



# DAYTON MMRS RESCUE TASK FORCE (RTF): NOTIFICATION, RESPONSE, AND ON-SCENE

BY DAYTON MMRS MUMBAI COMMITTEE

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# DEFINITIONS

## (some in other PPTs)

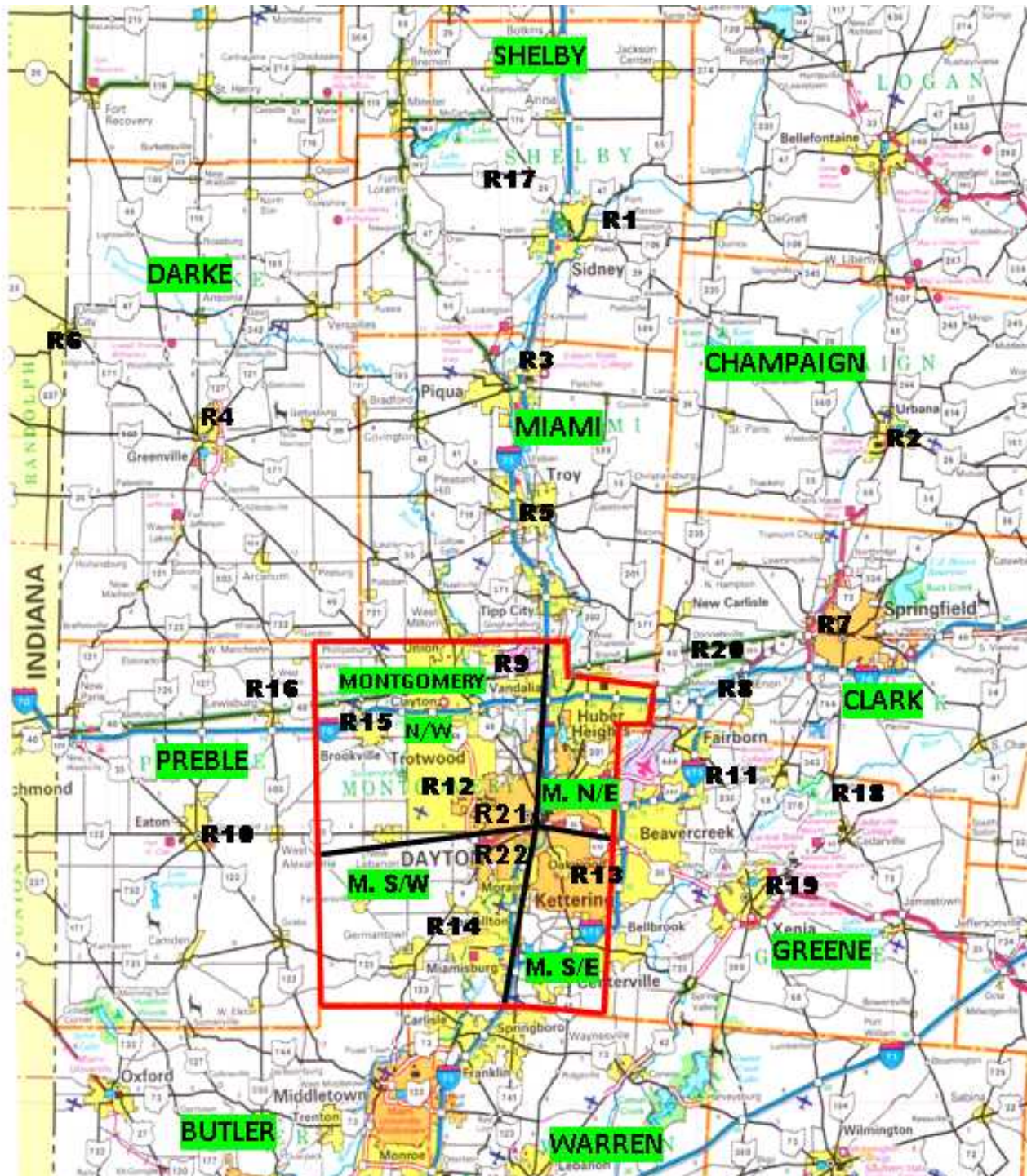
- **Area(s): Counties or sections of counties which are primary response groupings**
  - Enables personnel from different agencies to train and exercise together
  - Each county is an Area, except for Montgomery County



# DEFINITIONS

- **Montgomery County - four areas**
  - **Montgomery Northwest**
  - **Montgomery Northeast**
  - **Montgomery Southwest**
  - **Montgomery Southeast**
  - **Defined by Interstate 75 and US Route 35**





# DEFINITIONS:

- **Cold Zone: area with no significant threat**
  - **Location for Treatment Area, command assets, and staged non-tactical Fire/EMS personnel**



# DEFINITIONS:

- DWJ: department with jurisdiction
- Hot Zone: Area with direct and immediate threat
  - RTF not intended for response in Hot Zone



# DEFINITIONS:

- **Warm Zone:** area where potential for hostile threats exist
  - Threat is not direct and immediate
  - Primary zone of operations and staging for RTF





# DEFINITIONS:

- **RTF: Two RTF-trained EMS personnel in tactical PPE with two law enforcement personnel**
  - Able to operate in the Warm Zone at ASIs
  - As with LE Contact Teams, there may need multiple RTFs
  
- **RTF Cache:**
  - Four sets of RTF gear (medical and tactical PPE)
  - One set outfits one EMS member
  - Each cache provides equipment for two RTFs



# DEFINITIONS:

- **RTF Cache Agency:**
  - Selected EMS agency with RTF cache of equipment
  - Agreed to maintain and respond
  - Some cache agencies with equipment not supplied by Dayton MMRS
  - **Up to each agency to decide what apparatus RTF Cache is assigned to, but caches must be available for immediate response**



# DEFINITIONS:

- **RTF Personnel:** EMS personnel who have been trained and credentialed
- **Warm Zone:** area where potential for hostile threats exist
  - Threat is not direct and immediate
  - Primary zone of operations and staging for RTF



# PROCEDURES – PSAPS/DISPATCH CENTERS:

- Each public safety dispatch center in Ohio Homeland Security Region 3 will be provided with a brief protocol for the RTF.
- Your dispatch center will activate the RTF by calling the Montgomery County Regional Dispatch Center (RDC) at 937-333-USAR (8727).
- They can do this either on their own initiative per local policy or as directed by personnel on scene.



# PROCEDURES - PSAPs:

- Strongly recommended that dispatch centers be authorized to request mutual aid, including the RTF, ASAP
  - Train dispatchers to do so without prompting from the field



# PROCEDURES - PSAPs:

- **May also request RTF at any time:**
  - **IEDs or other WMD incidents**
  - **Civil disturbances**
  - **Downed officer tactical responses (e.g., TSA at LAX, Oregon City, OR police officer)**
  - **Pre-staged to stand by at large/high risk events**
    - **Use such events to exercise the plan, as well as provide protection**
    - **Include communications with LE, EMS, and others**



# What will RDC Do?

- **Maintain list of RTF equipment cache locations and activation numbers**
- **Maintain list of active RTF personnel and activation numbers**



# What will RDC Do?

- On receipt of request for RTF, RDC will take following actions:
  - IMMEDIATELY notify (at minimum):
    - Nearest three equipment caches to respond as mutual aid request from DWJ
    - RTF members in the RTF Area of the DWJ and at least one adjacent RTF Area (selected by RDC) to respond.
  - Activate additional equipment caches and RTF personnel as needed or requested
  - When feasible, RDC will notify command staffs of involved agencies (i.e., all agencies in the RTF Areas with personnel or caches activated)





# RESPONSE :

- **Response will follow each agency's procedures, including use of duty crews, call-in personnel, or combination**
- **RTF activation considered a mutual aid request**
  - **Response on that basis**
- **Emergency response not authorized unless vehicle equipped to ORC standards**
- **All personnel responding will follow their department response procedures**



# RESPONSE :

- Arriving RTF personnel and caches report to Staging
- First arriving RTFL will meet with Command:
  - All RTF personnel report to Command directly or through RTFL
  - At no time will free-lancing of RTF personnel be permitted
  - RTFL will ensure Command is aware of presence of the RTF and its capabilities



# Response- Department Vehicle

- **If you have radio contact with requesting jurisdiction, make contact and follow their direction**
- **If staging area identified, notify RDC of its location for other responding RTF members & Caches**
- **Check in with Staging Manager**
- **Don equipment or provide equipment to members that have arrived, prepare to move into position**



# Response- Individual

- **Report to the Staging area**
- **Wait for assignment**
- **Staging area should be sent out via message from RDC**
- **Ensure you have your MMRS-RTF ID, Department ID**
- **Check in with Staging Manager**
- **Ensure you park out of the way for Medic units to stage**



# First Arriving Team/Member

- **If you are not designated as a Task Force Leader and you are first to arrive- please follow these guidelines:**
  - **Report to command location**
  - **Advise of what is on-scene (RTF Only)**
  - **Follow Task Force Leader requirements until relieved**



# Rescue Task Force Leader

- **First arriving RTFL will meet with Command**
- **RTFL will ensure that Command is aware of the RTF, and its capabilities**



## RESPONSE :

- RTFL will discuss location for staging area for RTF location and personnel
  - May be one staging area for all assets (fire, EMS, LE, RTF, etc.)
- RTFL will notify RDC to send an update page to all responding personnel and caches advising them of the staging location



# RESPONSE :

- RTFL will form RTFs as EMS and LE personnel and RTF equipment become available
- If feasible, RTF composition should include an ALS provider
- RTFL will establish a Comm Plan for RTF (must be approved by IC/UC)
  - Consider radio equipment, radio channels/talkgroups, who teams report to on radio, emergency procedures, etc.
  - Recognize at point of sensory overload, people simply stop hearing the messages
    - Repeat messages, ask for read-back, and consider deploying runners for critical information
  - Determine what the evacuation signal is in the DWJ, and inform all RTF personnel





## RESPONSE:

- If RTFL is deployed as an RTF team member, a later arriving RTFL will report to UC team
- Maintaining an RTFL in IC/UC (as additional RTFLs arrive) will be invaluable
  - RTFL in IC/UC should develop accountability for all RTF personnel on scene
- Non-RTF EMS personnel should not generally enter warm or hot zones



# RESPONSE :

- RTFL will discuss options with Command:
  - Request additional RTF personnel or equipment caches through RDC, or
  - Advise RDC to send a cancel page, telling personnel that have not yet arrived that they are no longer needed



# On-Site Communications

- Communications within a single RTF are typically face to face



# ON-SITE COMMUNICATIONS:

- Radio equipment typically brought by responding RTF personnel
  - But if those radios not available or not compatible with the DWJ's radios, RTF may need to borrow equipment at site
- RTF team communications may function on different radio channels:
  - RTF LEOs communicating with one Branch
  - RTF EMS personnel communicating with another Branch



# On-Site Communications

- **Important information to relay during operations:**
  - ✓ **RTF location within the building**
  - ✓ **Number of casualties and injuries**
  - ✓ **Updates on location of the injured, activities of LEO contact teams, and possible threats**
- **Allows for accountability and effective use of teams as well as for planning and management of both external casualty collection point and need for additional EMS resources**



# ON-SITE COMMUNICATIONS:

- Nearly any ASI will require multiple RTFs
  - Assign each RTF a number as they are formed (e.g., RTF-1, RTF-2, etc.)
- Remember that LE uses different nomenclature for building descriptions than Fire/EMS (Side 1 vs. A side)
- Given the number of different disciplines and agencies responding to such incidents, it is crucial that ALL communications be in plain language
- Communications from an RTF to Command are typically via the LE personnel



# SUPERVISION:

- ASIs necessitate close coordination of LE and EMS personnel
- Incumbent on supervisors to form UC as soon as feasible, including LE, EMS, and other disciplines
- IC/UC will support RTF entry by assigning personnel and communications, working with RTFLs on scene



# SUPERVISION:

- RTF supervision functions within IC/UC
- Provides liaison and communication for RTF entry teams
  - ASIs should have UC as quickly as feasible





# SUPERVISION:

- **Whenever RTF called out, use Regional Hospital Notification System (RHNS) ASAP**
  - Whether hospitals will receive patients or not
  - To keep hospitals apprised of the situation
  - Call or have dispatch call 937-333-USAR
- **Recommend Command activate local EOC for support efforts**



# SUPERVISION:

- Recommend Command establish a joint information center (JIC) involving all key agencies to manage media efforts
- Recommend Command consider family assistance centers (FACs) near site and in other locations
  - Consider using Red Cross, LEOs, and EMS in FAC



## RTF PROCEDURES:

- Authorization for entry must be obtained from law enforcement (preferably via UC).
- Entry into Active Shooter scenes should not occur until RTF personnel have the appropriate PPE from an RTF Cache and LE escort



## RTF PROCEDURES:

- Establish subsequent RTFs with goal of evac &/or initial treatment as additional personnel and caches arrive
- RTF typically deploys after LE entry with contact team(s)
  - Risk decreased, even though scene not completely secure
- IC/UC must authorize entry of RTF



# RTF PROCEDURES:

- Each RTF comprised of two RTF-trained EMS personnel equipped with RTF tactical PPE and medical gear, and two LEOs
  - LEOs provide security
  - EMS attends to casualties
  - Goal is to get medical resources to patients within minutes of being wounded while mitigating risk to RTF



# ENTRY

- RTF may approach scene in vehicle (e.g., ambulance or tactical vehicle), on foot, or by other means as directed by UC/IC



# Bear



# Medic





# ENTRY

- RTF ingress and egress corridors will be designated by UC
- RTFs will move in and out of building only through entrances and corridors cleared by LE
- First RTFs into building move deep inside to stabilize as many casualties as possible before any victim evac



# ENTRY

- As victims reached, RTF LEOs provide security while the medics treat casualties
- RTFs stabilize only immediately life-threats
- Leave casualties where found, adding triage ribbon, and move on
- Emphasis on treatable immediate life threats
- Casualties treated in place; RTF moves on



# ENTRY

- Walking wounded and uninjured individuals directed to exits away from direction of shooting, if reasonably safe
- Communications with UC concerning this are essential
- Additional RTFs formed as personnel and equipment caches arrive, and enter building as directed by UC



# ENTRY

- Set up supply depot near a secured entry point to allow for quick re-supply and turnaround for RTFs
  - Same area may also serve as Extraction CCP
- RTF personnel must be aware of:
  - Surroundings
  - Potential threats (e.g., IEDs)
  - Open routes of rapid egress



# DISCUSSION:

- ASI response is different
- This plan is not to replace Tactical EMS (TEMS) or SWAT Medics
- RTF procedures are specifically designed for dynamic scenarios with ongoing risk
  - or for other high-risk situations where care would otherwise be substantially delayed

