



FIRE APPARATUS — RESCUE TASK FORCE AND ACTIVE THREAT

RTF ELEMENT LOADOUT, APPARATUS CACHE, AND DEPLOYMENT PREREQUISITES

SCOPE. This card defines RTF carriage and quantity. It does not define authorization. RTF is a policy decision before it is an equipment decision: no signed MOU and no joint SOG means no RTF, regardless of what is on the apparatus. Warm-zone entry authority comes from your medical director and your department SOG, in writing.

FRAMEWORK. Civilian active-threat response is governed by **TECC**. **TCCC** is the military framework. They are separate and they do not mirror each other. The Hartford Consensus **THREAT** sequence — threat suppression, hemorrhage control, rapid extrication, assessment, transport — is the integration model most joint SOGs are written against. Name the framework your policy actually cites, and cite only that one.

RTF ELEMENT LOADOUT — PER TWO-PROVIDER ELEMENT, CARRIED INTO THE WARM ZONE

	CAPABILITY	MIN. QTY	NOTE
M	Windlass limb tourniquets, CoTCCC-recommended	8	High turnover — this is the item that runs out first
	Hemostatic or plain packing gauze	8	Element bag
	Pressure / trauma dressings	8	Element bag
A	Nasopharyngeal airways, assorted	4	Positioning first. Airway is minutes; bleeding is seconds
R	Vented chest seals	12	Two per casualty, front and back
H	Casualty wraps	4	Element bag
+	Soft litter or drag device	2	Carried by the element, not staged at the rig
+	Triage ribbon	25	Faster than tags with gloves on, under load
+	Ballistic helmet and vest, per provider	1 ea	Agency-issued and individually fitted. Never shared at the scene
+	Cross-band radio or law enforcement portable	1	The element must be able to talk to its protection detail
+	Headlamp, shears, marker	1 set ea	Hands-free light. The power will be off

APPARATUS AND CACHE — STAGED BEHIND THE ELEMENT

	CAPABILITY	MIN. QTY	NOTE
+	RTF element bags, pre-built and sealed	2	Ready to move. Never assembled at the scene
M	MCI cache, 25 casualty, in individual pull packs	1	Never a bulk bin — nobody uses a bin
+	Additional casualty movement devices	4	CCP to ambulance exchange point
+	Ambulance exchange point marking kit	1	Cones, tape, chem-lights
+	Accountability board	1	Casualty count and transport destination

RTF COMPOSITION AND MOVEMENT

- The element is fire / EMS providers plus a law enforcement force protection detail. Composition is fixed in the joint SOG, not decided at the curb. Two officers per element is commonly cited — verify against **your** policy.
- The element moves as one. If the protection detail stops, the medics stop. Nobody advances alone toward a casualty they can see.
- The protection detail secures. It does not carry, treat, or clear.
- Entry only after a linkup brief: route in, CCP, route out, abort criteria. Ninety seconds, every time.

WARM ZONE CARE PRIORITIES

- Warm zone care is life threats and movement. Stop the hemorrhage, position the airway, seal the chest, move. Nothing else.
- Tourniquet **on the skin 2–3 in above the wound, never over a joint; high and tight only under threat or with the source not visible**. Do not convert in the warm zone.
- Two seals per casualty. Check the back before you seal the front.
- Definitive assessment happens at the CCP or the ambulance exchange point. Treating in place is how elements get pinned.

PREREQUISITES — ALL FIVE, NO EXCEPTIONS

- Signed MOU with the law enforcement agency you will actually deploy with.
- Written joint SOG naming zones, element composition, entry authority, and abort criteria.
- Radio interoperability tested at the console, before the incident.
- Ballistic PPE issued and fitted to the individual provider. Shared PPE is unfitted PPE.
- Documented joint training inside the last twelve months. Miss any one of these and the RTF exists on paper only — grant reviewers and risk managers both check.

JOINT TRAINING FLOOR

- Annual full-scale joint exercise with the LE agency: real linkup brief, real casualty movement, real distance.
- Quarterly drill or tabletop on zone declaration and CCP designation. Those two decisions are what fail.
- Every member: hemorrhage control, hands-on, initial and annual, with a timed re-demonstration.
- Train with the element bag as it is packed. Providers who have never opened the sealed bag will open it for the first time in a stairwell.

THE FIVE FAILURES WE FIND ON AUDIT

- RTF equipment purchased with no signed MOU and no joint SOG.
- Joint training never scheduled — the two agencies meet for the first time at the incident.
- Element bags assembled at the scene out of apparatus stock.
- No radio path between the element and its force protection detail.
- MCI cache stored in bulk and never opened between purchase date and incident.

Vendor-neutral by design. No product names, model numbers, or prices appear on this card. It is an operational standard you can hand to a purchasing officer, attach to a policy, or drop into a grant application without endorsing a supplier. Prepared by Marco R. Torres, MD, NRP — physician and medical educator, U.S. Navy veteran, and founder of MED-TAC International and ALKEONHealth.com.