifeguard 3").[11]

1. "Standby"

    a. The air ambulance helicopter shall be placed on "standby" when the need for the helicopter is possible but not yet confirmed. This prompts the helicopter crew to perform all preflight functions and standby until directed otherwise.

2. "Airborne Standby"

    a. An "airborne standby" shall be requested when the air ambulance helicopter is likely to be needed. The helicopter will immediately launch, fly to the scene, and circle nearby (not directly overhead).

[10] CSFD Tac Ops 400.05
[11] CSFD Tac Ops 100.13

b. This response mode places the helicopter at the immediate disposal of on-scene resources.

3. "Immediate Go"

a. An "immediate go" request shall be made when the need for an air ambulance helicopter is confirmed. The helicopter will fly to and land at the scene.

Note: An air ambulance helicopter placed in any response mode is committed to that incident and unavailable to another incident or facility until back in service or released from the scene.

All air ambulance helicopters shall be requested through the City communication center to respond in one of the three described response modes, and provided with a landing zone (LZ) location using latitude/longitude in the "degrees decimal minutes" format (if available, consider using specific automatic vehicle location (AVL) information).

a. The first EMS agency on scene may request an air ambulance helicopter. However, once incident command is established, such requests shall be made by the incident commander.

b. The City communication center shall determine which air ambulance helicopter responds, assign a talkgroup, and obtain an ETA (if available) from the helicopter dispatcher.

SECTION 5 COMMUNICATIONS

Ambulance Radio Communications

Ambulance personnel shall monitor CSFD talk group FIRE1 (or the command talk group, if assigned) by one crew member keeping their portable radio on the assigned CSFD talk group and the other on the ambulance contractor's primary channel and/or talk group.

Ambulance personnel will acknowledge they are responding on CSFD talk group FIRE1. Although they will be informing the City communication center, direct communication with the responding CSFD crew is also appropriate and expected.

Ambulance personnel will announce:

- The location they are responding from
- Responding
- Scene arrival
- Scene departure
- Transport mode
- Hospital destination

Failure to monitor and communicate via the assigned radio channel may be considered an administrative failure of the ambulance contractor's contract.

Command Talk Group Responses
Due to the high radio traffic during initial assignments on a command talk group, ambulance personnel shall communicate their response on CSFD talk group FIRE1 and only monitor the assigned command talk group for operational directives. Once on-scene, the ambulance should stage and report that they are on-scene. The ambulance personnel should then communicate face-to-face with the incident commander or his/her representative for further instructions.

Code One
For situations involving grave danger to CSFD personnel (i.e., violent patient, enraged bystander, et cetera), CSFD personnel or the City communication center may initiate a "Code 1." A Code 1 requires all radio users to stay off the air unless they are part of, or managing, the threatening situation. When a Code 1 is initiated, the City communication center will air a short solid tone over the involved talk group, and state, "This talk group is Code 1 for emergency traffic only."

When CSFD personnel initiate a Code 1 they should do the following:

i. Key the radio microphone and identify their unit and assignment, if necessary.

ii. Declare a Code 1.

iii. Describe the situation in as much detail as possible (e.g., "Engine 1, Code 1, we have a man with a gun in the residence.")

When a fire company or ambulance not involved in the Code 1 needs to contact the City communication center without having been assigned to another talk group, they should contact the City communication center on talk group "FIRE2." FIRE2 is always monitored as an unselected talk group.

Scene Size- Up
On occasion, an ambulance crew may arrive on-scene of an incident prior to a CSFD company. When appropriate, the ambulance personnel shall give a scene size-up to the responding CSFD company. The ambulance personnel shall provide the conditions, actions taken, needs, and when appropriate, the location ("CAN-L report").

SECTION 6 EDUCATION

The CSFD and the ambulance contractor shall work jointly on education distribution. Mandatory education courses identified by the Medical Director will be attended by all providers. Examples of mandatory education include but are not limited to joint training, QA/CQI training, and the annual paramedic symposium. The ambulance contractor's educators will work together with CSFD educators to teach and deliver all applicable education.

SECTION 7 EQUIPMENT

It is expected that both the CSFD and the ambulance contractor bring all appropriate equipment to the scene and to the patient's side. Either the CSFD or the ambulance contractor can inform the other responders of equipment needed or not needed prior to the other responders arrival.

Supply Trade-Out

Disposable supplies shall be restocked by the responding ambulance(s) on a one-for-one exchange while at the scene. If this does not occur due to a lack of supplies on the ambulance or due to the need for immediate or rapid patient transport, the CSFD shall identify the restock need through their report writing system and submit this form through internal channels for restocking from the ambulance contractor.

Non-disposable equipment including but not limited to portable oxygen (O_2) cylinders, cardiac monitoring equipment, endotracheal (ET) intubation equipment, et cetera shall not be traded out.

Equipment Failure

Equipment failures shall be reported immediately to the respective organizations. The CSFD and the ambulance contractor shall follow their internal processes and document failures, tests, and repairs. The ambulance contractor will submit reports of equipment failures and repairs to the City's ambulance contract administrator.

Ambulance Inspections

Ambulance inspections are conducted randomly by the City. It is expected the ambulance be taken out of service and the ambulance personnel participate in the inspection.

Equipment List

In addition to the equipment required by El Paso County, the list below is required for operations within Colorado Springs. Equipment requirements are subject to change per medical direction.

- Zoll X-Series Cardiac Monitor with pulse-ox rainbow sensor technology
- Wet Gel Electrodes (Zoll or Ambu)
- Zoll X-Series disposable pediatric pulse-ox sensors (Rainbow R20, Single Use)
- King Vision ET device
- I gel Supraglottic Airway (SGA) Adult and Peds
- Pediatric Quick Trach (Rusch)
- Tactical Cricothyrotomy Kit (H&H Medical)
- Quick Clot 2-fold Combat Gauze
- Coflex (AFD Trauma Dressing)
- Israeli Bandages
- Hyvin Vent Chest Seal
- Pulmodyne CPAP device with appropriate masks sizes

TERMS

Alpha Side	Front of the structure, usually the street side
Bravo Side	When facing the Alpha side, the Bravo side is on the left
CAN-L Report	Conditions, Actions, Needs, Location
Charlie Side	Rear of the structure (opposite of the Alpha side)
Code 2	Non-emergent, no lights or siren
Code 3	Emergent with lights and siren
Cold Zone	The area at an emergency incident that is safe where support, planning, incident command, and staging occurs
Delta Side	When facing the Alpha side, the Delta side is on the right
Division	Used to divide an emergency incident into geographic areas of operation
Emergency Evacuation	Three consecutive air horn blasts at an emergency scene indicates that all personnel should evacuate the structure or immediate area
Entrance/Egress	Pathway into and/or out of an incident location
FIRE1	CSFD Fire Talk Group 1
Group	Used to divide an emergency incident into functional areas of operation
Hot Zone	The area at an emergency incident that is not safe where emergency operations occur
IAP	Incident action plan
IC	Incident Commander; although not all incidents have an IC announced, a command structure is always in place
Level One	One ambulance available in the system
Level Zero	No ambulances available in the system
May Day	A declaration by an emergency responder(s) that s/he has a personal emergency
PAR	Personnel accountability report
Rehabilitation (“Rehab”) Area	An area designated by the IC for rehab and food/fluid replenishment
RIT	Rapid intervention team
Size-Up	Initial and ongoing evaluation of incident
Staging Manager	Officer in charge of staging