



SAN LUIS OBISPO COUNTY FIRE CHIEFS  
STANDARD OPERATING GUIDELINES  
POLICY 601.00 – RESCUE TASK FORCE RESPONSE

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**Subject:** Rescue Task Force Response

**Purpose**

To establish policies and procedures for the dispatch and deployment of a Rescue Task Force (RTF).

**Scope**

1. The Rescue Task Force (RTF) is a team(s) consisting of a minimum of 2 Fire/EMS personnel, deployed to provide point of wounding care to victims where there is an ongoing threat. These team(s) treat, stabilize, and remove the injured in a rapid manner under the direct protection of law enforcement. This response can be deployed to work in, but not limited to, the following circumstances:
  - An active shooter(s) in a school, business, mall, conference, special event, etc.
  - Any other scene that has presently or the possibility of an active shooter or explosive threat.

**General**

1. Law enforcement will be the lead agency and will establish a Unified Command with Fire/EMS to rapidly deploy RTF teams into established zones.
  - Fire/EMS may be tasked with ICP location set up/RTF staging area
2. Patient care provided by RTF team(s) may be at BLS level or ALS as available.
3. Prior to deploying an RTF team, threat zones must be identified:

**HOT ZONE:** The area where a direct and immediate threat exists. A direct and immediate threat is very dynamic and is determined by the complexity and circumstances of the incident. Examples of a direct and immediate threat are an active shooter, a barricaded suspect, a hostage situation, a high-risk warrant service and possible terrorist acts. The Hot Zone may also be classified as the “Inner Perimeter” by law enforcement, an area within the range of active gunfire or secondary devices Immediately Dangerous to Life and Health (IDLH). Law enforcement should also consider the area to be IDLH if they can visualize the shooter or determine a threat.

**WARM ZONE:** The area where a potential threat exists, but the threat is not direct or immediate. An example of this is an unknown location of suspects in a given area already



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cleared. Fire department resources may be requested to enter into warm zones, but this will only be done with armed law enforcement protection and with cover and concealment. Prior to entering into a warm zone a Risk versus Gain analysis should be completed. Law enforcement could also refer to the warm zone as part of the inner perimeter.

**COLD ZONE:** The area where no significant danger or threat can be reasonably anticipated. This could be achieved by distance, geographic location or inaccessible areas from the incident or after area has been secured by law enforcement. Law enforcement may also refer to the cold zone as the outer perimeter.

4. Depending on the size of the incident and location, injured victims may need to be placed in a Casualty Collection Point (CCP) prior to transition to the Cold Zone. This will be determined by initial units, secured by law enforcement and relayed to the RTF teams through Unified Command.

## Operations

1. Confirm type of incident, i.e., active shooter, barricaded suspect, hostage situation, terrorist acts, etc.
2. Identify law enforcement contact person or liaison with phone number.
3. Obtain briefing from law enforcement upon arrival and develop the ICS organization as necessary.
4. Assist law enforcement with Incident Command Post (ICP) location and Staging Areas for RTF Teams. Control points or any established perimeters are direct authority of law enforcement.
5. Don appropriate personal protective equipment (PPE), including helmets and protective body armor.
6. The first arriving Officer:
  - Establish command for Fire Department units.
  - Establish staging area for RTF Teams.
  - Attempt to meet with law enforcement to establish Unified Command.
  - Work with law enforcement to identify the RTF working zones.
  - Determine the number of victim(s)/hostage(s), status and declare MCI, if number of patients overwhelms the initial response, per SLO County EMSA Policy 214.
  - Consider moving primary staging to a larger or safer area if needed.



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- Once Unified Command has declared the working zones, RTF teams must be informed and updated of their working limits.
- Establish accountability for RTF teams.
- Work with law enforcement to establish a Public Information Officer, whether fire or law enforcement personnel.

## Equipment

1. Each member of the RTF will be equipped with following minimum personal protective equipment, prior to deployment.
  - Properly fitting ballistic body armor vest meeting or exceeding the NIJ 0101.06 level IIIa standard.
  - Properly fitting ballistic helmet meeting or exceeding the NIJ 0106.00 level II standard.
  - Properly fitting ballistic eyewear approved by the Committee on Tactical Combat Casualty Care as outlined in the Authorized Protective Eyewear List.
  - Properly fitting exam gloves
2. Each member of the RTF will carry on their person the following minimum supplies necessary for treatment of approximately eight (8) patients.
  - 4 - Tourniquets (SOFT-T or CAT)
  - 4 - Vented chest seals
  - 2 - Packages hemostatic gauze (QuickClot or Celox)
  - 1 - Trauma bandage
  - 1 - SWAT-T Pressure dressing
  - 1 - Indelible marker
  - 4 - Triage flagging tape (1 ea: red, yellow, green, black)
  - 1 - Pair trauma sheers
  - 2 - 14 gauge, 3.25" needle catheters (ALS providers only)
  - 1 - Sharps container (ALS only)
  - 1 - 20' x 1" looped webbing
  - 1 - carabineer
  - 2 - packages compressed or rolled gauze
  - 2 - Nasopharyngeal airways size 28F with lubricant
  - 2 - Nasopharyngeal airways size 22F with lubricant
  - 1 – Flashlight
  - 3 – Pair exam gloves
3. Each agency will provide RTF member with radios for communication. Remote microphones are recommended as they ease communication with team. If possible, ear pieces should be used.



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4. Each agency shall be responsible for determining where the above listed equipment will be carried and how it is configured for their RTF responders.

## Deployment

1. Once Unified Command has agreed to RTF deployment, teams will deploy to the warm zone to begin victim care.
2. Command will dispatch RTF team(s) by numbers, i.e., RTF Team 1. RTF Team(s) are not to deploy unless they have at least two personnel from law enforcement as security. DO NOT self-deploy into the warm zone. RTF Teams will work within security at all times.
3. The initial RTF team(s) 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 to the CCP. If needed, additional RTF teams may be sent into areas not yet accessed by the initial RTF teams or to other areas with accessible victims.
4. RTF team(s) should maintain communication regarding number and status of victims encountered.
5. When the RTF is operating in the Warm Zone, a tag may be used to indicate patient contact and status determined by contact of initial RTF. All patients encountered by the RTF team(s) will be treated as they are accessed. Any patient who can ambulate without assistance will be directed by the team to self-evacuate via the cleared corridor under law enforcement direction. Any patient who is deceased will be visibly marked to allow for easy identification and to avoid repeated evaluations by additional RTF team(s).

## Training

1. Each member of the RTF will be trained in the principles and practices of tactical casualty care as outlined in guidelines established by both the Committee on Tactical Combat Casualty Care and the Committee on Tactical Emergency Casualty Care prior to being deployed as an element of the RTF.
2. This training should be appropriate to provider skill level, consistent with common terminology established by current national guidelines and uniform with the guidelines of the Hartford Consensus II.