

# Rescue Task Force Standard Operating Procedure

## **PURPOSE:**

The purpose of this Standard Operating Procedure (SOP) is to provide **[Department Name]** personnel with a guideline for Rescue Task Force (RTF) operations and response. The RTF concept mitigates provider risk by using procedures, training, and protective equipment, while providing rapid stabilization, treatment, and evacuation of the wounded despite hazardous conditions that would otherwise delay treatment. This guideline endorses standing medical and tactical orders for EMS that facilitate a unified law enforcement/EMS response to active killer incidents.

## **RESPONSIBILITY:**

1. All officers are responsible for the training of department personnel for ensuring proper compliance with this guideline.
2. All members have the responsibility to adequately learn this guideline and to carry out this guideline.
3. All members shall show reasonable judgment in their use of this guideline.

## **DEFINITION**

The Rescue Task Force (RTF) is a set of teams deployed to provide point of wound care to victims where there is an on-going ballistic threat, explosive threat, or knife yielding event. These teams treat, stabilize, and remove the injured while wearing Ballistic Protective Equipment (BPE) in a rapid manner under the protection of law enforcement. An RTF team should include at minimum - one law enforcement officer but preferably two that will provide security, and two EMS personnel. If possible one EMS personnel should be an ALS provider. This response can be deployed to work in, but not limited to, any scene that is or has the possibility of an on-going ballistic threat, explosive threat, or knife yielding event.

## **GENERAL:**

### **Section 1: COMMAND**

[Department Name] shall establish a unified command with law enforcement & fire department personnel.

### **Section 2: THREAT ZONES**

Prior to deploying an RTF team, the threat zones identified below must be identified.

**Hot Zone**- Area where there is a known hazard or life threat that is direct and immediate. An example of this would be any uncontrolled area where the active killer could directly engage an RTF team. RTF teams will not be deployed into a Hot Zone.

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**Warm Zone**- (also known as the area of indirect threat) Areas that law enforcement have either cleared or isolated the threat and where there is minimal or mitigated risk. This area can be considered clear but not secure. This is where the RTF will deploy to treat victims.

**Cold Zone** - Areas where there is little or no threat, either by geography to threat or after area has been secured by law enforcement (i.e. Casualty Collection Points). An area where first responders will stage to triage, treat, and transport victims once removed from the warm zone.

### **Section 3: Casualty Collection Point**

Depending on the size of the incident and location, injured victims may need to be placed in a Casualty Collection Point (CCP) before transition to the cold zone. This will be predetermined by initial units, secured by law enforcement, and relayed to the RTF teams through Unified Command. As this area will be secure, it may be considered a Cold Zone and may be staffed with non-RTF Fire/EMS personnel.

### **Section 4: Equipment**

Each RTF member should equip themselves with a minimum of body armor (vest), safety glasses, flashlight, radio, RTF go bag, and exam gloves.

### **Section 5: Deployment**

Once unified command has agreed to RTF deployment, teams will deploy to the warm zone to begin victim care.

1. Command will dispatch RTF teams by numbers, i.e., RTF Team 1. RTF Teams are not to deploy unless they have one Law Enforcement officer but preferably two for security. **Do not self-deploy into the warm zone.**
2. The first RTF team to make entry should notify the Command branch through the assigned channel of the possible number of injured.
3. When teams make entry, they will treat the injured using Tactical Emergency Casualty Care (TECC) guidelines. Department personnel will also operate using EMS protocol - **Sustained Operations in Austere Environments.**
4. The first two RTF teams will enter the area and treat as many patients as possible until they run out of equipment or all accessible victims have been treated. Once this point has been reached, these RTF teams start the evacuation of injured to a casualty collection point. Additional RTF teams that enter the area should be primarily tasked with extrication of the victims treated by the initial two teams to a casualty collection point. If needed, additional RTF teams may be sent into areas unreached by the initial teams or to other areas with accessible victims.

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5. When the RTF is operating in the Warm Zone, medical assessments and triage will be done as they come in contact with the team. All patients encountered by the RTF teams will be treated as they are assessed. Any patient who can ambulate without assistance will be directed by the team to self-evacuate down the cleared corridor. Any patient who is dead will be visibly marked with a black "X" on the forehead to allow for easy identification and to avoid repeated evaluations by additional RTF teams. Other patients on scene will be marked with marking tape on one of the upper extremities with either red or yellow marking tape to allow other teams to identify the patients' medical needs and extrication urgency. Patients marked with red tape are critical and have immediate life-threatening injuries. Patients marked with red tape are the first to be extricated.
6. To coordinate RTF teams inside a warm zone, a single EMS individual may deploy into the warm zone under Law Enforcement security. This will help guide the RTF teams and allow ease of communications with command.
7. RTF can be deployed for the following reasons.
  - Victim treatment
  - Victim removal from warm to cold zone
  - Movement of supplies from cold to warm zone
  - Any other duties deemed necessary to accomplish the mission
8. RTF team members will always stay together