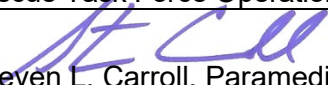



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Rescue Task Force Operations		Policy Number 628	
APPROVED:  Steven L. Carroll, Paramedic		Date: July 1, 2023	
APPROVED:  Medical Director: Daniel Shepherd, MD		Date: July 1, 2023	
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- I. **PURPOSE:** To establish procedures for Rescue Task Force operations at the scene of an emergency.
The intent of this policy is to establish a minimum set of guidelines, consistent with standards outlined in NFPA 3000 – Standard for an active shooter / hostile event response (ASHER) program and FIRESCOPE 701 – Emergency response to tactical law enforcement incidents as well as local law enforcement and fire agency operating procedures. Although minimum RTF guidance is outlined in this policy, the document is not intended to dictate specific, tactical on scene operations. It is intended, however, to outline a standard that can be referred to by first responders and prehospital personnel during training or in advance of an incident occurring.
- II. **AUTHORITY:** California Health and Safety Code, Division 2.5, sections 1797.204 and 1797.220; California Code of Regulations, Title 22, Division 9, Sections, 100063, 100146, and 100148
- III. **POLICY:**
 1. Rescue task force operations will be conducted in accordance with current Incident Command System (ICS) standards, and the primary fire agency conducting RTF operations will establish unified command with law enforcement as soon as feasible, ideally prior to the first RTF team making entry with law enforcement.
 2. Once rescue operations are complete, all rescued victims should be transitioned from the hazard area(s) to a cold zone where they can be treated and prepared for transport. In cases of 3 or more patients, medical care and transportation in the cold zone will be conducted in accordance with VCEMS Policy 131 – Multi Casualty Incident Response.

3. Only fire personnel, trained in RTF operations, who are wearing appropriate personal protective equipment, shall make entry into the warm zone as part of an RTF. All others shall remain in the cold zone.
 4. Equipment utilized for the purposes of medical care, rescue, and personal protection are outlined in Appendix A of this policy.
 5. Treatment (basic or advanced) performed as part of RTF operations will be in line with current VCEMS treatment protocols. Threat based care will be administered as conditions in the hazard zone allow.
 - A. Utilize the MARCH mnemonic that highlights the principles of RTF medical care within the warm zone: Massive hemorrhage, airway, respirations, circulation, head injury / hypothermia.
 - B. Medical care should be focused on stabilizing life/limb threatening injuries and should be centered around:
 - i. Controlling hemorrhage, including the application of tourniquet(s) and wound packing.
 - ii. Maintaining a patent airway and adequate respirations;
 - iii. Needle decompression of tension pneumothorax
 - iv. Maintaining adequate body heat to prevent hypothermia;
 - C. Evacuation to casualty collection point or treatment area in cold zone should be a priority.
- IV. PROCEDURE:
1. Preparatory Phase
 - A. Arrive and report to staging or designated location in a secure area.
 - i. First arriving command officer (or company officer on single resource incidents) should seek to establish unified command with law enforcement as soon as possible.
 - ii. First arriving command officer (or company officer on single resource incidents) should maintain physical contact with law enforcement IC at all times.
 - B. Don PPE (fire/ballistic helmet, ballistic vest, wildland jacket, EMS Jacket, etc.), based on departmental requirements and guidelines.
 - C. Report to Incident Command / Unified Command that rescue group / team is ready and awaiting an assignment.
 - D. Ensure there is clear identification of RTF personnel.

- E. Apparatus ID will be the standard by which RTF personnel are identified. In cases where multiple apparatus share the same ID, personnel will include apparatus type in RTF designator (e.g. RTF Engine 68, RTF Truck 68, RTF Squad 68). Prepare RTF medical bags.
 - F. Perform brief intelligence and threat assessment with law enforcement personnel and Incident Command / Unified Command.
 - i. Unified Command will be Co-located to simplify LEO and Fire and EMS Overhead Communications
 - ii. Identify hot, warm, and cold zone(s)
 - iii. Identify movement path(s), and entry/exit points, rally points, etc.
 - iv. If the size and complexity of the incident, as well as the number of victims warrants it, static and dynamic Casualty Collection Points (CCP) should be established.
 - G. Perform communications check with other RTF personnel and rescue group supervisor.
 - i. Fire/EMS resources and law enforcement personnel will remain on their assigned frequencies unless specifically directed to a separate channel by incident command / unified command.
 - H. Develop incident objectives for RTF (fire) personnel that are in line with the objectives outlined by law enforcement personnel.
2. Warm Zone Operations
- A. Coordinate movements and maintain cover as directed by law enforcement members of RTF.
 - B. Perform rapid assessment and treatment of victims
 - i. Apply designated ribbon to either arm for treated victims.
 - a. Black/white ribbon will be used for identification of deceased victims.
 - C. Move patients to CCP and/or cold zone treatment area.

Establishing a casualty collection point is dependent on a variety of factors including resources (personnel and/or equipment), overall condition of victim(s) and the circumstances of the scene itself. It is understood that casualty collection points may not be feasible at all scenes and in all circumstances.

 - i. Transfer care to appropriate treatment area manager and ensure medical group supervisor is aware of new patients.
 - ii. Improvised transport methods may need to be utilized for the purposes of transporting patients from warm zone to treatment area in cold zone.

- D. Establish RTF medical caches / re-supply points as needed.
 - E. Re-stock RTF medical bags and prepare for re-entry into the warm zone.
 - F. Transition RTF personnel to MCI operations in cold zone once rescue of victims from the warm zone is complete.
3. Post Incident Phase
- A. Ensure accountability for all RTF personnel
 - B. Collect any/all RTF documents or unit logs
 - C. Perform incident de-brief / hot wash with all incident personnel
 - D. Assess mental and physical health of RTF personnel and conduct CISD and rehabilitation as needed.
4. Non-RTF Prehospital Personnel
- A. Identify safe ingress, egress, routes of travel, and identify applicable radio communication frequencies prior to entry (eg: mednet)
 - B. Utilizing current ICS concepts, establish key roles for the purposes of MCI management that focus on the triage, treatment, and transport of victims.
 - C. Identify key locations in the cold zone for equipment staging, treatment area(s), and ambulance loading zone(s).
 - D. Ensure Incident Command / Unified Command is aware of the location of this area and of the personnel staffing key MCI management roles.
 - E. All MCI operations (where applicable) shall be conducted in accordance with VCEMS Policy 131.
5. Documentation of patient care shall be in accordance with procedure(s) outlined in VCEMS Policy 1000 – Documentation of Prehospital Care, or with VCEMS Policy 131 (if an MCI declaration is applicable).

Common Terms and Definitions Associated with Rescue Task Force Operations

Active Assailant

A suspect who's activity is immediately causing death and serious bodily injury. The activity is not contained and there is immediate risk of death and serious injury to potential victims.

Active Shooter / Hostile Event (ASHE)

An incident involving one or more suspects participating in an ongoing, random or systematic attack using firearms or other weapons and tactics with the intent to harm others and/or commit mass murder.

Barricaded Suspect

A suspect who is in a position of advantage, usually barricaded in a room or building, and is armed and has displayed violence. May or may not be holding hostages and there is no indication that the subject's activity is immediately causing death or serious bodily injury.

Casualty Collection Point

The Casualty Collection Point (CCP) is a forward location where victims can be assembled for movement from areas of high risk to the triage/treatment areas. It is a temporary location to stage patients while awaiting further treatment/evacuation. Based on incident dynamics, multiple CCPs may be required. Law enforcement may evacuate patients out of the Hot Zone to the Warm Zone border for RTF management or, RTFs may evacuate patients to the Warm/Cold zone border for transport to treatment area(s).

- Establishing a casualty collection point is dependent on a variety of factors including resources (personnel and/or equipment), overall condition of victim(s) and the circumstances of the scene itself. It is understood that casualty collection points may not be feasible at all scenes and in all circumstances.

Cold Zone

Area of the incident where victims shall be moved to after rescue. The cold zone is also where transport resources and additional personnel will remain to support triage, treatment, and transport operations in accordance with VCEMS Policy 131 – Multi Casualty Incident Response.

Concealment

A law enforcement term that refers to a location that hides an individual from view but does not provide protection from gunfire.

Contact Team

Contact teams are used by law enforcement to rapidly deploy to the active shooter incident. Comprised of the first few officers on scene. Primary objective is to locate and stop the shooter from inflicting death or injury. Contact Teams will bypass dead, wounded and panicked citizens to neutralize the active threat.

Cover

A law enforcement term that refers to a location or hard barrier that provides protection from gunfire, blast or shrapnel hazard. Cover can be natural or manmade but must be dense enough to provide adequate protection. The higher the caliber of weapon the more substantial the barrier must be.

Direct Threat

Immediate threat to life exists. The situation is highly dynamic and varies depending on complexity and circumstances of the incident.

Force Protection

In a tactical environment, the protective actions taken by law enforcement to protect incident personnel or secure a location from hostile threats intended to harm incident personnel or victims.

Force Protection Group

A law enforcement group with the responsibility to prevent or mitigate hostile actions against personnel, resources, facilities and critical infrastructure. Coordinates with Rescue Group in establishing Rescue Task Forces (RTF).

Hot Zone

Areas wherein a direct and immediate threat exists. A direct and immediate threat is very dynamic and is determined by complexity and circumstances of the incident. Examples of direct and immediate threat are active shooters and unexploded ordinances. These areas are where Law Enforcement has deployed contact teams to isolate or neutralize the threat. TEMS FRO / ambulance personnel will not operate in a Hot Zone.

Immediately Dangerous to Life or Health (IDLH)

Any atmosphere that poses an immediate threat to life would cause irreversible adverse health effects, or would impair an individual's ability to escape from the area.

Indirect Threat

Threat that can be mitigated or reduced, but not completely eliminated or secured.

MARCH - Massive Hemorrhage, Airway, Respirations, Circulation, Head Injury /

Hypothermia

Mnemonic used to describe medical treatment priorities to be used in the tactical environment. Goal is to rapidly stabilize life threatening injuries where patient lies and evacuate.

Multi Casualty Incident (MCI)

A suddenly occurring event that exceeds the capacity of the routine first response assignment. In Ventura County, MCIs are categorized into three different levels, depending on the number of victims:

- A. MCI/Level I (3-14 victims)
- B. MCI/Level II (15-49 victims)
- C. MCI/Level III (50+ victims)

Rapid Deployment

The swift and immediate deployment of law enforcement resources to on-going, life threatening situations where delayed deployment could otherwise result in death or great bodily injury to innocent persons.

Rescue Group

In tactical law enforcement incidents, the Rescue Group is responsible for the medical care and evacuation of patients located in the Warm Zone. This is accomplished through the utilization of public safety personnel, assigned to a Rescue Task Force (s) (RTF). The members of the RTF report to the Rescue Group Supervisor and operate in conjunction with LEO in the tactical environment. Rescue groups movement within the tactical environment occurs under the lead of force protection. Rescue Group may also be responsible for other operations that will take place within the Warm Zone. This can include objectives such as fire suppression, forcible entry, and fire alarm system activation/deactivation.

Rescue Task Force

The Rescue Task Force (RTF) is a team or teams of trained public safety personnel deployed with armed law enforcement personnel (Force Protection) to provide rapid threat-based care and rescue in areas where there is an ongoing indirect threat (ballistic, explosive, etc.).

Teams provide this care and rescue only while under force protection.

RTF can/should be deployed for the following reasons:

- i. Treatment of victims in a warm zone/IDLH environment

- ii. Removal of victims from the warm zone to a Casualty Collection Point (CCP) and/or to the Cold Zone
- iii. Movement of equipment/supplies from the cold zone to the warm zone.
- iv. Any other activities within the warm zone that are deemed necessary for a successful RTF operation.

RTFs provide focused, limited, lifesaving interventions (MARCH) where victims are found, and/or in Casualty Collection Points (CCP). After providing rapid lifesaving medical care, RTFs will evacuate patients to treatment areas and/or Casualty Collection Points. An RTF is comprised of law enforcement personnel providing force protection and fire personnel providing medical care. .

TEMS FRO

First responders (BLS or ALS level) who have completed a minimum four-hour agency-specific tactical awareness training that enables first responders to operate in a Warm Zone with Force Protection as part of a Rescue Task Force.

TEMS Specialist

TEMS Specialist: First responders who have completed an approved 40-hour tactical medicine course, and who training regularly with SWAT teams.

TEMS Specialists have the ability to support SWAT during incident operations and are able to function in the Hot Zone.

Tactical Emergency Casualty Care (TECC)

Forward deployment of stabilizing medical interventions in civilian disaster scenarios. TECC guidelines are based on the military Tactical Casualty Combat Care (TCCC) principles. TECC guidelines take into account the specific needs of civilian EMS providers serving civilian populations. These principles focus on the three most common cause of preventable death in combat (active shooting) situations; 1) extremity hemorrhage, 2) tension pneumothorax, and 3) airway obstructions. All of these are treatable in the field with minimal equipment.

Violent Incident Personnel Protective Equipment (PPE)

The required PPE for violent incidents will be a combination of body armor, ballistic element, structure helmet and brush coat or EMS jacket. All personnel will wear the required PPE while on scene regardless of their assignment or work locations. PPE not only protects on scene personnel it is used as an identification method while working on a very dynamic multi-discipline response.

Warm Zone

Areas that have been cleared by Law Enforcement where there is minimal or mitigated threat. These areas can be considered clear but not secure. These areas are where Rescue Task Forces (RTF) deploy. RTFs rapidly stabilize life threatening injuries where victims are found, and/or in Casualty Collections Points (CCP), followed by evacuation to treatment areas. Only public safety personnel being provided Force Protection by law enforcement as part of an RTF will enter the Warm Zone. Law Enforcement has sole authority to determine warm zones.

Appendix A – Rescue Task Force Equipment

Minimum Mandatory Requirements

Special Considerations:

1. The equipment below has been identified as the minimum amount of equipment needed to adequately triage/treat victims as part of an RTF response. Agencies may add equipment to their specific build-outs as they deem necessary.
2. An agency may combine the contents of the two kits (ALS and BLS) as space/RTF operations warrant. Any kit stocked with ANY ALS level equipment will be clearly marked as 'ALS' on the outer portion of the pack. Personnel will have a clear understanding that they are only to utilize equipment based on their appropriate scope of practice.

Personal Protective Equipment

- 1 – Fire / Ballistic Helmet, Agency and Rank Specific
- 1 – Ballistic Vest
- 1 – Wildland “Brush” Jacket or EMS Jacket - Agency Issued.

Individual RTF Kit – BLS

- 1 – Pack or case capable of carrying all required equipment
- 3 – Combat Application Tourniquet (C.A.T.)
- 2 – HyFin Vent Chest Seal
- 1 – 2” Cloth Adhesive Tape
- 2 – 4” Flat Emergency Trauma Dressing (ETD)
- 2 – 5x9 Sterile Combine Dressing
- 2 – 3” Stretch Gauze
- 6 – Pair, Nitrile Gloves
- 1 – Each, Nasopharyngeal Airways Size 28, 30, 32 French
- 3 – Packets, Sterile Lubricant
- 1 – Roll, 100 yard White/Black Striped Flagging Tape
- 1 – Roll, 100 yard Red Flagging Tape
- 1 – Trauma Shears
- 1 – Safety Goggles

Individual RTF Kit – ALS

- 1 – Pack or case capable of carrying all required equipment with ‘ALS’ Markings
- 1 – Needle Thoracostomy Kit3 – Combat Application Tourniquet (C.A.T.)
- 2 – HyFin Vent Chest Seal
- 1 – 2” Cloth Adhesive Tape
- 2 – 4” Flat Emergency Trauma Dressing (ETD)
- 2 – 5x9 Sterile Combine Dressing
- 2 – 3” Stretch Gauze
- 6 – Pair, Nitrile Gloves
- 1 – Each, Nasopharyngeal Airways Size 28, 30, 32 French
- 3 – Packets, Sterile Lubricant
- 1 – Roll, 100 yard White/Black Striped Flagging Tape
- 1 – Roll, 100 yard Red Flagging Tape
- 1 – Trauma Shears
- 1 – Safety Goggles