TOLEDO FIRE & RESCUE DEPARTMENT

C-116 Rescue Task Force / Active Shooter

Emergency Manual

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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

4. Conduct OH-Trac accountability
5. 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.tfrdpolicies.com/dokuwiki/doku.php?id=c_manual:c116

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