RESCUE TASK FORCE (RTF): EVACUATION

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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
Seal 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!