**Purpose**

To outline the operational procedures, responsibilities, and equipment requirements for the deployment of Rescue Task Force (RTF) teams in high-threat environments such as active shooter or explosive incidents.

**Scope**

The Rescue Task Force (RTF) is a team of Fire/EMS personnel deployed to provide rapid medical care in areas where an ongoing threat exists. These teams operate under the direct protection of law enforcement. Deployment scenarios include, but are not limited to:

* Active shooter events in schools, businesses, malls, conferences, special events, etc.
* Any scene with an ongoing or potential threat, such as active shooters or explosive devices

**General Guidelines**

1. Law Enforcement (LE) will be the lead agency and will establish Unified Command with Fire/EMS to deploy RTF teams into identified zones.
	* Fire/EMS will aide in setting up the most appropriate location of the Incident Command Post (ICP) and RTF staging area.
2. Patient Care will be delivered at the BLS or ALS level, depending on available personnel.
3. Zone Identification must be completed before deployment.

**Zone Definitions**

* Hot Zone: Area of direct and immediate threat (e.g., active shooter, hostage situation). May be called the “Inner Perimeter.” Entry by RTF is not permitted.
* Warm Zone: Area of potential but not immediate threat. RTF may enter with armed law enforcement protection. Risk vs. gain analysis must be conducted.
* Cold Zone: Area where no threat is reasonably anticipated. May be used for treatment and staging.

**Note:** Casualty Collection Points (CCPs) may be established within or near the Warm Zone to facilitate movement of injured patients into Cold Zones.

**Key Definitions**

* Rescue Task Force (RTF): At least two Fire/EMS providers with gear, escorted by two LE officers. Mission: treat and evacuate victims.
* Extraction Team: Transports victims treated by RTF from the CCP to the Treatment Area.
* Rescue Group Supervisor: Fire personnel maintaining RTF/Extraction team accountability and directing field operations.
* Medical Group Supervisor: Oversees triage, treatment, and transportation; works with Rescue Group Supervisor for patient tracking.
* Contact Team: LE unit tasked with neutralizing the active threat in the Hot Zone.
* Cover: Physical protection from ballistic, chemical, or explosive threats.
* Casualty Collection Point (CCP): Location within the Warm Zone where victims are collected prior to treatment.
* Cleared: Area searched by law enforcement for violent threats.

**Operations**

**First Arriving Fire Officer**

1. Confirm incident type (e.g., active shooter, hostage, terrorist act).
2. Identify and record LE liaison contact.
3. Obtain incident briefing and identify cleared areas.
4. Assist with setup of ICP and staging.
5. Don appropriate PPE (helmets, body armor, etc.).

**Incident Commander**

1. Establish Unified Command with LE and confirm zones.
2. Establish staging for Fire/EMS.
3. Declare MCI, if applicable. SLO County EMSA Policy 214
4. Designate Rescue Group and Medical Group Supervisors.
5. Coordinate PIO designation and drone use if needed.

**RTF and Medical Group Supervisors**

* RTF Group Supervisor- Fire Personnel
	+ Maintain accountability of RTF teams.
	+ Communicate zone status and patient count.
	+ Co-locate with Medical Group Supervisor if possible.
* Medical Group Supervisor- Fire or EMS Personnel
	+ Consider alternate transport options for green tag patients (e.g., buses).
	+ Coordinate patient movement from CCP to triage/treatment areas.
	+ Manage treatment and transport of patients.

**RTF Teams**

* Treat as many patients as possible until supplies are exhausted.
* Instruct ambulatory green tag patients to self-evacuate through cleared corridors.
* Ensure triage ribbons are clearly visible.
* Relay patient info to RTF Group Supervisor (e.g., “3 victims in Building 1A – 2 red, 1 yellow”).

**Communications**

* Establish two Tactical (TAC) channels:
	+ One for RTF traffic
	+ One for Medical

**Equipment Requirements**

PPE (Each RTF Member)

* Ballistic vest (NIJ 0101.06 Level IIIa)
* Ballistic helmet (NIJ 0106.00 Level II)
* Ballistic eyewear (per Tactical Combat Casualty Care standards)
* Exam gloves

Medical Supplies (Each RTF Member)

* 4x Tourniquets (SOFT-T or CAT)
* 4x Vented chest seals
* 2x Hemostatic gauze (QuickClot/Celox)
* 1x Trauma bandage
* 1x SWAT-T pressure dressing
* 1x Indelible marker
* 4x Triage flagging tape (red, yellow, green, black)
* 1x Trauma shears
* 2x 14G 3.25” needle catheters (ALS only)
* 1x Sharps container (ALS only)
* 1x 20’ looped webbing (1”)
* 1x Carabiner
* 2x Compressed or rolled gauze
* 2x NPA 28F w/ lube
* 2x NPA 22F w/ lube
* 1x Flashlight
* 3x Pairs of exam gloves
* 1x Drag or carry device (e.g., Mega Mover)

Communications

* Agency-supplied radios with remote mics (preferred) and earpieces (optional)

Group Supervisor Equipment

* Large whiteboard (for accountability)
* Binder with target hazard information (e.g., schools, fairgrounds, worship centers)
* Maps or diagrams of pertinent buildings or grounds

**Deployment Protocol**

1. Deploy only after approval from Unified Command.
2. Dispatch teams by number (e.g., RTF Team 1) – **do not self-deploy.**
3. Initial RTF team enters Warm Zone and treats accessible victims. Once complete, begin evacuation.
4. Extraction teams follow initial RTF teams to remove victims.
5. Maintain constant communication with Rescue Group Supervisor for updates on patients and cleared areas.
6. Tag triaged patients accordingly and direct ambulatory patients to CCP.
7. Co-locate RTF and Medical Group Supervisors for patient tracking efficiency.

**Training Requirements**

1. All RTF members must be trained in Tactical Casualty Care (TCCC/TECC) consistent with:
	* The Committee on Tactical Combat Casualty Care
	* The Committee on Tactical Emergency Casualty Care
	* Hartford Consensus II
2. Training should be skill-level appropriate and aligned with national guidelines and standard terminology.

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| Date | Revision | SLO T/O Pres. | SLO Co. Chief Pres. |
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| 5/8/25 | Update | *Lewis* |  |
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