

C-116 Rescue Task Force / Active Shooter

Emergency Manual

Date Revised: 02/01/2018

Last Modified: 09/27/2024 10:08

Export C116 to PDF
Export -Entire C Manual- to PDF

Policy/Procedure

Purpose

To identify a Standard Operating Procedure for TFRD members functioning as members of the Rescue Task Force (RTF) response to violent incidents which may involve an active shooter (s). This RTF is a unified response with TFRD and TPD, which allows both to operate jointly in the active shooter/violent incident environment.

Policy/Procedure 1. INITIAL NOTIFICATION

- 1. Dispatch begins the process of sizing up
- 2. Dispatch shall determine the appropriate Type Code to use
 - 1. Anything from a double company to an MCI Level II (See MCI Plan on Intranet)
 - 2. For all confirmed incidents requiring an RTF response an MCI Level II will be dispatched
 - 3. Two units from the (7) RTF Trained stations will be added to the MCI Level II response
 1. RTF Stations include: 3s, 4s, 5s, 6s, 21s, 23s, 25s
 - 4. Fire Chief, Deputy Chiefs, and Special Operations Bureau members will be notified.
- 3. Dispatch will assign the Communications channels for all units ZONE 13 Channel 2
- 4. Begin notification to the hospitals

2. UNITS DISPATCHED

- 1. Enroute considerations
 - 1. Gain more info from dispatch
 - 2. Consider locations for the Staging Area and Incident Command Post (ICP) at least 1 block away or concealed
 - 3. Communicate these locations to Fire Dispatch and all other enroute units
 - 4. DO NOT DRIVE BY THE INCIDENT SITE

3. ON SCENE

- 1. Set up Incident Command
 - 1. Notify dispatch of location of the ICP in order to coordinate Unified Command with TPD
 - 2. Communicate the location of the identified staging area
- 2. Size Up
 - 1. Communicate to Dispatch information regarding the incident
 - 1. People fleeing the scene
 - 1. Collection points of people
 - 2. Victims on the outside of the incident site
 - 3. Law Enforcement presence on scene yet
 - 4. Imminent threats
- 3. Consider site security
- 4. Beginning filling officer positions
 - 1. Staging Officer
 - 2. EMS Officer
 - 3. Safety Officer
 - 4. Operations Section Chief
 - 5. RTF Leader

6. Command Aide

4. OPERATIONS

- 1. Operational Preparedness because we will initially be in stand by mode
 - 1. Personnel will begin to set-up, stage, request more resources, and prepare to operate
- 2. Establish Unified Command
 - 1. TPD shall respond to our ICP and establish Unified Command
 - 2. Zones of operations will be established
 - 1. **HOT ZONE** Any area in which there is a direct and immediate threat to persons
 - 2. **WARM ZONE** An area where the potential for hostile threat exists, but the threat is not direct or immediate
 - 3. **COLD ZONE** An area in which there is no significant danger or threat anticipated
 - 3. Once the Warm Zone has been established and agreed to by both LE and TFRD, RTF operations will commence

5. RTF OPERATIONS

- 1. Prior to RTF operations beginning
 - 1. An RTF Leader is identified from the onscene trained RTF crews or Special Operations
 - 2. The RTF Leader shall begin to have the RTF crews:
 - 1. Gather equipment
 - 2. Size and Don PPE
 - 3. Assign RTF Teams
 - 4. Conduct an operational pre-briefing with LE and TFRD RTF members
 - 1. RTF Teams will be made up of two different types of teams
 - 1. Stabilizing Teams
 - 1. Personnel: 2 LE / 3 Fire (1 of the 3 will be an oriented member)
 - 1. The Oriented Member is responsible for:
 - 1. Communicating all pertinent information to the RTF Leader including:
 - 1. When making entry into the Incident Site

- 2. Which initial direction they are travelling
- 3. When they are changing direction of travel
- 4. When changing divisions
- 5. When leaving the Incident Site
- 6. The # of patients found, triage status, and location they were found
- 7. Any and all other needs as the situation warrants
- 2. Marking the doors or entry ways into rooms with proper markings (See Appendix A: Door Markings)
- 3. Assisting team members as needed in patient care
- 2. Extraction Teams
 - 1. Personnel: (Where practical) 1 LE for every 2 Fire
 - 2. Team will be made up of as many personnel as needed
- 5. Identify methods of getting to the incident site point of entry
- 6. Secure vehicles for approach to the incident site
- 7. Coordinate the pickup and delivery of patients from the incident site to the Treatment Area

2. Operations Commence

- 1. RTF Stabilizing Teams approach incident site point of entry
 - 1. The Oriented Member shall make necessary communications to the RTF Leader
 - 1. RTF Teams will communicate on Ops Channel 13-8
- 2. Once in the zone of operation, begin stabilizing procedures
 - 1. RTF Stabilizing Teams will:
 - 1. Evaluate, stabilize, and triage each patient in the order they find them
 - 2. The teams first priority shall focus on life threatening issues
 - 3. Evaluation and triage will follow START Triage procedures
 - 1. START Triage conducts 30-2-Can Do procedures
 - 2. Place appropriate triage ribbon on patient
 - 4. The team shall communicate to LE team members when ready to move on
 - 2. The Oriented member shall:
 - 1. Communicate to the RTF Leader
 - 1. Total patient count
 - 2. The triage priorities of the patients
 - 3. Location and room number
 - 2. Mark the entry way into a room with patient info and team number (See Appendix A: Door Markings)
 - 3. RTF Stabilizing Teams will continue working until:
 - 1. All victims are found and assessed

- 2. They run out of equipment
- 3. They become exhausted
- 4. The threat is elevated and they are forced to abandon the mission and retreat
- 4. Upon egress from the Warm Zone, RTF teams shall extract as many patients as possible
- 3. Other RTF Stabilizing Teams will make entry as the situation warrants
- 4. RTF Extraction Teams will be assigned to begin extracting patients
 - 1. Casualty Collection Points (CCPs) will be assigned at strategic points
 - 1. These CCPs will be communicated to the RTF Leader
 - 2. Patients will be extracted to these CCPs
 - 2. Further RTF Extraction Teams will continue extraction operations from these CCPs
 - 3. All Patients will be removed from the Incident Site and taken to the Treatment Areas

3. Treatment Operations

- 1. As patients are extracted to the Treatment Area they will be prioritized for transport
- 2. Those patients who are not immediately transported will be placed into treatment areas
 - 1. Treatment areas will be determined and set up based on needs, weather, and proximity
- 3. Patients in the treatment areas shall be
 - 1. Further stabilized and reassessed
 - 2. Given a secondary START triage assessment, and reprioritized as necessary
 - 3. Given a START triage tag, removing the triage ribbon
 - 4. The patient will be tracked using OH-Trac
- 4. The Treatment Officer shall
 - 1. Coordinate all operations in the Treatment Area
 - 2. Request further resources as needed including:
 - 1. Manpower, buses, EMS equipment, etc

4. Transport Operations

- 1. As patients are extracted to the Treatment Area they will be prioritized for transport
 - 1. Red triaged patients will be given first priority
- 2. Transport Officer shall:
 - 1. Prioritize patients and place them on transport units
 - 2. Communicate to LCEMS numbers of patients and triage categories on each transport
 - 1. LCEMS will assign hospitals and med channels for each transport
 - 3. Maintain patient count and transport destinations

Exported: 11/30/2025 18:37

- Page: 6/6
- 4. Conduct OH-Trac accountability5. Maintain accountability of each transport unit at their disposal
- 6. Communicate closely with the Treatment Officer regarding patients in the Treatment Area
- 7. Request additional transport assets as deemed necessary
- 8. Request assistance by an Aide to assist in the accountability
- 9. Transport all patients from the scene

| See Also: | | | |
|-----------|--|--|--|
| | | | |

Permanent link:

https://www.tfrdweb.com/dokuwiki/doku.php?id=c_manual:c116

Last update: 09/27/2024 10:08

