

	ARLINGTON COUNTY FIRE DEPARTMENT STANDARD OPERATING PROCEDURES	
	SUBJECT: Rescue Task Force Response	SOP# A.**/Cat *
	APPROVED: James Schwartz Fire Chief	Initiated mm/dd/yy
		Revised mm/dd/yy

A. PURPOSE

To establish policies and procedures for the use and dispatch of the Rescue Task Force.

B. DEFINITION

1. 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 or explosive threat. These teams treat, stabilize, and remove the injured while wearing Ballistic Protective Equipment (BPE) in a rapid manner under the protection of the Arlington County Police Department (ACPD). An RTF team must include at least one ALS provider. This response can be deployed to work in, but not limited to, the following;
 - Active shooter in a school, business, mall, conference, special event, etc.
 - Any other scene that is or has the possibility of an on-going ballistic or explosive threat.

C. GENERAL

1. Arlington County Police Department (ACPD) will be the lead agency and will establish a Unified Command with ACFD to rapidly deploy RTF teams into established zones.
2. Prior to deploying an RTF team, threat zones must be identified:
 - Hot Zone - Area where there is known hazard or life threat that is direct and immediate. An example of this would be any uncontrolled area where the active shooter could directly engage an RTF team. RTF teams will not be deployed into a Hot Zone.
 - Warm Zone - (also known as the area of indirect threat) Areas that ACPD has either cleared or isolated the threat where there is minimal or mitigated risk. This area can be considered clear but not secure. This is where the RTF will deploy, with security, 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 Police (i.e. Casualty Collection Points). An area where ACFD will stage to triage, treat, and transport victims once removed from the warm zone.
3. 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 ACPD, 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 ACFD Fire/EMS personnel.

D. Operations

RTF Dispatch:

When the Emergency Communications Center (ECC) receives a call for a shooting the original dispatch will be for an “assault with a weapon” (ASLTW) call type. This will generate the following response:

- 1 Battalion Chief
- 1 EMS Supervisor
- 1 Suppression Unit
- 1 ALS Transport Unit

If there is an indication or it is determined the call is an active shooter incident then an “EMS Task Force” (EMSTF) will be automatically dispatched. This will add the following units:

- 1 Battalion Chief
- 1 Command Aide
- 2 EMS Supervisors
- 2 Suppression Units
- 5 ALS Transport Units

Additional units that should be considered:

- Command Unit
- Medical Ambulance Bus (MAB)
- Medical Care Support Unit (MCSU)
- Additional EMS Task Force
- MCI Alarm
- Hazardous Materials Team
- Bomb Team

1. The first arriving unit should identify a staging area for all initial units. Consider an area out of the line of sight of incident, in line of approach to location, or possible predetermined area from pre-plans.

2. The first arriving Battalion Chief and Command Aide:

- Establish command for Fire Department units
- Meet with ACPD to establish Unified Command
- Work with ACPD to identify the RTF working zones
- Consider adding an additional EMS Taskforce or MCI Alarm for patient treatment and transport
- Consider moving primary staging to a larger or safer area if needed
- Create RTF teams from deployed units
- Once Unified Command has declared the working zones, RTF teams must be informed of their working limits
- Use the command boards to label and keep track of RTF teams

3. Second Battalion Chief:

EMS Branch

- Medical Group
 - Treatment Unit
 - Triage Unit (may fall under RTF group)
- Transportation Group
 - EMS staging and a Treatment Dispatch Manager need to be considered for larger amounts of patients.

4. First arriving EMS Supervisor:

- Medical Group Supervisor
 - Triage Unit
 - Treatment Unit
 - Equip RTF Teams with tactical gear and equipment contained on EMS Supervisor/Command Aide vehicle

5. Second arriving EMS Supervisor

- Meet with EMS Branch
- Establish the Medical Communications Coordinator position or based on the needs of the incident may become the Treatment Unit Leader. The RHCC needs to be contacted early for patient transport.
- Equip additional RTF teams with tactical gear and equipment contained on their vehicle.
- Establish a resupply for extended RTF operations.

6. Third Arriving EMS Supervisor

- Meet with EMS Branch
- Establish and manage Transportation Group

7. First arriving Engine

- Triage Unit Leader and crew should direct walking wounded to the CCP.

8. Second and Third Engine

- Assist first due engine
- Due to the possibility of multiple patients at several locations the officer may take Triage Unit leader assignment at an alternate location (Division).

9. First four arriving Medic Units

- Secure and abandon apparatus
- Equip with the appropriate Ballistic Protection Equipment and other equipment from the EMS Supervisor vehicle; proceed to the RTF staging area.

- Be of mindful of radio discipline. The entry teams will work on a different radio channel than Command or the EMS Branch. Fire department IC may need to request an additional company to assist with radio communications and monitoring at the command post.
- Report to Medical Group to be paired with police officers to form Rescue Task Force teams (RTF). Each RTF is comprised of two police officers for protection and two EMS Providers (one must be ALS) to provide combat casualty care to wounded patients.

10. Fifth and sixth arriving Medic Unit

- Establish the Treatment area

11. Mutual Aid Apparatus

- Initial company officers and Incident Commanders need to be mindful that mutual aid companies cannot become RTF teams. ACFD members from dispatched apparatus will be used to fill RTF Teams and mutual aid personnel and equipment will fill established support roles in the cold zone.

E. Equipment

The equipment needed for the individual RTF members are located on EMS111, EMS112, and CA114. The EMS Supervisors have three individual sets containing three helmets, three ballistic protective vest, and two extra treatment bags. The Command Aide has two helmets, two ballistic protective vests, and a treatment bag. Each vest contains enough equipment to treat approximately eight victims, depending on injuries, and the extra equipment bags have enough equipment to treat an additional sixteen victims.

1. Each RTF member should equip themselves with a minimum of a Kevlar helmet, body armor, flashlight, radio, and exam gloves.
2. Remote microphones are required to ease communication with teams. If possible, ear pieces should be utilized.

F. 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 two personnel from ACPD as security. Do not self deploy into the warm zone.
2. The first RTF team to make entry should notify the EMS branch through the Medical Group Supervisor of possible number of injured.
3. When teams make entry, they will treat the injured using Tactical Emergency Casualty Care (TECC) guidelines. (EMS Protocols Appendix 12 Section 4).
4. The first two RTF teams will enter the area and treat as many patients as possible until they run out of equipment to use or all accessible victims have been treated. Once this point has been reached, these RTF teams start the evacuation of injured. Additional RTF teams that enter the area should be primarily tasked with extrication of the victims treated by the initial two teams. If

needed, additional RTF teams may be sent into areas unreached by the initial teams or to other areas with accessible victims.

5. When the RTF is operation in the Warm Zone, no triage will be conducted. All patients encountered by the RTF teams will be treated as they are accessed. Any patient who can ambulate without assistance will be directed by the team to self-evacuate down the cleared corridor under Police direction, and any patient who is dead will be visibly marked to allow for easy identification and to avoid repeated evaluations by additional RTF teams.
6. To coordinate RTF teams inside a warm zone, a single ACFD officer may deploy into the warm zone under ACPD custody. This will help guide the RTF teams and allow ease of communications with the EMS branch.
- 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 teams will work within their security at all times

ATTACHMENT 1 RTF Organizational Chart
ATTACHMENT 2 Suggested Scene Design
ATTACHMENT 3 NOVA Patient Flow Chart

END