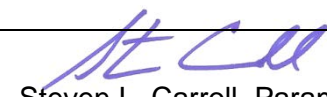



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Rescue Task Force Operations		Policy Number 628	
APPROVED:  Steven L. Carroll, Paramedic		Date: December 1, 2014	
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- I. PURPOSE: To establish procedures for Rescue Task Force operations at the scene of an emergency.
- 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 shall be conducted in accordance with current Incident Command System (ICS) standards, and the primary fire agency conducting RTF operations shall 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 shall be transitioned from the hazard area(s), to a cold zone where they can be treated and prepared for transport in accordance with VCEMS Policy 131.
 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.
 - A. Medical care should be focused on stabilizing life/limb threatening injuries and should be centered around: 1) maintaining a patent airway and adequate respirations; 2) needle decompression of tension pneumothorax, and; 3) controlling extremity hemorrhage, including the application of tourniquet(s).
 - B. Utilize SCAB-E mnemonic that highlights the principles of RTF medical care within the warm zone: Situation, Circulation, Airway, Breathing, and Evacuation.

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 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. Prepare RTF medical bags
- F. Perform brief intelligence and threat assessment with law enforcement personnel and Incident Command / Unified Command.
 - i. Identify hot, warm, and cold zone(s)
 - ii. Identify movement path(s), and entry/exit points, rally points, etc.
 - iii. If the size and complexity of the incident, as well as the number of victims warrants it, static and dynamic CCP(s) should be pre-determined.
- G. Perform communications check with other RTF personnel and rescue group.
 - 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 red ribbon for treated victims, and black/white for deceased.
- C. Move patients to CCP and/or cold zone treatment area.
 - i. Transfer care to appropriate treatment area manager and ensure medical group supervisor is aware of new patients.

- 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. Utilizing current ICS concepts, establish key roles for the purposes of MCI management that focus on the triage, treatment, and transport of victims.
 - B. Identify key locations in the cold zone for equipment staging, treatment area(s), and ambulance loading zone(s).
 - C. Ensure Incident Command / Unified Command is aware of the location of this area and of the personnel staffing key MCI management roles.
 - D. 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 Shooter

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.

Acts of Violence

Includes but is not limited to large scale complex incidents such as school shootings, workplace violence, active shooter and terrorist activities, as well as smaller scale and/or less complex incidents such as suicide attempts, single patient shootings and stabbings, domestic violence injuries, and assaults.

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. 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).

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

Anything that prevents you from being seen but will not stop a bullet.

Contact Team

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

Cover

Anything that will stop a bullet.

Direct Threat

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

Force Protection

Actions taken by law enforcement to prevent or mitigate hostile actions against personnel, resources, facilities and critical infrastructure.

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. Fire personnel will not operate in a Hot Zone. May also be classified as the inner perimeter by law enforcement.

Indirect Threat

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

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

At violent incidents Rescue Group is responsible for the medical care and evacuation of patients located in the Warm Zone. This is accomplished by assigning firefighters to a Rescue Task Force (s) (RTF). The firefighter members of the RTF report to the Rescue Group Supervisor, but work for and at the direction of the lead law enforcement officer of the RTF to which they are assigned. 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 fire personnel deployed with armed law enforcement personnel to provide rapid care and rescue in areas where there is an ongoing indirect threat (ballistic, explosive, etc.). Teams provide this care and rescue only while under the protection of armed law enforcement personnel.

RTF can/should be deployed for the following reasons:

- i. Treatment of victims in a warm zone
- 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 rapidly stabilize life threatening injuries 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. Comprised of a minimum of one law enforcement officer (LEO) and two firefighters. The Task Force Leader (TFLD) will be a LEO. The firefighter RTF members report to the Rescue Group Supervisor but are assigned to the RTF TFLD.

SCAB-E

SCAB-E: Situation, Circulation, Airway, Breathing, Evacuation. Mnemonic used to describe medical treatment process that is to be used in a hazardous area. Goal is to rapidly stabilize life threatening injuries where patient lies and evacuate.

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 body armor, 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 Fire 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
Mandatory Minimum Requirements

Personal Protective Equipment

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

Individual RTF Kit – BLS

- 1 – StatPacks Brand “Competitor” Pack - Black
- 3 – Combat Application Tourniquet (C.A.T.)
- 2 – HyFin Vent Chest Seal
- 5 – Petrolatum Gauze 5x9
- 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 – StatPacks Brand “Competitor” Pack – Black with ‘ALS’ Markings
- 1 – Cook Emergency Pneumothorax Set
- 3 – Combat Application Tourniquet (C.A.T.)
- 2 – HyFin Vent Chest Seal
- 5 – Petrolatum Gauze 5x9
- 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