Integrated Operations for High-Threat Incidents (Rescue Task Force)

Geoffrey L. Shapiro
Director, EMS & Operational Medicine Training
The George Washington University
Committee for Tactical Emergency Casualty Care

Disclaimers

- Member of C-TECC
- Member of JCATWS & IEMC-CCA Faculty/IPG
- Nothing financial (unfortunately)

Are We Paying Attention Yet?

- Coordinated attacks on mass transit
- Coordinated attacks on soft targets and children
  - Beslan, Norway, Normandy, Newtown, Nice, Berlin, Manchester, Las Vegas, NYC, Sutherland Springs....
- Coordinated attacks on public places & commerce
Lessons Learned From Recent Events

• “I am a doctor – I can help!!!”

Defining the Issue

• Is there a need for rapid point of wounding care?

• Do current response models create a delay to point of wounding and definitive care?

• Do EMS Providers have a framework to understand threat-based provision of care?

What is TECC?

• Tactical Emergency Casualty Care
  - Civilian high threat medical care framework based on Tactical Combat Casualty Care but adapted to civilian language, protocols, population, and civilian operational constraints

http://tecc.inquisiqr4.com
Police Response

Initial responding patrol officers (1-4) form a contact team to enter the building and move quickly to engage the shooter.
Law Enforcement’s Role

- Law Enforcement contact teams’ role:
  - Identify and notify command of threats (IEDs, etc.)
  - Do not open locked doors unless sound from behind would indicate threat
  - Do not aide or assist injured
  - Create a warm zone along the corridors
Assistance Needed

- Problem is now ‘a lot smaller’
  - Known shooter contained
  - No other shooters but area/building not completely searched
- Multiple wounded in need of treatment and rescue
Response Models

- Escorted Warm Zone Care
- Protected/Warm Corridor
- Protected Island
- Police Rescue

Rescue Task Force

- NIMS compliant name
  - "Task Force": Any combination of single resources, but typically two to five, assembled to meet a specific tactical need

Rescue Task Force

- First arriving "street" medics (NOT tactical medics) team up with 2-4 patrol officers to move quickly into "warm" zone areas along cleared corridors to initiate treatment and evacuation of victims
Task Force Roles

- 2-4 patrol officers for front and rear security
  - Readily available resource
  - Do NOT assist medics in care
  - Responsible for security and movement only
- 2 “street” providers in ballistic gear with supplies to treat up to 14 patients
  - Readily available resource
  - Able to initiate TECC care and rapidly evacuate

RTF Illustration

Personal Protective Equipment
Staging

• First arriving law enforcement assets will go straight to entry of building

• FD/EMS will pick one intersection near entry to building and begin to organize response
  • EMS will assist any walking wounded
  • Reverse Triage Effect
Unified Command

- LE officer will establish Unified Command
  - May be at PD location or will go to FD location
- Need for RTF identified (2nd or 3rd contact team) and communicated to UC
- Need for Quick Reaction Unit identified for person outside of building
  - Can do quick rescue prior to RTF activity
Clear Roles Defined

• Who is on RTF? Where do they link-up?

• Initial RTF team formed and quickly moves into area down the corridor cleared by the contact teams
  • Will not move into un-cleared areas or get in front of contact teams

• Everyone needs to understand their role!

First RTF Team Goal

• Goal of first RTF team is to stabilize as many victims as possible using TECC principles
  • Will penetrate into building as far as possible until they run out of accessible victims or out of supplies
  • "Stabilize, position, and move on!"
TECC Phase of Care

RTF Operations

• Once RTF operational, Fire and Police Unified Command will establish:
  • RTF re-supply near point of entry
  • External casualty collection point for transfer of patients
  • Warm Corridor for evacuation away from area
  • Dedicate non-RTF assets to assist in transfer of patients from RTF assets for external evacuation
Other Considerations

• The role of additional RTFs will depend on the number of victims and the need:
  • May begin evacuating victims that have already been stabilized
  • May leap frog the first RTF to continue penetrating to stabilize victims if first RTF has changed over to evacuation
Extracting Patients

- Once the first RTF runs out of supplies or all accessible patients have been treated, evacuation begins.
Third RTF Team

• Third RTF team: Extraction

Evacuation Phase

Once all known patients have been stabilized or marked as expectant, all RTFs begin extrication of patients
Addressing the Gap

RTF addresses the gap identified in medical/rescue response operations after Columbine.
Police Departments have constantly evolved their Active Shooter Emergency response to meet the growth in high-threat situations. By keeping an open mind about tactics, training and equipment and making good use of lessons learned, RTF was cooperatively developed.

**RTF Development**

**RTF Benefits**

- Strengthens relationships between police and fire/EMS
- Faster victim stabilization and evacuation
- Familiarization with police operations
- Allows for mitigated risk operations

**Police Benefits from RTF**

- Improved operational relationships between Police and Fire command and line operational assets
- Development and implementation of PD "Officer Down: TECC for Patrol Officer Training"
- RTF allows police to focus more on police/tactical matters instead of victim/rescue efforts
Escorted Warm Zone Care Model

- What it is:
  - Most rapid Fire/EMS deployment
    - Requires least amount of officers on scene prior to initiation of rescue operations
  - Highest risk model
    - Work in minimally searched areas
    - May require ballistic personal protective equipment
  - Requires highest level of coordination between inter-agency operational units
  - Prior inter-agency operational training is essential

Escorted Warm Zone Care Model: CONS

- "Won’t survive first contact"
- "Should not put on ballistic PPE and deploy if not armed"
- "Perfect deployment is too slow"
- "EMS lacks proper protective equipment and hemorrhage control equipment"
Protected/Warm Corridor Model

- Response is same in the initial phases from a police prospective
  - Contact teams move quickly to mitigate the threat
- Once the threat is located and contained, additional contact teams move more slowly to complete modified clearing.
Protected/Warm Corridor Model

• Key positions interlink to establish a warm corridor/area with tactical over-watch

• Once established, un-escorted Fire/EMS rescue assets can move freely in the corridor to effect rescue
Protected/Warm Corridor Model

**ADVANTAGES:**
- Less risk for Fire/EMS
- Less coordination required between disciplines

**CONS:**
- More officers required before rescue operations begins
- Typically longer to begin rescue operations
- Requires recognition by police in building of need for rescue and subsequent internal re-tasking to create corridors
- Requires significant UC coordination with internal LE assets prior to rescue operations

Protected Island Model
Protected Island Model

- LE identify area for Casualty Collection Point
  - Easy to access
  - Easy to harden
  - Exterior exits
- Area is secured
- Additional LE establish exterior evacuation corridor
Protected Island Model

**ADVANTAGES:**

- Minimal risk for Fire/EMS - Does not require ballistic armor
- Little coordination required between disciplines on the operations level
  
  - Requires UC coordination to begin Fire/EMS ops

**CONS:**

- Can be significant delay to begin rescue operations
- Requires recognition by Police and subsequent internal re-tasking to identify and secure CCP
- Police must understand CCP requirements
- Police move victims so no point-of wounding stabilization so injuries remain uncontrolled during movement
**Police Rescue Model**

**ADVANTAGES:**

- Most consistent with traditional Fire/EMS response model
- Requires little if any operations level coordination between disciplines
- Lowest risk model for Fire/EMS.
- Requires no ballistic PPE

**CONS:**

- Burden of operation falls on LE
  - Requires large numbers of officers
- Potential for significant delay in medical stabilization unless police initiate point-of-wounding care prior to extrication
Other Considerations

- Atypical Transport Platforms
- Patient Tracking
- Patient Distribution
- Formal Triage

How do we address the issue?

- Step #1: Define the issue
- Step #2: Define the different methods to address the issue
- Step #3: Work collaboratively between the disciplines to customize one of the methods to your specifics.
- Step 4: Fix the issue!!!

PER-360: Tactical Emergency Casualty Care (TECC) First Responder Integration for Active Shooter/Active Killing Incidents – Rescue Task Force (RTF)

Training Support Package
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