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 goes **high and tight on the proximal third of the limb. Never across a joint.** Do not spend time converting 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

1. RTF equipment purchased with no signed MOU and no joint SOG.
2. Joint training never scheduled — the two agencies meet for the first time at the incident.
3. Element bags assembled at the scene out of apparatus stock.
4. No radio path between the element and its force protection detail.
5. 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, FP-C — physician, flight paramedic, tactical medic, US Navy veteran.*