



| | | | |
|--------------------|--------------------------------------|-------|--------|
| <h1>NYC REMAC</h1> | | | |
| Advisory No. | 2019-07 | | |
| Title: | Rescue Task Force (RTF) Awareness | | |
| Issue Date: | October 4, 2019 | | |
| Effective Date: | Immediate | | |
| Supersedes: | 2019-05 | Page: | 1 of 3 |

The Regional Emergency Medical Advisory Committee (REMAC) of New York City is responsible to develop, approve and implement prehospital treatment and transport protocols for use within the five boroughs of the City of New York. The Regional Emergency Medical Advisory Committee (REMAC) of New York City operates under the auspices of Article 30 of the New York State Public Health Law.

During events identified as “aggressive deadly behavior” a specially designated team, Rescue Task Force (RTF), will respond. The RTF is staffed by NYPD and FDNY EMS Providers.

Attached is information describing the functions of the Rescue Task Force (RTF).

Current and Updated Protocols can be accessed at the Regional EMS Council website: www.nycremsco.org.

Owners/operators of Ambulance and ALS First Response Services providing prehospital medical treatment within the five boroughs of the City of New York are responsible to provide copies of the NYC REMAC Prehospital Treatment Protocols to their personnel, and to ensure that Service Medical Directors and EMS personnel are informed of all changes/updates to the NYC REMAC Prehospital Treatment Protocols.

Josef Schenker, MD, CPE, FACEP, FAEMS
Chair, Regional Emergency Medical Advisory
Committee of New York City

Marie C. Diglio, BA, EMT-P
Executive Director Operations,
Regional Emergency Medical Services Council
of New York City

Rescue Task Force (RTF) Awareness

What is the Rescue Task Force (aka RTF)?

During an aggressive deadly behavior event (such as an active shooter incident) a specially designated team consisting of NYPD and FDNY EMS providers will enter a 'Warm Zone' to provide limited medical care and patient extraction. A 'Warm Zone' is considered an area of 'indirect threat,' in example, an area that has been cleared of threat by police, although the shooter may still be active in an adjacent area. The RTF providers will treat patients in the warm zone and transport them to the 'Cold Zone' where 'non-RTF' EMS providers are positioned.

The RTF should not be confused with Rescue Paramedics who operate under REMAC Rescue Paramedic Protocols.

Why do we need an RTF?

RTFs are one of the recommendations that have come out of reviews of past active shooter incidents. More victims can be saved by the quicker provision of medical interventions such as hemorrhage control and tension pneumothorax decompression.

Who is part of team?

An RTF team is composed of 4 NYPD officers and 7 FDNY EMS providers (including CFR, EMTs, and Paramedics). Multiple RTF teams may be activated at a single event.

Do RTF team members have specialized training?

Yes, all members of an RTF (both NYPD and FDNY) have received specialized training to perform this role. The EMS providers are also issued ballistic helmets and vests.

Can all 911 EMS providers be assigned to an RTF?

No. Only FDNY EMS providers who have been appropriately trained will be assigned to an RTF.

How is an RTF activated in NYC?

FDNY EMS units will be specifically dispatched an an RTF resource during confirmed aggressive deadly behavior events. RTFs may be pre-positioned on standby during planned mass gatherings.

What medical equipment is carried by an RTF?

- Tourniquets
- Hemostatic Dressing
- Pressure Dressing
- Chest seals
- Decompression needles (for paramedic use only)
- Skeds
- Surgical Marking Pen

THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY, INC.

Rescue Task Force (RTF) Awareness

Is the patient care provided by an RTF in accordance with REMAC protocols?

The REMAC has approved RTF protocols which account for the unique environment of operations in the warm zone. Once patients are removed to the cold zone, regular REMAC protocols must be followed.

How does the RTF prioritize patients for extrication?

All patients encountered are rapidly removed to the cold zone. If there are too many patients to all be immediately removed, then “Warm Zone Triage” will be used.

Using a surgical marking pen, the following markings will be:

Alive: “A”

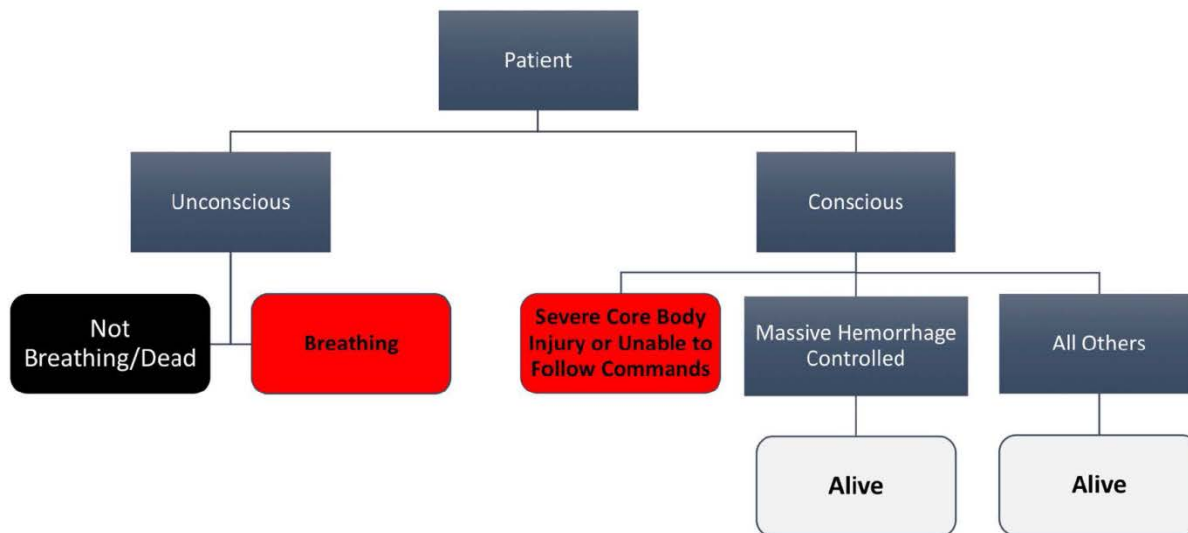
- Follows commands, no core injuries, bleeding controlled

Red: write out “RED”

- Unresponsive, unable to follow commands, breathing after repositioning of the airway or any core body injury front or back. (head to groin)

Black: “B:

- Not breathing after airway opened



Upon transfer of a patient to the cold zone, all patients must be triaged using Modified START according to REMAC guidelines.

Is there a process by which an RTF will hand off a patient to EMS the cold zone interface?

RTF will provide the cold zone crews with a handoff in L.I.T. format

L= Level of consciousness

I= Injuries sustained

T= treatment provided