



RESCUE TASK FORCE INSTRUCTOR COURSE OVERVIEW AND INSTRUCTIONAL GOALS

COURSE LENGTH: 24 Hours (3 Days)

COURSE OVERVIEW

This course is designed to teach students the four main methods of warm zone care during active violence incidents. The course will discuss driving tactics as well as a reasonable expectation for success during active violence incidents. This course will expose law enforcement, fire and rescue personnel, as well as other public safety partners to operating in a warm zone environment to provide point of wounding care to patients. This course will provide Tactical Emergency Casualty Care lessons so that all participants can provide appropriate point of wounding care. This course will discuss command and control considerations including the establishment of unified command, common operating language, and essential on scene functions that must be performed for the incident to be successful. This course will provide the student with ongoing training ideas for their department as well as identify some common barriers that must be overcome.

INSTRUCTIONAL GOALS

Upon completion of this course the attendee will be familiar with:

1. Four Methods of Warm Zone Care
2. Tactical Emergency Casualty Care (TECC)
3. Unified Command
4. Active Shooter Statistics
5. Risk Appetite
6. Reasonable Expectation of Success
7. Medical vs. Tactical Driving Force
8. Hot / Warm / Cold Zones
9. Common Operating Language
10. Essential Command and Control Functions
11. NTOA Instructor Expectations
12. Safety Awareness
13. Lesson Plan Development
14. Creating Exercises That Build Confidence and Success
15. NFPA 3000 and What It Really Means
16. Moving the Needle



NTOA Response to Questions Regarding Rescue Task Force Instructor Certification

1. Can students teach personnel from their own department to be Rescue Task Force **Instructors**?

No. Students who successfully complete the NTOA RTF Instructor course are only certified to teach members within their own agency on how to respond in a RTF setting. They are not “certified” by the NTOA to train others as instructors.

2. Can students teach personnel from outside agencies to be RTF **Instructors**?

No. Same answer as # 1.

3. Can students teach officers from other law enforcement agencies in the Rescue Task Force Techniques?

Yes. However, using NTOA materials to earn income will result in the NTOA taking legal action against the instructor.

4. Can I obtain Continuing Medical Education criteria on in-service training credit?

This will depend on the rules governing your agency. The Lesson Plan will be provided if requested to submit for in-service or CME credit.

5. Who is this course geared towards?

Fire, EMS, and law enforcement officers who will be tasked with responding to an active violence incident. This course is not designed for general security officers or campus security that does not have law enforcement powers.

6. Can students modify techniques and tactics from the NTOA presentation?

Yes. Students may modify the techniques and tactics based on their specific agency needs. This course is meant to teach students a variety of methods and allow them to choose what works best for their agency. The NTOA will only testify to the instruction that students were provided during the NTOA RTF Instructor Course and not to any modifications made to the techniques by the students.

7. Will we be official NTOA instructors that will now be teaching RTF on behalf of NTOA?

No, you will be certified to only teach individuals in your own agency or areas in which you have jurisdiction as outlined above.



RESCUE TASK FORCE DAY TO DAY / HOUR TO HOUR AGENDA

DAY ONE

Hours:	Instruction:
0800-0830	Course Administration
0830-0900	Active Shooter Statistics
0900-1000	Principles Governing a Coordinated Response (Driving Forces, Expectations, Communication, Risk)
1000-1100	Intro to Warm Zone Care
1100-1200	Tactical Emergency Casualty Care
1200-1300	Lunch (not provided)
1300-1400	Direct Threat Care – Tourniquet Applications, Drags
1400- 1500	Tactical Emergency Casualty Care
1500-1600	Indirect Threat Care – Pressure Dressings
1600-1700	Incident Reviews, Facilitated Discussions

DAY TWO

Hours:	Instruction:
0800-0830	Group Review and Discussion
0830-0900	Breakouts
0900-1000	Four Methods of Warm Zone Care
1000-1030	Command and Control Basics
1030-1130	Four Methods of Warm Zone Care Walk-Thru
1130-1230	Lunch (not provided)
1230-1330	Breakout Session #1
1330-1430	Breakout Session #2
1430-1600	Compressed Scenarios
1600-1700	Debrief



DAY THREE

Hours:

Instruction:

0800-0900	Group Review and Discussion
0900-1000	Instructor Expectations
1000-1100	Safety Awareness
1100-1200	Lunch (not provided)
1200-1300	Lesson Plan Development
1300-1400	Creating Exercises That Build Confidence and Success
1400-1500	NFPA 3000 and What It Really Means
1500-1600	Sustainment
1600-1700	Debrief / Course Closeout



RESCUE TASK FORCE COURSE OUTLINE

- I. Preface
 - A. Course Overview
 - B. Instructional Goals
 - C. Agenda
 - D. Outline
 - E. Co-Host Logistics

- II. Active Shooter Statistics
 - A. Historical Events by Location, Description and Percentages (7 categories)
 - i. Education 24.4%
 - ii. Commerce 45.6%
 - iii. Government 10.0%
 - iv. Open Spaces 9.4%
 - v. Healthcare Facilities 2.5%
 - vi. Worship Centers 3.8%
 - vii. Multi-Tenant Residences (Dorms, Apartments, Barracks, Etc.) 4.3%
 - B. Sample of Times
 - i. Average Event Duration: 90% end within 13 minutes. 70% under 5 minutes
 - ii. Average Police Response Times to Active Shooter: Low End 3 Minutes, High End 7 minutes
 - C. Shooting Ends prior to Law Enforcement arrival: 66%
 - D. Threat Sources (Nexus to Target)
 - i. External 60%
 - ii. Internal 30%
 - iii. Ideologically Driven 10%

- III. Principles Governing a Coordinated Response
 - A. What is Risk
 - i. Fire Department Examples
 - B. Factors That Influence
 - i. Safety Priorities
 - 1. Victims / Incidents
 - 2. Public Safety
 - 3. Suspects
 - 4. Property
 - C. Reasonable Expectation of Success
 - D. Trust
 - E. Common Operating Framework



- i. Common Language and Definitions
 - ii. Hot / Warm / Cold Zone
 - iii. Importance of Understanding What Each is and How It Will Make / Break a Response
 - F. Driving Force
 - i. Driving Force Effects, the Priorities of All Involved
 - 1. Tactical / Medical
 - a. Balance
 - 2. Examples
 - 3. Real Incidents
 - G. Atypical Response
 - i. Doomed Captives
 - ii. Warm Zone Creation
 - 1. Paradigm Shift from Hold / Contain When Shooting Stops
 - a. Examples – Paris / Orlando / Las Vegas
- IV. Introduction to Warm Zone Care
 - A. The Stopwatch of Death
 - B. Columbine Paradigm Shift, What about Fire / EMS?
 - i. Traditionally have Staged Until Scene is Safe
 - C. Time Counts, Majority of Injured Die within 30 Minutes
 - D. Timeline of Combat Deaths
 - E. Too Much Risk?
 - F. What if Law Enforcement has other Tasks to do and Cannot Bring the Wounded to Fire?
 - G. Arguments Against?
 - H. How do we Define Warm Zone?
 - I. How Can We Get Medical Assets to Point of Wounding Rapidly?
- V. Tactical Emergency Casualty Care
 - A. What is TECC
 - B. Basic Anatomy and Physiology Review
 - C. What are the Preventable Causes of Death that TECC can Stop?
 - D. Who Can Use TECC?
 - E. Different TECC Applications
 - F. Direct Threat Care
 - i. Tourniquet Use and Direct Pressure
 - G. Indirect Threat Care
 - i. Pressure Bandages
 - ii. Chest Seals
 - iii. Nasal Airways
 - iv. Chest Decompression
 - v. Wound Packing
 - H. Evacuation Care
 - i. Lifts, Moves, Carries
 - ii. Additional Medical Treatments



VI. Incident Reviews and Facilitated Discussions

- A. Pulse Nightclub
- B. Aurora
- C. LAX

VII. Four Methods of Warm Zone Care

- A. Police Rescue
 - i. Definition
 - ii. Timeline (0-60 minutes)
- B. Zone
 - i. Hot, Warm or Cold
- C. Command / Control
 - i. Any Officer on Scene
 - ii. Driven by Responding Officers
 - iii. No Need for Incident Command / Unified Command
- D. Equipment
 - i. Medical Equipment
- E. Considerations
 - i. Direct vs. Indirect Threat Care
- F. Pros
- G. Cons
- H. Rescue Task Force
 - i. Definition
 - ii. Timeline (5-60 Minutes)
 - iii. Zone
 - iv. Very Warm to Mildly Warm
 - v. Scalable
 - 1. Command / Control
 - a. Unified Command Established
 - b. Known Location of Patients
 - c. Warm Zone Established
 - d. Rescue Group Supervisor
 - vi. Equipment
 - 1. LE – Duty Gear, Armor, Radio, Police Markings
 - 2. FD – Medical Equipment, Body Armor (if issued) Radio
 - vii. Considerations
 - 1. 4 Officers, 2 Medical Optimal
 - 2. 3 Officers, 2 Medical
 - 3. 2 Officers, 2 Medical Minimum
 - a. Factors affecting RTF makeup
 - i. Number of Shooters / Threats
 - ii. Size of Structure (Cover Areas)
 - iii. Amount of Actionable Intelligence



- iv. How "Warm" is the Warm Zone?
 - v. Any Areas Already Cleared?
 - viii. RTF is a Short Term / Hasty Solution
 - 1. Goal Should be to Transition to Protective Island and Protective Corridor
 - a. More Efficient
 - ix. Multiple RTF Teams Can Deploy to Different Areas
 - x. Radio Communications
 - 1. LE of FD
 - 2. Dependent on Department Policies / Procedures
 - xi. Pros
 - xii. Cons
- VIII. Protected Island
- A. Definition
 - B. Timeline (0-60 Minutes)
 - C. Zone
 - i. Warm
 - 1. May be Surrounded by Hot Zone
 - D. Command / Control
 - i. Law Enforcement Only
 - 1. No Need for Incident Command / Unified Command
 - 2. Can be Established Immediately by On-Scene Officers
 - ii. Law Enforcement / Fire Department Integrated
 - 1. Unified Command Established
 - E. Equipment
 - i. Same as RTF
 - F. Considerations
 - i. Utilize RTF or Protected Corridor to Deliver Medical Personnel to Protected Island
 - ii. Most Efficient Way to Treat Large Number of Patients at the Point of Wounding
 - iii. Necessary Amount of Personnel
 - 1. Number of Law Enforcement is Proportional to Threat Areas
 - 2. Number of Medical Personnel is a Needed (Dependent on Number of Patients)
 - iv. Pros
 - v. Cons
 - G. Protected Corridor
 - i. Definition
 - ii. Timeline (2-60 Minutes)
 - iii. Zone
 - 1. Warm to Cold
 - iv. Command Control
 - 1. Unified Command Established
 - 2. Known Location of Patients
 - a. Protected Corridor Should Follow Path of Wounding, if Possible
 - 3. Warm Corridor Established
 - v. Equipment
 - 1. Same as RTF / Protected Island



2. FD Personnel Can Bring Much More Effective Option in Via Protected Corridor
 - a. I.E. Rolling Gurneys for Evac. etc.
 - vi. Considerations
 1. Location
 - a. From Point of Wounding to Inner Perimeter
 - b. Built Backwards
 - i. From Inside Out
 2. Maintain Line of Sight
 3. Don't Stretch Too Thin (Have Too Many Threat Areas)
 4. Utilize Interior Division Supervisor to Manage Corridor
 5. Turn from Warm Too Cold by Utilizing Search Teams
 - vii. Pros
 - viii. Cons
- IX. Command Control
- A. Incident Command vs. Unified Command
 - i. Establish, Assume, Transfer, Terminate
 - B. How to Establish Incident Command
 - C. Who Should Establish Incident Command
 - D. How to Establish Unified Command
 - E. Fire Department ICS Breakdown
 - F. Law Enforcement ICS Breakdown
 - G. Command Board Demo
- X. NTOA Instructor Expectations
- A. What is an Instructor
 - B. Etiquette and Appearance
 - C. Adult Learning Models
 - D. Creating the Training Day
 - E. Instructor Experience
- XI. Safety Awareness
- A. Span of Control
 - B. Common Injury Factors
 - C. Safety Checks
 - D. Emergency Plans
- XII. Lesson Plan Development
- A. Professional Standards
 - B. Creating Consistent Training
 - C. Legal Ramifications
 - D. What A Lesson Plan Needs to Include



XIII. Creating Exercises That Build Confidence and Success

- A. Create an Environment That Allows Students to Succeed
- B. Build Realistic Scenarios for Your Agency
- C. Incorporating Other Agencies into Your Training
- D. Utilizing Existing Tools to Assist In Training

XIV. NFPA 3000, What It Really Means

- A. What is the NFPA
- B. Who Agreed to Participate
- C. What Legal Authority Does NFPA Have
- D. What Principles Within NFPA Must I Do, and What Is Nice to Do
- E. Resources Via NFPA

XV. Moving the Needle

- A. How Do We Measure Success?
- B. How Do We Gain Top and Bottom Level Buy In?
- C. Sustainment



RESCUE TASK FORCE CO-HOST LOGISTIC REQUIREMENTS

CLASSROOM

Adequate seating for up to 34 students with tables, good ventilation
Marker board and markers
Flip chart with paper
Adequate space for Day 1 breakout sessions

AUDIO VISUAL

LCD Projector for computer presentation
Large projection screen (minimum of 6'x6' screen size)
Speaker system to connect to laptop for audio
Extension cord and power strip
AV table or cart

OTHER

Access to copier

OFFSITE TRAINING SITE LOGISTICS AND REQUIREMENTS

Be accessible by Instructor Cadre one hour prior and one-hour post training session(s)

Ability to be "locked" down to prevent uninvolved people entering the site. Preferably out of public view to reduce distractions

Ability to fire marking training munitions. Safe impact areas and backstops for planned combat areas

Large enough to facilitate teams of students to move between doorways, hallways and conduct room entries

Ability to be searched and cleared of people ("Sterilized") and potential hazards prior to each training session



RESCUE TASK FORCE STUDENT EQUIPMENT LIST

INDIVIDUAL

LAW ENFORCEMENT student required minimal equipment for Warm Zone Operations

Law Enforcement ID

Identifiable Uniform and equipment items to include;

Duty belt and / or load bearing vest

NIJ rated soft Body Armor

Police Radio (Jurisdictional)

Basic bloodborne pathogens PPE: Medical Gloves and Eye Protection

ANSI rated Eye Protection

Department issued ID

FIRE DEPARTMENT Student required minimal equipment for Warm Zone Operations

Department Issued ID

Identifiable Uniform

ANSI rated Eye Protection

Basic bloodborne pathogen PPE: Medical Gloves

LAW ENFORCEMENT recommended equipment for Warm Zone Operations

Uniform and items to include;

Duty belt and/or load bearing vest

NIJ rated soft Body Armor

Ballistic Helmet

Hard Plate Rifle rated Body Armor

Police Radio (Jurisdictional)

Basic bloodborne pathogens PPE: Medical Gloves and Eye Protection

Inclement weather gear (Optional)

FIRE DEPARTMENT recommended equipment for Warm Zone Operations

Portable Radio

Inclement Weather Gear

Training TECC / TCCC equipment specific to jurisdiction

Patient moving devices specific to jurisdiction