



RESCUE TASK FORCE (RTF): EVACUATION

BY DAYTON MMRS MUMBAI COMMITTEE & WRIGHT STATE
UNIVERSITY DIVISION OF TACTICAL EMERGENCY MEDICINE

Jason Pickett, MD
Brian Springer, MD
Alex Keller, MD



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DEFINITIONS (some in other PPTs):

- **Casualty Collection Points (CCPs): Per Command (Incident or Unified - IC/UC), up to three echelons:**
 - **Warm Zone CCP/Tactical CCP:** If multiple victims that cannot be evacuated immediately, RTF may establish a CCP inside, where RTF is operating
 - **Extraction CCP:** CCP near entry/exit point
 - Likely also in the warm zone, if so operated by one or two RTFs
 - May be collocated with supply depot for quick re-supply and turnaround for RTFs
 - **Cold Zone CCP: aka the Treatment Area**
 - Standard MCI Treatment Area
 - Must be in safe area
 - Relatively close to Transport Area



DEFINITIONS (some in other PPTs):

- **Hot Zone: Area with direct and immediate threat**
 - RTF not intended for response in Hot Zone
- **Warm Zone: area where potential for hostile threats exist**
 - Threat is not direct and immediate
 - Primary zone of operations and staging for RTF



Remote Assessment Methodology

- Maximize patient benefit while minimizing provider risk
- Assess from safe location
- Aids rescue plan decision loop



Remote Assessment Methodology

- Casualties who can move themselves to cover should be prompted to do so
- Casualties who are responsive but cannot move themselves may require rescue



Remote Assessment Methodology

- Is the area secured?
- Is the casualty a perpetrator?
- Is the casualty stable?
- Can the casualty move/provide self-care?



Rescue Plan Considerations

- Risk to rescuers: do not move into a zeroed-in position!
 - Where is fire coming from?
 - Did the casualty trip a booby trap or mine?
 - Are there electrical, fire, chemical, water, mechanical, or other hazards present?
- Consider assets: cover fire, screening, shielding, rescue equipment



Rescue Plan Considerations

- **Ensure all know their roles in rescue**
 - If possible, alert victim to plan
 - Allow victim to assist as much as possible
- **Defer airway management if moving**
 - Managing airway during movement is difficult



Dragging

- **Fastest method: dragging along long axis of body**
- **May be one or (preferably) two rescuers**
 - **One rescuer is tiring, slower, and less controlled**
- **Rescuers may stand or crawl**



Clothes Drag



Dragging

- Holding the casualty under the arms is all that is necessary
- Using casualty's clothing, web gear, tactical vest, a drag-line or poncho makes this easier
- Major disadvantage: casualty remains in contact with ground
 - May cause injury on rough terrain



Carries

- Firefighter's carry
- Hawes carry
- Two-person carry
- Two-person fore-and-aft carry
- SEAL Team THREE carry



Firefighter Carry



Hawes Carry



Two person Seat Carry



Two Person Fore & Aft Carry



Sea1 Team Three Carry



Litters

- **May be conventional or improvised**
- **Sked or Stokes baskets ideal when:**
 - **Rough terrain**
 - **Building interiors**
 - **Raising or lowering litter significant distances**
 - **Size and logistics makes them rare item in civilian tactical rescue**



Sked



Stokes/Basket Stretchers



Stokes/Basket Stretchers



BLACKHAWK! Rapid Flex Medical Litter



BLACKHAWK! Rapid Flex Medical Litter

- May be used to drag or carry
- Drag/carry weight exceeds 1600 pounds
- DMMRS modified BLACKHAWK has:
 - Drag handle on one end of long axis
 - Two carry handles on each side
- Empty weight <3 pounds



Improvised Litters

- **Be creative**
 - Poncho or poncho liner
 - Blanket
 - Field jacket
 - Door
- **When moving any distance, periodically recheck tourniquets, dressings, and splints**



BearCat



Armored Vehicle/Patrol Car

- Provides mobile cover for casualty
- Depending on situation, rescuers may move either within or behind vehicle
- Place vehicle between threat and casualty
- Casualty may be moved either behind or (ideally) into vehicle
 - Or in some circumstances, on vehicle



Vehicle Rescue

- **Movement to vehicle determined by tactical situation**
 - Shields, smoke, armored vehicle, etc.
- **If casualty is ambulatory, self extract to safety, retreat**



SCAB-E MEDICAL TREATMENT PROTOCOL

- Covered in detail in TECC Lecture
- S – Situational Awareness
- C – Circulation
- A – Airway
- B – Breathing
 - Includes open chest wounds & t pneumo
- E – Evaluate and Evacuate



SCAB-E – E: EVALUATE & EVACUATE

- E – Evaluate and Evacuate
 - Assess effectiveness of interventions and initiate evac
 - Check tourniquets (TQs) and pressure dressings
 - Assess for unrecognized hemorrhage
 - Reassess for respiratory distress and proactively treat
 - Roll patient and examine posterior
 - Place conscious patient in position of comfort
 - Place unconscious patient in recovery position



SCAB-E – E: EVALUATE & EVACUATE

- RTF should continue into building toward untreated patients as long as adequate supplies remain in MedKits
 - Remaining in Warm Zone at all times
- If out of supplies or all patients treated, initiate evac to a CCP
 - According to triage categories
 - Using appropriate patient movement techniques
 - Communicate with CCPs or Triage
 - Within same triage category, public safety personnel should receive priority assessment and evac
 - They may not fully comprehend extent of their injuries
- Four members of RTF remain together during egress



PATIENT EVACUATION

- **Communicate with IC/UC**
 - Advise team status and patient info
- **Once RTF medics out of supplies or out of patients, evac treated casualties**



PATIENT EVACUATION

- Task additional RTFs with either:
 - Evac of stabilized casualties, or
 - To “leap-frog” past initial RTFs to move further into building in “stabilizing but not evacuating” mode



PATIENT EVACUATION

- **Consider where CCPs are needed:**
 - **Warm Zone CCP if needed within building**
 - **Extraction CCP set up near a secure exit point**
 - **Allows casualties to be grouped for faster/more efficient evac**
 - **WZ and Extraction CCPs should be staffed by RTF-equipped and trained EMS personnel**



EMERGENCY EVACUATION PROCEDURES

- If RTF's location changes from Warm to Hot (indirect threat to direct threat), evac immediately or shelter in place.
 - On direction of RTF LE element or IC/UC
 - May be partial or complete evac from building
- Injury to any RTF member = immediate evac



Conclusion

- **Situational Awareness Paramount**
- **Options limited only by imagination**
- **Reassess at every opportunity**
- **Stay together**
- **Risk ratio**
- **Stay (relatively) *Safe!***

