Civilian
Emergency
Response
Team

Hilltop
Emergency
Response
Organization

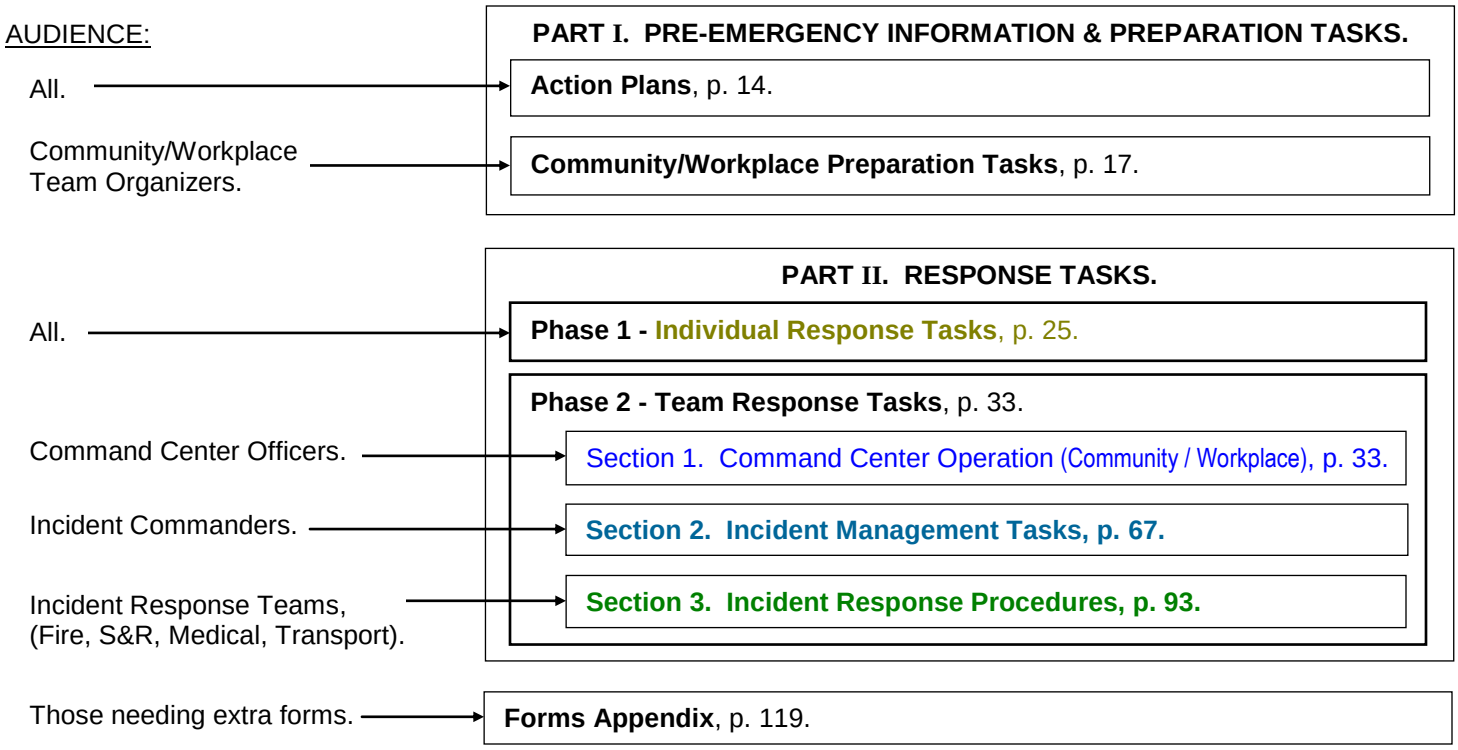
Field GuideBook

AKA, CERT Cheat Sheets.

- ❑ **Action Plans** for:
  - Individual response at Home or Work.
  - Individual response at a Mass Casualty Incident.
  - Community/Workplace Team response to an area-wide disaster.
  - Convergent Team response at a single Incident.
- ❑ **Task Guides** (one-page checklists) for each CERT job.
  - Pre-emergency Community or Workplace Preparation
  - Individual Response at Home, Work or Mass Casualty Incident.
  - Community/Workplace Command Center Operation.
  - Incident Management & Incident Command Post Operation.
  - Incident Response Team Procedures.
- ❑ Integrated, check-option **Forms** to reduce workload.
- ❑ **Field Desk** with a “Desk Top” (Guide & Form) for each Command Center Officer, Incident Commander & Team Leader.

Source: CERT GuideBook-6th Edition (5)

Visual Table of Contents



Sixth Edition, 2019

Liability Issues

It may sometimes be necessary to force entry to reach a victim. Liability protection for volunteer rescue workers in California is provided under State Civil Code 1799.102 (b) commonly known as the "Good Samaritan" law, which states,

> "no person who in good faith, and not for compensation, renders emergency medical or nonmedical care or assistance at the scene of an emergency shall be liable for civil damages resulting from any act or omission other than an act or omission constituting gross negligence or willful or wanton misconduct."

To be protected, rescue workers must first establish that a "scene of an emergency" exists by either seeing or hearing a victim before forcing entry. See task *iii. Prepare Community or Workplace*, page 20, for additional ways to provide service while containing liability exposure.

Risks and Cautions

Rescue work is not without risk to both the person being rescued and the rescuer. Procedures with this symbol ⬢ are high risk and not recommended for people without training in the procedure so marked.

While the processes, procedures and forms contained herein were developed using Strategic Planning and Process-Information Engineering disciplines and believed to be consistent with applicable EQE Int. structural damage progression patterns, FEMA US&R Type-4 principles, AAOS Wilderness First Aid, American Red Cross Emergency Medical Response, LA County Pre-hospital EMS protocols, AMA peer-reviewed studies, and the U.S. Army Field Medical Manual, the **GuideBook** is not yet certified by any professional or governmental agency. The **GuideBook** is not a substitute for proper training. If differences exist, follow local protocols. The author makes no warrantees as to the currency, completeness or suitability of the Action Plans, Diagrams, Task Guides or Forms contained herein to your particular situation or skill set. **Use the CERT Field GuideBook at your own risk.**

YOUR USE OF THE ACTION PLANS, WORKFLOW DIAGRAMS, FLOWCHARTS, TASK GUIDES, GUIDELINES AND/OR FORMS CONTAINED HEREIN CONSTITUTES YOUR AGREEMENT TO HOLD THE AUTHOR AND HIS HIERS HARMLESS FROM ANY AND ALL LOSSES, DAMAGES, AND LEGAL LIABILITY, WHETHER DIRECT, INCIDENTAL OR CONSEQUENTIAL, RESULTING FROM YOUR USE OF THIS MATERIAL.

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Table of Contents

The GuideBook is a work in progress. It is undated frequently as studies uncover better procedures and Red Cross protocols change. To ensure you have the latest copy, visit the DOCUMENTS page at www.HilltopHERO.org.

My thanks to the many firefighters, paramedics, doctors and nurses who have reviewed and contributed to this compilation, and especially to my son who heads the Sports Medicine Dept at a major university for his guidance on how best to evaluate and care for trauma injuries.

The File Name - Edition and (Release Number) of this version is

CERT GuideBook-6th Edition (5).

Preface

GuideBook Purpose

The GuideBook is a set of one-page step-by-step guides to assist civilians in safely doing real Urban Search and Rescue; i.e., to find and extract casualties without causing further injury from light and moderately damaged building, assess their injuries, provide First Aid and Life Support, and transport them to hospitals when professional services are overwhelmed following a major disaster. It is significantly more advanced than FEMA's Community Emergency Response Team training.

GuideBook Features

Action Plans. The GuideBook provides Action Plans for the two Phase of civilian response and the two variation of each:
- Phase 1, Plan A - Individual response at your home or business. (Basic Life Saving Intervention.)
- Phase 1, Plan B - Individual response at a Mass Casualty Incident. (The focus of FEMA Community Emergency Response Training.)
- Phase 2, Plan A - Pre-organized Team response to all incidents in a neighborhood/workplace. (Multi-Incident Management)
- Phase 2, Plan B - Convergent Team response to a particular incident. (Single-incident Urban Search & Rescue.)

Action Plans are presented in both diagram and text formats to accommodate both visual and verbal-oriented learners.

Workflow Diagrams give the "Big Picture". They show "What to do, When to do it, and Who does it." They show the sequence of tasks and the information that flows between tasks. These are of interest primarily to CERT leaders who need to see how tasks and specialized teams work together to implement an Action Plan. Diagrams use symbols to convey information quickly. See *How to Use the GuideBook.* on page 7 for more information.

Task Guides are the meat of the GuideBook. They are one-page checklists that tell "How to do it". They are the building blocks of the Action Plans. By simply following the Task Guide assigned to you, the Action Plan will unfold.
Task Guides are written in full sentences for "rusty" CERT members and for training spontaneous volunteers in the field. Key phrases, highlighted in **bold,** serve as **Memory Aids** to help members with current knowledge quickly remember what to do.

If a **Form** is used to capture information or to plan or track activities during a particular task, that form is to the right of the Task Guide. Hence, this binder serves as a "**Field Desk**" for Command Center Officers, Incident Commanders and Team Leaders. The Forms allow information capture by simply checking or circling the appropriate option. This reduces documentation workload, ensures consistency, and helps you remember "what to do". The Appendix has extra Forms.

If you are not a CERT Leader, you do not need to read or understand the entire GuideBook to use it.

You only need to read/review one page to do the job assigned to you at any point in time!

Note: FEMA CERT classes call for teams to develop an **Emergency Operations Plan** before disaster strikes. By filling in the *Contacts and Known Hazards* form on page 12 for your community/workplace, the **GuideBook** can serve as your EOP.

GuideBook Organization

The **GuideBook** contains the following Parts and Sections:

***PART I. PRE-EMERGENCY INFORMATION* & PREPARATION TASKS,** beginning on page 13, contains an overview of the Action Plans to follow depending on where you are when disaster strikes and whether there is an organized response team at that location. Part I also contains tasks to prepare a community/workplace before disaster strikes. Review *Part I* now.

PART II. RESPONSE TASKS., beginning on page 23, contains the Tasks and Procedures to be performed when disaster strikes. It begins with a pictorial illustration of the main Action Plans. Part II contains the following subparts:

***Phase 1 - Individual Response (Each CERT Member)*,** p. 25, contains the tasks to be performed by individual CERT members acting alone wherever they are when disaster strikes. Memorize Tasks 1.a & 1.b now so that you are ready.

***Phase** 2 - Team Response*, p. 33, contains the tasks performed after CERT members link up and form teams. Phase 2 focuses on managing multiple incidents and/or Urban Search and Rescue in buildings other than the one you were in.

Section 1. Command Center Operation (CC Officers), p. 33, contains tasks required to run a community or workplace Command Center for Action Plan 2.A. These can be performed by anyone with organization and leadership skills.

***Section 2. Incident Management Tasks (Incident Commanders)*,** p. 67, contains tasks performed by those who lead Response Teams to manage a particular type of incident. These can be performed by anyone with leadership skills.

***Section 3. Incident Response Procedures (Incident Response Teams)*,** p. 93, contains procedures for Damage Surveys, Incident Size-up, setting up Traffic Detours, Cribbing and Shoring, Fire Suppression, Search and Rescue, Triage, and Injury Evaluation and Treatment, and Patient Transport. These procedures are used in various combinations in the various Action Plans and are assigned to specialized Incident Response Teams in the various Incident Management Tasks as needed. Some of these tasks require the ability to lift and carry 60 lbs for 60 feet and/or be non-hemophobic.

GuideBook Benefits

- Organizes the concepts and procedures taught in FEMA CERT Level 1, 2 and 3 classes into one-page Task Guides. All topics are cross-referenced via page number pointers (and hyperlinks if reading online or mobile) for quick reference.
- Provides clear Action Plans for what to do depending on where you are when disaster strikes and whether there is an organized CERT at that location. Action Plans put the procedures taught in FEMA CERT classes into context.
- Eliminates the No.1 reason cited for no response; "I couldn't remember what to do and couldn't find it in the manual."
- Provides guides for prioritizing and addressing the eight types of incidents most frequently encountered by CERTs.
- Shows how to mount an effective response with as few as 5 CERT members reporting for duty, or manage teams of a hundred or more, including spontaneous untrained volunteers.
- Addresses activities not included in FEMA CERT Basic Training such as how to:
  - Form neighborhood/workplace-based CERTs and prepare the neighborhood/workplace for disaster before it strikes.
  - Fund the purchase of CERT equipment.
  - Reduce the likelihood that CERT activities will result in legal liability action from those a CERT tries to help.
  - Save lives at your home or work, or at a public Mass Casualty Incident during the 4-Minute Life Saving Window.
  - Setup and run a community or workplace Command Center.
  - Efficiently allocate and assign available resources to incidents just as "Central Dispatch" does for the Fire Dept.
  - Plan resource deployment to make the best use of limited resources with varying skill levels.
  - Establish communications with a city's or county's emergency operations center.
  - Transport casualties to hospitals.
  - Ensure that all occupants of a neighborhood or workplace are checked on following a disaster.
  - Utilize spontaneous civilian volunteers and physically-challenged CERT members.
- Breaks CERT activities into Tasks that can be performed by people with different skills and physical abilities.
  - Pre-Emergency Preparation Tasks - can be done by anyone.
  - Individual Response Tasks - can and should be done by everyone acting alone.
  - Command Center Operations Tasks - can be done by anyone who can think under pressure.
  - Damage Survey Tasks - can be done by anyone who can walk, look and knock on doors.
  - Incident Management Tasks - can be done by anyone who can read, direct and monitor.
  - Incident Response Procedures - requires some degree of physical and/or psychological ability.
- Provides a set of integrated Forms to ensure a paper trail of decisions made, resource deployment & patient movement. The Forms serve as checklists and memory aids for "what to do". The following Forms are provided:
  - Damage Report used to quickly document incidents seen during the two types of Damage Surveys.
  - Incident Log and Incident Deployment Suggestions used to record, prioritize and track incidents.
  - Response Plan used to allocate and assign resources with the correct Skills to Incident Response Teams.
  - Incident Order combines the Incident Briefing and Group Status Sheets into one easier-to-use form.
  - Operations Log tracks Incident Groups dispatched, their progress and needs, and victims found and rescued.
  - Building Marker provides visual communication to both CERT and Fire Dept regarding which buildings have been checked, which need rechecking because conditions have changed, and where victims are trapped or dead.
  - Patient Evaluation Checklist (developed with ER doctors) guides patient assessment and treatment at the ARC EMR level.
  - Casualty Log tracks casualties found, their status, treatment, care available, current location, planned movement.
  - Transport Log tracks equipment and casualty movement.
  - Contacts provides space for recording location, phone and radio frequencies of emergency agencies, hospitals.
  - Communication Log tracks messages sent and received between CERT Command Center, Incident Sites and EOC.
- Presents information in both picture and narrative formats for assimilation by both visual and verbal oriented users.
- Provides the "Big Picture" view via Diagrams which show the sequence and interaction between tasks, who performs each, and the Forms and information that flow from task to task so that each person knows what to do.
- Can serve as a rain-resistant Field Desk by inserting the Task Guide and its associated Form into the front and back outside clear plastic covers and writing on the cover with a grease pencil.
- Greatly reduces the burden and stress of trying to remember what to do, when to do it, and how to do it.
- Key words in **Bold** serve as quick-glance Memory-Aids for "current" CERTs, while the full-sentence descriptions refresh "rusty" CERTs and aid in training spontaneous volunteers on the spot to perform specific tasks.
- Can be customized for each Command Center function by writing that function name on the front cover (e.g., Planning, Operations, etc.) and inserting extra copies of the Form used by that function opposite their Task Guide.
- Greatly increases a City's, County's or agency's return on their investment in their CERT program.

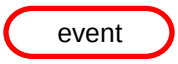
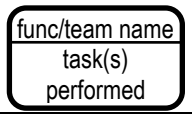
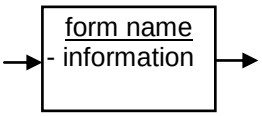
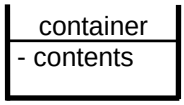
How to Use the GuideBook.

The **GuideBook** presents information both visually via diagrams (Organization Charts, Flow Charts and Decision Tables), and verbally via narrative Task Guides.

Diagrams give the **"BIG PICTURE".**

Structure Diagrams show **Who-Reports-To-Who**. They show the scope and chain-of-command.

WorkFlow Diagrams show **What-Tasks-to-Do, When-To-Do-Them, Who-Does-Them and the Forms and information** that flows between each task. WorkFlow diagrams contain the following symbols:

	A red oval represents an **Event**, such as an earthquake, that causes the series of tasks below it to be started. Begin reading the WorkFlow at this point. Subsequent tasks are triggered by completion of a prior task or from information that flows from another task.
	This symbol represents **Activity** (one or more Tasks or an on-going Function) triggered by an event (disaster strike, incident or casualty). The name at the top identifies the person or Team who performs the task(s). (One person may perform several Functions.) The lower part lists the Task(s) to perform, or the major steps in performing a Function.
	This symbol identifies a **Form** used to perform a task and/or to pass information to another task. All tasks are triggered either by an Event or the receipt of information, generally on a Form. The key information received or to be provided is listed in the lower part of the symbol. **Arrows** between Form and Task symbols show whether the Form is an input to, used internally, or an output from the task. The Arrows also show the normal flow of work.
	This symbol represents a **Container,** a place where things come to rest, such as a place where equipment is stored, or where people are "staged" awaiting assignment. The name of the container or place is shown at the top of the symbol. The key contents of the container are listed in the lower part of the symbol.
○ Responsibility	Circular bullets list repeating, on-going responsibilities performed over and over again.
❑ Task step	Square Checklist boxes list steps in a task that are generally performed only once per task.

Task Guides tell **How-to-Do-It**.

The GuideBook contains One-page Guides for each Function and Task. Each Guide contains three sections;

1. The Input section lists the Form(s) and key information and/or the resources you need to start the task.
2. The Procedure/Responsibilities section provides either step-by-step instructions in checklist format for performing the task or the ongoing responsibilities to be addressed as they arise.
3. The Output section lists the completion criteria for the task, i.e. the things that should be accomplished to consider the task done, and the Form(s) and information generated so the person performing the next task can do their job.

Task Guides are written in full instructional sentences for "Rusty" CERTS, but contain key phrases high-lighted in **bold text.** These can be read as "bullets" and serve as **Memory Aids** for the "current" CERT.

Tasks Names referenced in a Task Guide are in *italics*. Numeric Guide Ids (1., 2. etc.) represent sequential tasks. Alpha Guide Ids (**A.**, **B.**, **C.**, etc., or **a.**, **b.**, **c.**, etc.) represent tasks or procedures performed as needed.

Forms used during a task are underlined.

When assigned a task, find the Task Guide in the Table of Contents and review it before and during your work.

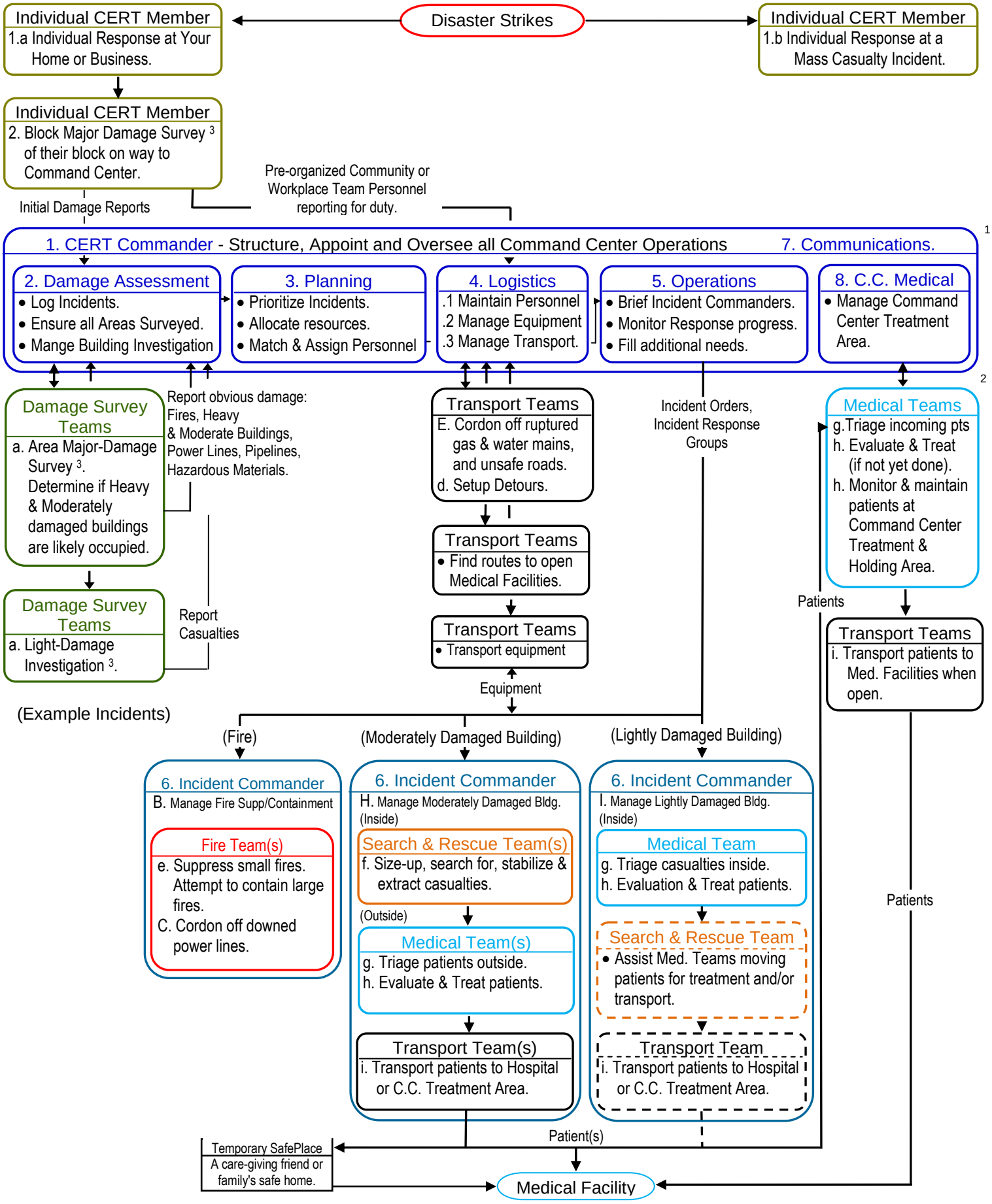
Forms

The **GuideBook** contains two complete sets of engineered, integrated Forms. One copy is by the Task that uses it. The other is in the Appendix. Form page-reference-numbers in Task Guides refer to the copy in the Appendix. **GuideBook** Forms are combinations and subsets of FEMA ICS forms, and are the check-the-appropriate-option (rather than the blank-box) type to help you remember what to do, reduce information-capture workload and ensure consistency. Consequently **GuideBook** Forms differ from FEMA ICS forms. The counterpart FEMA ICS form is indicated by the annotation (ICS nnn – ss.) where nnn is the ICS form number, and ss is the form section number. Make additional copies of the Forms now.

"Desk Tops"

If a tasks requires the use of a Form, it is to the right of the Task Guide. Hence the **GuideBook** serves as a "Desk Top" for each Command Center Officer, Incident Commander and Incident-Response Team Leader.

Response Overview Diagram



Footnotes

[1] Command Center Functions

The titles shown in the blue Command Center Task symbols are functions to be performed, not necessarily positions to be filled. One person may need to perform multiple functions, especially upon initial deployment. See page 38 for suggestions.
Example: Person 1 - Damage Assessment and Planning. Person 2 - Logistics and Operations. Person 3 - CC Medical.

[2] CERT Organization and Training.

Emergency response volunteers can be organized and trained as specialized teams. The author offers this type of training. The teams referenced in this GuideBook - and the physical requirements of each team, are:

1. Command Center Officers - Anyone who is organized, can think under pressure and communicate clearly.
2. Damage Survey Team - Anyone who can walk, knock on doors and ask questions for 2 hours at a time.
3. Fire Team - People who can run with 20 lbs fire extinguishers or fire hoses.
4. Search & Rescue Team - People who can pick up 60 lbs (one corner of stretcher with 200 lbs patient) and carry it 60 feet.
5. Medical Team - Non-hemophobic people who know or are willing to learn and give First Aid.
6. Transport Team - People with trucks, vans or SUVs with at least 6 feet of open bed or floor space.

[3] Damage Surveys

To find life-threatening situations likely to contain victims as soon as possible and to ensure both safe and efficient use of Search & Rescue and Medical Teams personnel, the **GuideBook** specifies three types of surveys:

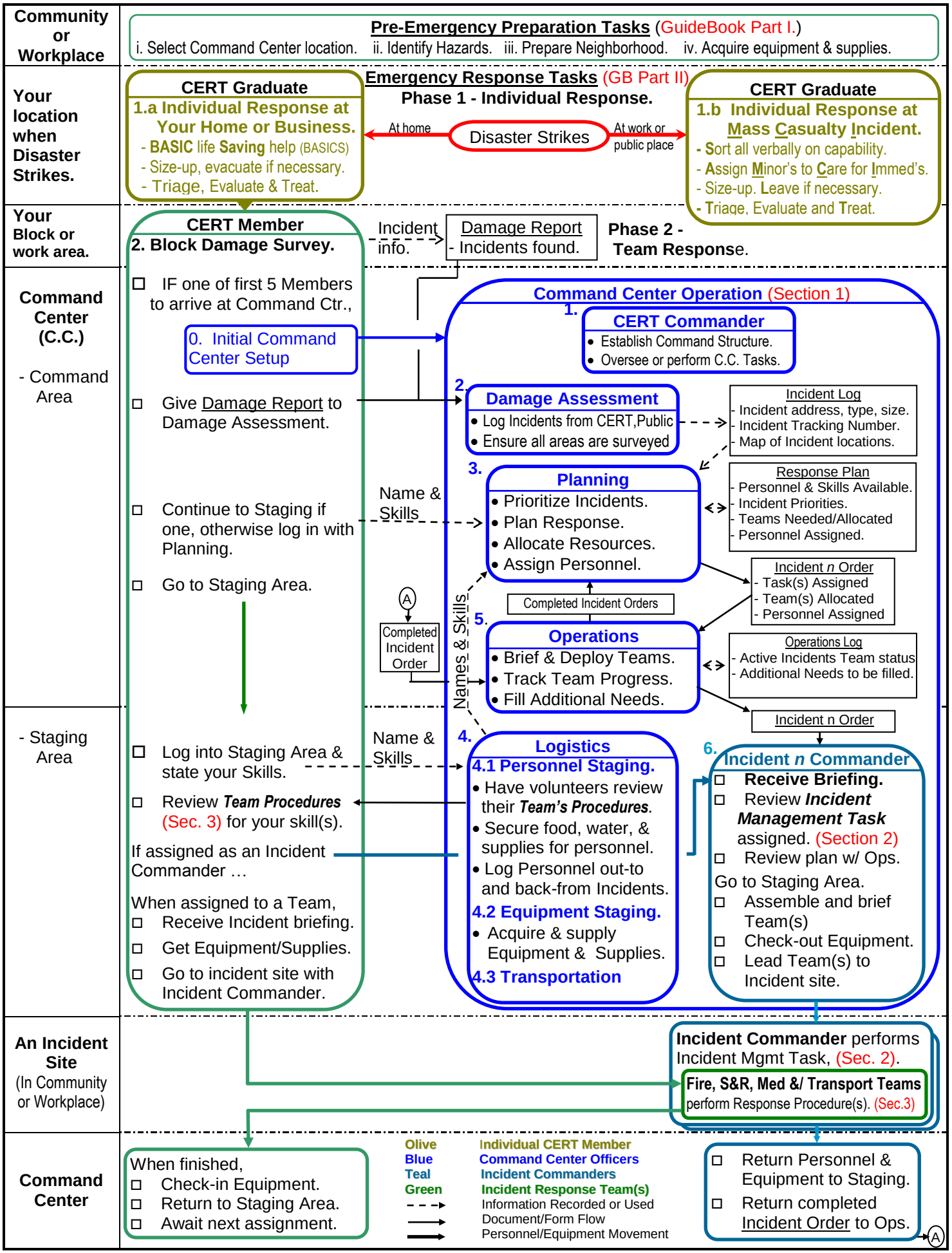
1. Block Major-Damage Survey is done by individual Team members before they go to the Command Center,
2. Area Major-Damage Survey is done by Damage Survey Teams formed at the Command Center, and
3. Light-Damage Investigation done by Damage Survey Teams after all major life-threatening incident have been found.

The following table gives the characteristics of these three surveys.

	Block Major-Damage Survey	Area Major-Damage Survey	Light-Damage Investigation
Done by:	All CERT members.	Damage Survey Teams.	Damage Survey Teams.
When:	On your way to the Command Center.	1. After teams are formed at the Command Center. 2. After major aftershocks.	After the Major Damage Survey is completed.
Where:	Your own block.	Blocks assigned by Damage Assessment Officer.	
Focus:	Find major incidents: - Fires, Downed Power Lines - Broken Gas & Water Mains - Heavy & Moderately Damaged Buildings - Unsafe Roads.		Find casualties at: - Light & non damage buildings, - Open areas; streets, sidewalks, parks, injured by falling, stepping on or being hit by flying glass or debris.
How:	Windshield Survey	Windshield & Neighbor Inquiry	Door to Door on foot.
Tasks:	• Drive/walk thru you block. • Look for the incidents above. • Attempt to determine probable occupancy of any Moderate or Heavily damaged building(s) based on your knowledge of their occupants' usual activities. • Post info on a Building Marker. • Document in Damage Report. • Give Damage Report to Damage Assessment at C.C.	• Drive/walk thru blocks assigned. • Look for the incidents above. • Attempt to determine probable occupancy of any Moderate or Heavily damaged building(s) by checking with up to 3 neighbors around the building in question. • Post info on a Building Marker. • Document in Damage Report. • Report incident to Damage Assessment or Survey Leader at C.C. by runner or radio.	• Walk thru block(s) assigned. • Investigate Lightly and Non-Damage Buildings by going Door-to-Door to those not displaying "We're OK". • If door answered, inquire of injuries. • If door NOT answered, check with up to 3 neighbors re whereabouts of occupants. • Post info on a Building Marker. • Document in Damage Report. • If injuries or if whereabouts are not known, report incident so an S&R and/or Medical Team(s) can be sent.
	See *2. Major-Damage Survey of Your Block.*, p. 28.	See a. Area Damage Surveys, p. 94.	(See a. Area Damage Surveys, p. 94.

For disasters, such as earthquakes which occur in multiple events (pre-shock, main-shock, after-shocks), Damage Survey Teams will need to post Building Markers on which they record the level of damage and status of occupant at the time a building was last checked. If a building subsequently appears more damaged after a secondary event than is shown on the Building Marker, a re-check may be needed. See *a. Area Damage Surveys* on page 94 for details.

People Movement and Information Flow Diagram.



Narrative

Pre-Emergency Preparation Tasks are to be performed before disaster strikes. (**GuideBook Part I**)

i. Enlist and train CERT Members. Select a neighborhood Command Center location. Publish info residents/co-workers.

ii. Identify area hazards (power lines, gas pipelines, slide areas, hazardous material stores, etc.). Develop mitigation plans.

iii. Prepare neighborhood/workplace. Notify residents/employees about your CERT services, help them assess their preparedness for an emergency, and optionally get written signed permission to enter residences to provide assistance during an emergency. Collect donations for CERT emergency equipment and supplies.

iv. Acquire and store emergency equipment and supplies (at the pre-selected Command Center location if possible).

Emergency Response Tasks (**GuideBook Part II**.)

Phase 1 Response = Your Individual Response wherever you are when disaster strike ends. [**GuideBook** Phase 1, page 25.]

1. **Individual CERT-trained individuals,** acting alone:
   a. at your home or business, give Basic Life Saving intervention to family members or immediate co-workers, or
   b. at a Mass Casualty Incident, direct the Minor injured to give Basic Life Saving help to those with Immediate needs.
   Size-up the structure and evacuate if necessary. Triage, evaluate and give first-aid to the injured in a safe place.
   If family members/co-workers are injured, the CERT member seeks help from a) 911, or b) the CERT Command Center.
2. If at home or work, CERT Members survey damages on their block/assigned area and report to their Command Center.

Phase 2 Response = Team Response.

*Command Center Operation (pre-organized Community or Workplace-based CERTs). [**Section 1**, page 33.]*

0. The **first five CERT members to arrive** at the CERT Command Center **start Command Center Operation** assuming the roles of CERT Commander, Damage Assessment Officer, Logistics Staging Officer, Planning Officer and Operations Officer. Commander will adjusted C.C. staffing up or down based on the number of CERT members who report for duty.

   Other CERT members report to Staging, review the Procedures in **Section 3** for their skills or Incident Response Team, and await assignment to incidents.
1. **CERT Commander** [p.38] assigns & adjusts Command Ctr staffing based on current workforce. Oversees all functions.
2. **Damage Assessment** [p.40] takes Damage Reports from incoming CERT members, verbal reports from the public, and compiles them into the Incident Log. Directs CERT members to report their Skills to Planning, then go to Staging. Directs spontaneous volunteers to Survey Teams or Transport. Sends Survey Teams to do Major Damage Surveys on blocks not yet checked, looking for obvious major incidents, then investigate the Lightly damage buildings for casualties.
3. **Planning** [p.42], using information from the Incident Log, develops a Response Plan by 1) prioritizing incidents reported thus far, 2) developing a "Resource Allocation Plan" identifying the type and number of teams desired for each incident and the number which can be allocated now from resources currently available, 3) developing an "Incident Staffing Plan" by assigning CERT members with the appropriate skills to Incident Response Teams. Planning initiates Incident Order(s) identifying the location, the Incident Management Task to be performed and the teams and personnel assigned. Then gives the Incident Order to Operations to implement.
4. **Logistics** [p.50] manages **Personnel Staging** and **Equipment Staging** while awaiting assignment, keeps idle personnel from disrupting other C.C. Officers, and provides **Transport** services. Sends Transport Teams to determine which hospitals are operating and accessible, then to transport patients to them or CC as requested by Incident Commanders.
5. **Operations** [p.56], upon receipt of an Incident Order, briefs the assigned Incident Commander and dispatches the assigned Incident Response Group composed of Incident Commander, a Runner or radio, and one or more Incident Response Teams. Operations then tracks progress via Runner or radio and obtains additional resources from Planning and/or Logistics if required by Incident Commanders.
6. **Incident Commanders,** upon assignment, receive briefing from Operations, review Incident Management task assigned, review plan of attack with Operations, retrieve assigned personnel and equipment from Staging and lead Team(s) to incident site. Incident Commanders perform *Incident Management Task* B, C, … and/or J assigned (in **Section 2**) while directing his/her team(s) to perform the *Incident Response Procedures* (in **Section 3**) applicable to the incident. If additional resources are needed, ICs request these from Operations via Runner or radio. Upon completion, the Group returns to the Command Center and checks equipment and themselves back into Staging to await other assignments. Incident Commanders give completed Incident Orders to Operations who assesses completeness of the response and gives the Incident Order back to Planning so Planning knows who is available again. ICs then return to the Staging Area.
7. **Communication** [not shown on Overview Diagram] reports major incidents to the authorities and gets information on operating medical facilities. See page 60 for details.
8. **Command Center Medical** [not shown on Overview Diagram] manages the Command Center Medical Treatment Area. See page 62 for details.

*Incident Command Post Operation for C.C.-dispatched or Convergent Incident Response Teams. [**Section 2**, page 67.]*

Incident Commander performs *Incident Management Task* B, C, … or J in **Section 2** while directing Fire, S&R, and/or Med. Team(s) to perform the *Incident Response Procedures* in **Section 3** applicable to the incident.

Contacts and Known Hazards

Rescue Organization: **H**illtop **E**mergency **R**esponse **O**rganization (HERO).

Command Center: Ball Field. Walk in: Grand View @ Indianapolis. Drive-in: Centinela @ Rose.

Alternate Location: Grand View gate to ball field.

GMRS/FRS Channel: 15-22 Code: None Call Sign: HERO Command WQOK679

144.505 PLUS 162.2 Call Sign: HERO Command _____

445.620 MINUS 127.3 Call Sign: HERO Command _____

Contacts:	Name		Location	Phone
HERO:	Bill Pope		Grand View Ball Field	310-591-9195
Fire Department:	Station 62	9-1-1	Inglewood Bl. @ Venice Bl.	310-473-1157
	Station 59	9-1-1	11505 W. Olympic @ Butler	310-575-8559
	Via Ham Radio		144.405 PL: 110.9 Call: ACS Battalion 4	
			144.370 PL: 110.9 Call: ACS Battalion 4	
	Central Dispatch	9-1-1	500 E. Temple *	(See Bill Pope)
Police Department:	LAPD Pacific	9-1-1	Culver Bl, btw Inglewood & Centinela	310-202-4502
Gas Utility:	So Cal Gas		8141 Gulana Ave, Westchester	800-427-2200
Water Utility:	LA Dept Water & Power		9-1-1 11134 National Blvd	800-342-5397
Electric Utility:	LA Dept Water & Power		9-1-1 11134 National Blvd	800-342-5397
Hospitals:	Marina Del Rey Emerg.		4650 Lincoln, Marina Del Rey	310-823-8911
	SoCal Hospital Emerg.		3828 Delmas Ter. C.C. (9800 Venice Bl.)	310-837-1744
	Saint John's Emerg.		2121 Santa Monica Blvd.	310-829-8365
	UCLA-SM Emerg.		1225 15th St, Santa Monica	310-319-4000
Disaster Resources	UCLA- Westwood Trauma		Gayley & Charles E. Young	310-267-8400
City Emergency Dept.	LA **E**merg. **O**ps **C**enter		Aux Comm Services (ACS)*	See Bill Pope
Shelters	Red Cross		1450 11th Street Santa Monica	800-733-2767

* Auxiliary Communication Services (ACS) may provide relay services via Ham Radio.

Ham Frequency: 144.505 PLUS 162.2 Call Sign: ACS Battalion 4 HQ _____

445.620 MINUS 127.3 Call Sign: ACS West Bureau HQ _____

147.3 PLUS 110.9 Call Sign: ACS LAFD Metro

Known Community/Workplace Hazards (Location of flood or slide areas, major pipelines, powerlines, HazMat areas, etc):

- 36" Natural Gas Pipeline - Inglewood Blvd - SoCalGas 800-427-2200,1 Say 'Emergency! 36" pipe line rupture at ____.'

- 12" Crude Oil Pipeline - Inglewood Blvd - Operated by Crimson Pipeline LP, 866-351-7473.

- Potential land side areas east side Inglewood Boulevard 3200, 3300 and 3500 blocks.

- Soft first floor apartment buildings 3300 - 3600 Centinela and National east of Inglewood.

PART I. PRE-EMERGENCY INFORMATION & PREPARATION TASKS

Action Plans

The Task Guides in *Section 3* can be used in several different Action Plans. The **GuideBook**'s organization makes this easy. For instance, there are two Phases of civilian emergency response work and two possible variations of each Phase.

Phase 1 - Initial Individual Response Action Plans

Phase one is what you do by yourself for the people immediately around you in the building or unit you are already in when disaster strikes. There are two different Action Plans, depending on where you are when disaster strikes. They are:

1.A. Individual Response at Your Home or Business, p. 27.

1.B. Individual Response at Mass Casualty Incident, p. 30. (This is the focus of FEMA's CERT program.)

Phase 2 - Team Response Action Plans

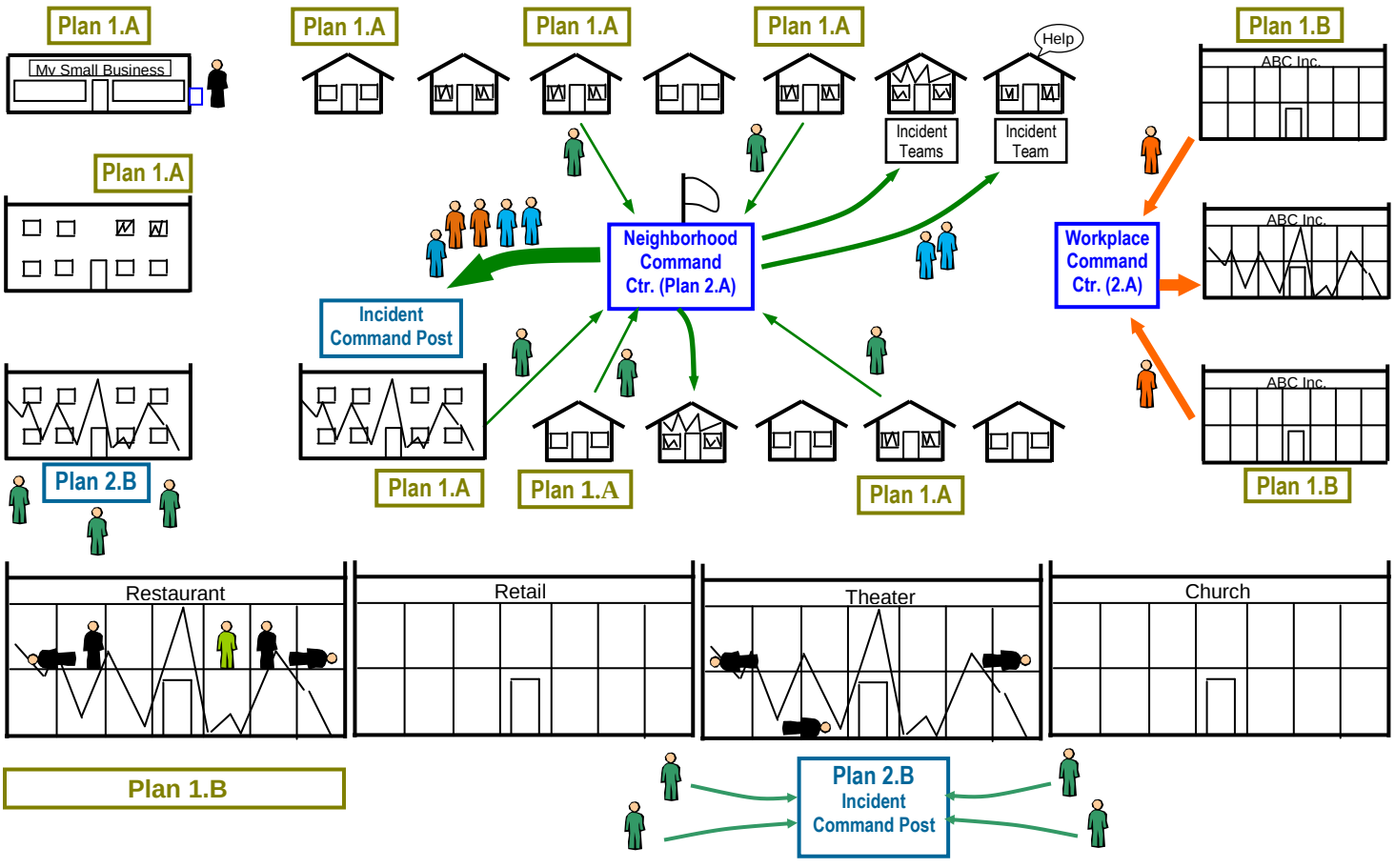
Phase 2 begins when you link up with other trained rescuers to begin Search & Rescue operations in buildings or living-units other than the one you were in when disaster struck. There are two Action Plans, with 2B being a subset of 2A:

2.A. Pre-organized Neighborhood or **Workplace Teams** trained and equipped to find, prioritize and address all incidents in their neighborhood or workplace under the liability protection of Good Samaritan laws, or under pre-signed Search Request and Hold Harmless Agreements which allows you to force entry to check on those neighborhood residents who have requested such service even thought they are not seen or heard. This Action Plan begins with individual Team members performing Task ***2. Major-Damage Survey of Your Block.*** p. 28, on their way to their pre-designated neighborhood or workplace Command Center. Teams are then formed and dispatched from the Command Center. See ***Section 1. Command Center Operations***, p. 33.

2.B. Ad hoc Team converging at an incident. The Team operates solely under Good Samaritan laws. No liability protection is afforded for forced entry until a victim is seen or heard. This Action Plan is a sub-set of Action Plan 2.A. and varies depending on the incident. See ***Section 2. Incident Management Tasks***, p. 67.

The four Action Plans are illustrated below and summarized on the following pages. The Plan to follow depends on:

- Where you are when disaster strikes, and
- Whether a pre-organized neighborhood or workplace team exists, or an ad hoc team converges, at your location.



Action Plans and Tasks.

Type Response:	Phase 1 - Individual		Phase 2 - Team	
1. What is your location when disaster struck?	Your home or small business.	Public place (work store, restaurant)	Pre-organized Community/ Workplace	Ad Hoc, Converges on a particular incident.
2. Type of Team at this location?				

Response Task & Functions	GB	Page	Action Plans 1.A	1.B	2.A	2.B
1.a Individual Response at Your Home or Business.	Part 2 Phase 1	27	X			
1.b Individual Response at a Mass Casualty Incident		30		X		
2. Major-Damage Survey of Your Block.		28			X	
0. Initial Command Center Setup	Part 2 Phase 2 Sec. 1	36			X	
1. CERT Commander – Structure, Appoint, Direct and Oversee		38			X	
2. Damage Assessment – Log Incidents. Complete Damage Survey		40			X	
3. Planning - Prioritize Incidents. Allocate, Match & Assign Resources		42			X	
4. Logistics - Manage Resources and Services		50			\	
4.1 Personnel Staging - Manage Personnel Awaiting Assignment		50			\	
4.2 Equipment Staging - Manage Equipment Awaiting Assignment		52			\	
4.3 Transportation - Manage Acquisition and Transport		54			\	
5. Operations – Brief, Deploy & Track Incident Teams		56			X	
6. Incident Commanders – Deployment from a Command Center		58			X	
7. Communications - Report Incidents to Authorities		60			\	
8. Medical - Manage Medical Treatment Area (Command Center, incident site)		62			/	/
9. Shelter Management		64			\	
A. Manage Area Damage Survey(s)	Part 2 Phase 2 Sec. 2	74			X	
B. Manage Fire Suppression or Containment		76			/	/
C. Manage Downed Power Line		78			/	/
D. Manage Hazardous-Materials Area		80			/	/
E. Manage Gas or Water Main Rupture		82			/	/
F. Manage Unsafe Road		82			/	/
G. Manage Heavily Damaged Building		84			/	/
H. Manage Moderately Damaged Building		86			/	/
I. Manage Lightly Damaged Building		88			/	/
J.					/	/
a. Area Damage Surveys	Part 2 Phase 2 Sec.3	94			X	
b. Incident Size-Up		96	/	/	X	X
c. Cribbing and Shoring		98			/	/
d. Traffic Detour		100			/	/
e. Fire Suppression or Containment		102	/	/	/	/
f. Search and Rescue		104			/	/
g. Triage		108	/	/	/	/
h. Patient Evaluation and Treatment		110	/	/	/	/
i. Patient Packaging and Transport		116			/	/

Legend:

- Olive - Performed by individuals acting alone.
- Blue - Performed by Command Center Officers.
- Teal - Performed by Incident Commanders for a particular incident.
- Green - Performed by Incident Response Teams working under an Incident Commander at a particular incident.
- X - Always performed.
- \ - Performed if size of workforce requires and allows.
- / - Performed as required for the incident(s).

Action Plan Comparison.

1.A. Individual Response at Your Home or Business.	1.B. Individual Response at a Mass Casualty Incident.	2.A. Pre-organized Team response to all incidents in their area.	2.B. Convergent Ad Hoc Team Response at that Incident.
Situation: You are not severely injured and building still standing, therefore it will probably continue standing until at least the next main (5%) or aftershock (95%). Casualties are few or none.	**Situation:** You are not severely injured and building still standing, therefore it will probably continue standing until at least the next main (5%) or aftershock (95%) . Casualty-to-Rescuer Ratio is HIGH.	**Situation**: Family and home stabilized. A pre-organized community or workplace CERT exists at your location.	**Situation**: Family and home stabilized. Three or more CERT-trained individuals happen on an incident they can address.
Time Window: 4-Minute Death from Asphyxiation, Suffocation, or Rapid Bleeding.		**Time Windows:** 4-Hour Death from Shock, Slow Bleeding. 24-Hour Death from Stress, Exposure.	
Resources: You acting alone.	**Resources:** You directing the Minor injured to care for the Immediates.	**Resources:** A pre-organized CERT who has trained and drilled together.	**Resources:** An Ad Hoc CERT with unknown skill currency.
Objectives: If at home, save the lives of family members. If at your business, save the lives of coworkers if safe to do so.	**Objectives:** 1. Your safety. 2. Do the most good for the most people immediately around you, if safe to do so.	**Objectives:** Find and address all incidents using the following priorities: 1. Rescuer safety. 2. Prevent further injury and death. 3. Find, extract, triage, evaluate and treat victims from Moderate damaged buildings. 4. Investigate Lightly damaged buildings for casualties.	**Objectives:** Address the particular incident found: - Downed Power line. - Ruptured Gas or Water main. - Unsafe Road. - Heavily Damaged Building. - Moderately Damaged Building. - Lightly Damaged Building, etc.
Tasks: **B**asic Life Saving Intervention for those: - **B**urning - **B**uried. - **B**leeding rapidly - Not **B**reathing Open Airway. CPR if required. **A**irway management. **S**ize-Up structure. **I**mmobilize major fractures, C-spine. **C**arry non-mobile out of moderate/heavy damage via Manual Carries or Drags. **S**imple Triage (Rapid Treatment done above.) Head-to-Toe Patient Evaluation. First Aid Treatment. **(BASICS)**	**Tasks:** If building is tilting or unsafe, leave. Otherwise do either **a** or **b** below: **a**. **AMA's S.A.L.T Procedure.** **S**ort victims on capability via verbal commands: "If you can walk, stand up." (Minors.) "If you can't walk, wave." (Delayeds.) (The remaining are Immediates.) **A**ssign Mobile-Minor-injured to Care for Incognizant/Incapable Immediate-need victims by providing … **L**ife-saving intervention for those: - Burning, - Buried, - Bleeding rapidly or - Not Breathing. **T**riage, evaluate and Treat. Another memory aid for this is **MCI BASICS**; direct **M**inors to **C**are for **I**mmediates, using the **BASICS** procedure. **b**. Perform the following by yourself: **S**imple **T**riage **A**nd **R**apid **T**reatment, Head-to-Toe Patient Evaluation & First Aid Treatment.	**Tasks:** Report to pre-designated Command Center. Damage Survey Teams: - Survey & report Major Incidents, then - Investigate Light Damage buildings for casualties. Command Center Officers set up CC: - CERT Commander assigns ICS roles. - Damage Assessment records incidents. - Planning prioritizes incidents, assigns resources. - Logistics manages resources & transport. - Operations briefs, tracks & support IC's. - IC's lead teams to and manage incident and team safety. Fire Team(s) suppresses small fires, attempt to contain larger fires. Search & Rescue Teams: - find, stabilize & extract victims from moderately damage buildings via scoop stretchers or backboards. - find & stabilize victims in lightly damage buildings. Medical Teams triage, evaluate and treat casualties: - outside Moderately damaged buildings. - inside Lightly damaged buildings. Transport Teams transport patients to hospitals when Fire Dept. cannot.	**Tasks:** Fire Team(s) suppresses small fires, attempt to contain larger fires. Search & Rescue Team(s): - find, stabilize & extract victims from moderately damage building via manual carry or sling stretcher. - find & stabilize victims if building is only lightly damage. Medical Team triages, evaluates and treats casualties: - outside if building is Moderately damaged. - inside if building is Lightly damaged. Transport Team(s) transport patients to hospitals when Fire Dept. cannot.

Community/Workplace Preparation Tasks (CERT Organizers)

In this **GuideBook**, the acronym CERT stands for a Civilian Emergency Response Team trained to perform both Phase 1 Individual Emergency Response procedures at their homes or businesses or at Mass Casualty Incidents, and also to perform Phase 2 Team Response procedures to find and address all incidents in the Team's neighborhood or workplace, and to provide advance First Aid and Life Support and transport to hospitals.

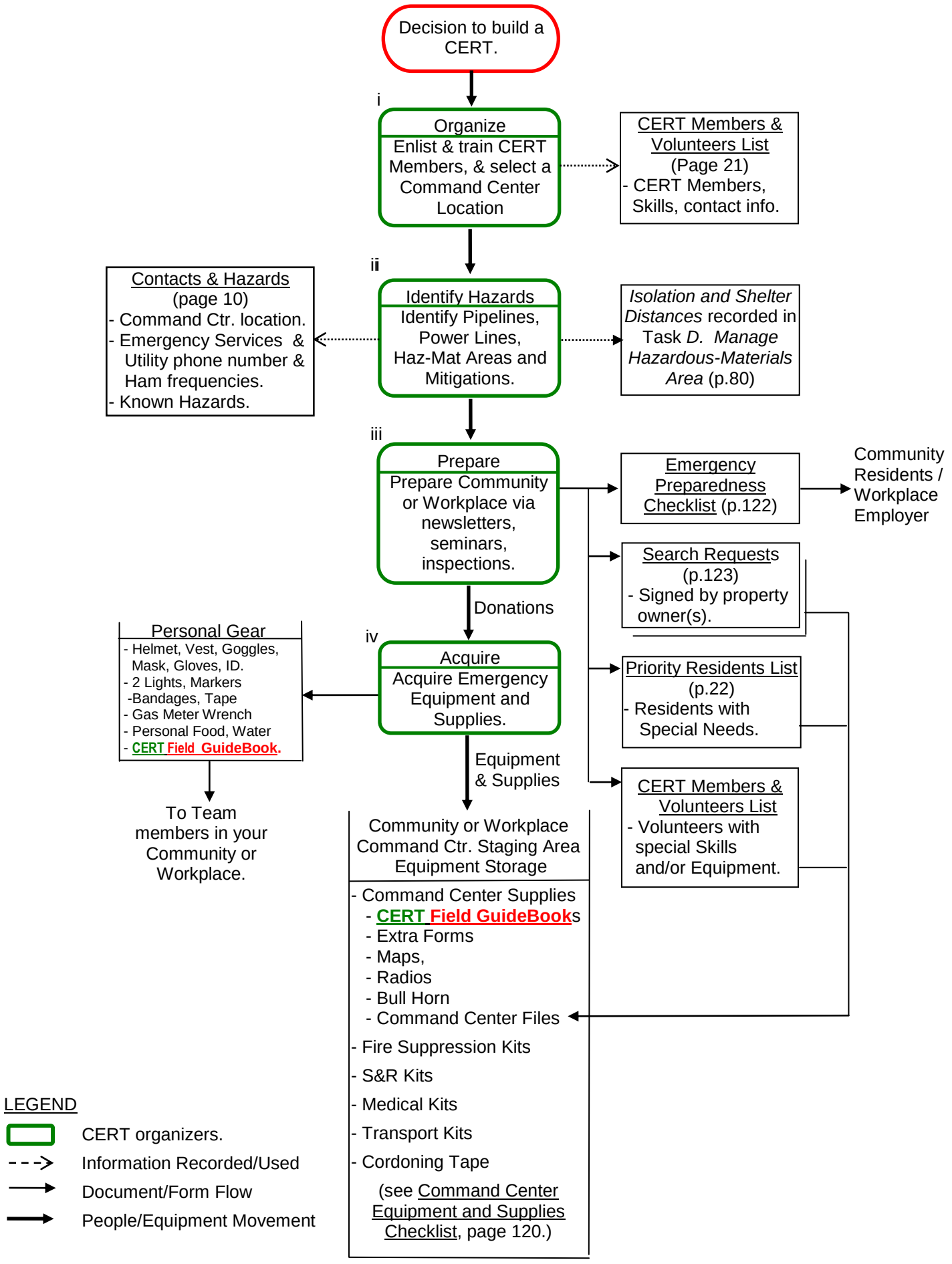
The training provided to Civilian Emergency Response Teams via this GuideBook is much more advanced than that provided by FEMA's Community Emergency Response Team Basic Training classes. Although FEMA and Fire Departments who teach their program also use the term "CERT", the skills taught in their Community Emergency Response Team program are sufficient only for Phase 1 response activities and should not be used to do Search & Rescue or Patient Extraction during a Phase 2 response. Furthermore, since Fire Departments seldom have the time and resources to actually build teams, the term Community Emergency Response *Team* is really a misnomer, as their program really only provides people in the Community with some Emergency Response Training. It does not build actual community or neighborhood-based teams.

The term "community" is used in the **GuideBook** as a generic term for the area served by a particular pre-organized Civilian Emergency Response Team. That area could be a neighborhood, a political district, or a small town. This leaves the definition of Team-scope up to the CERT's organizers.

Some of the tasks in this section are probably best performed only at the individual neighborhood level. For instance, residents of a condo complex or small neighborhood may be comfortable signing Search Request and Hold Harmless Agreement, page 121 & 123, if the response team serving them is composed solely of residents from their complex or neighborhood, but would probably not do so for a city-wide CERT composed of people from other neighborhoods. (Search Requests which pre-authorize forced entry should be used only when property ownership turnover, resending the authorization, is tracked.

Community/Workplace Preparation WorkFlow

(Performed by CERT Neighborhood or Workplace Organizers.)



Community/Workplace Preparation Tasks

i. Organize Local CERT Members

Input	Output
• Decision to build a CERT.	• A CERT Organization

Procedure:

- ❑ Identify candidate Team members via newsletter articles and *Disaster Survival Seminars* (www.HilltopHERO.org).
- ❑ List candidate Team members and professional volunteers on the CERT Members & Volunteers List, p. 21.
- ❑ Train Team members via FEMA CERT Basic Training and Red Cross *First Aid* and *Emergency Medical Response* classes, or the author's *Civilian Emergency Response Team Training Program*. See www.HilltopHERO.org)
- ❑ Select a location to be the community/workplace Command Center and publish it to all Team members.

ii. Identify and Map Hazards. Plan Mitigations

Input:	Output:

• U.S. Department of Transportation, Emergency Response Guidebook.
• Definition of your community's borders.
	• Type and Location of community/workplace hazards.
	• For Hazardous Materials (HazMat):
	  ○ The Location of and Name of the material and maximum quantity ever stored at each location.
	  ○ Radius of area to be evacuated and distances downwind to shelter-in-place in case of spills and/or fire.
	• Above information recorded in task *D. Manage Hazardous-Materials Area*, p. 80.

Gas and Hazardous Liquid Pipelines

❑ Use www.npms.phmsa.dot.gov to locate and map any major hazardous material pipelines in your area.

Hazardous Material Areas.

To properly address HazMat incidents, Fire and Police Departments need to know what materials are present. Therefore:

- ❑ Scout your community or workplace for buildings or sites with an NFPA 704 Diamond. If any found, enter address(es) in column **1** of **HazMat Response Plan** on page 80. [See example below.]
- ❑ Speak with building/site owner or management to identify the most hazardous material ever to be stored there and the maximum quantity ever present. Enter this information in columns **2** and **3**.
- ❑ Using the material's name, look up the material's 3-digit response Guide No., and 4-digit ID No. in the **Blue** section of the USDOT Emergency Response Guidebook available from http://hazmat.dot.gov or 202-366-4900. (In California, DOT ERG's are distributed by regional offices of the California Emergency Management Agency, 916-845-8510, or search for Regional Operations at www.calema.ca.gov.).
- ❑ If the material is NOT highlighted in the **Blue** section, use the material's response Guide No. to find the **Guide** for this material in the **Orange** section. Copy the largest distance listed in the bullet under "PUBLIC SAFETY" containing the word "isolate" to column **4** of the **HazMat Response Plan** on page 80.
  If the site may have more than 200 Liters or 55 gallons at any time and there is a "Large Spill" subheading under the EVACUATION section of the Guide, use that distance instead and copy it to column **7**.)
- ❑ Copy the distance listed in the "EVACUATION, Fire" bullet to column 10 on page 80.
- ❑ If the material's entry in the **Blue** section is highlighted, use the material's 4-digit ID No. to find the material in the **Green** section "*Table 1 - Initial Isolation and Protective Action Distances*" of the USDOT Emergency Response Guidebook. If more than 200 Liters (55 Gallons) can be stored at the site at any one time, copy the LARGE SPILLS - ISOLATE and the PROTECT - DAY and NIGHT distances from the USDOT Guide to columns **7**, **8** and **9**. Otherwise copy the distances under SMALL SPILLS to columns **4**, **5** and **6** on page 80.

HazMat Response Plan [Example]

			No Fire						If Fire,
1. Site Address	2. Most Hazardous Material ever stored at this location.	3. Max. Quantity ever stored.	Small Spills (Under 200 Liters or 55 gals.)			Large Spills (Over 200 Liters or 55 gals.)			10. Isolate & Evacuate Radius.
			4. Isolate & Evacuate Radius	Downwind Shelter-in-Place Distance		7. Isolate & Evacuate Radius	Downwind Shelter-in-Place Distance		
				5. Day	6. Night		8. Day	9. Night	
3600 Sepulveda	*Gasoline*	*3000Gal*				*½ mile*			

iii. Prepare Community or Workplace

Input:	Output:
• Definition of Community boundaries. • Resident Emergency Preparedness Checklists, p.122	• Signed Search Request and Hold Harmless Agreement, p.121 • Resident's contributions to CERT or NA Treasurer

Procedure:

Conduct Emergency Preparedness (EP), Basic Lifesaving and disaster survival training for community residents.
(See ***Disaster Survival Seminar*** on the *Training* page at www.HilltopHERO.org.)

- ❑ Inform residents of your CERT, your indentifying appeal, and your planned Command Center location.
- ❑ Encourage residents to conduct an EP assessment, using the Resident Emergency Preparedness Checklist, p. 122, or Disaster Survival Guide on the *Documents* page at www.HilltopHERO.org.
- ❑ Encourage residents to install seismic natural gas shut-off values on their houseline or tape a wrench to manual valve.
- ❑ Instruct residents to hang a "**We're OK**" **sign or white flag** on their front door after a disaster if everyone is OK.
- ❑ **If home ownership is tracked**, ask owners if they want to pre-authorize CERT to force entry if required to check on them after an area-wide disaster if:
  1) no "We're OK" sign or white flag is displayed (or is but a second event occurs),
  2) they do not answer the door when CERT comes to check on them, and
  3) their whereabouts cannot be determined from neighbors.

  IF "Yes",
  - o Have property owner(s) sign a Search Request and Hold Harmless Agreement, page 121 & 123. (The owner's copy has the Preparedness Checklist on the back.)
  - o Mark properties which have signed Search Request and Hold Harmless Agreements on the neighborhood Map.
  - o Place signed Agreements in the Command Center file by Street Name, then property number.
- ❑ **If home ownership is not tracked**, suggest that residents give a door key to trusted neighbor(s) on either side or across the street/hall if they want CERT to enter their home/condo/apartment to check on them following a disaster.
- ❑ Identify and document on the CERT Members & Volunteers List (p.21) those interested in receiving CERT training to join your CERT and those with special skills and resources, such as:
  - Amateur Radio (HAM) operators. Ask them to serve as Communications Officers.
  - Construction contractors, plumbers, electricians, etc. Invite them to join your Search & Rescue Team.
  - Medical professionals – Ask them to serve on CERT's Medical Team or at the Command Center Treatment Area.
  - Truck and Van owners - Ask them to join your CERT's Transport Team
- ❑ Identify and document on the Priority Residents List (p.22) people with special needs:
  - Elderly and/or Mobility Impaired.
  - Children often home alone.
- ❑ Identify and document who has equipment that may be useful for rescue and sheltering such as extension ladders, self-powered saws, material for cribbing &/ shoring, large tents, outdoor propane heaters, etc.
- ❑ Collect donations to purchase the emergency equipment & supplies listed on *Command Center Equipment and Supplies Checklist*, page 120. Give donation to CERT or community association treasurer.

iv. Acquire Emergency Equipment

Input:	Output:
• Contributions from Community Residents/Businesses • Command Center Equipment and Supplies Checklist	Equipment & Supplies in Command Center Storage • See *Command Center Equipment and Supplies Checklist*, page 120. • **GuideBook**s and extra copies of all Forms.

Procedure:

- ❑ Acquire at least one of each type item on the Command Center Equipment and Supplies Checklist, page 120. Add additional kits as additional contributions are received.
- ❑ Make extra copies of the *Incident Response Procedures* (Sec. 3) and the Forms. File in the Command Center file.
- ❑ Customize **GuideBook**s to make a "Field Desk" for each Command Center Officer function by entering the Function title on the cover and placing extra copies of the form used by that function to the right of their Task Guide.

CERT Members & Volunteers List

Name	Members						Volunteers				Equipment	Address	Cell Phone		Notes
	Command	Damage Assess.	Fire Suppression	Search & Rescue	Medical	Transport	MD	RN	Construction	Other				Reported In	

Priority Residents List

This list should include residents with Special Needs and those who have signed a Search Request and Hold Harmless Agreement (p. 121 & 123). And may include those who have contributed to your team's equipment and expenses.

Names	Address	Phones	Number of				Special Needs	Search Request Signed	Contributor
			Mobility Impaired	Elders	Children	Adults			

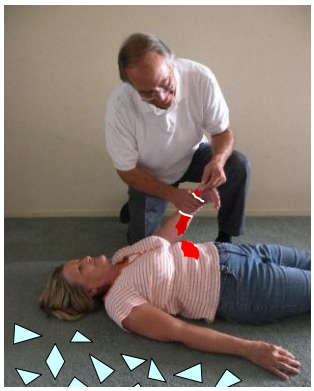
PART II. RESPONSE TASKS.

This part contains the **Tasks Guides**, **Procedures** and **Forms** to use when responding to an Emergency.
In general, each person will only need to review one page to perform the task assigned to them at any given point in time.

The ***Appendix***, p. 119, contains an extra copy of the Forms.

PHASE 1 - INDIVIDUAL RESPONSE. (p. 25)

1. Duck Cover and Hold On.



BASIC Life Saving of Family / Coworkers.

Size-Up your home or small business. Evacuate if Moderately/Heavily Damaged.

Shut-off Electricity & Gas if fire or leaking gas. Shutoff Electricity & Water if a water leak.

Triage, Patient Evaluation and Treatment.

2. Survey damages on your block on your way to Command Center.

PHASE 2 - TEAM RESPONSE.

SECTION 1. COMMAND CENTER OPERATION. (p. 33)

0. 1st 5 Setup.

Command Area

1. **CERT Commander -** Establish ICS. Oversee all.

2. Give Damage Reports to Damage Assessment then go to Staging. Report your skills and await assignment to Incident Teams.

Damage Report

2. **Damage Assessment** - Log incidents.

Incident Log

3. **Planning** - Match personnel to incidents.

Response Plan

Incident Orders

Incident Site

SECTION 2. INCIDENT MANAGEMENT (p. 67)

Names & Skills

4. **Logistics** - Log in resources, maintain personnel, equipment.

Operations Log

5. **Operations -** Brief & dispatch teams, monitor progress & fill needs.

Incident Order

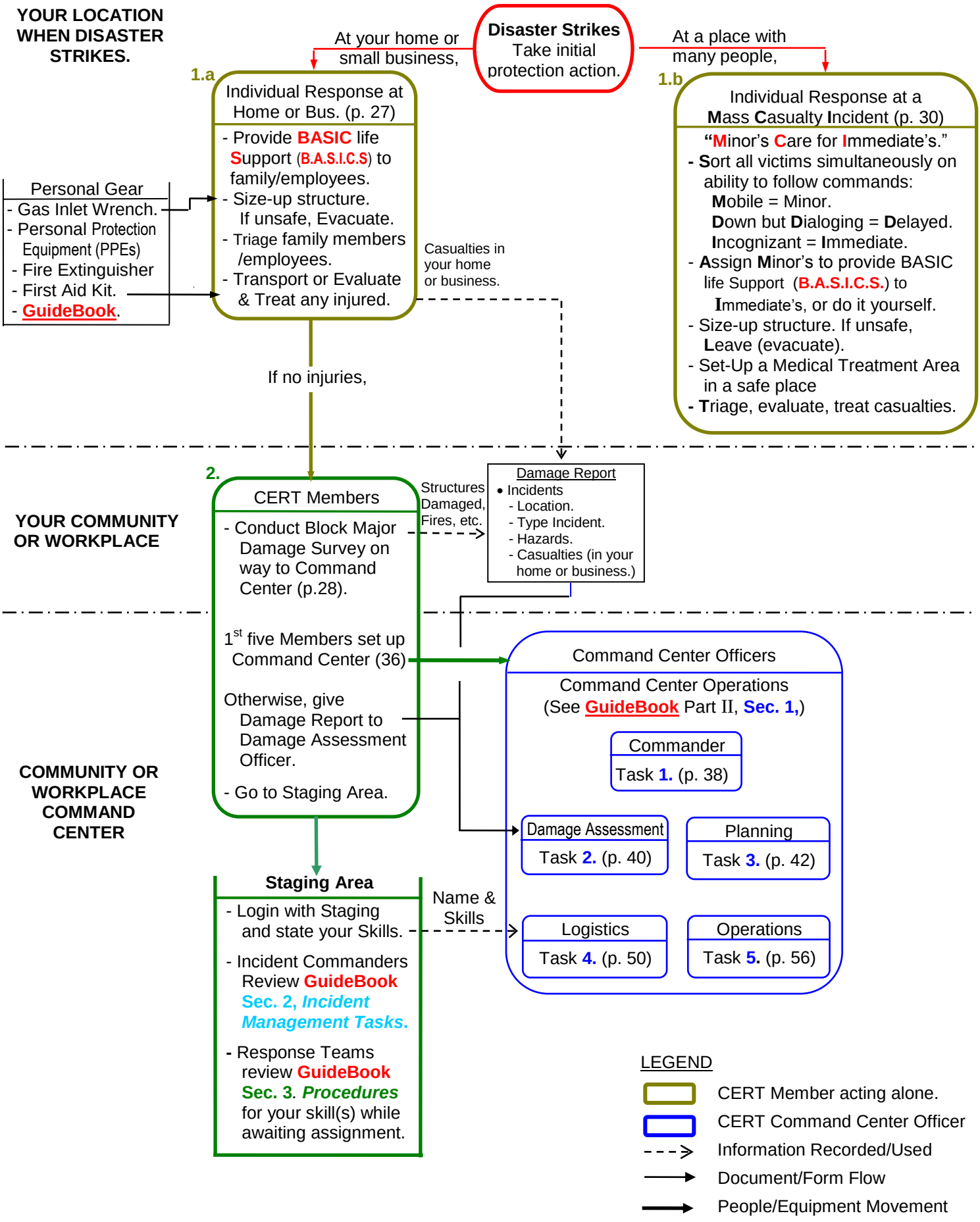
6. **Incident *n* Commander** - Direct Teams, ensures safety.

Staging Area

SECTION 3. INCIDENT RESPONSE PROCEDURES. (p. 93)

Phase 1 - Individual Response (Each CERT Member)

Individual Response WorkFlow Diagram



DISASTER STRIKES (Start Here)			
Biological / HazMat:	Shelter in Place, covering all openings.	Hurricane/Tsunami:	Board up. Evacuate inland/to high ground.
Earthquake - Inside:	Drop, Cover, Hold on away from glass.	Nuclear:	Go In. Stay In. Tune In.
- Outside:	Move away from buildings, power lines.	Tornado: If you hear "the Train",	open all windows 2". Wrap in blanket & get in wood-door'ed closet or iron bathtub.
- In car:	Avoiding bridges, drive to side & stop.		

1.a Individual Response at Your Home or Business.

Input:	Output:
• Initial Disaster-Strike ends.	• Family or Employees cared for. • Your home or business utilities secured. • Out-of-Area Contact notified.

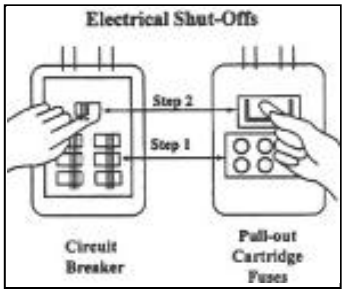
Procedure: (Memorize if possible.)

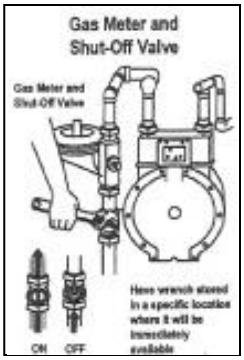
❑ **Provide BASIC Life Saving (B.A.S.I.C.S.) intervention** to anyone:

B **Burning.** Tell victim to "Stop, Drop & Roll", while you smother flames with wet-towel, coat or blanket.
Buried. Call out for the missing. Find and remove debris and weight from victim's face and chest.
Bleeding. Stop rapid bleeding on head w pressure around wound, torso by stuffing, limbs w tourniquet (p. 31).
not Breathing. Look at chest, listen at nose/mouth, feel neck for carotid pulse. If not breathing, check & provide …

A **ABCs of Life.**
Airway. Clear mouth of debris, reset any loose dentures. Open Airway via Jaw-Thrust. If no breath, Lift-Chin-Tilt-Head.
Breathing. If still not but Carotid pulse, → Mouth-to-Mouth resuscitation [1 sec. breath every 5 sec. adults, 3 sec. child.]
Circulation. If no Carotid pulse, → CPR [30 2"-chest compressions, 2 breaths, repeat] until revived, relieved or exhausted.
Maintain Airway of unconscious victims by placing in **H**igh **A**rm **I**n **N**eck **E**xpose **S**pine (HAINES) position (p.112).

S **Size-up Building**. Do a quick lap around inside & outside. If you:
Smell Smoke or gas,
See "X"-cracked, leaning / separated walls, or any collapse (p.97),
Shutoff utilities, (preserve water in pipes, water heater) →
Shout out for the mobile to leave,
Suppress any small fires if safe to do so. (See page 102.)





Size-Up Victims for:
Spinal injury. If a victim has posterior midline neck/back tenderness, or cannot move or feel a hand or foot, or is unconscious, assume spinal injury.
Skeletal injury. Gently slide your hands down, then press victim's arms, hips, legs. Deformity or pain, assume fracture.

I **If evacuation necessary**, **Immobilize** any **spinal injury** w bulky-item-collar, pad & body-splint any **fractured limb(s)**.

C **Carry immobile victims out of harm's way**. See p. 104. Use the carry possible with the number of rescuers available.

S **Search for any missing**. Check closets, cabinets, bathtubs, lean-to voids created by toppled furniture, ceiling collapse.
Sort for treatment. If **R**espiration >30/min, **P**erfusion (capillary refill) >2 sec. or **M**entally not Alert, keep warm, treat 1st.
If no spinal injury, raise legs & feet above heart. If breathing stops, place in **HAINES** position.

❑ **First Aid.** Provide to family members. offer to others. Use BSI gear. (See p.112 for details.)
Do a Head-to-Toe exam looking for or gently feeling for **DOTS** (**D**eformity, **O**pen wounds, **T**enderness, **S**welling).

Head-Neck Spinal:	[Depressions, bruising around/fluid from eyes/ears/nose, pain, tenderness, not alert, blurred vision] [Motor/sensation deficit or tingling] **Stabilize head** in position found with padding. Ice 20 min. ea hr.
Abrasions:	**Clean** w non-peroxide wound-wash, saline or water. **Cover** w antibiotic ointment & dressing.
Burns:	**Cool** with hydrogel or water until burn is cool to the touch. **Cover** w thin layer gauze.
Cuts:	**Irrigate. Close** w butterfly bandage or SteriStrips. **Cover**.
Dislocations:	**Joint: Support** in position found. **Ice** 20 minutes each hour to reduce swelling and pain.
Evisceration:	(Exposed organ(s)) **Cover w Plastic Wrap & blanket** to keep warm.
Fractures:	**Limb**: Pad and **splint** in the position found. **Ice**. **Pelvis: Bind** together with 3"+ wide belt/swath/sheet.
Swelling:	**Sprain/Strain: R**est, **I**ce, **C**ompress with ACE bandage, **E**levate (**RICE**).

Cover any deceased and keep in cool place until help arrives. If decomposition starts, wrap in plastic sheeting & tape.

❑ **Report your status** to your out-of-area contact or at www.redcrossla.org/safeandwell when possible.

❑ **IF you are able to assist your neighborhood/workplace, continue to task** *2. Major-Damage Survey of Your Block.*

2. Major-Damage Survey of Your Block.

Input:	Output:
• Personal Gear (helmet, vest, goggles, mask, gloves, boots, ID). • Damage Report form (next page and page 133). • Your **CERT Field GuideBook.**	• Incidents on your block noted in Damage Report. • Damage Report(s) given to Damage Assessment Officer at Command Center.

Procedure:

- ❑ **Get** your **Personal Gear**.
- ❑ **Drive or walk through your block (or assigned area)** on your way to the pre-designated Command Center.
- ❑ **List obvious major incidents** (all but Lightly Damage Buildings) **on the Damage Report form** (next page).
  Enter Address, Structure Type involved. Check (√) type of incident,
  For Gas or Water pipe breaks, if large and in the street, enter "**M**" for **M**ain. Else enter "**L**" for **L**ine to a building.
- ❑ **At Moderate or Heavily Damaged buildings** (see *Structure Damage Levels* below)**,** indicate number of Occupants likely inside now if known based on your knowledge of your neighbors' work or vacation schedules.
  DO NOT ENTER BUILDINGS. DO NOT STOP TO TALK. Injured, **T**rapped & Dead are not determined now.
- ❑ **When finished surveying your block go to Command Center.**
- ❑ If you are one of the first five CERT members to arrive at the Command Center,
  Perform task 0. Initial Command Center Setup on page 36.

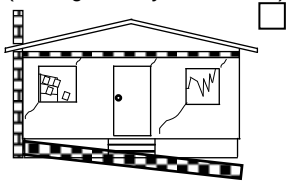
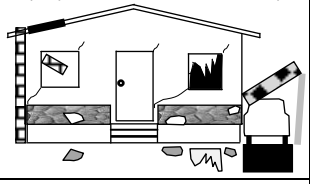
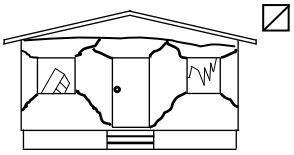
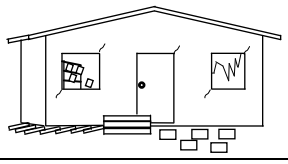
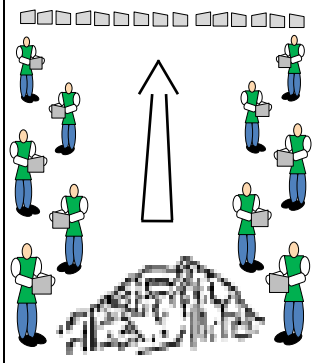
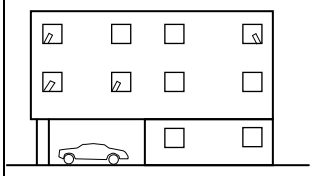
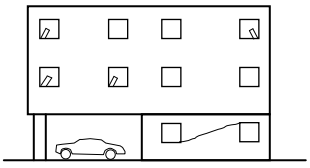
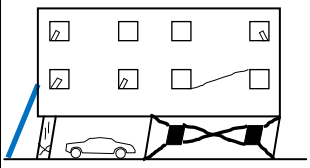
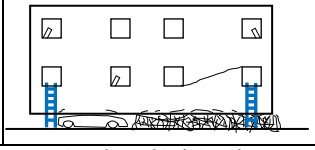
Otherwise,

- ❑ **Give Damage Reports to Damage Assessment**. (Check posted Command Center Roster to see who this is.)

If you do not need to go home to care for family members,

- ❑ **Log in for duty and report** your **Skills to Planning or to Staging Officer** as directed by Damage Assessment.
- ❑ **Go to** the **Staging Area** to await assignment. **Review Procedures for your Skill(s)** in **GuideBook** Sections 2 or 3.

Structure Damage Levels

Damage Level:	Light	Moderate	Heavy	Collapsed
Type Building	**Damage**			
Wood Frame Siding may be -Stucco. -Non-diagonal wood siding. -Brick/Stone Façade.	**Accessory Damage.** Balcony. Porch roof. Windows. (Damage mainly to contents.)  Chimney. Façade. Carport. (Any wall cracks are hairline.) 	**Compromised** Bidirectional cracks /offsets >1/8", but no Heavy damage.  Stud cripple wall/masonry foundation failure.(~Pre 1940) 	**Partial Collapse.** Racked (_\). "Creaking". Floor/wall/roof separation. Loose Overheads. In Collapse Zone of an adjacent unstable building or section of this building. Fire. Heavy Smoke. Gas. Unstable slope. HazMats. Flooded. 	Use the following for completely collapsed buildings. (Wood frame buildings rarely collapse.) 
Un-retrofitted Soft-1st Story (Assume un-retrofitted unless known.)	No exterior wall damage. 	Hairline wall cracks. Evacuate via bullhorn. 	Racked. Partial collapse. Facilitate evacuation w ladders. 	Search upper floors if building not shifting in aftershocks and they have no Heavy damage. 
Sources:	Post-Disaster Safety Assessment program (SAP) Evaluator Training; 2014; California Office of Emergency Services (Cal OES) Case Studies in Rapid Postearthquake Safety Evaluation of Buildings; Applied Technology Council ATC-20-3. Northridge Earthquake Summary Report - Residential Buildings; EQE International Classifications of structural types and damage patterns of buildings for earthquake field investigation; Journal of Structural Engineering			

* Conditions shown are the maximum allowed for a Damage Level. Any one higher condition qualifies for the higher Level. Different sections/wings may incur different damage.

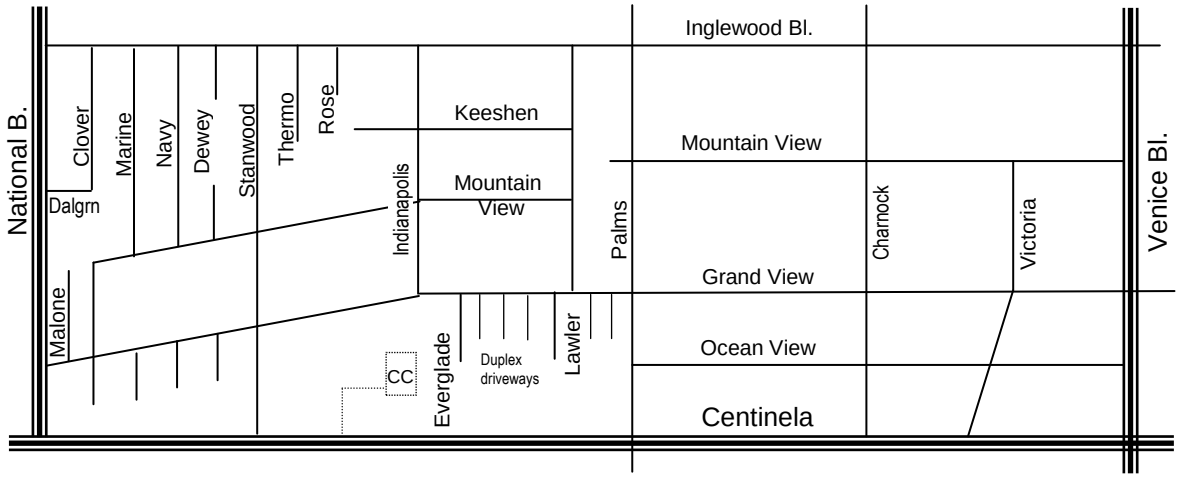
Damage Report

Date:

Time:

Person Reporting:

Area Map / Diagram



TIME FOUND	INCIDENT ADDRESS/LOCATION	Struc. Type		FIRES		HAZARDS				ROADS		STRUCTURE DAMAGE			OCCUPANTS			C.C. Use
	For Residential, enter: Street Name Address Address For Workplace, enter: Building/Floor/Corridor	**A**pt **B**usiness **H**ouse **S**chool **BR**idge **Bus** **C**ar **TR**ain **T**ruc**K**	CERT Help Requested? (Y/N)	**Small** (Lo heat @ 10 feet.)	**Large** (Too hot to stop)	**Power Line Down**	**Haz. Materials** (704 > 1)	**Gas - M**ain or **L**ine	**Water - M**ain or **L**ine	**Blocked**	**Unsafe**	**Heavy** (Racked, Tilting, Collapse. UMB)	**Moderate** (Structurally Compromised)	**Light,** (Cosmetic but no 'We're OK'	√ Type likely, or Number plus **I** = **I**njured. **T** = **T**rapped. **D** = **D**ead. **Adults**	**Children**	**Elderly**	Incident ID Number. (**X** - Completed.)

1.b Individual Response at a Mass Casualty Incident.

Input:	Output:
• Disaster Strike ends.	• Victims given Basic Life Saving intervention. • Casualties given First Aid and/or sorted for transport.

A Mass Casualty Incident (**MCI**) is an incident with many potential casualties (factory, store, mall, restaurant, theater, church, etc.) and few first responders. You may be the only trained responder present during the critical Four-Minute Life Saving Window. To save those in immediate jeopardy from Burning, being Buried, Bleeding or not Breathing, you may need to use the **M**inor injured to care for those who need **I**mmediate help. A good memory aid is,

Mass Casualty Incident (MCI) = Minors Care for Immediates (MCI).

Procedure:
M.C.I. B.A.S.I.C.S.
(Memorize if possible.)

M.C.I. (Minors Care for Immediates.)

Sort all victims into Minors, **D**elayeds and **I**mmediates based on their ability to follow commands.

Give the following commands as soon as the disaster strike ends,
"This is your Emergency Response Team. Please pay attention!"
"If you can walk, stand up now!" (Those who can stand up unassisted have no or only **Minor** injuries.)
"If you cannot walk, raise your hand." (These are the **Delayeds**. The rest are **Immediates**)

The **M**obile are breathing, cognitive, not bleeding out, in shock or seriously injured. These need only **M**inor attention later.
The **D**own but **D**ialoging (by raising hands) are injured but breathing, cognizant, not bleeding out or in shock, i.e., **D**elayed.
The remaining **I**ncapacitated, **I**ncapable or **I**ncognizant are in **I**mmediate need of **BASIC** Life Saving intervention.

B.A.S.I.C.S. (BASIC Life Saving intervention)

Guide Minors to give BASIC life Saving intervention to the Immediates (those down, not waving) by giving the following commands:

"If you are standing, look around for people who are down but NOT, I repeat, NOT raising their hand.

"If you see someone:

B **Burning**, have victim "Stop, Drop & Roll". Smother flames with shirt, coat, rug, etc. or quench w wall Fire Hose."
Buried, remove debris from face and chest so they can breathe."
Bleeding rapidly**,** stop it by direct pressure and elevation or use a belt or tie as a tourniquet."
not Breathing, open their ...

A **Airway** by lifting the person's chin and tilting their head backward slowly until they breathe or you feel resistance."

IF Minors help Immediates, you Size-Up structure. Otherwise, help as many as you can for four minutes, then continue.

S **Size-up Structure** & Situation. If Heavy damage (tilting, collapse, smoke, fire, gas, or hazardous materials), evacuate or extract all occupants. Establish a **M,D,I**-sorted Treatment Area in a safe place outside. Otherwise, continue in place.
Size-up each victims, starting with the Immediates where the Minors stand, then the Delayeds. Check for:
Spinal injury? If victim cannot feel & move both hands & feet, do not move casualty unless in harm's way."
Skeletal injury? Gently press on shoulders, chest, hips, arms & legs. If pain or deformity, suspect fracture.

I **I**f extraction necessary, **immobilize fractures**. Manually stabilize spinal injuries. Body-splint arm & leg fractures.

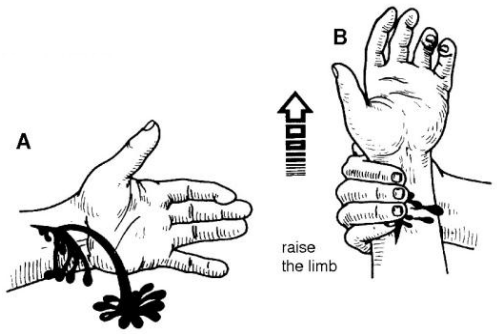
C **Carry** casualties out of harm's way if necessary. Use **Manual Rescue Carries** in Search & Rescue, p. 105.
For Spinal injuries, make a jacket or blanket stretcher, or use a blanket carry or drag.

S **Sort by Severity of injuries** by checking victims **RPMS**. (See bottom of page 27, or *Triage* on page 108.)
If **R**espiration > 30/min, **P**erfusion > 2sec. or **M**ental not Alert=**I**mmediate. Can't **S**tand=**D**elayed. Else **M**inor.
(Note: A Mass Casualty Incident may also be called **M**ass **D**isaster **I**ncident (**MDI**) if that helps you remember the categories.)
Shock. Keep "**I**mmediate" patients warm & maintain an open airway. If no spinal injury, raise feet one foot.
Status. Notify authorities via 911 or runner to nearest Fire Station. Give address/location, number of M, D, I's.
Get ETA or instructions.
Support. Give First Aid. (See next page.) If possible, remain on scene until help arrives.

Severe Bleeding Control Methods

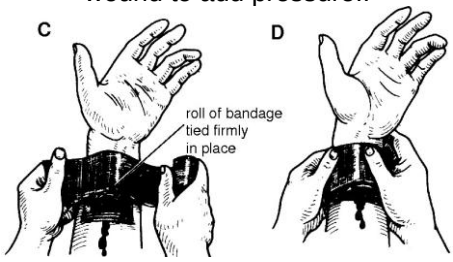
(Used in Initial Response 1.a or 1.b)

1. Direct Pressure and Elevation.



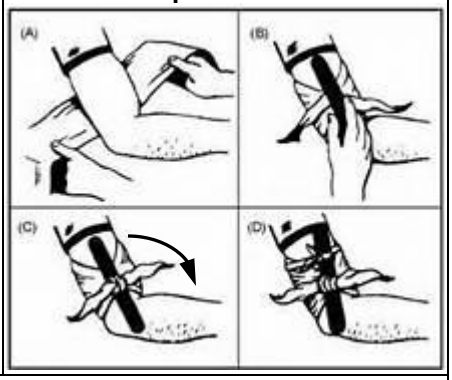
2. Pressure dressing.

(Firmly tie a bulky item (bandage roll, folded dressing pads) directly over wound to add pressure..

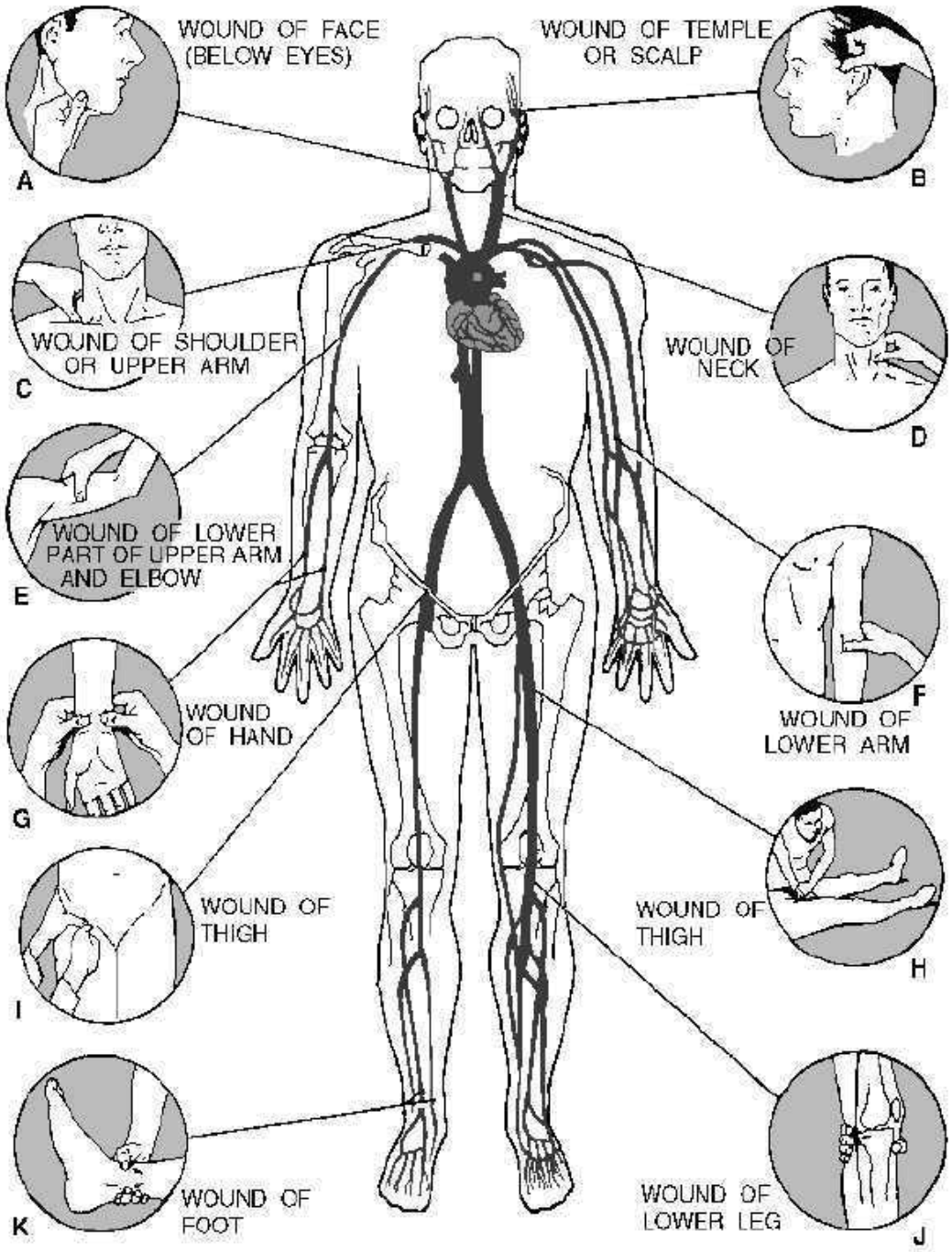


3.

4. Tourniquet as last resort.



3. Pressure Points



Phase 2 - Team Response

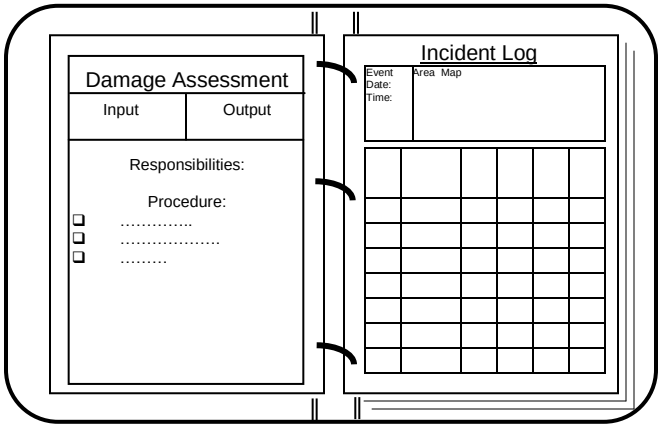
Section 1. Command Center Operation (CC Officers)

Task Index:

Using the GuideBook's "Field Desk" and "Desk Top" Features.

The **GuideBook** serves as a "**Field Desk"** in that it contains all the Task Guides and Forms needed to direct and manage a variety of different Action Plans and incidents. Opening it to a particular Task gives you a "**Desk Top**" for that particular task or incident type. The Task Guide will be on the Left and the Form used to plan or track the task will be on the right..

GuideBooks can be customized for each Command Center function and for Incident Commanders by writing the function name on the cover and including additional copies of the Form used following the Task Guide for that function.

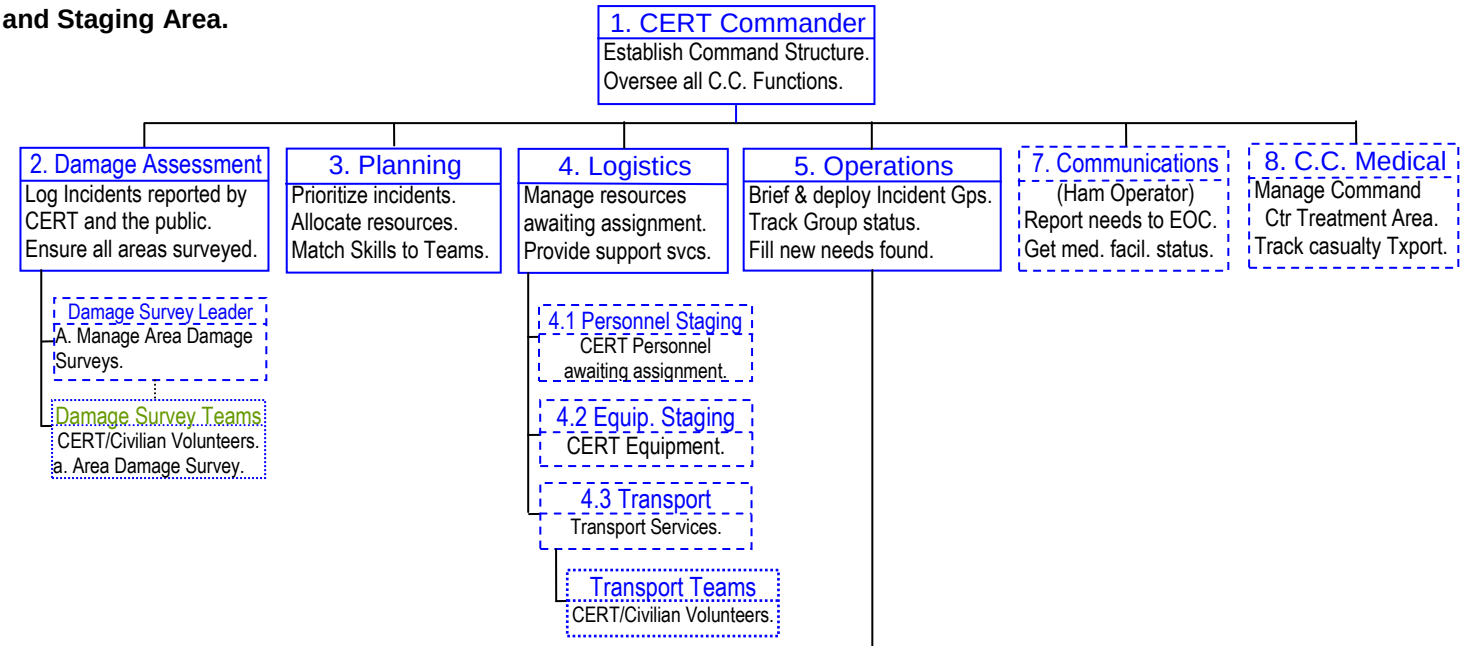


Command Center Diagrams

Functional Structure

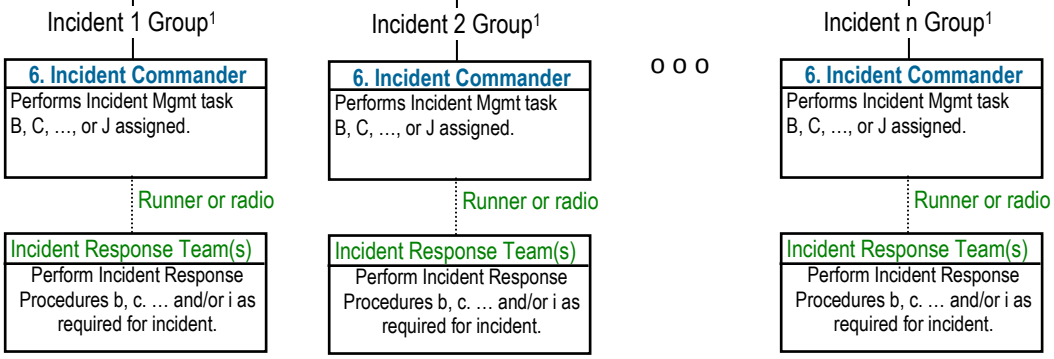
(Multiple functions may be performed by the same person. See p. 38.):

At Command Center and Staging Area.



At Incident Sites:

(For large incidents, use "Large Incident Command Structure" in middle of page 68.)



[1] **Typical Incident Response Groups:**

			Min. Incident Response Team(s) [2 people/team]				
Incident type:	**IC**	**Runner***	**Fire**	**S&R**	**Medical**	**Transport**	**General**
Small fire.	1	1*	1				
Downed power line.	1	1*	1				
Hazardous materials.	1	1*					1
Gas or water main rupture.	1	1*					1
Unsafe road.	1	1*					1
Heavily damaged building.	1	1*					1
Moderately damaged single-family house.	1	1*		1	1	(1)	
Moderately damaged multi-family residence.	1	1*		1/floor	1/floor	1/floor	
Moderately damaged business.	1	1*		1/corridor	1/corridor	1/corridor	
Lightly damaged single-family house.	1	1*		1			
Lightly damaged multi-family residence.	1	1*		1/floor			
Lightly damaged business.	1	1*		1/corridor			

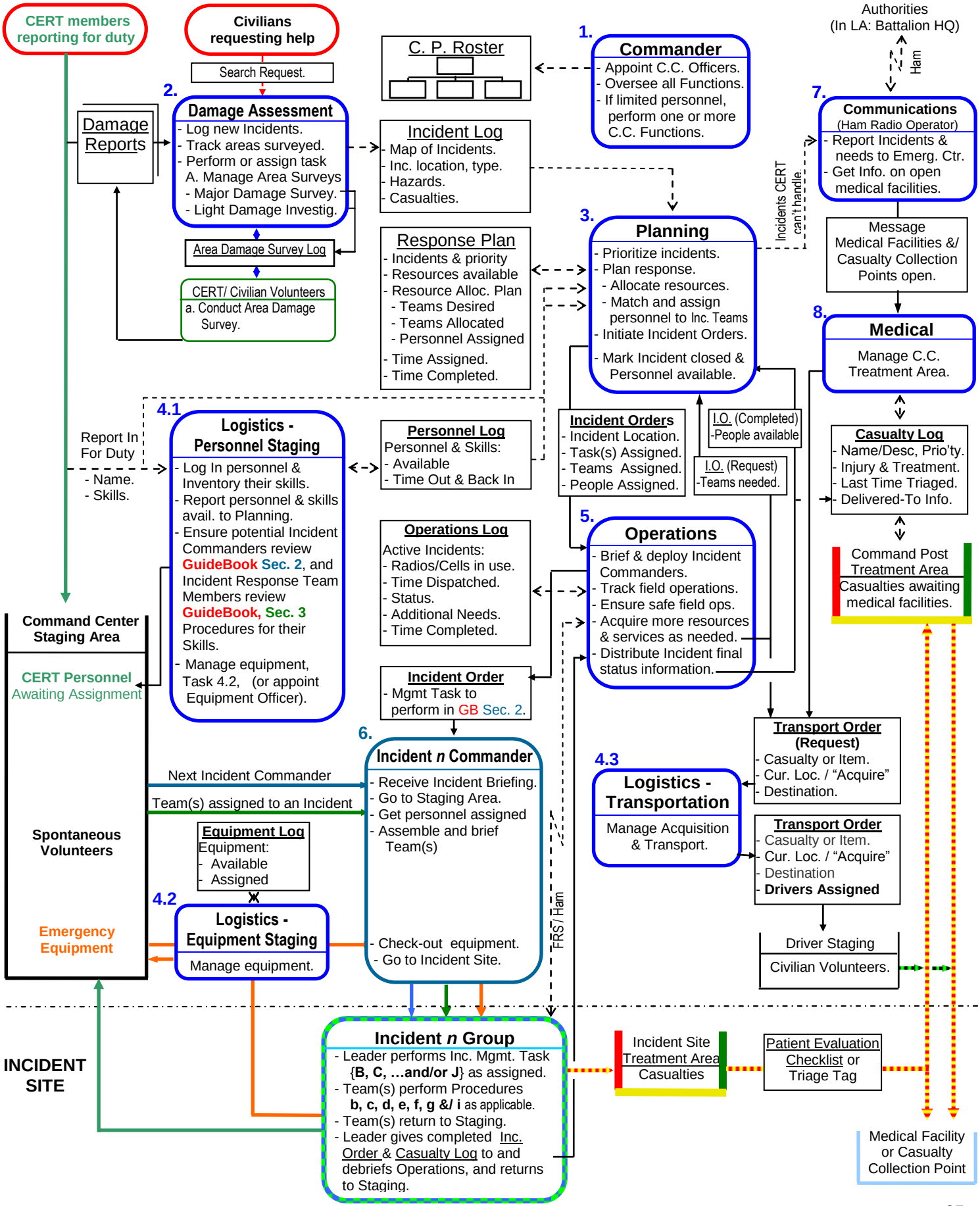
* - A radio may be substituted from the Runner.
m - Multiple teams, as they become available.

Command Center Work & Information Flow

COMMUNITY or WORKPLACE COMMAND CENTER

Public Interface and Staging Areas	Command Area	Treatment Area

(GuideBook Part II, Phase 2, Section 1)



0. Initial Command Center Setup

Input:	Output:
• CERT Field GuideBooks for: – Command Center Officers – Estimated number of Incident Commanders. • CERT Field GuideBooks, or copies of applicable Procedure Guides in Section 3, for estimated number of Incident Response Teams.	• Command Center Roster posted. • Command Center ready for operation.

Overview:

CERT organizations may perform this task in one of two ways:

1. Assume the roles based on the order of arrival as defined below, or
2. Wait until five members arrive and decide who will initially serve in each of the roles listed below.

Procedure:

IF you are one of the first five (5) CERT members to arrive at the Community/Workplace Command Center, then:

First CERT Member,
- ❑ Post the Command Center Roster (page 125).
- ❑ Sign in as **CERT Commander.**.
- ❑ Begin **task *1. CERT Commander – Structure, Appoint,* Direct and Oversee**, page 38.

Second CERT Member,
- ❑ Sign in as **Damage Assessment Officer.**
- ❑ Begin **task *2. Damage Assessment – Log Incidents. Complete Damage Survey*** page 40.

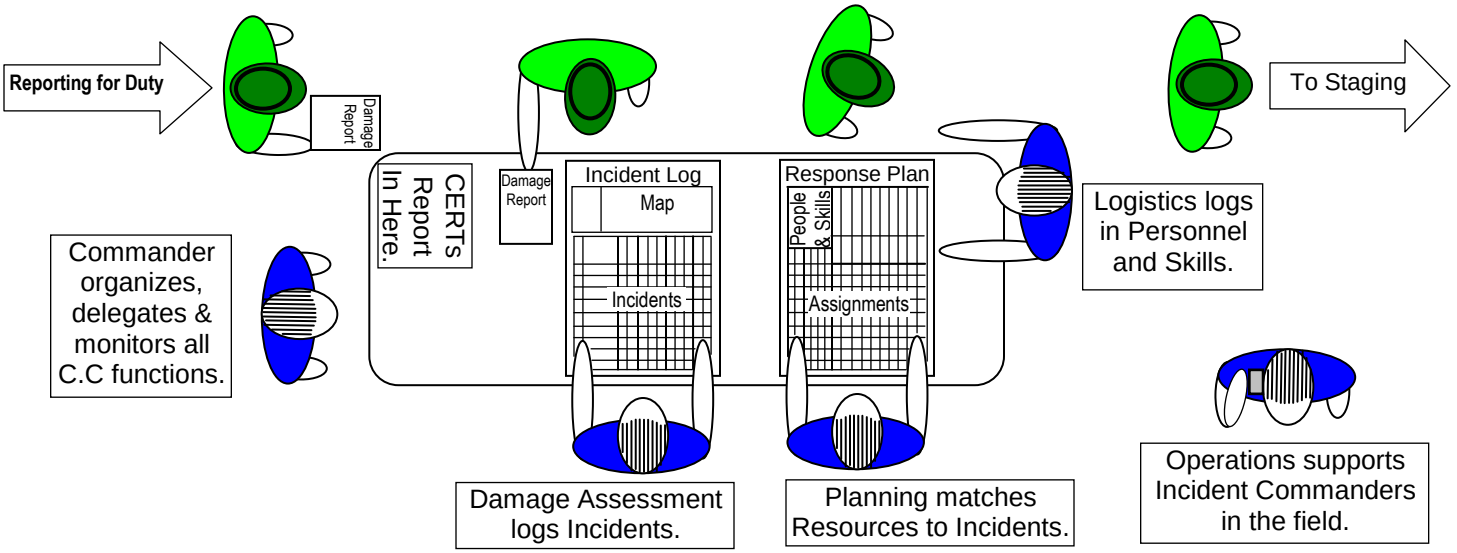
Third CERT Member,
- ❑ Sign in as **Planning Officer.**
- ❑ Begin **task *3. Planning - Prioritize Incidents. Allocate, Match & Assign Resources***, page 42.

Fourth CERT Member,
- ❑ Sign in as both **Logistics Officer and Staging Officer** for now**.**
- ❑ Begin **task *4. Logistics - Manage Resources and Services***, page 50.
- ❑ Begin **task *4.1 Personnel Staging - Manage Personnel Awaiting* Assignment**, page 50.

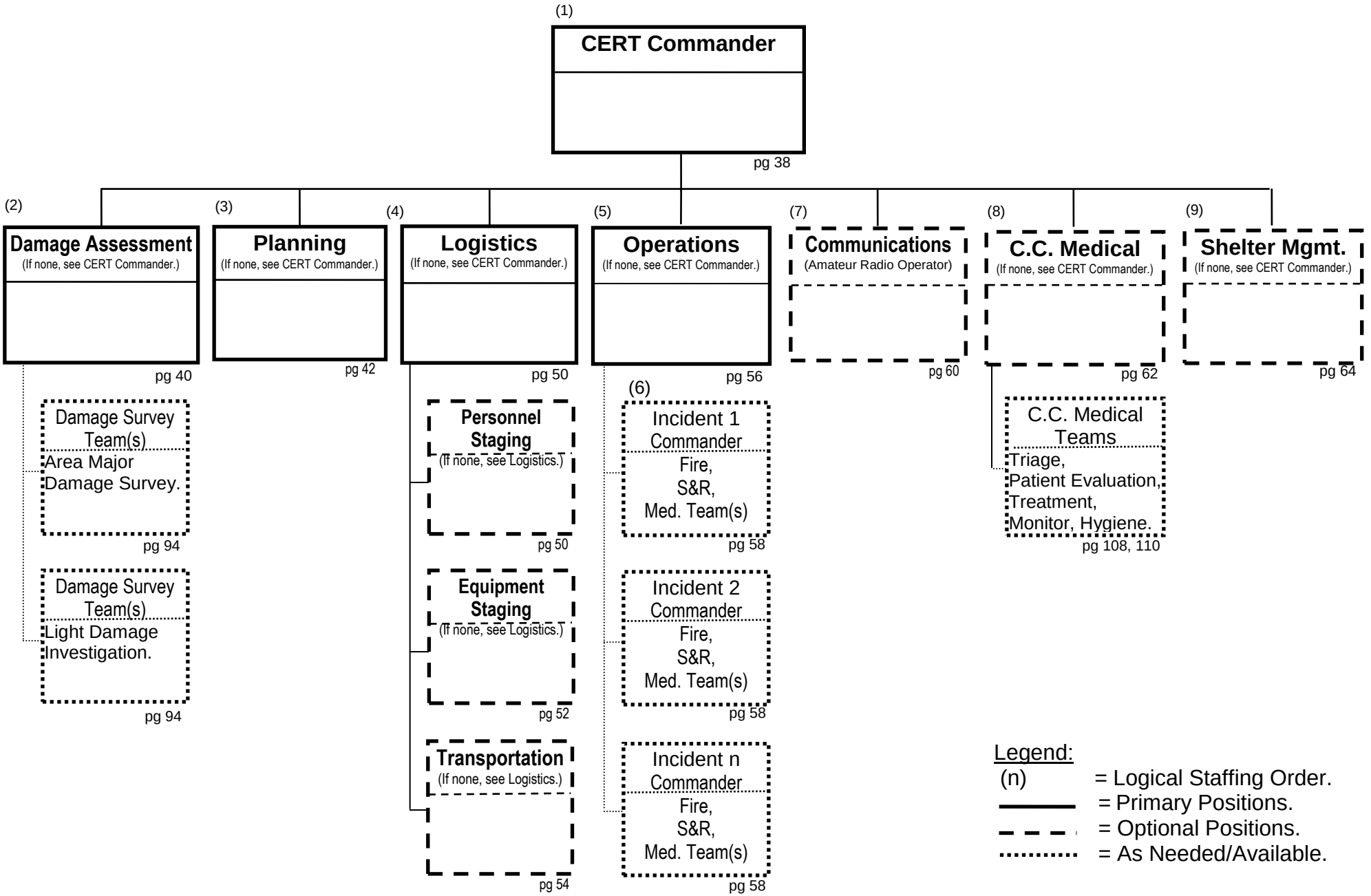
Fifth CERT Member,
- ❑ Sign in as **Operations Officer.**
- ❑ Begin **task *5. Operations – Brief, Deploy & Track Incident Teams***, page 56.

If more that 40 report for duty, add additional Command Center Officers per page 38.
If fewer than 20 CERT members report for duty, re-assign Officers as Incident Commanders or Response Teams.
If fewer than five (5) CERT members reported for duty by 30 minutes after disaster strikes, consider either:

a) Going to the next CERT organization's Command Center, if known, or
b) Going to your nearest Fire Station or Battalion HQ and setting up a CERT Staging Area there.



Command Center Roster



(ICS 203) (ICS 207)

1. CERT Commander – Structure, Appoint, Direct and Oversee

Input:	Output:
• CERT Field GuideBook for each Command Center Officer.	• All Logs given to authorities.

Responsibilities.

Structure Command Center (CC).

Determine minimum CC staff needed to handle CC Functions for currently available/expected workforce & public demand, thereby maximizing workforce available to address incidents.

Examples:	**Workforce Size:**	Less than 5	5 to 20	5 to 20	20 to 40	More than 40
	Public Demand:		Low	High		

CC FUNCTION:	**CC Structure [Officers, and Function(s) they perform]:**				
1. Commander	(Insufficient size. Volunteer at next nearest CERT or FD Battalion HQ.)	Commander	Commander	Commander	Commander
2. Damage Assessment		"	Damage Assess't	Damage Assess't	Damage Assess't
3. Planning		"	Commander	Planning	Planning
4. Logistics		"	"	Commander	Logistics
4.1 Personnel Staging		"	"	"	Personnel
4.2 Equipment Staging		"	"	"	Equipment
4.3 Transportation		"	"	"	Transportation
5. Operations		"	"	(Operations)	Operations
8. C.C. Medical		(Medical)	Medical	Medical	Medical
7. Communications		Staff if a Ham Operator is available.			
9. Shelter Management		As needs dictate and capability allows.			

Appoint people to Officer positions to be staffed at this time. Assign the remaining functions to yourself. (ICS 214 – 6.)

Command Center Function:	Person Assigned / Officer Acting	Cell phone/FRS Channel
❑ Commander:	_____	_____
❑ Damage Assessment:	_____	_____
❑ Planning:	_____	_____
❑ Logistics:	_____	_____
❑ Operations:	_____	_____
❑ Communications [Ham operator]:	_____	_____
❑ C.C. Medical [Doctor, RN, EMT]:	_____	_____
❑ Shelter Manager:	_____	_____

Copy names to Command Center Roster, p. 125. Post Roster at Damage Assessment's station so incoming CERT members will know to whom to report. Give each Officer appointed a **CERT Field GuideBook.**

Direct:

- **CERT members** to report their Skills or Team training to Planning, then log-in with Logistics Personnel Staging.
- **Spontaneous volunteers** with trucks to Transport Officer, others to Damage Assessment for Damage Survey Teams.
- **Incident Commanders** returning from incidents to give completed Incident Order to and debrief Operations.
- **Interface with Fire Department, Police, other authorities, and Press**.

Oversee.

Oversee all Command Center functions. Use the WorkFlow diagram on page **Error! Bookmark not defined.** as a quick reference, and the Task Guides in this section for details.

Interface.

Interface with Fire Department, Police, other authorities, press, etc. Enter contact information below: (From ICS 203)

	Contact Name	Position or Function	Cell Phone/Channel	Location
Fire:	_____	_____	_____	_____
Police:	_____	_____	_____	_____
Emergency Ctr:	_____	_____	_____	_____

Demobilize.

Shut down operation when all incidents are addressed, safe operation is no longer possible, or ordered to do so by FD. Give all Logs from all Officers to FD or designated authority.

Commander's Activity Log

Date/Time	Notable Activities

(ICS 214 – 7.)

2. Damage Assessment – Log Incidents. Complete Damage Survey

Input:	Output:
• Area Map. • Damage Reports from CERT members. • Verbal incident reports from the public. • List of homes seeking special help, e.g. have signed Search Request.	• Incidents listed in Incident Log [1]: - Incident Location, Time Found, Incident Type, Inc. #. • Major-Damage Survey complete for all areas. • Light-Damage Investigation completed for all areas. • All residents with Search Requests on file checked on.

Responsibilities:

☐ Set up any pre-enlarged Incident Log and Area Map boards, or decide how to handle the Incident Log [1].

Intercept.

○ Intercept CERT members and civilians reporting incidents, preventing them from disturbing other C.C. functions.

Capture Incident information reported to you**:**

○ By incoming CERT members and Damage Survey Teams via Damage Reports.
Ensure Damage Report contains all information needed to plan a response.

○ By community residents or workplace employees verbally.
Get Search Request and Hold Harmless Agreement (p. 121) signed by residents requesting help.

Create the Incident Log [1] (p.134).

○ **Compile salient information** from Damage Reports and verbal statements **into the Incident Log. Enter:**

Time Found	- Time the incident was discovered.
Incident Address/Location	- Address or descriptive location of the incident.
Structure Type	- Type of Structure involved (if any). **A**partment, **B**usiness, **H**ouse, **S**chool, **B**us, **C**ar, etc.
Incident Type	- Check appropriate column(s) under ***Fire***, ***Hazards***, ***Roads*** and/or ***Structure Damage***.
Occupants	- Check (✓) type likely, or Number if reported. Append **I**njured, **T**rapped or **D**ead if reported.

○ **Assign** the next sequential ***Incident ID Number*** to each new incident.

○ **Record blocks surveyed** by incoming CERT members **on the Area Map** (a high-liter works well See page 48 for an example), or in the Area Survey Log (page 74, extra copy on p. 131).

○ **Write *Incident ID Number* on Area Map** where incident(s) occurred. (Use a color that stands out.)

○ **Call Planning's attention to new Incident(s)** as soon as they are free to review them.

Direct: (You may be assigned this task by the Commander if the Commander is also serving as Planning &/ Operations)

○ **CERT members** to report their Skills or Team training to Planning, then log-in with Logistics Personnel Staging.
○ **Spontaneous volunteers** with trucks to Transport Officer. Hold others for Damage Survey Teams.
○ **Incident Commanders** returning from incidents to give completed Incident Order to and debrief Operations.
○ **Fire Department, Police, other authorities, or press** to CERT Commander.

Perform task *A. Manage Area Damage Survey(s)*, p. 74, **or appoint a Damage Survey Leader to so.**

○ Enter new incidents found into the Incident Log and report them to Planning.

[1] The Incident Log can be setup in several ways:

1. Individual Damage Reports can be folded and taped on a wall or table, or in Planning's **GuideBook**. See p. 46.
2. Via a Control Board containing maps and enlargements of the Incident Log, Response Plan & Operations Log forms.
3. Salient information can be copied from the individual Damage Reports to Planning's Incident Log, p. 44, or
4. Set up an initial copy of the Incident Log in your **GuideBook** (using the Damage Report form on page 133), then transfer incidents to Planning's copy when you have a clear description of the incident.

Incident Log - Damage Assessment

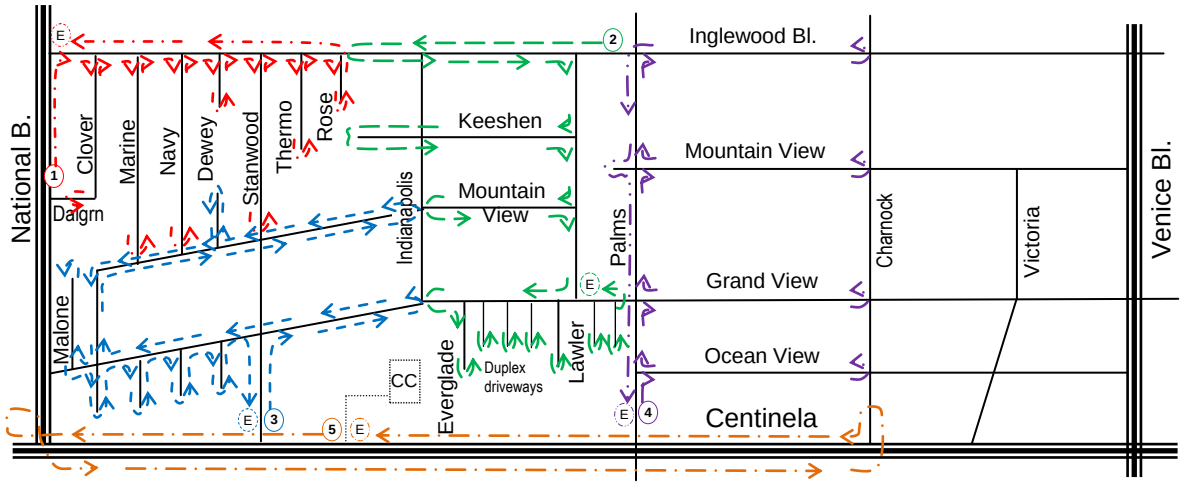
Date:

Time:

Person Reporting:

Damage Survey Routes & Progress

Major Damage Survey Completed ▪▪▪. Light Damage Investigated completed ▬.



TIME FOUND	INCIDENT ADDRESS/LOCATION	Struc. Type		FIRES		HAZARDS				ROADS		STRUCTURE DAMAGE			OCCUPANTS			C.C. Use
	For Residential, enter: Street Name Address Address For Workplace, enter: Building/Floor/Corridor	**A**pt **B**usiness **H**ouse **S**chool **BR**idge **Bu**s **C**ar **TR**ain Truc**K**	CERT Help Requested? (Y/N)	**Small** (Lo heat @ 10 feet.)	**Large** (Too hot to stop)	**Power Line Down**	**Haz. Materials** (704 > 1)	**Gas - Main** or **Line**	**Water - Main** or **Line**	**Blocked**	**Unsafe**	**Heavy** (Racked, Tilting, Collapse. UMB)	**Moderate** (Structurally Compromised)	**Light**, (Cosmetic but no 'We're OK'	√ Type likely, or Number plus **I** = **I**njured. **T** = **T**rapped. **D** = **D**ead. **Adults**	**Children**	**Elderly**	Incident ID Number. (**X** - Completed.)

3. Planning - Prioritize Incidents. Allocate, Match & Assign Resources

Input:	Output:
• Incident Log, (page 44 and 134) containing: - Incident Location, type, (possible Occupants). • Personnel and Skills on duty. • Incident Order requests from Operations. • (Transport Order requests if no Transport Officer.) • Incident Deployment Suggestions (p 43)	• Response Plan (page 45 and 135) containing: - Incident Priority - Teams Needed & Allocated. Personnel Assigned. • Incident Orders (pg 145) - Incident Location & Type - Task(s) Assigned - Type & No. of Teams Allocated & Personnel Assigned.

Responsibilities:

○ **Prioritize Incidents.**

- Using the Incident Log (maintained by Damage Assessment) and your current resources as indicated by the *Personnel & Skills* section of the Response Plan (maintained by Personnel Staging), decide which incidents your CERT can handle. Enter **H**igh, **M**edium, or **L**ow in the ***Priority*** column of the Response Plan (p. 45) for each incident. (See *Incident Deployment Suggestions* (p 43) for examples.) Give priority to team members who've not reported for duty (CERT Members & Volunteers List, p.21) and residents on Priority Residents List, p.22, if used.

  In prioritizing incidents of the same type, consider building size and number and type occupants likely for the time of day and day of the week that the disaster occurred. For example, a moderately damaged school might be given a lower priority than a single house if the disaster occurred at night, on weekends, or during summer recess.

○ **Report the incidents below to Fire Dept** if possible. Enter "**FD**" in ***Priority*** column as a reminder.
Direct Communications to report them and report back when & if successful. Record ***Time*** reported and ***FD's ETA***.
- Large Fires. (CERT can protect adjacent structures if you have Water Curtain equip., protective gear & water.)
- Heavily Damage. (CERT can cordon off, but FD must do Search and Rescue and/or recovery.)
- Hazardous-Materials. Areas (CERT can cordon off, but FD must handle evacuation and containment.)
- Downed Power Lines, Broken Gas and Water Main. (CERT can cordon off, but agencies must shut off.)
- Blocked or Unsafe roads. (CERT can cordon off if you have enough traffic cones and detour signs.)
- CERT Help Requested = "N" - indicates victim(s) elected to wait for professional help.

○ **Develop a Resource Allocation Plan** for the current highest priority incident(s)**.**
(See *Resource Allocation and Incident Team Staffing Tutorial*, page 47 for a tutorial on how to do the following.)

- **Desired.** Decide on the type and number of Teams(s) [Fire Suppression, Search & Rescue, Medical, General, etc.] you would like to assign to each incident if you had them. This will vary depending on whether or not you have resources to do injury assessment and treatment at incident sites before bringing casualties to the Command Center for monitoring and life support until hospitals open. Enter this number in the upper left *Desired* corner of the appropriate team's column. See *Incident Deployment Suggestions* for ideas.

- **Allocated.** Determine the number of Teams that can be allocated now based on resources available. Enter this number in the lower right "Allocated" corner. (More can be allocated later if they become available.) An easy way to determine the number of Teams that can be allocated now is shown below:

  Number of people in Staging.
  – (2 X Number of top-priority incidents your trying to staff now.) [Reserves people for I.C.s and Runners]
  _____ ÷ 2 = Number of 2-person "Buddy" Teams that can be assembled now from the people in Staging.

○ **Develop an Incident Team Staffing Plan** for the incidents to which you allocated resources above. (See p. 49.)
- **Assign critical Skills first. Scan the *Personnel and Skills*** section to see which skills of those people currently available are in shortest supply. Assign people with those skills first by putting their skill used in the incident's row.
- **Fill in the remaining teams** with other people, indicating which of their skills will be used on their incident.
- **Add** a person with **"Leader**" skill as ***I.C.*** (Incident Commander) to each incident. Add a ***Runner*** if no radios.

○ **Initiate Incident Orders** (p 145) for the incident(s) you have just staffed. Fill in the following sections:
- **INCIDENT:** ***Inc. ID, Addr./Loc, Structure Type, No. of Occupants, I.C., Runner*** (if no radio)***, Time Assigned.***
- **If a** Search Request is on file for this address or was just signed, **check (✓)** "***OK to Enter***" field.
- **TASK AND PROCEDURES: Check** (or add) the ***Incident Management Task*** to be performed.
- **RESOURCES**: ***Team(s) Allocated*** - Place checkmark(s) in appropriate column(s) for each team allocated.
  Personnel Assigned - Enter names of personnel assigned to each team.

○ **Give Incident Order(s) to Operations** for deployment. Record ***Time Incident Order Sent to Ops*** in Response Plan.

○ **On receipt of a completed Incident Order,**
- **Enter *Time Incident Closed*** in Response Plan.
- **Erase or mark thru that incident's Team Staffing Plan indicating these persons are now available again.**
- **Enter any new-found incidents** in the Incident Log and repeat the above response planning activities.

Incident Deployment Suggestions

STRATEGIC PRIORITIES:

1. **Ensure Rescuer Safety.**
2. **Prevent additional injury and loss of life.**
3. **Help those already injured.**
4. **Minimize additional property loss.**

TACTICAL PRIORITIES: {**H**igh, **M**edium, **L**ow, or notify **F**ire **D**epartment.}

Incident	Pri-ority	Incident Management Task & Team Procedures	Minimum Initial Assignment	
			Teams	People
Small Fire	**H**	***B. Manage Fire Suppression or Containment*** *e. Fire Suppression or Containment*	I.C. & Runner [1] + 1 Fire Team(s)	4
Large Fire.	**FD** **M**	***B. Manage Fire Suppression or Containment*** Contain with Water Curtains if pressure & equipped, or Fire breaks, heat shields and flying ember suppression.	I.C. & Runner [1] + 3 Fire Teams, or 4 Fire Teams	8 or 10
Downed Power Line. (If fires)	**H**	***C. Manage Downed Power Line*** Cordon off 30' > swing radius. Detour traffic. (Suppress fires outside cordoned area.)	I.C. & Runner [1] + 1 General Team (1 Fire Team.)	4 (6)
Hazardous-Materials Area. - Large Toxic Gas/Smoke plume. - Large Toxic Liquid stream. - Small or interior gas/liquid leaks.	**FD** **H** **M** **L**	***D. Manage Hazardous-Materials Area*** Do not enter danger zone. Notify Fire Dept. Cordon Off. Evacuate Isolation Area. Warn those downwind to Shelter-In-Place.	I.C. & Runner [1] + *n* General Team[2] *n* = number of area entrances	2 + n x 2
Broken Gas or Water Main.	**H**	***E. Manage Gas or Water Main Rupture*** Cordon off area. Evacuate if gas. Notify authorities. d. Traffic Detour	I.C. & Runner [1] + 1 General Team[2]	4
Blocked or Unsafe Road. - Collapsed bridge, sinkhole. - Fallen tree, broken pavement. Day Night	**H** **L** **H**	***F. Manage Unsafe Road*** Cordon off street. Notify authorities. d. Traffic Detour	I.C. & Runner[1] + 1 General Team[2]	4
Heavily Damaged Building. - Tilting. - Partial or total collapse. - Leaking gas, heavy smoke. - Hazardous Materials. (If casualties known or found outside)	**M** **H**	***G. Manage Heavily Damaged Building*** Cordon off. Prevent entry. Notify Fire Dept. Evacuate occupants at risk via bullhorn. (Rescue victims outside Collapse Danger Zone)	I.C. & Runner[1] + 1 General Team[2] (1 S&R Team) (1 Med Teams)	4 (8)
Moderately Damaged Building. - Cracked or broken wall surfaces, but not tilting, collapsed or gas/smoke filled. (Any fallen structures are only decorative or auxiliary i.e., chimney, porch, balcony, detached garage, carport, etc.) (If casualties known or found …)	**H**	***H. Manage Moderately Damaged Building*** b. Incident Size-Up c. Cribbing and Shoring, if required. e. Fire Suppression or Containment f. Search and Rescue g. Triage (outside if done at incident vs.CC Treatment Area h. Patient Evaluation and Treatment (outside) i. Patient Packaging and Transport (If required)	I.C. & Runner[1] + 2*n* S&R Teams (1*n* Medical Teams) (1*n* Transport Teams) For: **H**ouse, n = 1 **A**pt., *n* = 1/floor **B**us. *n* = 1/corridor **S**ch. *n* = 1/room	2 + 4 (2) (2) 6-(10) ____ ____ ____
Lightly Damaged Building with Special Conditions: - Majority windows broke. - Heavy object (chimney) fell inside, - "CERT Help Requested" = "Y" **Lightly Damaged Building**	**M** **L**	***I. Manage Lightly Damaged Building*** g. Triage (inside). h. Patient Evaluation and Treatment (inside). f. Search and Rescue (if patient movement required)	I.C. & Runner[1] + 1*n* Medical Team (1*n* S&R Team) For House, n = 1 Apt., *n* = 1/floor Bus. *n* = 1/corridor **S**ch. *n* = 1/room	2 + 2 (2) 4-(6) ____ ____ ____
Complete Major Damage Survey for Obvious life-threatening incidents.	**M**	***A. Manage Area Damage Survey(s)*** [3] a. Area Damage Surveys	(Survey Leader at CC) + *n* Damage Survey Teams	(1) *n* x 2
Light Damage Investigation Check for casualties at Lightly damaged buildings not displaying "We're OK".	**L**	***A. Manage Area Damage Survey(s)*** [3] a. Area Damage Surveys	(Survey Leader at CC) + *n* Damage Survey Teams	(1) *n* x 2

( ) As required and resources permit.

[1] If Incident Commander can maintain radio contact with Command Center, a Runner is not required.

[2] A "General Team" may be composed of a mix of CERT and spontaneous volunteers, as long as the team operates under the direction of an Incident Commander/Leader who understands how to manage the incident or task assigned to them.

[3] May be managed by Damage Assessment or a Survey Leader appointed by Damage Assessment.

Incident Log - Planning

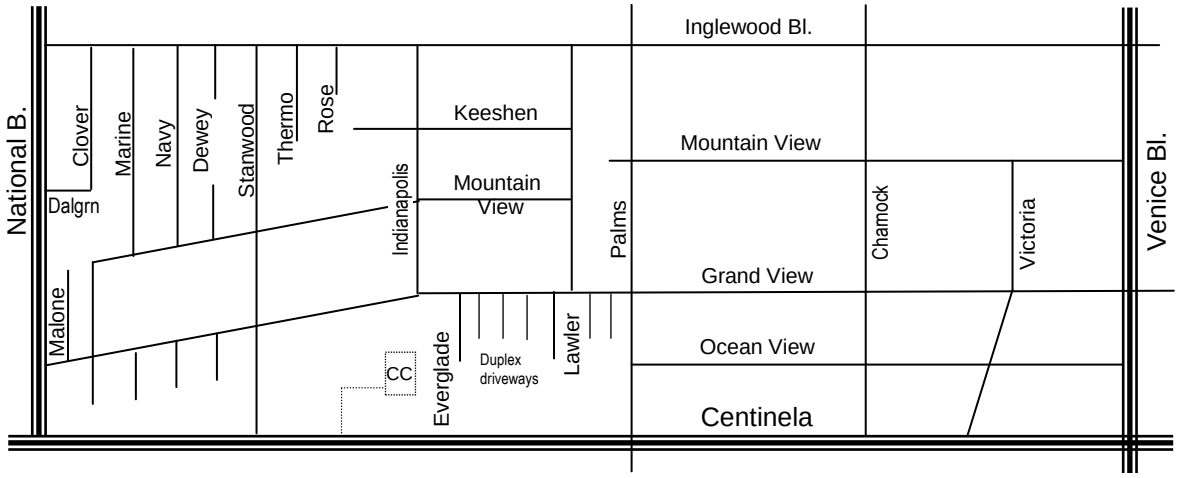
Date:

Time:

Person Reporting:

Incidents

Fires, Water/Gas Main, **X Unsafe Roads**, **Heavy Damage**, Moderate Damage, **Light Damage**



TIME FOUND	INCIDENT ADDRESS/LOCATION	Struc. Type		FIRES		HAZARDS				ROADS		STRUCTURE DAMAGE			OCCUPANTS			C.C. Use
	For Residential, enter: Street Name Address Address For Workplace, enter: Building/Floor/Corridor	**A**pt **B**usiness **H**ouse **S**chool **BR**idge **Bus** **C**ar **TR**ain **T**ruc**K**	CERT Help Requested? (Y/N)	**Small** (Lo heat @ 10 feet.)	**Large** (Too hot to stop)	**Power Line Down**	**Haz. Materials** (704 > 1)	**Gas - Main or Line**	**Water - Main or Line**	**Blocked**	**Unsafe**	**Heavy** (Racked, Tilting, Collapse, UMB)	**Moderate** (Structurally Compromised)	**Light,** (Cosmetic but no 'We're OK'	√ Type likely, or Number plus **I** = **I**njured. **T** = **T**rapped. **D** = **D**ead.			Incident ID Number. (**X** - Completed.)
															Adults	**Children**	**Elderly**	

Response Plan

Instructions:

Damage Assessment: Enter incidents in **Incident Log** (on left) as they are reported by CERT members and the public.

Planning: - Enter ***Personnel & Skills*** in **Response Plan** as CERT members report for duty. [If more than 20 report (in addition to C.C. Officers), divide them into 2-person Fire, S&R, Medical teams and assign teams rather than individuals. If more than 40 sign-in (more than 45 total), ask Commander to appoint Fire, S&R, and Medical Supervisors to plan, deploy and track their teams. Develop *Resource Allocation Plan*, initiate Incident Order & send to Supervisors to staff.]

- **Prioritize** Incidents **H**igh, **M**edium, **L**ow or **FD (F**ire **D**ept). See *Incident Deployment Suggestions*, p. 43, for suggestions.
- Enter ***Time FD Notified*** and ***FD's ETA***, or ***Time Incident Order sent to Operations*.**
- Develop ***Resource Allocation Plan*** - Record type and number of teams ***Desired*** on each incident in upper left space.
  - Record type and number that can be ***Allocated*** now in lower right space.
- Develop ***Incident Team Staffing Plan*** - Assign personnel to Incidents by entering, in the Personnel/Incident intersection cell, which of their Skills will be used at the incident to which you assigned them.
- Initiate **Incident Order(s)**. Transfer information from Incident Log and ***Incident Team Staffing Plan*** below to ***Incident*** and ***Resources*** sections of Incident Order. Check ***Task and Procedures*** to perform. **Give Incident Order to Operations**.

Personnel & Skills

Leader:	
Runner:	
Fire:	
S & R:	
Medical:	
Transport:	
General:	
Name:	

Priority	Time FD Notified or Inc Ord sent to Ops / FD's ETA or Time Incident Closed.	Resource Allocation Plan Teams Desired / Allocated: Fire	S&R	Medical	Transport	General

Incident Team Staffing Plan

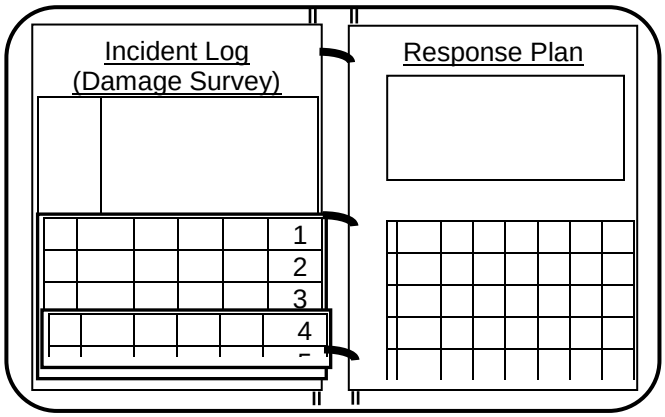
(ICS 215)

Ways to Use the Damage Report, Incident Log and Response Plan Forms.

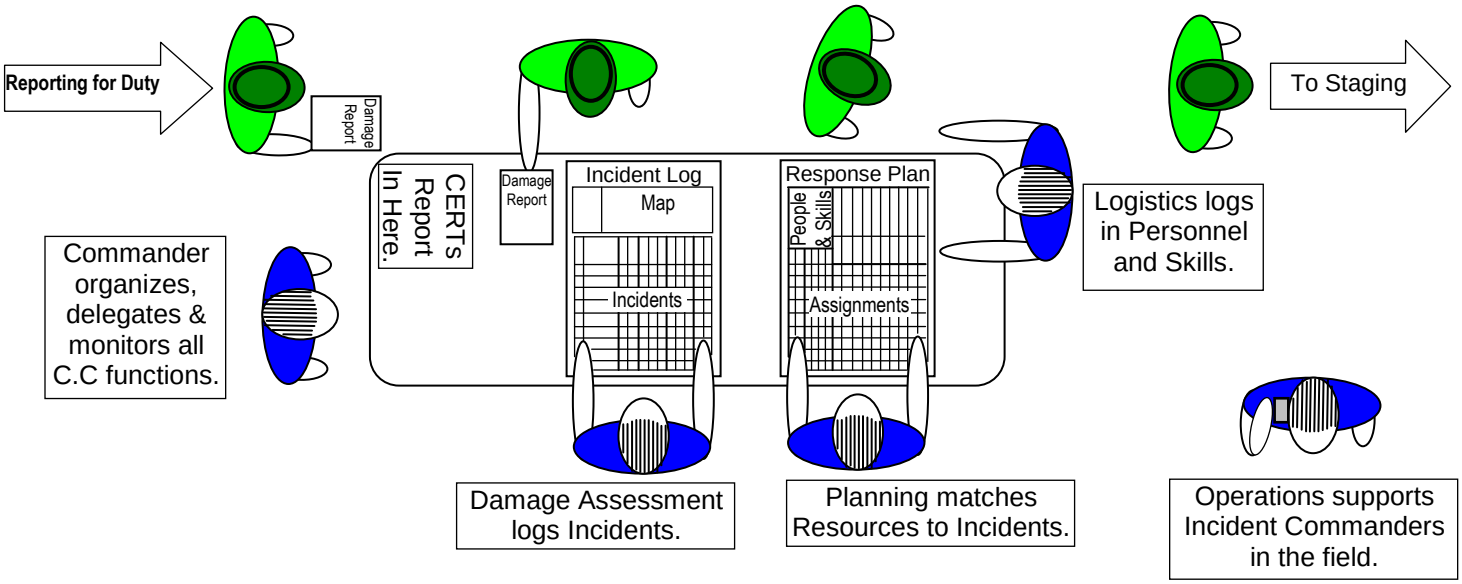
The Incident Log and the Response Plan forms are designed to be used together, with the Incident Log on the left and the Response Plan on the right as shown here and below. Consequently the Incident Log form is printed on the back side of a page so it will "face" the Response Plan form.

The Incident Log can be compiled from Damage Reports as they are identical (except for margins). To use this method, place the first Damage Report in the **GuideBook**, or on a table, wall or board, to the left of the Response Plan form as shown here. As additional Damage Reports are received, fold back or cut off the top (column-header portion) at the dotted line, and tape or clip the lines containing incident descriptions below the last incident on the prior Damage Report. See example on the right. (If doing this in the **GuideBook**, press the right edge of the Damage Reports around the rings of the **GuideBook**.)

When making additional copies of the Incident Log form, punch holes along the right edge to keep the proper page orientation required for the above arrangement.



Another method is to use large-format copies of these forms making it possible for all Command Center Officers to see. The arrangement below works well.



Resource Allocation and Incident Team Staffing Tutorial

Incident Team staffing is a multi-step process involving several Command Center functions.

Damage Assessment 1. Set up and open the Incident Log. 2. Record the time incidents are reported. 3. Copy salient incident information from Damage Reports or verbal input to ***Incident***s in the Incident Log as they are reported, 4. Assign an ***Incident ID Number.*** 5. Mark incidents on the ***Area Map***. 6. Keep track of which areas have been surveyed for damages. (See page 48 for examples.)

Planning: (Task *4. Planning* on page 42.)

1. Prioritize incidents. See **Incident Deployment Suggestions**, page 43, for ideas.

2. Collect Personnel and Skill information.
   In the beginning, or if your CERT is small, ***Skill*** information may be reported directly to Planning as CERT Members report for duty. Later, as the team grows, Skills may be reported to Logistics-Staging. If the latter, copy members names and skills from Staging's Personnel Log to the ***Personnel & Skills*** section of your Response Plan form.

3. Develop a ***Resource Allocation Plan*** consisting of the type and number of teams ***Desired*** to address each incident, and the number that can be ***Allocated*** now based on personnel and skills currently available. Record these decisions in the **Response Plan**. See example on page 49.

   To develop this plan the Planning Officer performs the following steps:

   - In the ***Desired*** corners of the ***Resource Allocation Plan*** section of the Response Plan, record the number of each type team (Fire Suppression, Search & Rescue, Medical, etc.) you deem necessary to handle each incident. (The plan may be stated in numbers of people, rather than teams, if that will help you determine the total number of people required.)
   - **Determine number of people available for assignment to Incident Response Teams**. Each incident needs an Incident Commander (I.C.) and either a radio or a Runner. If you have radios, subtracting the number of **H**igh priority incidents you are currently trying to staff from the number of people in Staging. This yields the number of people available for assignment to Teams. This leaves enough people to assign as Incident Commanders. If you don't have radios, subtract two times the number of incident to cover the Incident Commanders and Runners that will have to be assigned. Dividing the resulting number by 2 gives you the number of teams you can allocate now.
   - In the ***Allocated*** corners, write the **number of each type team you choose to deploy now** to each incident based on currently available resources.

4. **D**evelop an ***Incident Team Staffing Plan***, matching people to incidents, using information from the ***Resource Allocation Plan*** and the ***Personnel & Skills*** section of the Response Plan.

   The objective is to find an arrangement of the currently available personnel skills that will allow as many of the current top priority incidents as possible to be addressed at the same time.

   > Due to the fact that CERT members are volunteers whose training may have been years prior, CERT members come with varying degrees of knowledge, physical abilities, and emotional dispositions. The **CERT Field GuideBook** directly addresses the knowledge issue. The Task Guides and Forms can lead most people with prior CERT training step-by-step through performing any CERT task. However, variations in physical strength and stamina and in emotional disposition will still remain. These must be kept in mind when assigning people to Incident Response Teams.
   >
   > Anyone with a "cool head" and this **GuideBook** should be able to perform Command Center or Incident Commander tasks.
   >
   > Staffing Incident Teams is another story. Some CERT members will not have the physical strength or stamina to do Search and Rescue and carry victims out of buildings full of debris. Some with great strength will faint at the sight of blood, so it may not be best to assign them to Medical Teams. Each CERT member should have reported their Skills on sign-in. Use that information.

   The ***Resource Allocation Plan*** developed above shows you which ***Skills*** are currently most needed. Match these ***Skills*** first, then fill in the rest. Record your plan by entering the initial of the Skill to be used by each person assigned to an incident in the appropriate Incident/Person cell of the ***Incident Team Staffing Plan***. See page 49 for an example. Adjust the ***Allocated*** field of the ***Resource Allocation Plan*** if necessary.

5. Initiates Incident Orders (p. 145) for the incidents that can be staffed now. Check the ***Incident Management Task*** to be performed. Filling in the "Team(s) Allocated" and Personnel Assigned sections. Give the Incident Order(s) to Operations.

Operations transfers information needed for tracking from the Incident Order to their Operations Log, then gives the Incident Order to the Incident Commander assigned who then goes to Staging and deploys Incident Response Teams. (This step is done in task *5. Operations* on page 56.)

Staging allocates available equipment and records the allocation on the Equipment Log (page 129).

Damage Assessment Compiles the Incident Log

1. Open the Log by recording date & time of disaster here.

5. Mark Incident locations on Map.

6. Mark areas surveyed thus far on the Map. Request resources to complete the survey.

Incident Log

Date:

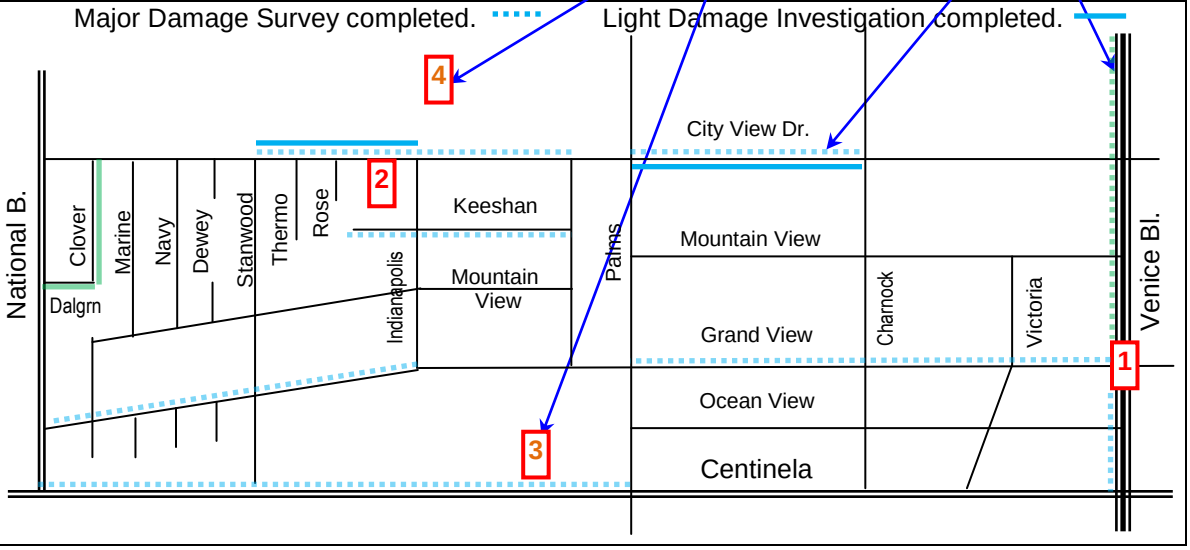
Saturday, July 4

Time:

1600

Person Reporting:

Hilltop CERT Damage Assessment



TIME FOUND	INCIDENT ADDRESS/LOCATION	Struc Type		FIRES		HAZARDS				ROADS		STRUCTURE DAMAGE			OCCUPANTS			C.C. Use
	For Residential, enter: Street Name Address Address For Workplace, enter: Building/Floor/Corridor	**A**pt **B**usiness **H**ouse **S**chool **BR**idge **Bus** **C**ar **TR**ain **TruK**	CERT Help Requested? (Y/N)	**Small** (Lo heat @ 10 feet.)	**Large** (Too hot to stop)	**Power Line Down**	**Haz. Materials** (704 > 1)	**Gas** - Main or Line	**Water** - Main or Line	**Blocked**	**Unsafe**	**Heavy** (Racked, Tilting, Collapse. UMB)	**Moderate** (Structurally Compromised)	**Light,** (Cosmetic but no 'We're OK'	√ Type likely, or Number plus **I** = **I**njured. **T** = **T**rapped. **D** = **D**ead. **Adults**	**Children**	**Elderly**	Incident ID Number. (**X** - Completed.)
1620	*Venice Bl. at Grand View*	*C*	*-*	*X*		*X*					*X*				*2 Dead*			*1*
1625	*3277 City View Drive*	*H*	*Y*											*X*	*√*	*√*		*2*
1630	*3450 Centinela Ave..*	*A*	*Y*										*X*		*40*	*?*		*3*
1632	*3500 Midvale.*	*S*	*N*		*X*							*X*						*4*

Damage Reports

2. Record time each incident is reported.

3. Copy salient incident information from Damage Reports here. Filling in any missing information by querying the person reporting the incident.

4. Assign an Incident ID Number.

Planning Develops the Response Plan and initiates Incident Orders.

1. **S**et the **Priority** of each Incident. (See Incident Deployment Suggestions, p. 43.)

2. Record Personnel Names and Skills of CERT members reporting for duty. This information is needed to build Incident response Teams with the appropriate Skills. Spontaneous civilian volunteers can be used as Runners

Spontaneous civilian volunteers can be used as Runners and as Drivers and Buddy's on Transport Teams.

Response Plan

Instructions:

Damage Assessment: Enter incidents in **Incident Log** (on left) as they are reported by CERT members and the public.

Planning: - Enter ***Personnel & Skills*** in **Response Plan** as CERT members report for duty. [If more than 20 report (in addition to C.C. Officers), divide them into 2-person Fire, S&R, Medical teams and assign teams rather than individuals. If more than 40 sign-in (more than 45 total), ask Commander to appoint Fire, S&R, and Medical Supervisors to plan, deploy and track their teams. Develop *Resource Allocation Plan*, initiate Incident Order & send to Supervisors to staff.]

- **Prioritize** Incidents **H**igh, **M**edium, **L**ow or **FD (F**ire **D**ept). See *Incident Deployment Suggestions*, p. 43, for suggestions.
- Enter ***Time FD Notified*** and ***FD's ETA***, or ***Time Incident Order sent to Operations*.**
- Develop ***Resource Allocation Plan*** - Record type and number of teams ***Desired*** on each incident in upper left space.
  - Record type and number that can be ***Allocated*** now in lower right space.
- Develop ***Incident Team Staffing Plan*** - Assign personnel to Incidents by entering, in the Personnel/Incident intersection cell, which of their Skills will be used at the incident to which you assigned them.
- Initiate **Incident Order(s)**. Transfer information from Incident Log and ***Incident Team Staffing Plan*** below to ***Incident*** and ***Resources*** sections of Incident Order. Check ***Task and Procedures*** to perform. **Give Incident Order to Operations**.

Personnel & Skills	Al All	Bill Skills	Betty Nurse	Donna Doctor	Fay Faints	Frank Faints	George Elder	Harry Weak	Ian Strong	Julie Strong	Karen Young	Larry Young	Ima Match	Bob Newby	Volunteer 1	Volunteer 2	Volunteer 3	Volunteer 4		
Leader:	X	X			X	X	X	X		X										
Runner:														X	(X)	(X)	(X)	(X)		
Fire:	X	X			X	X			X	X	X	X	X							
S & R:	X	X							X	X	X	X								
Medical:	X	X	X	X					X	X	X	X								
Transport:																				
General:															(X)	(X)				
Name:																				

Priority	Time FD Notified or Inc Ord sent to Ops / FD's ETA or Incident Closed.	Resource Allocation Plan Teams Desired / Allocated: Fire	S&R	Medical	Transport	General	Incident Team Staffing Plan															
L FD		1 / 1										F		L					F					R		
M				1 / 1							L						M	M				R			
H			4 / 2	2 / 1	2 / 1		S	S	M	M			L		S	S				R	T	T			

Incident Order

Incident: *3. Moderately Damaged Apartment* Leader: **G. *Elder***
Location: **3450 Centinela Ave.** Runner: **B. Newby**

Task Assigned

Resources Assignment Status

Team No.	Team(s) Allocated: Fire	S&R	Med	Tran	Gen	Personnel Assigned	Assignment	Time In	Time Out
1		X				***A. All***			
						B. Skills			
2		X				***I. Strong***			
						J. Strong			
3			X			***D. Doctor***			
						B. Nurse			
4				X		***Vol. 1***			
						Vol. 2			

5. To Operations

3. Develop a **Resource Allocation Plan** by first listing the number of each type Team you would like to send to each incident, …

… then the number that can be allocated now based on current resources.

4.Develop an **Incident Team Staffing Plan.** Match personnel with the appropriate Skills to the teams allocated. Enter the skill to be used in the incident/personnel cell. Transfer names to Incident Order.

4. Logistics - Manage Resources and Services

Input:	Output:
• Incident Orders for Response Team personnel • Requests for Equipment &/ Supplies from I.C.s. • Transport Orders to transport equipment/casualties. • Transport Orders to Acquire equipment/supplies.	• Personnel and Equipment Staging Areas established. • Personnel Staging, Equipment Staging, and Transport Officers appointed or their tasks done by you.

Responsibilities:

○ **Perform,** task *4.1 Personnel Staging - Manage Personnel Awaiting Assignment*, page 50, **or appoint** a:
❑ **Personnel Staging Officer** to do so. Name: _____. Cell/FRS Channel: _____.

○ **Perform** task *4.2 Equipment Staging - Manage* Equipment, page 52, **or appoint an:**
☐ **Equipment Staging Officer** to do so. Name: _____. Cell/FRS Channel: _____.

○ **Perform** task 4.3 Transportation - Manage Acquisition and Transport p. 54, **or appoint:**
☐ **Transport Office** to do so. Name: _____. Cell/FRS Channel: _____..

○ Direct: Incident Orders **requesting people** for Incident Response Teams **to Personnel Staging Officer**.
Requests for equipment and/or supplies to Equipment Staging Officer.
Transport Orders requesting transport of **equipment/supplies or casualties** to **Transport Officer**.
Transport Orders to **Acquire** additional equipment/supplies **to Transport Officer**.

○ **Prioritize/Resolve conflicting requests**.

4.1 Personnel Staging - Manage Personnel Awaiting Assignment

Input:	Output:
• CERT Members reporting for duty. • Civilians spontaneously volunteering to help. • **CERT Field GuideBook**s for Incident Commanders • **GuideBook**s, or copies of **Section 3 Procedure Guides** for Incident Response Team Leaders.	• Planning kept up-to-date on: - Persons & Skills available for assignment. • Personnel prepared for assignment

Responsibilities:

❑ **Establish a Personnel Staging Area** far enough away from the Command Area of the Command Center to reduce interference with those making decisions, but close enough for easy communication. Acquire any shade tents from Equipment Staging and direct available to personnel to set up.

○ **Log personnel in and out of the Staging Area,** on your copy of the Personnel Log (page 127)

○ **Inventory Skills of Members and spontaneous volunteers** reporting for duty in your copy of the Personnel Log. (**Decide how to use Spontaneous volunteers.** They could be used as Runners for Incident Commanders, as members of Transport Teams, or depending on their prior experience, as members of Incident Response Teams after reading the Task Guide(s) for those tasks to which they could be assigned.)

○ **Keep Planning up-to-date on Personnel available for assignment and their Skills.**

○ **Ensure Skill Currency by giving each:**
- **Incident Commander a GuideBook** to review ***Incident Management Tasks*** in ***Section 2.***
- **Incident Response Team Member a copy of the Procedure Guide**(s) from **Section 3 for their skill(s)**.
- **Civilian volunteers a copy of the Procedure Guide**(s) for those task to which they can be assigned.

○ **Maintain order in the Staging Area**, Keep all unassigned personnel away from the Command decision-making area of the Command Center.

○ **Direct:**
- **Incident Commanders returning from assignment** to debrief and give completed Incident Orders to Operations Officer, if they have not already done so, before returning to Staging to wait further assignment.
- **CERT Team Members returning from assignment** to check equipment and remaining supplies in with Equipment Officer if they have not already done so.

☐ **Acquire food & water for personnel** from Equipment Staging, or submit an ***Acquire*** Transport Order to Logistics.

☐ **Arrange for restroom facilities** at parks or nearby homes, or assign waiting personnel to dig latrines.

Personnel Log

Name	Skills						Dispatched To: (Incident No. or Assignment)	Time Out	Time Back
	Lead	**F**ire	**S**&R	**M**ed.	**T**rans (Vehicle)	**G**en-eral			
Total of each Skill Currently Available									

4.2 Equipment Staging - Manage Equipment Awaiting Assignment

Input:	Output:
• Equipment and Supplies (at Command Center or brought in by personnel reporting for duty.)	• Logistics kept up-to-date on: - Equipment and Supplies available in Staging.

Responsibilities:

- ❑ **Establish an Equipment Staging Area** near Personnel Staging Area.
- ❑ **Inventory CERT's emergency equipment & supplies** and update the Equipment Log (extra copy on page 129).
- ○ **Log in any equipment brought in by CERT Members or others**, recording the owner on both the equipment (via tape) and the Equipment Log.
- ○ **Log equipment out from and back into Equipment Staging,** using the Equipment Log.
  Check with CERT Commander before loaning any equipment to non-CERT Members and hold the Driver's License and Credit Card of any Spontaneous Volunteer to whom you loan equipment.
- ○ **If equipment or supplies were used up** during an incident response, mark out that line on the Equipment Log.
- ○ **Maintain Equipment in working condition**.
- ○ **Acquire additional equipment and/or supplies** by submitting an ***Acquire*** Transport Order (p. 147) to Logistics Officer.

Equipment Log

Equipment Kits	Kit No. p. 120	Owner (If equipment is loaned to CERT)	Incident No. (See Note 1 and Note 3)	Person Receiving (See Note 1 and Note 3)	Time Out (See Note 2 and Note 3)
Cribbing 2 Block Bundles, 1 cribbing bars.	**1**				
	2				
Detour 4 Traffic cones, 1 roll cordoning tape.	**1**				
	2				
Evacuation Bullhorn Cordoning Tape.	**1**				
	2				
Fire Suppression **(Red)** 2 Extinguishers. 2 Face Heat Shields 2 pr. Leather gloves. 1 Pry Bar, 1 Axe	**1**				
	2				
Medical **(Turquoise)** 1 EMS Bag 1 Oxygen Kit	**CC**	For Command Center Treatment Area Use only			
	1				
	2				
	3				
	4				
Body Splint (Navy)	**1**				
Limb Splints (Navy)	**2**				
Search and Rescue (Orange) 1 Backboard or stretcher 1 S&R Bag w BB straps, door stops, light sticks 1 GMRS, 2 FRS Radios 2 Pry Bars.	**1**				
	2				
	3				
	4				
Transport Area Map Hospital Route Map Clipboard 1 GMRS Radio 1 Patient Transport BB	**1**				
	2				
	3				
	4				
Wrench **Water Main "T"** **Vice Grips** **Gas**	**1"T"**				
	(1W)				
	(1G)				
Radios					
Shoring					

Note 1 – Enter ***Incident No***. and ***Person Receiving*** when equipment is allocated to an incident.
Note 2 – Enter ***Time Out*** when equipment leaves Staging Area for an incident site.
Note 3 – Erase ***Incident No***., ***Person Receiving*** & ***Time Out*** when equipment returns from the incident.
If equipment is empty or supplies were used up on return, mark through that line.

4.3 Transportation - Manage Acquisition and Transport

NOTE: Although FEMA CERT 1 classes do not provide instruction on casualty transport, the possible need to do so is acknowledged. Casualty transport may be required when: 1) professional transport is unavailable or unreachable, 2) casualty has no other means of getting to a medical facility or Casualty Collection Point, **and**
3) the casualty specifically asks for transport or is unconscious.

Input:	Output:
• Transport Orders requesting Casualty Transport. • Transport Orders requesting Equipment or Supplies transport. • Transport Orders requesting Equipment or Supplies Acquisition. • Completed Transport Orders from Drivers after delivery.	• Transport Orders to Driver(s) assigned. • Transport Log showing – Casualty, equipment and supplies acquired and/or delivered. – Date &Times Out & Delivered

Responsibilities:

Manage Transport Teams* to provide the following services:

1. Determine which medical facilities are reachable and open by sending Transport Team(s) to survey the routes to them. Record findings on a Hospital Route Map or ***Area Map***.
2. Perform Task d. Traffic Detour (p. 100) for Incident Commanders handling the following incidents:
   - Downed power lines. C. Manage Downed Power Line, p. 78.
   - Hazardous material area. D. Manage Hazardous-Materials Area, p. 80.
   - Ruptures gas or water mains. E. Manage Gas or Water Main Rupture, p. 82.
   - Unsafe roads. F. Manage Unsafe Road, p. 82.

   Transport Teams can be the Incident Response Teams on the above incidents if they feel comfortable performing the Incident Management Task indicated.
3. Transport equipment and supplies to and from incident sites.
4. Transport casualties to hospital(s), or to the Command Center Treatment Area until hospital(s) open.
5. Acquire new equipment and supplies requested by 1) Operations, 2) Medical or 3) Staging.

Use spontaneous civilian volunteers as Drivers and/or Assistants when available instead of trained personnel.
You may form your own Transport Personnel Staging Area of civilian volunteers, or use the main Staging Area.

Log all requests in Transport Log (extra copy on page 143).

When presented with a Transport Order,

- **Verify** that the ***Requestor***, ***Casualty*** or ***Equipment or Supplies***, ***From***, and ***To*** fields have been clearly documented. If not, return the order to the requester to supply the information.
- **Fill out *Personnel Assigned*** section of a Transport Order
- **Dispatch a Transport Team** (Driver and Assistant) for each Transport Order:
- **Track assignments** by entering the ***Personnel Assigned*** and ***Date & Time Out*** in the Transport Log.

When Transport Team reports that transport is **complete**,

- **Verify** that the ***Final Status*** section of Transport Order is completed properly.
- **Record** the ***Date & Time Delivered*** in the Transport Log. This indicates that the Transport Team has returned to the Command Center safely and that casualty or equipment is now at the Destination location.

* Transport Teams may consist of spontaneous volunteers with trucks or vans.

Transport Log

Assignment Ex: Assigned to Incident n. Scout Hospital x. TX backboard - TX 60yo female -	Prior. **I**mmed. **D**elayed **M**inor **Dead** **OR** **H, M, L**	From Location	To Destination	Personnel Assigned	Date & Time Out	Date & Time Delivered

5. Operations – Brief, Deploy & Track Incident Teams

Input:	Output:
• Incident Orders from Planning. – Teams Allocated. – Personnel Assigned. • Incident Order Forms to request additional teams. • Transport Order Forms to request equipment and casualty transport.	• Incident Commanders briefed and dispatched. • Incident status tracked on Operations Log. • Closed Incident information distributed: – Closed Incident Orders to Planning. – Casualty Logs to C.C. Medical. • All Incident Response personnel safe and accounted for.

Responsibilities:

Brief and Deploy

○ **On receipt of a new Incident Order** from Planning:

- **Write your cell phone number or radio channel number** on the Incident Order.
- **Log the Incident Order** in your Operations Log on next page. (An extra copy is on page 137.)
  Copy the following information from the Incident Order to your Operations Log
  Incident ID Number, Incident Address/Location,
  Structure Type,
  Ok to Enter (if checked)
  Type Incident - Incident Management Task checked**.**
  No. Occupants Reported (if known or suspected)**: *Adults, Children, Elderly*.**
  I.C. and ***Runner Names*** (if one assigned)**,**
  Number of each type team assigned.
- **Call the Incident Commander** assigned to the incident **up from Staging**.
- **Write the Incident Commander's *Cell* phone number or *Radio ID No. & Channel* in your Operations Log.**
- **Brief the Incident Commander on the *Incident Management Task* assigned (*B - I*)**, ensuring that the Incident Commander understands each step and that their role is that of supervisor and safety officer and that they are not to get directly involved with the work to be done by the Response Teams assigned.
- **Monitor the Incident Commander's briefing of the Team(s)** allocated to them, if you feel it necessary.
- **Deploy the Incident Response Group [**IC, Runner & Teams]. **Record *Time Deployed*** in your Operations Log.

Track and Support

○ **Maintain contact with Incident Commanders** via cell phone, radio or the runner assigned.

○ **Ensure safety precautions** are being followed by the Incident Commander, and assist the Incident Commander with developing new plans of action if necessary to respond to changing conditions at the incident site.

○ Record ***Casualties Found*** as they are reported to you by Incident Commanders.

○ **Attempt to contact LAFD for help** (via 911 or Communications Officer via Ham radio) before:

- Attempting Fire containment with Water Curtains. Give I.C. "Go Ahead" if LAFD ETA > 10 min. or undeterminable.
- Forcing Entry. Give I.C. "Go Ahead" if LAFD ETA > 20 min. or undeterminable.
- Transporting patients. Give I.C. "Go Ahead" if LAFD ETA > 30 min. for Immediate, 4 hrs for Delayed, or unknown.

○ **When asked** by Incident Commanders, **obtain additional resources and services**. To obtain:

- **Fire, S&R** and/or **Med. Team(s), fill in** the ***Incident*** and ***Task*** section of an Incident Order.
  Give the partially completed Incident Order to Planning to staff.
- **Equipment and supplies, fill in** the ***Equipment & Supplies*** and ***To*** sections of a Transport Order.
  Give the partially completed Transport Order to Logistics Officer to staff.
- **Casualty Transport**, **fill in** the ***Casualty***, ***From*** and ***To*** sections of a Transport Order.
  Give the partially completed Transport Order) to Logistics Officer to staff.

Distribute Incident Status Information

○ **Debrief Incident Commanders** on their return from incident sites and update your Operations Log.

- If the upper ***Casualty*** counts (***Injured, Trapped or Dead***) and lower (***Freed, Extracted, Transported***) on Incident Order are not equal, determine why and what additional work is needed. If additional work is required, request it.

○ **Give closed Incident Orders to Planning**, so Planning knows who is again available for re-assignment.

○ **Give Casualty Log(s) to C.C. Medical** for follow-up.

○ **Respond for CERT Commander's requests for incident status**.

Operations Log

Inc. No.	INCIDENT ADDRESS / LOCATION	Struc Type		FIRE		HAZARDS				ROADS		STRUCTURE DAMAGE			OCCUPANTS REPORTED			IC NAMES	CELL	RADIO		NO. TEAMS ASSIGNED					TIMES		CASUALTIES FOUND (###)				ADDITIONAL NEEDS
(X – Completed.)	For Residential, enter: Street Address For Workplace, enter: Building/Floor/Corridor	Apt Busi. House School BRidge Bus Car TRain TrucK	OK to Enter	Small - Task B.	Large - Task B.	Power Line - Task C.	Haz. Mat. - Task D.	Gas Main - Task E.	Water Main - Task E.	Blocked - Task F.	Unsafe - Task F.	Heavy - Task G.	Moderate - Task H.	Light - Task I.	√= Suspected num.= Known I = Injured. T = Trapped. D = Dead. Adults	Children	Elderly	I.C. ---------- Runner	I.C. --------- Runner	Id. No.	Channel	Fire	Search & Rescue	Medical	Transport	General	Deployed	Returned	Trapped | Freed	Immediates | Transported	Delayeds | Transported	DEAD | Left in	

(ICS 204) (ICS 209)

6. Incident Commanders – Deployment from a Command Center

Input:	Output:
• **CERT Field GuideBook.** (Use as your Field Desk.) • Incident Order (from Operations) - Incident location and type. - Incident Commander (you). Runner, if assigned. - Type & No. of Teams allocated. - Personnel assigned. • Briefing by Operations.	• Incident handled to best of CERT's ability. • Completed Incident Order (showing final status of teams, actions taken, no. of casualties found & rescued) to Operations. • Casualty Log(s) to C.C. Medical. • Transport Orders [for equipment/casualties needing transport from the Incident site] to Transportation. • Equipment Kits checked back into Equipment Staging. • Personnel checked back into Personnel Staging.

Responsibilities:

- **Ensure the safety** of your Incident Response Team(s).
- **Direct and oversee** the activities of your team(s) as they address the Incident assigned.
  Do not get involved (except possibly to help carry a casualty). Do not enter a hazardous building or area.

Preparation:

❑ **If you checked *LEAD*** when signing in for duty, review this task and **GuideBook** Section 2 while awaiting assignment.

Procedure:

1. When assigned to manage an incident:

❑ **Report to Operations** and receive Incident Briefing.

❑ **Confirm assignment is documented completely** on a Incident Order by reading it back to Operations.

❑ **Review the Incident Management Task** (B, C, D, E, F, G, H, I or J in **Section 2**) for the incident assigned, and the **Incident Response Procedures** (b, c, d, e, f, g, h and/or i in **Section 3**) to be performed by your Team(s).

❑ **Review your plan of attack** with Operations Officer and gain agreement.

❑ (**Check out FRS Radio** from Communications Officer and **get briefing** on proper radio usage protocol.)

2. Go to Staging Area, assemble and brief assigned Team(s).

❑ **If asked by Operations, send the next Incident Commander to Operations**.

❑ Show Incident Order to Personnel Staging Officer to **sign-out** the **personnel assigned** to you.

❑ **Brief team** members and have them review their respective ***Incident Response Team Procedures*** in **Section 3**.

❑ **Check-out appropriate Equipment** Kit(s) from Equipment Staging for Incident Response Team Procedures involved.

❑ **Ensure personnel have appropriate Personal Gear and equipment** for the incident assigned.

3. Lead Teams to Incident site and Manage Incident Response.

❑ **Perform** procedure *b. Incident Size-Up* (p. 96) to confirm that this is an incident you should and can address.

❑ **Perform *Incident Management Task(s)*** in **Section 2** as checked on Incident Order. The Order suggests the ***Incident Response Team Procedure(s)*** in **Section 3** to be performed by the Team(s) assigned to you.

❑ **Report status to Operations** via radio every 15 minutes or via Runner every 30 - 60 minutes, as possible.

❑ **Request additional Teams** (Fire, S&R, Medical, Transport)and/or equipment (Cribbing Kit, Fire Extinguishers, Hoses, etc.) as needed **via radio or Runner to Operations.**

❑ **Make casualty transport decisions** based on *Casualty Transport Decision Table* on bottom of page 71.

(WHEN FINISHED WITH THE INCIDENT MANAGEMENT TASK ASSIGNED, RETURN HERE)

4. When the assignment is completed:

❑ **Ensure equipment and personnel are returned to Staging & checked-in**. Report any supplies used.

❑ Give **Completed Incident Order to and debrief Operations** on final status of incident.

❑ Give **Casualty Log**(s) (if any) **to and debrief C.C. Medical** on status of any casualties found and treated.

❑ Give **transport requests** (Transport Order with Item, Location and Destination) **to Transportation** for any casualties or equipment still needing transport to hospitals or C.C.

❑ **Return to Staging Area and Rehab** until next assignment.

Command Center Deployment WorkFlow

COMMUNITY OR WORKPLACE COMMAND CENTER

Incident Commanders report in for duty to community/workplace Command Center.

6. Incident *n* Commander

1. While in Staging awaiting assignment, review *Incident Management WorkFlow* (this page), Incident Commander responsibilities (p. 58.) and *Casualty Tracking and Transport System* (p.71).
2. On receipt of assignment, report to Operation.
3. Receive incident briefing from Operations Officer.
4. Review *Incident Management (Tasks* {B, C… and/or J for the incident assigned.
5. Present your plan of attack and safety procedures to be used to Operations and gain agreement
6. (Checkout Radio, Get briefing from Communications Officer.)
7. Go to Staging Area and sign-out Personnel assigned.
8. (If asked, send next Incident Commander to Operations.)
9. Assemble and brief Team(s).
10. Check-out Equipment.
11. Lead Team(s) to Incident Site.

Incident Order
- Incident Addr./Loc.
- Task Assigned.
- Type & No. Teams
- Personnel Assigned

Operations
- Call assigned Incident Commander up from Staging Area.
- Brief the assigned Incident Commander.
- Concur with or change Incident Commander's plan.

FRS Radio

Communications
- Assign & set Channel for Incident.
- Brief Incident Commander on proper radio protocol.

Command Center Staging Area

CERT Personnel Awaiting Assignment

Civilian Volunteers

Emergency Equipment

Staging Officer
- Maintain Personnel awaiting assignment.
- Sign Personnel Out.
- Sign Personnel In.

B

Equipment Officer
Maintain Equipment.

C

INCIDENT SITE

Incident Commander performs applicable Incident Management Task, while Teams perform Procedure(s) listed:

Possible Incident Management Tasks:		Response Team(s) and Procedures: Fire	S & R	Medical	Transport	General
A. Manage Area Damage Survey	b					a
B. Manage Fire Suppression.	b	e				
C. Manage Downed Power Line.	b	(e)				C, (d)
D. Manage Hazardous-Materials Area	b					D, (d)
E. Manage Gas or Water Main Rupture.	b	(e)				E, (d)
F. Manage Unsafe Road	b					F, d
G. Manage Heavily Damaged Building.	b	(e)	(c), f Outside	g, h, (8.) Outside	(i)	
H. Manage Moderately Damaged Building.	b	(e)	(c), f Inside	g, h, (8.) Outside	(i)	
I. Manage Light/Non Damaged Building.	b		(c), (f) Inside	g, h Inside	(i)	
J. _____						

a = Damage Survey b = Incident Size-Up c = Cribbing d = Traffic Detour e = Fire Suppression f = Search and Rescue g = Triage h = Patient Evaluation & Treatment i = Patient Packaging and Transport ( ) = As required.

Incident Site Treatment Area
Casualties

Casualty Log
- Casualties,
- Prio.
- Injury, Treatm't
- Transport Plan

B C

COMMUNITY OR WORKPLACE COMMAND CENTER

6. Cont. Incident *n* Commander

12. Debrief Operations.
- Report any new incidents found or remaining.
- Turn in Incident Order, and any Casualty Log(s) to Command Post Officers.
- Return to Staging.

B

Incident Order
- Final Counts Injured, Freed,

Operations Officer
- Update Ops Log.
- Distribute Info.

Incident Order
- Personnel Assigned (Now returning)

Planning Officer
- Update Resources now available.

Casualty Log(s)
- Injuries found.
- Treatments given.

Medical Officer
- Review for any follow-up needed.

7. Communications - Report Incidents to Authorities

Input:	Output:
• Incident Log and Response Plan Boards, if posted, or information from Planning Officer: - Incident Type, Location, Time Found, Status. • Portable Ham radio. • FRS/GMRS radio if used by your CERT.	• Authorities knows your status and needs. • List of Open Medical Facilities and/or Casualty Collection Points to Logistics-Transport Officer and C.C. Medical Officer

Responsibilities:

Manage Communication with emergency authorities via cell phone, Ham Amateur Radio or runner.
(Fill in the necessary phone numbers and frequencies on the *Contacts* page, p. 12, before disaster strikes.
Use GMRS channels15 thru 22 for CERT Command Center to local Incident site communications, if you have GMRS.
Use FRS channels 1 thru 14 for intra-Command Center and intra-Incident site communications.

Note for Los Angeles Teams: Ham Radio communication between CERT and LAFD may be possible via Auxiliary Communication Services volunteers at Battalion Fire Stations using the LAFD CERT Radio Communication Plan downloadable from www.LA-CERT.com. ACS has a primary and secondary Ham frequency for each LAFD Battalion collectively referred to as a CERT Channel. These, along with Repeater and alternate frequencies, are listed on the back of the Communications Log in the Appendix. Use the Repeater only to agree on other frequencies when communication via the predefined primary, secondary or alternate frequencies is not possible. Establish Ham contact by calling "Battalion *n* ACS" (*n* = Battalion No.).

- **Use descriptive ("tactical") Call Signs.** Ex. "this is community-name CERT" (plus " your-FCC-call-sign " on 1st & last call).
- Report general community damage and all Incidents on which FD or other agency assistance is needed per Planning. **Immediately report** the following incidents, stating address in 1st call, then street & incident type in follow-up calls:
  - **Large fires** – Fires too large to CERT to handle.
  - **Heavily Damaged Structures** – CERT can cordon off, but FD must do Search and Rescue and/or recovery.
  - **Hazardous-Materials Areas** – CERT can cordon off, but FD must handle evacuation and containment.
  - **Downed Power Lines, Broken Gas and Water Main** – CERT can cordon off, but agencies must shut off.
  - **Blocked or Unsafe roads** – CERT can cordon off, but FD needs this info to plan their routes.
- **Record the time the incident was reported** to authorities and their **Estimated Time of Arrival** in the ***Time FD Notified/ETA*** column of the Response Plan Board if posted, or give this information to the Planning Officer.
- **Get information on operating medical facilities and/or Casualty Collection Points** from the emergency authority and give it to the C.C. Medical Officer and to Logistics Transport Officer.
- **Document all communication** with the authorities in the Communication Log (extra copy on page 141).

Assist your CERT with internal communications via FRS (and/or GMRS) **Radios** if cell phones are not working.

- **Maintain radios.** Select the clearest channels to use. Set radios (no privacy code). Keep spare batteries charged or supplied. Note: Duracell's hold their charges longer than rechargeable batteries. Give an extra set out with each radio.
- **Check radios out to and back in from Incident Commanders.** (Use Equipment log, p. 129.)
- **Brief C.C. Officers, Incident Commanders** (and Team Leaders if they have radios) **on proper radio protocol:**
  – Listen before you speak to ensure the channel is clear.
  – Think before speaking. Use fewest words to convey message. Key mike 1 sec. before talking. Hold 1 sec. after.
  – Hold radio 4"-5" from mouth and speak across the mike, not directly into it. Speak clearly, calmly and slowly.
  – Establish contact before giving your message. Use descriptive "tactical" Call Signs. For example, to contact:
    - Command Ctr., say " community-name Emergency Response Team" initially to quiet non-emergency talk, then " community-name Command, this is community-name Incident *n* I.C..
    - Operations Officer, say " community-name Operations, this is community-name Incident *n* I.C.".
    - Incident *n* I.C., say " community-name Incident *n* I.C.", this is community-name C.C. function name .
    where *n* is the assigned incident number.

  Note: You may use a descriptive Incident Id, such as "Inglewood Incident, rather than the Incident number "n".
  – If you can't communicate, more to higher ground, away from buildings and hold Talk Button down firmly.
  – Don't transmit personal names or info. Instead of "Mrs. Jones has…", say "A 30 year old female has…"
  – If message concerns a life or death situation, say "I have emergency traffic".
- **Assist Operations monitoring communications from Incident Commanders.**
  Community terrain is often such that while Incident Commanders on different sides of the community can communicate with the Command Center, they cannot hear the other Incident Commanders and consequently "step on" their transmissions. The solution is to use different channels for different parts of the community or for the Comm Officer to be "Net Control" controlling who can speak when.
- **Document all communication** in the Communication Log on adjacent page. (extra copy on page 141).

Communication Log

Radio Communications Plan (ICS 205)

Contact	Call Sign	Primary Freq.	Alternate Freq.	Repeater Freq.	Signal Notes:
		Rx: Tx:	Rx: Tx:	Rx: Tx:	
		Rx: Tx:	Rx: Tx:	Rx: Tx:	
		Rx: Tx:	Rx: Tx:	Rx: Tx:	
		Rx: Tx:	Rx: Tx:	Rx: Tx:	

Messages (ICS 213)

Inc:	To:	From:	Date:	Time:
Message:		Reply:		
Inc:	To:	From:	Date:	Time:
Message:		Reply:		
Inc:	To:	From:	Date:	Time:
Message:		Reply:		
Inc:	To:	From:	Date:	Time:
Message:		Reply:		
Inc:	To:	From:	Date:	Time:
Message:		Reply:		
Inc:	To:	From:	Date:	Time:
Message:		Reply:		
Inc:	To:	From:	Date:	Time:
Message:		Reply:		

8. Medical - Manage Medical Treatment Area (Command Center or Incident Site)

Input:	Output:
• **B**ody **S**ubstance **I**solation gear (masks, eye shields, gloves). • Ground Covers (Ideally red, yellow, green, black.) • First Aid supplies (wound wash, topical antibiotics, cold packs, dressings, bandages, splints, hydration, glucose) • **B**asic **L**ife **S**upport equipment (Suction, adjuncts, BVMs, O_2.) • Blankets, Hot packs, bedpans, urinals. • Forms: Casualty Log, Patient Evaluation Checklist.	• Immediate and Delayed patients evaluated, treated and transported by FD or CERT to medical facility, along with patient's Patient Evaluation Checklist. • Minor patients evaluated, treated and released. • Casualty Logs (p. 139) listing Patients, Injuries, Treatments given, Final Location to Commander.

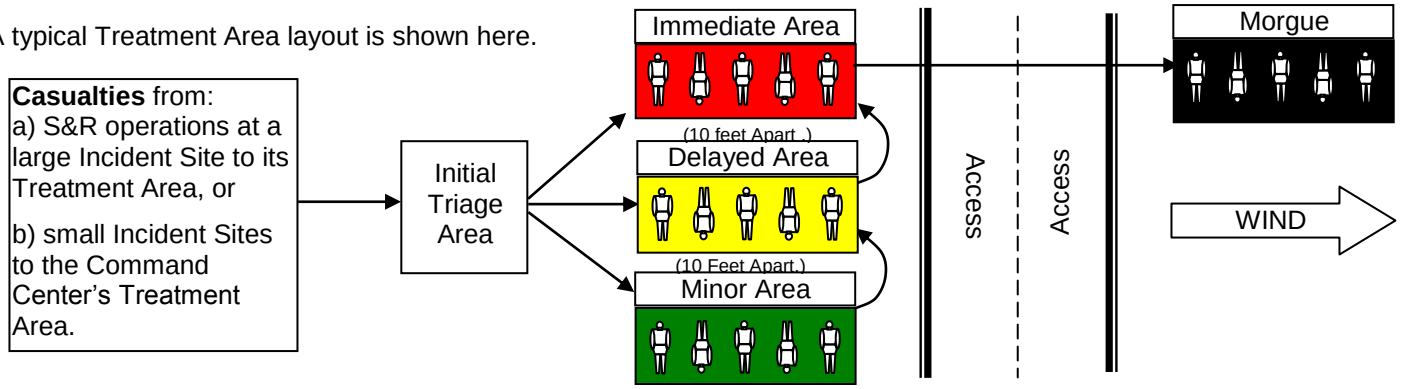
Overview:

A Medical Treatment Area is a place First Aid supplies & BLS equipment not carried in your back pack are stored or pooled, medical professionals/EMRs assemble, patients evaluated & treated and/or monitored & sustained until transport to hospitals by FD or CERT. One should be setup at the Command Center, and at large incidents if resources permit.

Patients should be brought to the Command Center Treatment Area when:
1. There is insufficient resource to evaluate and treat them at incident sites.
2. FD cannot be contacted or cannot pick up casualty at the Incident Site in a timely manner.
3. There is currently no open medical facility to which the casualty can be transported by FD or CERT.
4. There is no relative or friend qualified to care for the casualty in a safe place at or near the incident site.

Set Treatment Areas up in a safe, sheltered or at least wind-protected area that it is not down-wind, down-hill or down-stream from an incident site. If no safe building, such as a neighboring home or office is available, set Treatment Area up in shade during summer and in sun during winter. Treatment Areas should be accessible by Rescue Ambulances.

A typical Treatment Area layout is shown here.



Minimum recommended Teams:	Tracking: 1 (Mgr + Scribe) Triage: 1	Patient Evaluation & Treatment: 1 per Area	Transport & Supplies Acquisition: 1.	Security: 1

C.C. Medical Officer or Incident Med. Team Leader Procedure

- ☐ Assign Med Teams to areas. If possible, appoint a Security Team to prevent theft of supplies and from any deceased.
- ○ Ensure use of BSI gear and sanitary practices by all personnel. Avoid body fluids. Don't touch your own face.
- ○ On arrival, log casualties in Casualty Log (p 139). Update on each move between areas, and to C.C. or hospital.
- ○ Direct Triage Team to *Triage* (p. 108) each and every arriving victim and route each to the proper Treatment Area.
- ○ Place patients 3' - 4' apart on appropriate tarp. Place unconscious in High Arm In Neck Expose Spine (H.A.I.N.E.S.) position (p.112) with mouth down to prevent chocking on any stomach discharge. Keep conscious patients hydrated.
- ○ Direct Evaluation Teams to perform *h. Patient Evaluation and Treatment,* p. 110, for each triaged casualty.
- ○ Re-Assess Vitals of Immediates every 5 minutes, Delayeds every 15 minutes, for change in status.
  If BP drops, raise knees & feet. If Breathing slows give O_2 per pg. 114. If it stops, BVM ventilate w O_2 per pg. 114.
- ○ Keep current on which medical facilities are open via Communication's contact w FD or Transport Officer's findings.
- ○ Arrange casualty transport from incident sites per ***Casualty Transport Decision Table*** (p. 71) or from C.C. when a hospital opens if FD's ETA for Immediates > 30 min, Delayeds > 4 hours, or is undeterminable. Start the Transport Order:
  Fill in ***Casualty***, ***From*** and ***To*** sections of a Transport Order form. Give to Transport Officer. (At incident site, give to Transport Leader or I.C.) Help prepare patients for transport per *i. Patient Packaging and Transport p. 116.*
- ○ For patients still at Safe-Places or incident sites, periodically review the "Injuries-Treatments" and the "Transport" sections of Casualty Log to determine if follow-up care, transport or information on newly-opened medical facilities is needed. If so, either send a Med. Team, request patient transport, or send information via Runner, as appropriate.
- ○ Request supplies by filling in ***Equipment and Supplies*** section of a Transport Order form and checking ***Acquire***.
- ☐ On shut-down, give Casualty Logs to CERT Commander (Incident Commander if Treatment Area is at incident site).

Casualty Status Log

Medical Facility Plan (ICS 206)

Facility Name	Address / Cross Streets	Contact Phone / Frequency	Trauma Center?	Burn Center?	Travel Time	Open Beds

Casualties

Location:	Person Reporting:	Date:	Time:	Page No.	of	

Casualty Name and/or Description (Race, Sex, Age, Body type, Clothing, Height, Weight, etc.)	Priority Immed Delay Minor Dead	Injuries Treatments given (✓) Completed	Time Last Triage	Own Transportation?	Safe-place Care?	Transport				
						Move Here (X)	Found Location --------------- Holding Location --------------- Final Location	Driver Assigned	Date & Time Out	Date & Time Delivered
							Incident Loc.:			
					Y		"C.C."/Safe-place adr:			
					Y		Med. Facility:			
							Incident Loc.:			
					Y		"C.C."/Safe-place adr:			
					Y		Med. Facility:			
							Incident Loc.:			
					Y		"C.C."/Safe-place adr:			
					Y		Med. Facility:			
							Incident Loc.:			
					Y		"C.C."/Safe-place adr:			
					Y		Med. Facility:			
							Incident Loc.:			
					Y		"C.C."/Safe-place adr:			
					Y		Med. Facility:			

9. Shelter Management

Input:	Output:
• Tents, cots, ground cover or 5'x7' tarps, blankets. • Emergency food rations (*ER Bars*, *Datrex*, etc.). • Emergency water rations (16 oz/person/day). • Heat & Light (Duraflame logs, lighters). • Sanitation (5 Gal buckets, seats, lids, liners, TP, fem. pads) • Pick & Shovel for digging fire pits, latrines, burying waste.	• CERT Members rehabilitated. • Homeless cared for until permanent shelter found.

Notes:

Although the Red Cross attempts to provide shelters worldwide and already have possible locations identified, actual locations cannot be selected until damage is assessed. This may take from one to three days and will be announced over emergency radio broadcasts when available. Ask Communications to monitor operating AM & FM stations.

Procedure:

Suggest to those needing shelter to first seek it with family or friends outside of the disaster area if travel is possible.
If not, then with neighbors those homes are still habitable. (See "Light Damage" in *Building / Section* **Damage Levels**, p.97.)
If not, then provide the following if possible until more sufficient shelters are available.

Physical Care

General - Establish the shelter upwind of disaster area and any temporary morgue.
Heat - Propane heaters, fires in metal containers (produce radiant heat) or in rock fire rings or pits on cleared ground.
Lighting - Camping lanterns and flashlights can usually be borrowed or salvaged. Camp fires also provide light.
Shelter - Solicit donated tents, or make from tarps, plastic or sheets from damaged homes and businesses.
Beds - Solicit donated cots, air mattresses or ground cover and blankets, or acquire from damaged homes.
Food - Gather from donating and/or damaged homes/businesses. Use refrigerated first, frozen second, canned last.
Water - Filter cloudy water. Add 16 drops of 6% (12 drops 8%) unscented bleach per gal., shake, let stand 60 minutes.
Latrines. Toilet seat & lid on trash-bag-lined 5 gal buckets, or trench latrines. Bury waste 2 feet below ground downwind.
Bathing - Arrange use of undamaged facilities or make privacy screens from wood and plastic or fabric sheeting.
Security - Arrange for sentries at night on 2 to 3 hour shifts.
Entertainment - Provide board games donated or salvaged from damaged homes.
Contact with outside world - Set up areas away from sleeping quarters for listening to battery-powered radio/TV.
Set up separate areas for rock music, classical music, soaps/movies, and news.
Proved only one radio/TV in each area to conserve batteries & encourage companionship.

Psychological Care

Children - Encourage them to talk about their feelings. Listen.
Explain what happened in their terms on their level, and (if true) that is will probably not happen again.
Get them a familiar toy, blanket or pillow from their home if possible.
Give them helpful tasks to do, e.g. collect fire wood, help serve meals.

Adults - Separate the hysterical from the rest to prevent their hysteria from spreading.
Calm them by getting them to breathe deep slowly.
Answer their questions truthfully.
Try to get answers, information, stuff you don't have, but don't over promise.
Give them meaningful work to do, e.g. cooking, shelter building, latrine duty, sentry duty.
Be a comrade, rather than a fellow commiserater.
Comfort, walk and talk with them. Be a good listener.
Hold relieve-effort-information meetings on a regular, preferably scheduled, basis, even if you have none.

Elderly - Be honest
Give them a meaningful task to do, e.g. listen to and comfort the children.
Engage those shutdown and disconnected.
Energize by getting them to breathe twice quickly.

Pet Care

Protect pets from getting lost by containing them in their portable kennels or on leashes downwind of people shelter.
Separate contentious pets from each other.
Provide water. Provide food, donated, acquired from owner's home if possible, or meal left-over's.
Remind pet owners to care for and clean-up after their own pets. They may initially forget to do so.
Allow no pets in people shelter as some people are allergic to and/or afraid of animals.

Shelter Management Notes

Section 2. Incident Management Tasks (Incident Commanders)

This section contain checklists for managing Damage Surveys and the types of incidents typically encountered by CERTs:

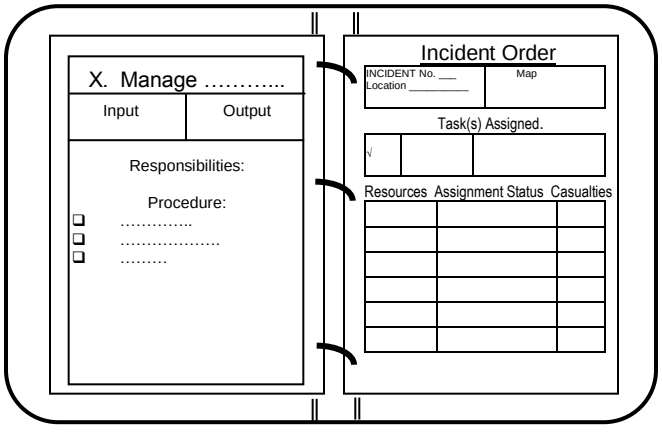
A. Manage Area Damage Survey(s), p. 74.
B. Manage Fire Suppression or Containment, p. 76.
C. Manage Downed Power Line, p. 78.
D. Manage Hazardous-Materials Area, p. 80.
E. Manage Gas or Water Main Rupture, p. 82.
F. Manage Unsafe Road, p. 82.
G. Manage Heavily Damaged Building, p. 84.
H. Manage Moderately Damaged Building, p. 86.
I. Manage Lightly Damaged Building p. 88.
J. _____, p. 90. (Space for user-supplied procedure.)

This section can be used by either:

- **Incident Commanders deployed from a community/workplace Command Center.**
  If you are leading teams from a community or workplace Command Center or Staging Area to address a particular incident, you are referred to as the "Incident Commander" until a professional I.C. arrives. You then become the "CERT Leader". Your teams will be assigned at the Command Center. Perform Task 6 (p. 58) at the Command Center. Then lead your Team(s) to the incident site. Perform the Incident Management Task B, C, D, E, F, G, H, I and/or J checked on the Incident Order. Direct your Incident Response Teams to perform Incident Response Procedures b, c, d, e, f, g, h and/or i as specified in the Incident Management Task assigned to you.. When finished, return your teams and equipment to the Command Center. (The diagrams on the next few pages give a more detailed overview.), Begin your work with Task 6 on page 58.)
- **Spontaneous Commanders managing convergent volunteers at standalone incidents.**
  You are the "Incident Commander" until a professional IC arrives. You then become the "CERT Leader".

Using the GuideBook's "Field Desk" and "Desk Top" Features.

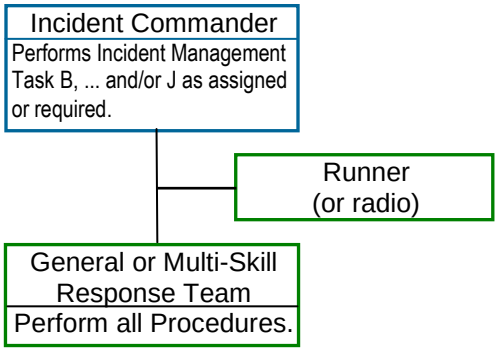
The **GuideBook**'s hard binder and collection of Guides and Forms serves as your "**Field Desk**" containing what you need to do your job at any incident. By placing an Incident Order (either the one received from your Command Center during an area-wide disaster or, if responding to a standalone incident, a blank form from the Appendix) after the Guide for the particular incident you are to manage, you now have a "**Desk Top**" for that type incident. Your Incident Management Guide and checklist will be on the left and the Incident Order you will use to assign and track Team activities, and to document and track casualties found, will be on the right as shown below.



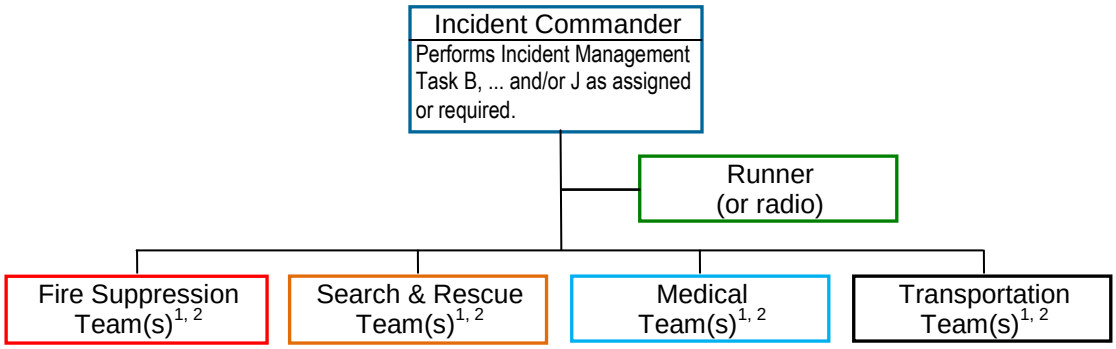
Incident Management Diagrams

Incident Command Functional Structure

For small incidents such as a Lightly Damaged Single-Family Home, Downed Power Line or Unsafe Road, the Response Group sent from a Command Center or converging on the incident may be only an Incident Commander with a radio or Runner and one two-person Team to do the work.



For large incidents, or for incidents at which many CERT graduates and spontaneous civilian volunteers converge, the following command structure may be helpful. Use Incident Command Post Roster, pg. 126.



Notes:

[1] Divide spontaneous volunteers into Teams as needed based on their abilities, skills and equipment:

Fire	Those with fire extinguishers, or who can carry and run with extinguishers brought by others.
Search and Rescue	Those who can lift and carry at least 60 pounds for 60 feet.
Medical	Those with medical or First Aid training, or those with First Aid Kits.
Transport	Those with vans or trucks.

[2] Minimum suggested Response Team(s):

	Minimum **Incident Response Team(s)** [2 people/team]				
Incident Type:	**Fire**	**S&R**	**Medical**	**Transport**	**any**
Damage Survey & investigation.					1 - m
Small Fire (< 10 SF).	1				
Large Fire (> 10 SF).	2 - m				
Downed power line	1				
Hazardous materials					1
Gas or Water Main rupture					1
Unsafe road.					1
Heavily damaged building.					1
Moderately damaged single-family house.		2	1	(1)	
Moderately damaged multi-family residence.		2/floor	1/floor	1/floor	
Moderately damaged business.		2/corridor	1/corridor	1/corridor	
Lightly damaged single-family house.		(1*)	1		
Lightly damaged multi-family residence.		(1/floor*)	1/floor		
Lightly damaged business.		(1/corridor*)	1/corridor		

m - Multiple teams, as they become available.
* - If Search or patient movement required.
( ) - Optional. Assign as needed.

Incident Management WorkFlow

At the Command Center

Response Teams deployed from a Command Center.

6. Incident Commander, p.58
(Assigned at Command Center)
- Brief assigned Response Teams.
- Get assigned equipment from Staging.
- Lead Teams to Incident site.

At an Incident Site

CERT Graduates converge on an incident. Form Ad Hoc Team

Incident Commander, p. 68
(1st CERT Graduate to arrive)
- Assign incoming volunteers to Specialty Response Teams. (See Note 1 page 68.)
- Post Incident C.C. Roster (p 126)

At an Incident Site

Incident Commander performs applicable Incident Management Task, while Teams perform Procedure(s) listed:

Possible Incident Management Tasks:		Response Team(s) and Procedures				
		Fire	S & R	Medical	Transport	General
A. Manage Area Damage Survey	b					a
B. Manage Fire Suppression/Containment	b	e				
C. Manage Downed Power Line	b	(e)				C, (d)
D. Manage Hazardous-Materials Area	b					D, (d)
E. Manage Gas or Water Main Rupture	b	(e)				E, (d)
F. Manage Unsafe Road	b					F, d
G. Manage Heavily Damaged Building	b	(e)	b, (c), f Outside	g, h, (8.) Outside	(i)	
H. Manage Moderately Damaged Building	b	(e)	b, (c), f Inside	g, h, (8.) Outside	(i)	
I. Manage Light/Non Damaged Building	b		(b), (c), (f) Inside	g, h Inside	(i)	

a = Damage Survey b = Incident Size-Up c = Cribbing d = Detour Traffic e = Suppress Fire f = Search and Rescue
g = Triage h = Patient Evaluation & Treatment i = Patient Packaging and Transport ( ) = As required.

Casualty Log
- Casualties,
- Priority
- Injury, Treatm't
- Transport Plan

Incident Site Treatment Area
Casualties

Immediates & Delayeds

Minor Injured

Hosp. Open?
Yes
No

Open Hospital

Command Center Life Support Area (if one)

Home

Index to Incident Management Tasks.

Index to Incident Response Procedures.

Search, Rescue, Triage, Patient Evaluation, Treatment and Transport Flowchart*

f. Search and Rescue. (4-person S&R Team)
Size-Up building. Secure utilities, Scan viewable interior for victims. Search for entry points. Shout out the Walking Wounded. Slash on each Team's entry.
Search building systematically, eg follow Right walls to Rescue, Reverse, Left walls to Leave.
Get Permission to rescue from the conscious. If declined, record & continue search.
Stabilize unconscious. If **C**arotid pulse, ensure **A**irway. Stop any rapid **B**leeding. Tag others DEAD.
If patient is lateral or prone, Logroll to supine, keeping head in position found. Then ask conscious patient to move head to neutral position unless this causes pain, motor or sensation deficit, muscle spasms or compromises airway, or resistance is encountered.
C-Spine & Rapid Trauma Check for **D**eformities, **O**pen wounds, **T**enderness, **S**welling.
Body or vacuum splint any fractured limbs. Traction-split Femurs. Cinch Pelvic fractures.
If building is Moderately Damaged, Rescue (extract) via (in order of preference):
a. Scoop Stretcher. (Requires 2 - 4 rescuers.)
b. 6+2 Body-Lift Backboard Slide. (Requires 8 rescuers.)
c. 2+2 Torso-Straddle-Lift Backboard Slide. (4 rescuers.)
d. Logroll. (1@head, 2 roll, 1 BB = 4.)
e. 3-Person-Strap-Lift to carry patient from confined space to SS or backboard.
f. Manual Carry for emergency extraction.
Add Head Blocks & patient straps. Extract.
If building is Lightly Damage, bring Med Team (if available) to patient & continue search.
Assist Med Team if patient requires moving or transport to hospital/C.C Treatment Area.

Casualties.

g. Triage. (Medical Team, Triage Team at large incidents, or S&R Team if no incident Med.)
RPMS Triage (May do inside Lightly Damage buildings, but outside Moderately Damaged.)

Casualties marked or tagged as "I', "D" or "M".

h. Patient Evaluation and Treatment. (Medical Team)
Note: This may be done at C.C Treatment Area if a Med. Team can't be sent to the incident.
Head-to-Toe Injury Assessment in triaged-priority order.
Provide as much First Aid as possible w/o delaying transport of "I" patient(s).
Is FD's ETA < 30 minutes?

Yes → Treat for shock, hypothermia. Wait for Ambulance.

No, or undeterminable.

i. Transport of Immediates and Delayeds. (Transport Team w help from S&R or Med Team
Does patient have any signs of C-spine Injury?
- Unreliable patient (unconscious, intoxicated, language barrier, distracting injury)?
- Abnormal sensation (tingling, numbness) in extremities?
- Loss of bowel or bladder control?
- Unable to slowly self straighten and rotate head to neutral position w/o pain?
- Loss of motor control or sensation in one or more hands or feet?
- Fractured Pelvis, Hip(s) or Femur(s)?
  (Indicates High-energy Mechanism of Injury (MOI).)
- Tenderness or deformity at any point along spine? (Logroll to check.)

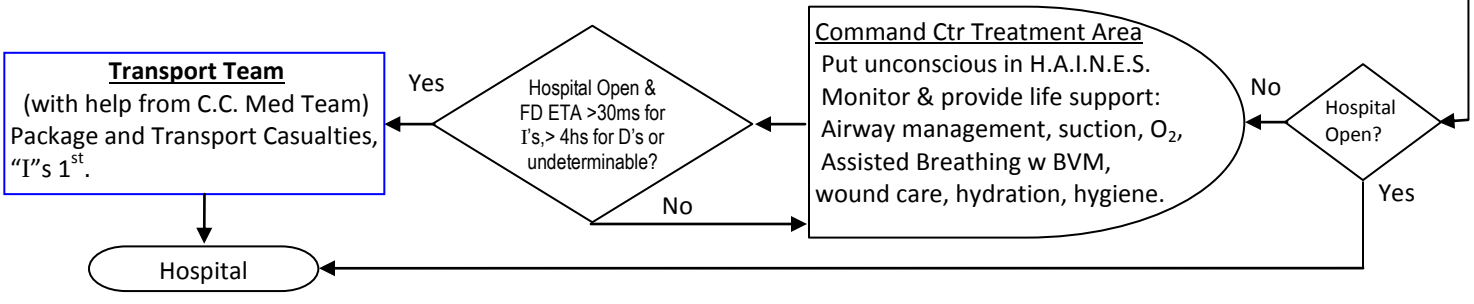
Yes → Immobilize head, neck & body as one unit. Place extraction BB w pt. over Vacuum Splint Mattress on Transport device. Use 6+2 Body-Lift or 2+2 Torso-Lift to lift pt. enough to remove extraction BB. Wrap & secure patient. Transport in Supine position.

No

Is patient's C-spine at risk from Low-energy Mechanism of Injury (MOI)? Examples:
- Blow to top or side of head from falling object or toppled furniture, etc.?
- Rib fracture(s)?
- Fall from elevation ≥ 3' or 5 stairs, or from standing if age ≥ 65?

Yes → Apply Cervical-Collar. Transport Semi-Fowler (in reclined passenger seat in vehicle with ample door height to allow entry & exit w/o moving neck.)

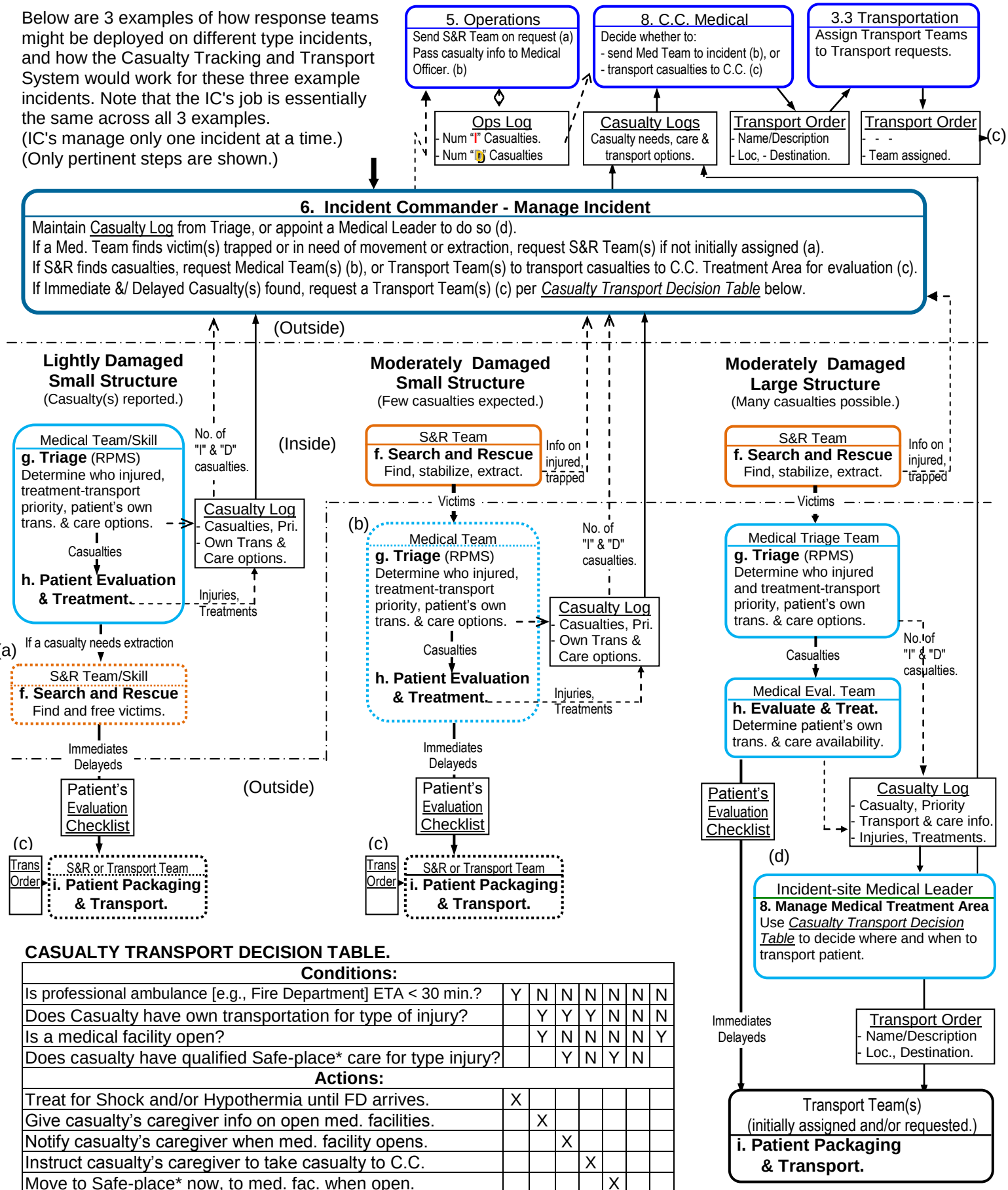
No → Transport on Air mattress.



* Note that task ***h.*** may be done after the patient is transported to the Command Center Treatment Area (task ***i.***) if there are insufficient Medical Teams to send some to incident site(s).

Casualty Tracking and Transport System

Below are 3 examples of how response teams might be deployed on different type incidents, and how the Casualty Tracking and Transport System would work for these three example incidents. Note that the IC's job is essentially the same across all 3 examples.
(IC's manage only one incident at a time.)
(Only pertinent steps are shown.)



CASUALTY TRANSPORT DECISION TABLE.

Conditions:							
Is professional ambulance [e.g., Fire Department] ETA < 30 min.?	Y	N	N	N	N	N	N
Does Casualty have own transportation for type of injury?		Y	Y	Y	N	N	N
Is a medical facility open?		Y	N	N	N	N	Y
Does casualty have qualified Safe-place* care for type injury?			Y	N	Y	N	
Actions:							
Treat for Shock and/or Hypothermia until FD arrives.	X						
Give casualty's caregiver info on open med. facilities.		X					
Notify casualty's caregiver when med. facility opens.			X				
Instruct casualty's caregiver to take casualty to C.C.				X			
Move to Safe-place* now, to med. fac. when open.					X		
Transport to C.C. now, then to med. facility when open.						X	
Transport to open med. facility, "Immediates" 1st.							X

* Safe-place = own or nearby non or lightly damaged building.

Incident Management Guides

A. Manage Area Damage Survey(s)

Input:	Output:
• One or more Damage Survey Teams. (Teams may be composed of CERT Members with General skills and/or spontaneous volunteers.) • Community or Workplace Map. • Damage Report forms. • A **GuideBook,** or a copy of procedure *a. Area Damage Surveys*, p. 94, for each team.	• Major Damage Survey - All major incidents in community/workplace identified (Fires, Power Lines, HazMats, Gas/Water Mains, Unsafe Roads, Heavy, Moderate damaged buildings.) • Light Damage Investigation - All Light and non-damaged buildings checked for people needing assistance. • Damage Reports to Damage Assessment. • Area Survey Log to Damage Assessment.

Overview

This task is used to manage three types of surveys:

1) **Major-Damage Survey.** Windshield survey looking for life-threatening incidents; i.e., Fires, Downed Power Lines, HazMat Leaks, Ruptured Gas/Water Mains, Unsafe Roads, Heavy and Moderately damaged buildings.
A check with neighbors of damaged buildings is done to determine if people were (& still are) likely inside.

2) **Light-Damage Investigation.** Door-to-Door survey of Light & non-damaged buildings looking for casualties.
Conduct this survey in two passes:
Pass 1 - Survey residents on Priority Residents List (p.22) first as they are usually elderly, mobility impaired or children alone, & are typically major contributors with a Search Request and Hold Harmless Agreement on file.
Pass 2 - All remaining living units.
If residents do not response, a check with neighbors is done to determine if victims are likely inside.

3) **Re-survey.** Windshield survey looking for new major damage following a secondary event.

A Building Damage/S&R Marker (p. 151) is posted or updated at each building showing level of damage at time of survey.

Procedure:

- ❑ Using a map, divide the territory covered by your CERT organization into areas which can be surveyed in 30 minutes if survey teams must return to the Command Center to report incidents, or 2 hours if they can report by radio. The blocks already surveyed by incoming CERT members should be marked on the Incident Log ***Map***. (See page 48.)
- ❑ Record the defining landmarks for each ***Area*** (street name and block numbers, or workplace building, floors, corridors, etc.) on the Area Survey Log (next page & p 131) if this was not already done by Damage Assessment.
- ❑ For each ***Area***, draw a map or list the defining landmarks in the ***Area Map*** section of a separate Damage Report form.
- ○ Assign a 2-person team to each ***Area***. Begin the survey with the teams available. Assign additional areas to new teams if and when they become available, or to your current teams after they have completed their assigned areas and had time to rest. Record the people assigned on the Area Survey Log. Survey Teams do not enter Moderate or Heavily damaged buildings, so Teams can be composed of CERT members with only General skills or spontaneous volunteers. Pairing a trained CERT member with a volunteer makes a good use of resources.
- ○ Give each Team Leader a copy of procedure *a. Area Damage Surveys*, p. 94 and enough Damage Report forms (p. 133) and Building Marker forms (p. 151) for their assigned area.
- ○ Brief the teams on the type survey to be done: Major-Damage Survey, Light-Damage Investigation, or Re-survey.
- ○ If radios are available, send teams to Communications to checkout a radio and receive a briefing.
- ○ Dispatch teams to assigned areas and record their ***Start Time*** on your Area Survey Log.
  You, as Survey Leader, remain at the Command Center to receive incident reports from your Teams via radio/runner.
- ○ Report new Incidents found to Damage Assessment ASAP (or to Planning if you are Damage Assessment.)
- ○ When a team returns, record the ***End Time*** of the area surveyed on your Area Survey Log. If using a map to track areas surveyed, update the map.
- ○ Assign remaining ***Area***s to new teams as new teams become available.

When all ***Areas*** have been surveyed,

- ❑ Report completion of assignment and give all Damage Reports and Logs to Damage Assessment.

Area Survey Log

(_) Major Damage Survey.   (_) Light Damage Investigation.

No.	Area Description Street(s), Block(s), Building(s), Floor(s), ETC.	Personnel Assigned	Start Time	End Time

B. Manage Fire Suppression or Containment

Input:	Output:
• Fire Suppression Team(s) • 2 Fire Extinguishers per Fire Team.	• Fire suppressed and overhauled, or contained, or Fire Dept assistance requested.

Interior Structure Fires.

DO NOT enter a structure that is on fire.

If the fire is inside and victims are believed inside,

1. First try to find a way for them to get our on their own and yell instructions to them. If there is no safe way out, then…

2. You might attempt to clear an exit path by shooting extinguishers or water from garden hose(s) through a window or door if that path is not yet fully involved. (You won't be successful if it is.) If you have to break a window, do so by standing at least 6 feet to the side and swinging the hose nozzle at the glass, or standing 20 feet back and throwing a heavy object. This may help you avoid being hit by the explosive combustion and flying glass that may occur when fresh air is introduced into the enclosed fire.

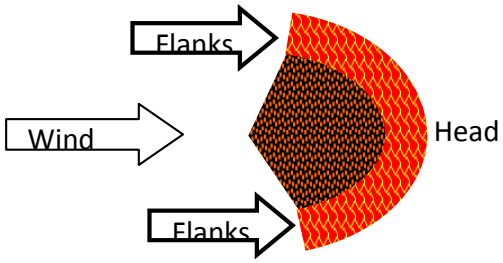
Exterior Structure and Open Area Fires.

- ❑ **Ensure team safety!** Instruct Team(s) to regroup to you if you signal via whistle or bullhorn.
- ❑ **Size-Up** to determine the fuel burning, which way fire is moving, and additional potential hazards that may ignite or explode if the fire reaches them.
  - ❑ **Are there two ways to escape safely if you cannot suppress the fire? If not, leave the area!**
  - ❑ **Is the fire small enough?** Extinguishers have limited ranges. **If "too much heat at 10 feet", leave the area!**
  - ❑ **Do you know the full extent of the fire? If not, leave! If you feel heat above, below or behind you, Leave!**
  - ❑ **Do you have correct extinguishers?** (See *FIRE SUPPRESSION METHODS* p. 102.) **If not, leave!**
  - ❑ **Are extinguishers large enough?** Approximate coverage for 1A:10B:C = 10 SF, 2A:20B:= 20 SF, etc.
  - ❑ **Is the area free of hazardous materials?** e.g. Bleach, Ammonia, Paints, Gasoline, Oil, etc. **If not, leave!**
  - ❑ **Is the approach free of hazards?** e.g., falling objects, debris, sharp objects, electrical, liquids. **If not, leave!**

If not safe to approach or fire is too large to handle, contact Operations for assistance and/or instructions.

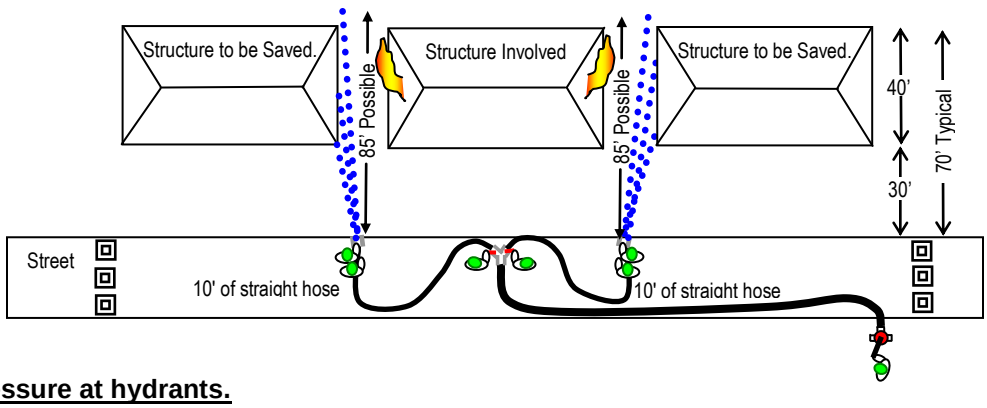
If safe to approach the fire ("You can stand the heat at ten feet"),

- ❑ Position Fire Suppression Team(s) **Up Wind, and on the flanks** of the fire to work their way toward the Head of the fire.
- ❑ Direct Fire Team(s) to perform procedure ***e. Fire Suppression* or Containment, page 102**.
- ❑ **"Overhaul"** a Class "A" fire by breaking the fuel source into pieces and extinguishing each piece.
- ❑ **Remain on scene** until fuel is no longer smoldering.
- ❑ If you were dispatched from a central community or workplace Command Center, complete task 6 on page 58.



Fire Containment (when suppression not possible) **with Water Curtains** if water pressure is at least 85 PSI.

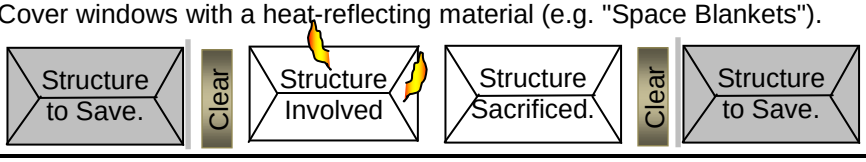
Equipment required:
1) 2 ½" Supply hose of length ½ distance between hydrants.
1) Gated 2 ½" in to 1 ½" out Wye.
2) 50' 1 ½" attack hoses.
2) 70 GPM Fog nozzles capable of a 70' stream at 70 PSI. Example: FireHoseDirect 403870
1) Hydrant wrench with 2 ½" spanner.
6-7) Nomex hoods or brush jackets.
6-7) Radiant Heat face shields.



Fire Containment if no water pressure at hydrants.

If there is at least 20' between Structure-Involve and a Structure-to-Save and still 40' between Structure-to-Save and fire,

- ❑ Clear all combustibles between Structure(s)-to-Save and Structure(s)-Involved or at risk. For Structure(s)-to-Save:
- ❑ If equiped, spray foam or drap aluminized heat-reflecting shields (ex. FireZat) over roof & at-risk walls. Otherwise,
- ❑ Remove window coverings on at-risk side. Cover windows with a heat-reflecting material (e.g. "Space Blankets").
- ❑ Have Fire Teams fall back to next defensible structure if the current one(s) ignites.



Insert

B. Manage Fire Suppression or Containment Incident Order

Here

C. Manage Downed Power Line

Input:	Output:
• Fire Suppression Team. • 2 Fire Extinguishers per Fire Team. • Cordoning Tape.	• Downed Power line cordoned off. • Fires outside possible swing radius suppressed. • Authorities notified if possible.

Overall Responsibility

- **Ensure team safety!** Instruct Team(s) to regroup to you if you signal via whistle or bullhorn.
- **Prevent further injury or death** by keeping people away from the downed power line.

Procedure:

❑ **Notify electric power utility company if possible**.
(See *Contacts and Known Hazards* on page 12 for contact information.)

❑ **Cordon off an area at or greater than the distances shown below from the point of ground contact or outside the possible swing-radius** (if the downed line can swing), or from the ground contact point(s) of any conductive object (e.g., chain-link fence, etc.) the downed line is touching:

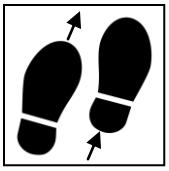
Type Line:	Distribution Line (Insulated lines on backyard wooden poles.)	Transmission Line Hung from tall standalone metal towers.
Ground Condition:		
- Dry	30 Feet	100 Feet
- Wet	50 Feet	150 Feet

❑ **If the area to be cordoned includes a road**, set up a **traffic detour** per page 100.

❑ **Extinguish fires that move <u>outside</u> the cordoned area**.
Do not attempt to suppress fires where the power line has touched down or inside the cordoned area.

❑ **If a home is inside the cordoned area, warn residents** via bullhorn **to stay inside and not touch** light switches, electrical appliances, plumbing or faucets, and not to use sinks, toilets, showers or baths.

❑ **If residents must leave to escape fire or impending collapse**, instruct them to use 3” - 4" shuffle steps keeping feet together and touching until outside the energized cordoned area. (Touching the ground at more than one point at a time, as would be the case in normal walking or if they fall, may result in electrocution.)



☐ If you were dispatched from a community or workplace Command Center, complete task 6 on page 58.

Insert

C. Manage Downed Power Line Incident Order

Here

D. Manage Hazardous-Materials Area

Input:	Output:
• Distances to Evacuate and to Shelter-in-Place. • General Team(s). • Cordoning Tape, Bull Horn (if available) • Traffic Cones, Detour Signs.	• Hazardous Materials Area damage reported to FD. • Isolation Area cordoned off to prevent ingress. • Affected people evacuated or informed where possible.

Overview

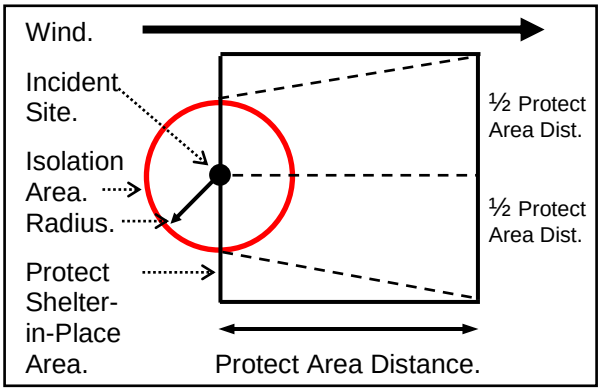
CERT's No. 1 priority at a Hazardous Materials incident (leak, fire) is to notify the Fire Department to contain and evacuate the area, and the Police to broadcast "Shelter-In-Place". To respond properly, FD & PD needs to know the material present. This information should have been captured during Pre-disaster task *ii. Identify and Map Hazards*, p. 19.

CERT's No. 2 Priority is to prevent entry into contaminated areas. There are 2 areas of concern:

1. The **"Isolation Area"** is the area **around the incident** that should be **cordoned off** to prevent entry by all who are currently outside this area. CERTs should not enter this area. **Contact the Fire Dept.** to address the incident and evacuate this area.

2. The "**Protect Area"** is the area **downwind of the incident** in which people should be advised to **Shelter-in-Place** (close, cover all openings w plastic.) **If phones are working**, attempt to **contact residents** in the Protect Area via phone tree. **If not, contact Police Dept.** to broadcast information to residents via their loud-speakers.

A CERT can block (cordon) entry points to Isolation Areas, and setup checkpoints at entrances to Protect Areas to advise those who enter.



Procedure:

- ❑ **While remaining up wind at the greatest distance** listed under either column **4**, **7** or **10** below as appropriate, use binoculars to view the Hazardous-Materials sites listed below for damage that could have caused leaks or spills. (The address(es) to check should be in the table from Pre-Emergency Preparation task ii, if any exist in your area.)
- ❑ **Determine** is protective action is required as evidenced by:
  - **Fire, visible smoke or vapor plumb.**
  - **Unusual odor.**
  - **The structure is moderately or heavily damaged.**

IF action is indicated, then:

- ❑ **IF distances are listed under either columns 4, 7 or 10, "Isolate & Evacuate Radius, contact Fire Dept**. to handle the spill or fire and evacuate the Isolation Area.
- ❑ **IF distances are listed under either columns 5, 6, 8 or 9**, **contact the Police Dept.** to warn occupants of the Protect Area to Shelter in Place.
- ❑ **Cordon off upwind entrances to the Isolation Area** (along the upwind half of the Red circle) and around the **parameter of the Protect Shelter-In-Place Area** (the Black square). Find these areas by applying the distances below to your local map starting at the incident address.
- ❑ **IF dispatched from a community or workplace Command Center**, complete task 6 on page 58.

HazMat Response Plan			No Fire						Fire,
1. Site Address	2. Most Hazardous Material ever stored at this location.	3. Max. Quantity ever stored.	Small Spills (Under 200 Liters or 55 gals.)			Large Spills (Over 200 Liters or 55 gals.)			10. Isolate & Evacuate Radius.
			4. Isolate & Evacuate Radius	Downwind Shelter-in-Place Distance		7. Isolate & Evacuate Radius	Downwind Shelter-in-Place Distance		
				5. Day	6. Night		8. Day	9. Night	

Insert

D. Manage Hazardous-Materials Area Incident Order

Here

E. Manage Gas or Water Main Rupture

Input:	Output:
• Fire Team(s) and Fire Extinguishers if gas leak. If utility company has authorize shutoff by CERT, • Map showing valve locations for each pipeline. • Shut off instructions. • Pry bars to remove manhole covers. • Wrenches to shut off main valves (if requires?).	• Gas or Water Main shut off, OR incident reported to proper authority. • Residents warned and/or evacuated. • Traffic Detoured around area if street unsafe.

Gas and Water Mains run under city and some county streets. Gas or water erupting from a street in large quantities indicates a rupture of the these main transmission or distribution pipelines.

Procedure:

❑ **Attempt to notify and request help** from gas or water utility company.
(See *Contacts and Known Hazards* on page 12.)

❑ **Block traffic and cordon off the block of the street in which the rupture occurred.**

❑ **Set up a traffic detour** per procedure ***d. Traffic Detour***, p. 100, if necessary to prevent a traffic gridlock.

❑ IF gas / water utility company has supplied main valve location maps and shut-off instructions, THEN, attempt to shut off the appropriate pipeline.

Gas Pipeline Ruptures.

❑ **Evacuate the Explosion-Danger Zone for the size pipeline involved:** (See Known Hazards, page 12, for size.)

1" building supply pipeline - The building involved.
20" Distribution pipeline - The block involved.
30" Transmission pipeline - 2 Blocks each side of break.

Southern California Gas Company (SoCal Gas) would not give me "Safe Practices" evacuation distances.

❑ **Evacuate people from the Explosion-Danger Zone via bullhorn,** having activated and securing the trigger in the "On" position before entering and until clear of the danger zone. Sample evacuation instruction:

"This is your Emergency Response Team. Do not touch any light switch or electrical appliance. Do not start any motor-powered vehicle. Immediately walk to the nearest end of the ___ hundred block for further instructions."

Water Main Ruptures.

❑ **Do Not approach the edge** of any pool or sinkhole opening as it may be undercut.

❑ **Cordon off at least 30 foot back from edge of rupture**-damaged area to prevent people and vehicles from falling through any undermined pavement into a cavern or sinkhole created by the rupture.

Wrap-Up.

❑ If you were dispatched from a community or workplace Command Center, complete task 6 on page 58.

F. Manage Unsafe Road

Input:	Output:
• Traffic Cones and Detour Signs. • Cordoning tape.	• Road cordoned and traffic detoured.

Procedure:

CAUTION: Roads may be made unsafe by collapsed bridges, broken pavement, debris and fallen trees. These are especially hazardous at night when street lighting is out. Do not attempt to remove fallen trees or collapsed buildings as removal of one part may cause the rest to collapse or roll on you.

❑ Set up a traffic detour around the area or section of road that has collapsed, been blocked or made unsafe. Follow procedure **d. Traffic Detour**, p. 100.

❑ Cordon off the unsafe area to prevent pedestrians from getting too near.

❑ If you were dispatched from a community or workplace Command Center, complete task 6 on page 58.

Insert

E. Manage Gas or Water Main Rupture Incident Order

OR

F. Manage Unsafe Road Incident Order

Here

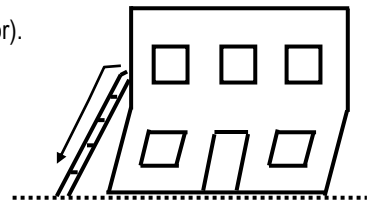
G. Manage Heavily Damaged Building

Input:	Output:
• Cordoning Tape. • Gas inlet valve wrench & Water Line "T" wrench. • Bullhorn (if available). If victims are expected outside of the Collapse-Danger Zone: • S&R, Medical and Transport Teams & equipment.	• Utilities shutoff (if accessible and safe to do so). • Building cordoned off and secured from access. If victims found outside of the Collapse Danger Zone: • Safe-Search Zone searched for victims. • Casualties stabilized, triaged, treated and transported.

Background Information:

Heavy Damage Characteristics: Any of the following:

- **Tilting, or Racked** (walls not square with floor, often only the 1st story.)
- **Collapse** - Total or partial collapse of any structural component (exterior wall, roof or floor).
- **Ground or Foundation failure or movement**.
- **Cracked Concrete or U**n-reinforced **M**asonry (Brick) **B**uilding.
- **Heavy smoke or large Fire.**
- **Gas leak or Hazardous Materials.**
- **Rising or swift moving water.**



Caution: DO NOT ENTER! May collapse or shift in a subsequent Mainshock (5%P) or closer, stronger aftershock (5%P).

Incident Commander Procedure:

❑ Post Building Marker (p.151) & mark "**X**" in *Structure Damage* (if not done by **D**amage **S**urvey Team). Mark 1st S&R slash.

Assign personnel to:

❑ **Cordon-off the Collapse-Danger Zone** around the structure (1.5 times the remaining height).
(Example: 2 stories plus peaked roof remain standing x 10 feet per story or peaked roof x 1.5 = 45 feet.)

❑ **Shutoff Utilities** in alphabetical order if accessible and safe to do so**:**
- ❑ **Electricity** – Service entrance will be at the building. Shut off small breakers 1st, then larger main breaker.
- ❑ **Gas** – Single family houses: Shutoff will most likely be only at the building. Use gas or adjustable wrench.
Multifamily buildings – There may be a main shutoff at street with individual shutoffs at building.
- ❑ **Water** – Shutoff at street requires a large "T" meter-valve wrench. Do not touch valve/pipes until electricity is off.

❑ **Warn Others:**
- ❑ Warn any outside the Danger Zone to remain outside.
- ❑ Warn any alive inside the Danger Zone to leave immediately if they can.
- ❑ Warn any remaining occupants (by bullhorn or yelling) to evacuate if possible.
(Enable evacuation from 2nd and higher floors of a first-story-leaning-or-collapsed building by placing ladder(s) to 2nd story windows on side opposite the direction of lean (see above), as stairs will be usable and unsafe.)

❑ **Gather info on possible victims** from neighbors/witnesses (if not done by DS Team). Document on Incident Order.

❑ **Search for victims outside of the Collapse-Danger Zone, if a Safe-Search Zone exists**. (See diagram below.)
Set up a Double-line conveyer belt to remove debris one piece at a time from top of pile at edge of debris field.

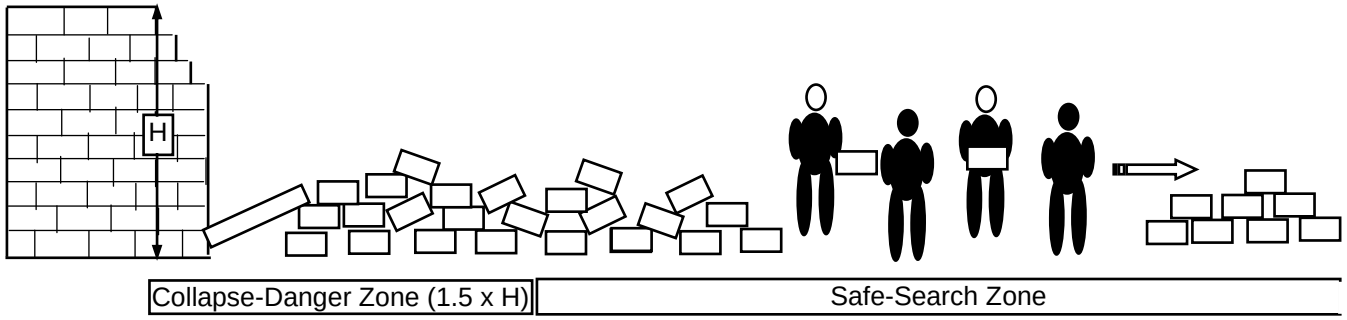
❑ **If victims found alive**, S&R Team performs *Primary Assessment* and *Rescue* (p.104), Med Team performs *Triage* (p.108) and *Patient Evaluation & Treatment* (110). Transport Team *Packages and Transport*s (p. 116) "Immediates" then "Delayeds" per *Casualty Transport Decision Table* (p.71).

❑ If resources allow, **post CERT members or Spontaneous Volunteers on-site to warn others against entry**.

Wrap-Up

❑ Record findings & actions on Incident Order & Building Marker. Add ⊘ to *S&R Marker* making ⊗ (incomplete search).

❑ If dispatched from a community or workplace Command Center, complete task 6 on page 58.



Insert

G. Manage Heavily Damaged Building Incident Order

Here

H. Manage Moderately Damaged Building

Input:	Output:
• Search & Rescue Team(s) S&R Kit(s). • Cribbing materials & Lever. Cribbing Kit • Medical Team(s) Medical Kit(s). • (Transport Team(s) Transport Kit(s))	• All utilities shut off. Building cleared of occupants. • Occupants triaged. Casualties evaluated and treated. • Immediate and Delayed patients transported to hospital, "SafePlace", or C.C. for airlift or until a hospital opens.

Moderate Damage: Exterior wall cracks / offsets >1/8" (looks damage from a distance), but **not racked, not tilting > 20°** **no collapse** of structural members (walls, floors, roof), **no gas/smoke**. Condition may worsen in aftershocks.
Objective: Find, stabilize & extract victims, while minimizing number of rescuers **inside**. Triage, evaluate & treat **outside**.
Caution: Expect major interior debris which may shift in aftershocks. Fallen plaster may have sharp objects protruding.

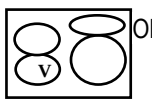
Incident Commander Responsibilities:

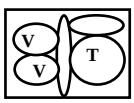
- Incident Commander and Runner remain outside, preferably at opposite corners of the building to view all sides.
- Ensure team safety! Continually assess the situation. Instruct Team(s) to exit if you signal via whistle or bullhorn.
- Minimize the number of teams inside by planning outside what needs to be done inside before each entry.
- Record team floor/corridor *Assignments*, *Times* in and out of building, *Casualties Found* and *Casualties Extracted* on Incident Order. If *Casualties Found* and *Casualties Extracted* counts (///) don't match, some are still inside.
- Radio or send Runner to Command Center if additional Response Teams or Fire Department is needed.

Incident Commander Procedure:

- ❑ **Post** Building Marker (p.151) & mark "✓" in *Structure Damage* (if not done by **D**amage **S**urvey Team). Mark 1st S&R slash.
- ❑ If a power line is hanging down between the poles on each side of the building, go to *Wrap-Up*.
- ❑ **If gas smelled**, **shut off** Electricity then Gas. Call occupants out & **vent** building. *Size-Up* & *Search* when gas clears.
- ❑ **Knock and callout**, "This is your Emergency Response Team. If you can walk, come out. If you can't, make noise."
- ❑ **If answered**, warn occupants to evacuate. Inquire of casualties, fires, smoke, unusual sounds, gas or water leaks. **Ask** if help from CERT, "a Good Samaritan organization", is wanted. If **"Yes"**, have occupant initial ***OK to Enter***. If **"No"**, write "Declined by" & person's signature in *Comments* box. Notify Command Center. Go to ***Wrap-Up***.
- ❑ **If not answered**, send **S&R** Team to do ***Size-up.*** Send **Med.** Team to ***Survey*** **neighbors** if not done by DS Team. **If occupants known to be away**, mark both S&R slashes (X) on Building Marker or building. Go to ***Wrap-Up***. **If victim(s) seen or heard**, ***OK to Enter*** checked, or a neighbor indemnifies & initials *Ok to Enter*, go to ***Search***.

Task/Team	Team Procedure (Assign as required.)	Where	Task/Pg
Size-Up.			
❑ S&R.	Do **Lap Around.** Look outside & in for hazards, victims or victim-sounds.	Outside	***f.*** / 104
	Shut off Utilities 1. Electric, 2. Gas, 3. Water. If unable to do so, terminate search.	Outside	27
	Map[1] rooms, location of victim(s) viewable from outside, open entry doors &/ windows.		
	If heavy damage found, switch to G. Manage Heavily Damaged Building, p. 84.		
Survey & Setup.			
❑ Med.	**Survey neighbors** on occupants' whereabouts & possible **key** (if not done by DS Team).	Outside	a. / 94
❑ Med.	**Set-up a Treatment Area** in a safe place. Prefer shaded in summer, sunny in winter.	Outside	***8.*** / 62
Search & Rescue.			
❑ S&R	If no escort/key/opening & FD unavailable, **force entry** in back via door latch/window pane.		
❍ IC	**Send 1 S&R Team** in at time to **s**earch for & stabilize the next living victim & report back[2]:	Outside.	
❍ S&R	Find next victim & give them **S.P.A.C.E**. (Primary Assessment & life-saving aid) and exit.	Inside	***f.*** /104
❍ IC-S&R	**Plan extraction outside.** 4 people for most extractions, 6 if Cribbing (p.98) required to free trapped[2] victim.	Outside	***f.*** / 104
❍ S&R	**Extract patient. (Repeat above for each non-trapped, then trapped victim.)**	Inside	***f.*** / 104
Triage. Evaluate & Treat. Transport.			
❍ Med.	**Triage** all occupants. **List injured** on Casualty Log. Show to Med Leader/IC to order Transport for "I"s	Outside	***g.*** / 108
❍ IC	**Arrange transport for Immediate patients** per *Casualty Transport Decision Table*.	Outside	71
❍ Med.	**Evaluate patients** in triage-priority. Record on Patient Evaluation Checklist/Triage tag. **Treat injuries.** Add info on patient's injuries to Casualty Log. (Patient Evaluation Checklist goes with patient.)	Outside	***h.*** / 110
❑ IC	**Arrange transport for Delayed patients** per *Casualty Transport Decision Table*.	Outside	71
❍ Med	**Package patient(s)** for transport with help from S&R and/or Transport Team.	Outside	***i.*** /116
❍ Trans.	**Transport "I" then "D" casualties** to open hospital, SafePlace, or C.C.		

1 

OD 2 

Wrap-Up. (IC)

- ❑ **Document** findings & actions on Incident Order and *S&R* section of Building Marker.
- ❑ If search completed and all living victims removed, **mark** 2nd *S&R* slash making "X". If not, mark ⊠ (incomplete search).
- ❑ If dispatched from a community or workplace Command Center, complete task 6 on page 58.

Insert

H. Manage Moderately Damaged Building Incident Order

Here

I. Manage Lightly Damaged Building

Input:	Output:
One or more of the following Teams and equipment kits: • Medical if occupant known injured but none trapped. • S&R if occupant known trapped. • S&R if occupants expected but no contact yet made.	• Utilities secured as required. • Any trapped occupants released. • All occupants Triaged and Evaluated. • Any Casualties Treated and/or Transported as required.

Definitions:

Lightly Damage buildings have broken windows, but are structurally stable, are not tilting, still on foundation with all structural members (exterior walls, floors, roof) intact. Damage is mostly to interior contents.

Objectives: Find, stabilize, prioritize (RPMs-Triage), evaluate and treat casualties inside. Transport I's & D's.
Cautions: Anticipate broken glass, and possibly toppled furniture and/or fallen plaster with sharp objects protruding.

Incident Commander Responsibilities:

- Incident Commander and Runner should remain outside at most times to monitor building stability and hazards.
- Brief Team(s) on mission and instruct Team(s) to exit on your signal via whistle or bullhorn.
- Record team floor/corridor *Assignments*, *Times In* and *Out* of building, *Casualties Found* and *Casualties Extracted* on Incident Order. If upper *Casualties Found* and lower *Casualties Extracted* counts (///) don't match, some are still inside.
- Radio or send Runner to Command Center for additional assistance as needed, e.g. call for S&R Teams if victims found and need moving to a clear area, inside or out, for evaluation and treatment by Med Team.

Incident Commander Procedure:

❑ **Post** Building Marker (p.151) if not done by a Damage Survey Team. (Leave *Structure Damage* blank.) Mark 1st S&R slash.

❑ **If gas smelled**, **call for S&R** to shut off gas, vent building & search when cleared.

❑ **Knock and callout**, "This is your Emergency Response Team. If you can walk come out. If you can't, make noise."

❑ **If answered**, **inquire** of casualties, fire, smoke, unusual sounds, gas or water leaks. **If none**, go to *Wrap-Up.*
Ask if help from CERT, "a Good Samaritan organization", is wanted. **If "Yes"**, send Med Team to victim to *Triage*….
If "No", mark ☒ (incomplete search) on S&R section of Building Marker. Notify Command Center. Go to *Wrap-Up*.

❑ **If not answered**, ***Survey* neighbors.** If occupants known to be away, mark both S&R slashes. Go to *Wrap-Up*.
If occupants suspected inside, call for S&R Team(s). Send S&R Team(s) to do *Size-up & Search.*
If casualties found, send Medical Team(s) to *Triage, Evaluate & Treat*. Call for Transport Team if necessary.

Task/Team	Team Procedure (Assign as required.)	Where	Task/Pg
Survey.			
❑ Med.	**Survey** neighbors re. occupants' whereabouts & possible **key** (if not done by DS Team.)	Outside	**a.**/ 94
Size-up & Search. (Done only if contact with occupants has not been made.)			
❑ S&R	If a power line is hanging down between the poles on each side of the building, go to *Wrap-Up*. Otherwise, do lap around. Look outside and in for hazards, victims or victim-sounds.	Outside	**f.** / 104
	If Heavy or Moderate damage found, switch to appropriate management task, p.84 or 86.		
	Shut-0ff Utilities as required based on conditions found:	Outside	/ 27
	If victim(s) **seen or heard or *OK to Enter*** checked & no openings or key & FD unavailable, F**orce entry** in back via door latch/window pane. Give victim *SPACE*, p 104. Move to clear area.	Out-In	***f.*** / 104

If:	Fire	Gas (smell or meter spinning)	Water Leak
shut-off:	1. Electric. 2. Gas.	1. Electric. 2.Gas. 3. Vent Building.	1. Electric. 2. Water.

Triage. Patient Primary Assessment, History, Injury Evaluation & Treatment. **Transport.**				
❑	IC	Send 1 Medical Team per house, apt. floor **or** office corridor to Triage, Evaluate & Treat. Send 1 S&R & 1 Med Teams to extract or free trapped victims if Cribbing required (p.106).		
❑	Med.	**Triage** all victims. **List injured** on Casualty Log. Show to Med Leader/IC.	Inside	***g.*** / 108
❑	IC	**Arrange transport for Immediate patients** per *Casualty Transport Decision Table*.	Inside	71
❑	Med.	**Evaluate & Treat patients** in triage-priority. Record on Patient Evaluation Checklist/Triage tag. Add info on patient's injuries to Casualty Log. (Patient Evaluation Checklist goes with patient.)	Inside	***h.*** /110
❑	IC	**Arrange transport for Delayed patients** per *Casualty Transport Decision Table.*	Inside	71
❑	Med	**Package patient(s) for transport** with help by S&R and/or Transport Team.	Inside	***i.*** / 116
❑	Trans	**Transport "I" then "D" patient(s)** to hospital, Patient's Safe-Place or Command Center.		

Wrap-Up (IC):
❑ Document findings & actions on Incident Order and *S&R* section of Building Marker.
☐ If search completed and all living victims removed, mark 2nd *S&R* slash making "X". If not, mark ☒ (incomplete search).
☐ If dispatched from a community or workplace Command Center, complete task 6 on page 58.

Insert

I. Manage Lightly Damaged Building Incident Order

Here

J. _____

Input:	Output:
•	•
•	•
•	•
•	•
•	•

Purpose

Procedure:

❑

Insert

J. _____

Incident Order Here

Section 3. Incident Response Procedures (Incident Response Teams)

Index:

To give copies of the procedures and forms in this section for Response Teams, copy the two opposing pages of a procedure onto the front and back of a single sheet of paper.

a. Area Damage Surveys

Input:	Output:
• Vests, Helmets, comfortable closed-toe walking shoes. • Damage Report form(s) listing assigned blocks/area. • Building Markers (p.151) for no. of buildings assigned. • Felt-tip marker, pen and pencil. • FRS or GMRS Radio, if available. • Gas shutoff wrench. Cordoning Tape. Marker Tape. • Flashlight, high power.	1. Assigned blocks/areas checked for incidents. 2. Lightly damage buildings checked for casualties. • Damage Report(s) to Damage Assessment Officer, or Damage Survey Leader if assigned. - Incidents found. Occupants needing assistance, if any. • Building Marker posted at each building investigated so Fire Department can see Marker from the street.

Survey Procedures:

Major-Damage Survey. Windshield survey, **recording** on Damage Report (p.133) & **reporting** to Command Center any: **Fires, Power Lines** d**own across streets/roads, HazMat Leaks, Gas/Water Main ruptures, Unsafe Roads,** and at
- **Heavy damaged buildings*: Cordon, *Check Occupancy,* report** findings, **post** Building Marker (p.151), continue survey.
- **Moderate damaged buildings***: ***Check Occupants***, **report** findings to CC, **post** Building Marker (p.151), continue survey.

Light-Damage Investigation. Building-by-building sweep. *Check Occupants* at each Light*/non-damaged building **not** displaying a "We're OK" sign or white flag. If casualties, r**ecord** in Damage Report, **post** Building Marker, **report** to CC.

Re-survey. Redo *Major Damage Survey* after each damaging secondary event (major aftershock) looking for new major incidents, including previously-posted Lightly damaged buildings with occupants now Moderate/Heavy.

* **Light Damage** = Cracked *windows.* (No exterior wall cracks visible from street or 30', i.e. no cracks < 1/8").
Moderate Damage = Cracked *walls*. Many wall cracks visible from a distance (e.g. wider and/or offset ≥ 1/4").
Or Light damage with most windows broken, chimney fell inside building or elderly residents.
Heavy Damage = Everything else (tilting, partial or total collapse, off foundation, heavy smoke or gas fumes.)
(See *Building / Section* **Damage Levels**, page 97, for illustrations.)

Building Survey Sub-Procedures:

Check Occupants of a Moderate or Lightly damaged building.
- **Go to front door, checking for hazards** before and as you approach, especially loose overhead glass and plaster.
- **If gas smelled,** shut gas off or request a S&R Team to do. Go to ***Check Occupancy*** below.
- **Knock and callout**, "This is your Emergency Response Team. If you can walk, come to me. If not, yell or make noise." (Call occupant by name if you know it, or call "Occupants of __address__".)
- **If no answer**, go to ***Check Occupancy*** below.
- **If answered**, ask if all occupants are accounted for and OK.
  - **If casualties**, enter number Injured, **T**rapped &/ **D**ead on Building Marker and in Damage Report by age category. Ask if help from CERT, "a non-liable volunteer organization", is wanted and accepted. Record in Damage Report. Report all information to Command Center via cell phone/radio/runner, or send an occupant.
  - **If all "OK"**, mark both ***S & R* slashes** ("X") on Building Marker and enter number of occupants *Left In OK*.
  - **Enter *CERT name*, *Date* and *Time*** in *S & R* section of Building Marker and **circle any Hazards** discovered.
  - **Post** or chalk-draw Building-S&R Marker near street. (Return to assigned Survey procedure above.)

Check Occupancy status of a Heavy or non-responding Light or Moderately damaged, or gas-filled building.
- **Check** with up to 3 nearest neighbors re. **whereabouts** of building's usual occupant(s).
- **If occupant(s) are known to be away**, enter "0" in each *OCCUPANTS* (type) sub-field in Damage Report.
  - Enter "0" in *Suspected now* field of Building Marker. Mark both *Search & Rescue* slashes.
- **If occupant(s)' whereabouts are unknown/undeterminable** (assume they could be inside the damaged building),
  - Enter number of *Usual occupants* & *Suspected now* on Building Marker, and by type (adult, child, elderly) in Damage Report.
  - If a neighbor has a key, note on Building Marker as "See man/woman at __address__".
  - Report incident to Command Center, giving number & type of occupant(s) (adult, child, elderly) possibly inside.
- **Mark 1 slash for Moderate damage, both for Heavy damage** in ***Structure Damage* section** of Building Marker.
- **Enter *CERT name*, *Date* and *Time* in** *S & R* section of Building Marker.
- **Post** or chalk-draw Building-S&R Marker near street. (Return to assigned *Survey Procedure* above.)

Survey Wrap Up.
- ☐ Return to Command Center when all buildings/units assigned for this survey phase have been surveyed.
- ☐ Give Damage Reports to Damage Survey Leader, if one, or to Damage Assessment Officer.
- ☐ Return to Staging Area.

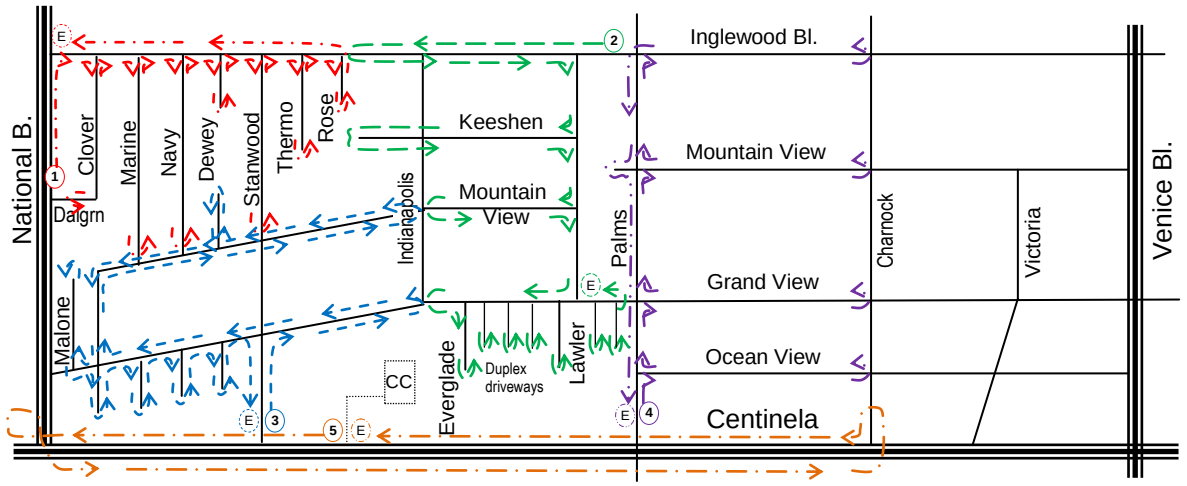
Damage Report

Date:

Time:

Person Reporting:

Damage Survey Routes



TIME FOUND	INCIDENT ADDRESS/LOCATION	Struc Type		FIRES		HAZARDS				ROADS		STRUCTURE DAMAGE			OCCUPANTS			C.C. Use
	For Residential, enter: Street Name Address Address For Workplace, enter: Building/Floor/Corridor	**A**pt **B**usiness **H**ouse **S**chool **BR**idge **Bu**s **C**ar **TR**ain Truc**K**	CERT Help Requested? (Y/N)	**Small** (Lo heat @ 10 feet.)	**Large** (Too hot to stop)	**Power Line Down**	**Haz. Materials** (704 > 1)	**Gas - Main or Line**	**Water - Main or Line**	**Blocked**	**Unsafe**	**Heavy** (Racked, Tilting, Collapse. UMB)	**Moderate** (Structurally Compromised)	**Light,** (Cosmetic but no 'We're OK'	√ Type likely, or Number plus **I** = **I**njured. **T** = **T**rapped. **D** = **D**ead. **Adults**	**Children**	**Elderly**	Incident ID Number. (**X** - Completed.)

b. Incident Size-Up

Input:	Output:
• Information from observers, occupants. • Your own observations.	• A "Go" or "No Go" decision.

Size-Up is the process of answering the following three questions about each incident before responding:

1. **Do we Need to respond?**
2. **What is our Risk of responding?**
3. **Are we Capable of responding?**

These questions are asked 1st by the **Planning Officer** when prioritizing incidents, **2nd** by **Incident Commanders** who refine the decision at incident sites, and **3rd** by each **Incident Response Team** before and while responding.

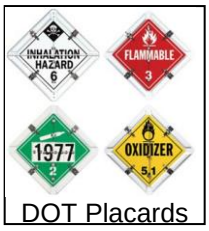
Below is a generalized list of considerations. While not every item on the list may be applicable to every incident or at all times, using a comprehensive checklist is the best overall approach.

Procedure:

1. Assess the Need.

- ☐ What is the likelihood of finding victims CERT can help considering the:
  - Type of building or place involved, and
  - Time of Year, Day of Week, Time of Day the incident occurred.
- ☐ What type of victims are likely involved?
  - Children, elderly and disabled should get higher priority.
- ☐ If not addressed, what is the likelihood the incident will cause:
  - Additional injury to people. (Higher priority.)
  - Additional damage to property. (Lower priority.)

704 Diamond



DOT Placards

2. Assess the Risks.

Current Risks from:

- ☐ Fire(s): Size? Type of Fuel? Direction of Movement? Accessibility? Winds? Safe exit routes?
- ☐ Large Fire: Has FD been notified? FD ETA? Is there a safe defensible firebreak to attempt containment.
- ☐ Building Type: Avoid brick/block buildings if cracked, concrete tilt-ups, buildings w not-yet-collapsed soft 1st-stories.
- ☐ Damage Level of each section or story of wood framed, or steel or reinforced concrete post & beam structures:
  - Heavy = Any collapsed, Racked, Tilting > 20^0 (>1'drop in 3' run). Out-of-column >20%, On unstable debris or ground, Hazardous Materials, Flooding, or Heavy gas or smoke filled. Evacuate via bullhorn. Cordon off.
  - Moderate = Broken walls (bidirectional cracks, or cracks wider or offset ≥ 1/8", tilting but < 20^o (1' drop in 3') and not out-of-column > 20%. Limit Teams & time inside. Stabilize & extract casualties. Evaluate outside.
  - Light Damage. [Broken Windows.] OK to search, triage, evaluate and treat inside.
- ☐ Debris (both outside and inside): Are there at least two non-block-able approaches/quick-exit paths?
- ☐ Falling Hazards: Is it in Collapse Zone of a collapsing neighboring structure? Loose ceiling plaster, light fixtures?
- ☐ Airborne Dust? – What type is it? Do you have masks effective for this type?
- ☐ Hazardous Materials (A "2" or greater in any 704 Diamond quadrant = "Too much for CERT")
- ☐ Gas Leak = Do Not Enter until gas is shutoff and structure aired out.
- ☐ Downed Power Line - If a power line is hanging down between poles either side of the building, cordon off building.
- ☐ Broken Gas Main – Asphyxiation, fire, explosion is possible. Remain outside of contaminated area.
- ☐ Broken Water Main – May create sinkholes, undermine streets, sidewalks. Water under pressure can injure you.
- ☐ Gas and Electric Utilities in a Structure – Shutoff if Heavy or Moderate damage or evidence of compromise.
- ☐ Flooding or rapid flowing water. = "No Go" due to risk of submerged obstacles, entrapment, electrocution.
- ☐ Wind and Weather. Compromised structures may collapse. Wet ground increases distance electricity travels.

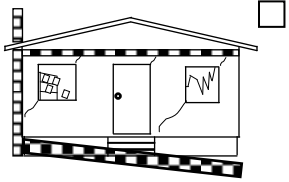
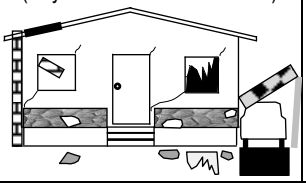
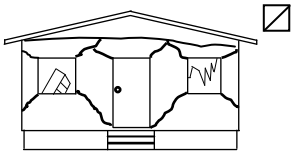
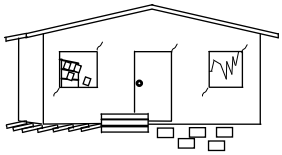
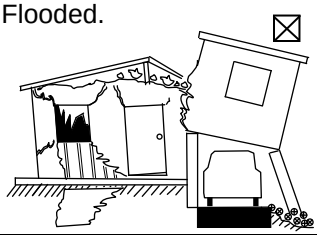
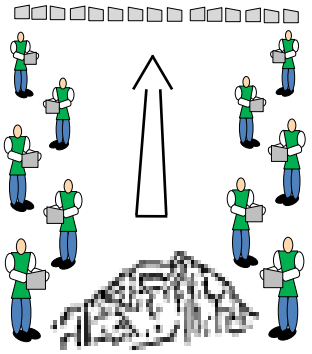
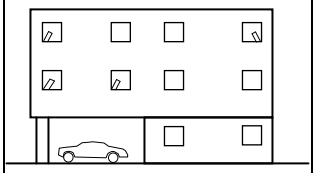
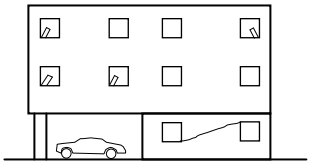
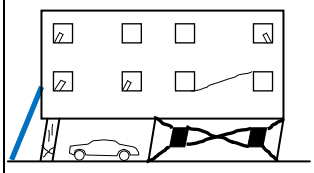
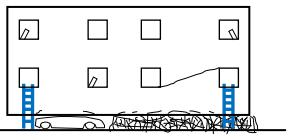
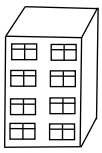
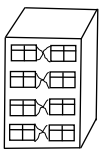
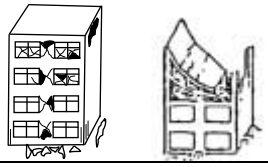
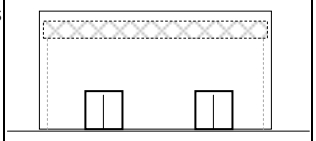
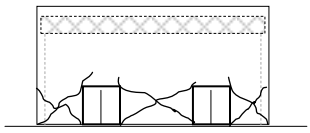
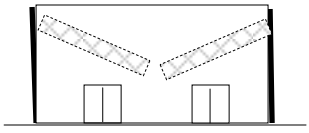
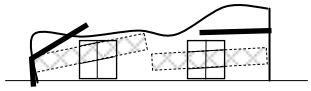
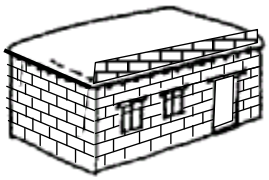
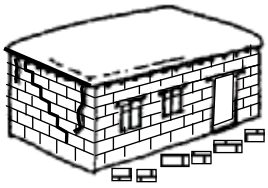
Future Risks from a continuing disaster: aftershocks, secondary explosions, expected weather, etc.?

3. **Assess your Capability**.

- ☐ Personnel, training, skills and physical capabilities?
- ☐ Equipment?
  Small Fires: Correct type, number and size of Extinguishers?
  Large Fires: Radiant-heat and firebrand (windblown ember) protective gear plus either Water Curtain equipment and adequate water pressure, or enough extinguishers to protect outer parameter of containment firebreak.
  Search & Rescue: Sufficient lights, Cribbing materials, scoop stretchers, or backboard & head-blocks?
  Medical: Sufficient First Aid Supplies and Life Support equipment?

Use the information and insights gained during Incident Size-Up to prioritize and plan your response.
Continue Incident Size-Up during your response and adjust to changing conditions.

Building / Section Damage Levels

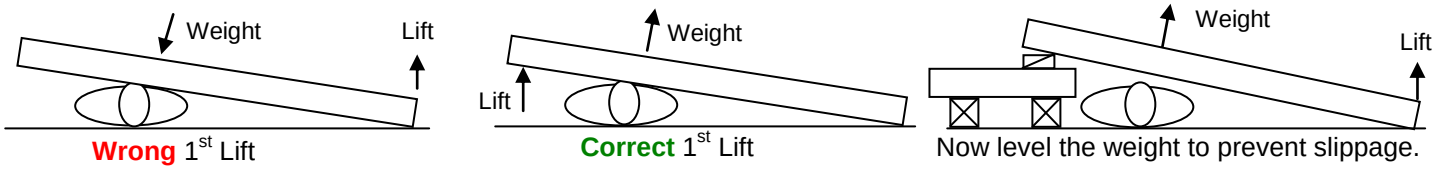
Damage Level:	Light	Moderate	Heavy	Collapsed
Rescuer Risk:	Low	Medium	High	Medium
Will Likely be Tagged:	**Inspected** (Habitable)	**Restricted** (Possession retrieval only)	**Unsafe** (No entry)	**Unsafe Area** (Caution)
Objectives: (See Caution below.)	**Triage victims. Evaluate & Treat casualties inside.**	Search & extract victims if you think it safe to do so. **Triage, evaluate, treat outside**	Evacuate via bullhorn. (Provide escape ladders.) Cordon off.	Extricate live victims by removing debris. **Triage, evaluate & treat.**
Type Construction	Conditions below are those observable from the exterior and are the maximum allowed for a Damage Level. Any one higher condition qualifies for the higher Level. Different sections/wings may incur different damage.			
Wood Frame Exterior may be - Stucco. - Wood siding. - Brick/Stone Façade.	**Accessory Damage.** Balcony. Porch roof. Windows. (Damage mainly to contents.)  Chimney. Façade. Carport. (Any wall cracks are hairline.) 	**Compromised** Bidirectional cracks /offsets >1/8", but no Heavy damage.  Stud cripple wall/masonry foundation failure.(~Pre 1940) 	**Partial Collapse.** Racked (_\). "Creaking". Floor/wall/roof separation. Loose Overheads. In Collapse Zone of an adjacent unstable building or section of this building. Fire. Heavy Smoke. Gas. Unstable slope. HazMats. Flooded. 	Use the following for completely collapsed buildings. (Wood frame buildings rarely collapse.) 
Un-retrofitted Soft-Story (Assume un-retrofitted unless known.)	No exterior wall damage. 	Hairline wall cracks. Evacuate via bullhorn. 	Racked. Partial collapse. Facilitate evacuation w **ladders**. 	Search upper floors if building not shifting in aftershocks and they have no Heavy damage. 
Concrete Frame & Slab Do Not Enter! SAP[1] Assessment required. Illustrations are only for reporting.	"Appears Undamaged." 	"Cracks in infill walls/glass between posts." 	Rebar exposed (Spalling). Fallen infill walls.Collapse. 	Pancake Collapse. Avoid, posts may fall. Search by removing debris from edge of pile. 
Concrete Tilt-up (Big-box stores.) (Playa Vista offices Do Not Enter! SAP[1] Assmnt rqd. Illustrations are only for reporting.	"Appears Undamaged." Evacuate via bullhorn. 	"Cracked Walls." Evacuate via bullhorn. 	"Wall-Roof separation." "Partial collapse." 	"Collapsed." Avoid any standing walls! They may fall outward & throw debris 1.5 times the current wall height. 
Unreinforced Masonry (URM) Do Not Enter! SAP[1] Assmnt rqd. Illustrations are only for reporting.	Must assume "unreinforced" as rebar would not be visible Due to Caution below, only Evacuate via Bullhorn. Diamond plates ◇ only anchor the floors. These mean the building is re-enforced.	Brick separation may not be visible. Evacuate via Bullhorn. 	Evacuate via Bullhorn. 	Extricate by uncovering. Do not crawl under! Avoid 1.5x any standing walls! 
Caution:	While Aftershocks are generally weaker than Main shocks, there's a 5% chance the original shock was a Pre-shock. Moderately damaged buildings have collapsed in these and when an Aftershock occurred on a fault closer than the Main shock. Therefore you may want to also avoid Moderately damaged buildings.			
Sources:	[1] Post-Disaster Safety Assessment Program (SAP) Structural Engineer Evaluator certified by California Office of Emergency Services (Cal OES). Case Studies in Rapid Postearthquake Safety Evaluation of Buildings; Applied Technology Council ATC-20-3. Northridge Earthquake Summary Report - Residential Buildings; EQE International Classifications of structural types and damage patterns of buildings for earthquake field investigation; Journal of Structural Engineering			

c. Cribbing and Shoring

Cribbing is the process of stabilizing, then lifting, and shoring up an object too heavy to be lifted by hand, in order to free a trapped victim. Follow these steps:

1. Determine if safe to approach. Determine if victim is still alive by checking carotid pulse. (Victim may be unable to breath.)

2. Plan the lift. Although you may have to lift from more than one side before freeing the victim, the first lift must take weight off victim's chest to free breathing capability.



Wrong 1st Lift **Correct** 1st Lift Now level the weight to prevent slippage.

3. Secure the side NOT TO BE LIFTED with wedges. (See Step numbers inside Figure 1 and 3 below.)

4. If the side to be lifted is already off the ground, build two box cribs under that side. Two corners of each box should be under the object to be lifted. Use 4x4's for bottom layer(s), if possibly, and 2x4's for the top layer(s) if 4x4's won't fit. Stack the object-contact member 1" toward inside of box. (See Figure 2.) Max. height allowed equals the width of the box crib's base.

You can stack a maximum of 2 members in the same directions to fill in a gap. The top member should be parallel with side to be lifted. If this arrangement cannot be achieved with current crib arrangement, rotate the crib ¼ turn (90°) so it can.

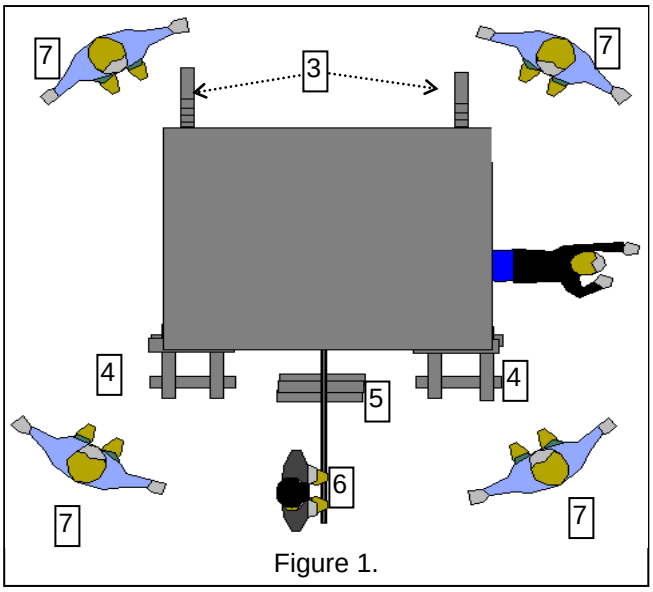


Figure 1.

5. Build a solid "pyramid" fulcrum.

6. Keeping hands and fingers on top of bar, lift the object enough to add one 2x4 to the box cribs on that side.

7. When all four corner cribbers raise their hands indicating that their box crib is in place and their hands are clear, lower object.

8.Repeat Steps 6 & 7. On the third lift, replace 2x4's with one 4x4.

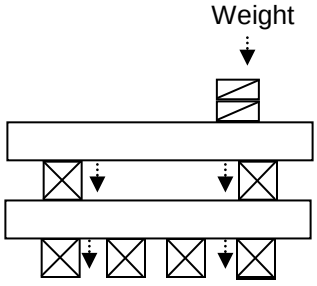
9. If victim is not yet free, repeat Steps 6, 7 & 8 on the other side.

10. If victim is not yet free, repeat Steps 6, 7 & 8 on the original side.

11. When the victim is freed, lower the object for safety and for material reuse by reversing the above process.

Figure 2.

Setting the piece that contacts the object 1 or 2 inches (but no more than 4") toward the inside of the box crib will transfer weight to all the corners, keeping the box crib together and stable.



Use a solid base on dirt or soft asphalt. **Max. height** = width of base.

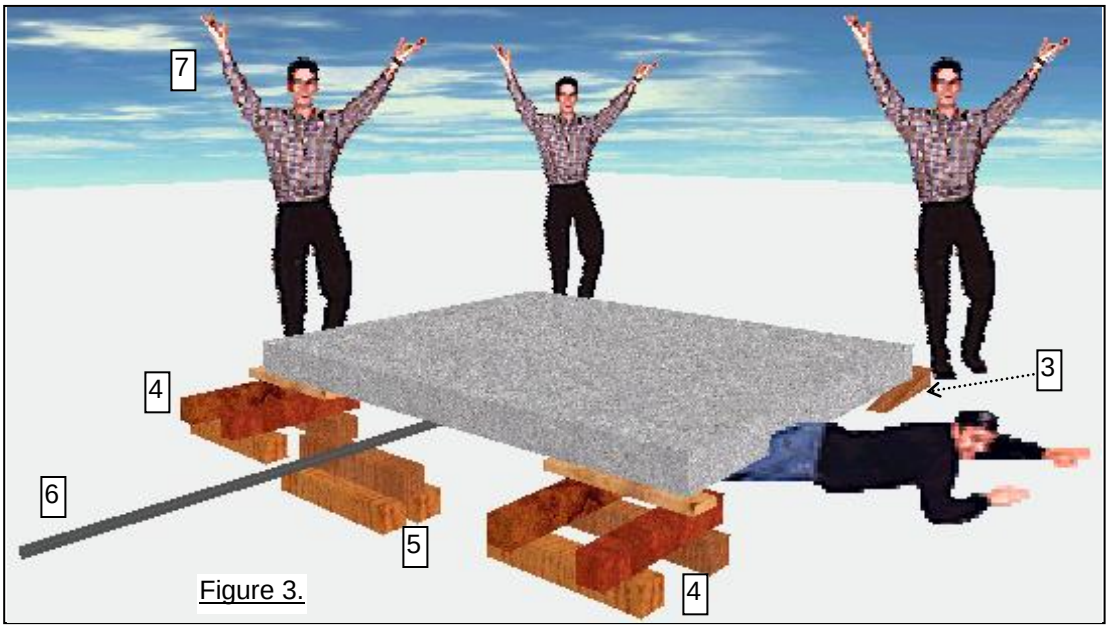


Figure 3.

Shoring

"Solid Sole Raker Shores" can be used by CERTs in an attempt to stabilize a racked one-story building until professional rescuers arrive. Build one to side of each end of a racked building, then push them into place. Anchor with stakes. Add "Flying Raker Shores" (not pictured) in the middle. CERTs should NOT enter a racked building.

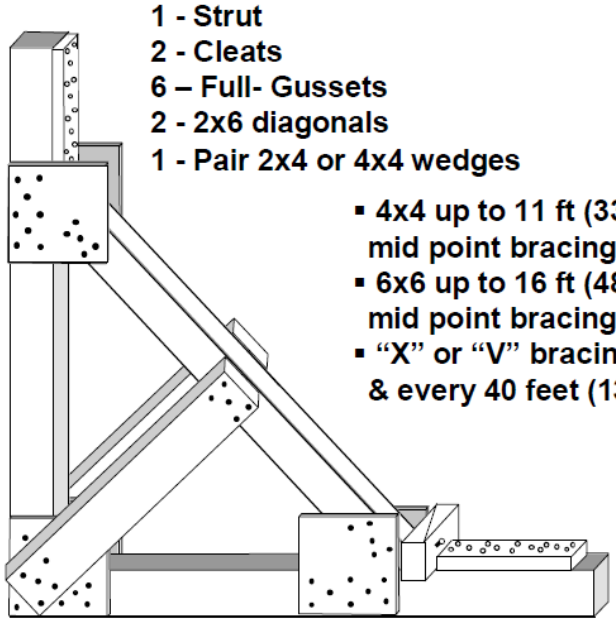
Build the Solid Sole Raker Shore here, canting the wall plate to match the angle of building tilt.

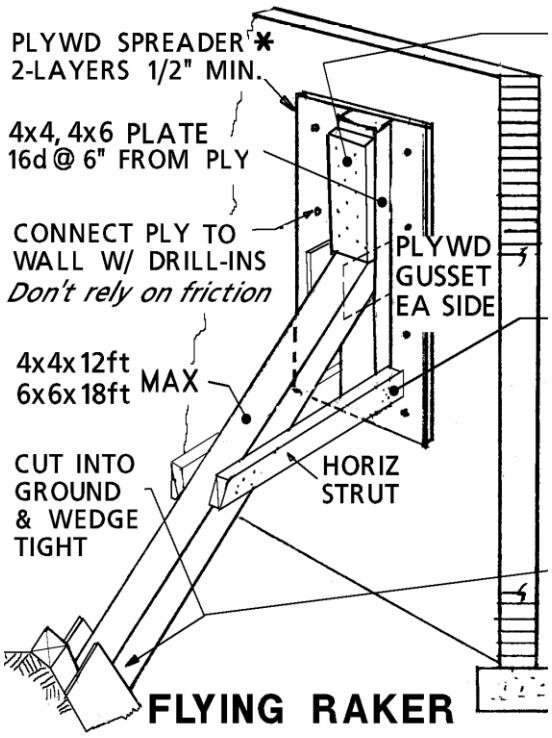
Then slide it into place.

Solid Sole Raker

1 - Wall plate
1 - Sole plate
1 - Strut
2 - Cleats
6 – Full- Gussets
2 - 2x6 diagonals
1 - Pair 2x4 or 4x4 wedges

- 4x4 up to 11 ft (330cm) without mid point bracing
- 6x6 up to 16 ft (480cm) without mid point bracing
- "X" or "V" bracing at each end & every 40 feet (13.5m) max.





(Source: FEMA National US&R Response System.)

d. Traffic Detour

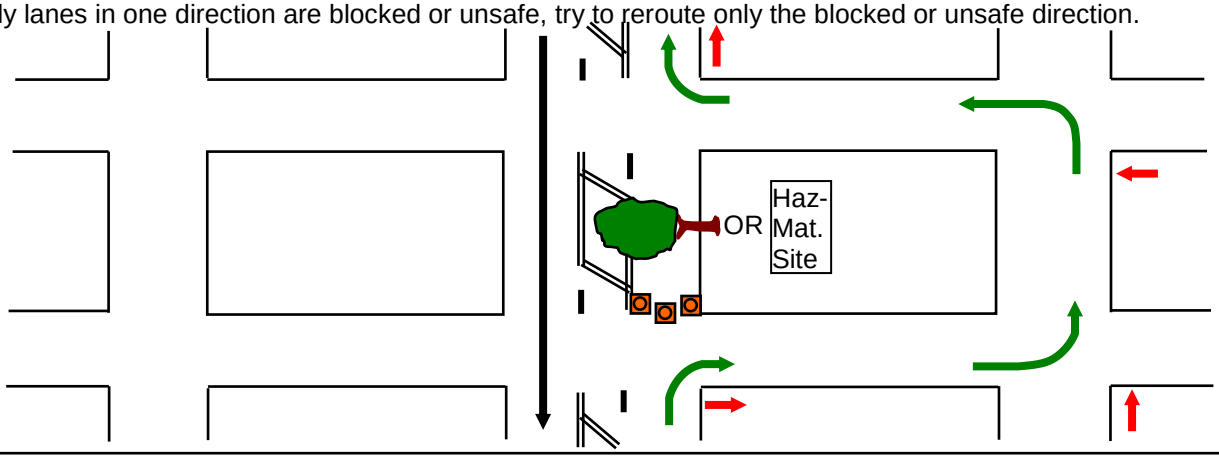
Input:	Output:
• Reflective Vest, (Personal Safety Lights at night) • Traffic cones / **CAUTION** tape, Detour Arrow signs. • (Flashing Yellow caution lights or fuzzes at night.) • Area Map [Helpful, but not required.]	• Traffic safely detoured.

Procedure:

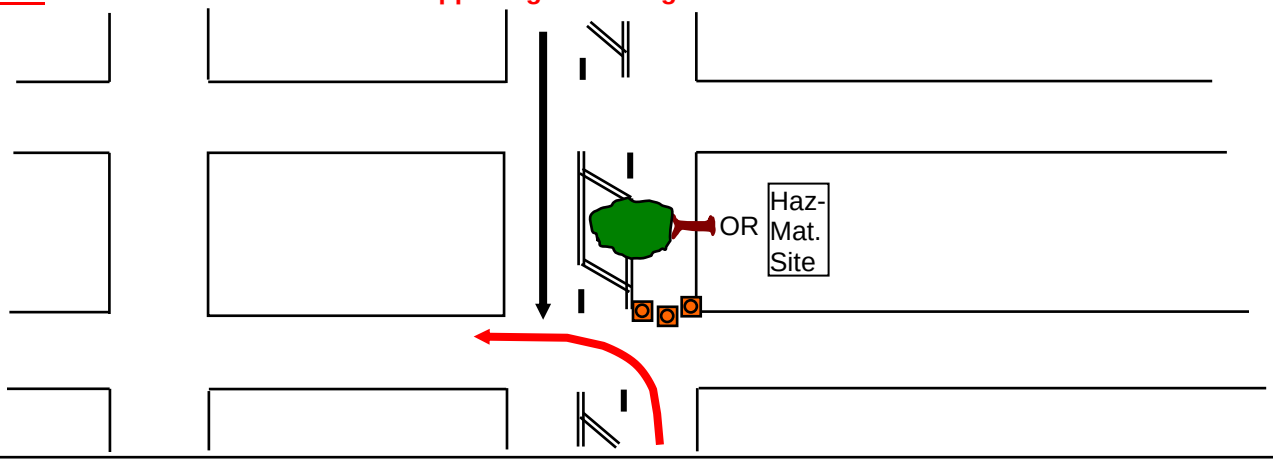
- ❑ Select route so detoured traffic does not across opposing traffic if no STOP. See example B below. A and C are OK.
- ❑ Set cones and detour signs at the Exit point of the detour first, then work backwards to the detour's Entrance.
- ❑ Post a "flagman" up-stream of your current working location to slow traffic.
- ❑ Start laying cones or stringing CAUTION tape from the curb and face the on-coming traffic at all time.
- ❑ Wear reflector vests (and flashing lights) at night.

Detour Routing Examples

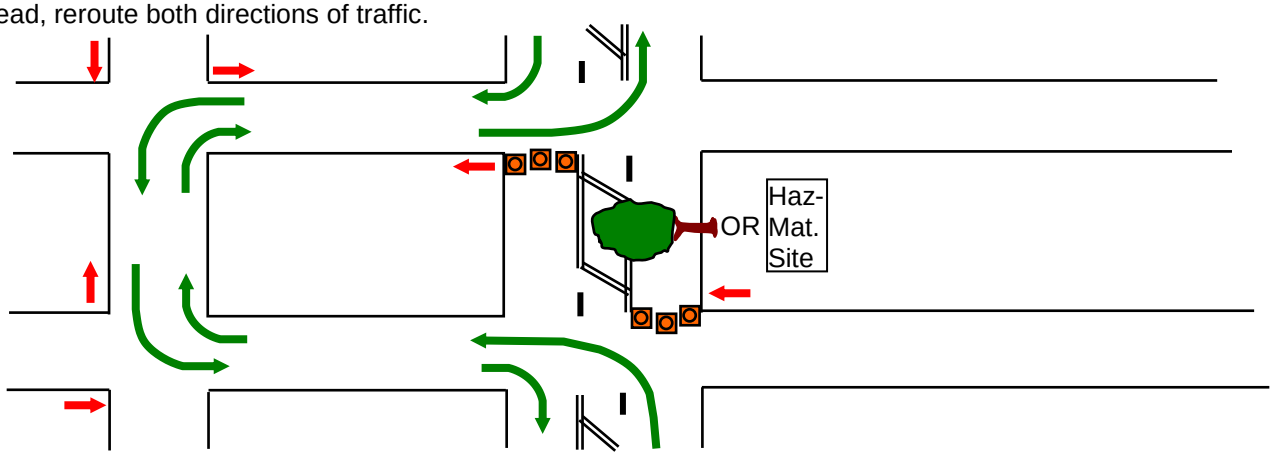
A. If only lanes in one direction are blocked or unsafe, try to reroute only the blocked or unsafe direction.



B. **Do NOT route detoured traffic across opposing oncoming traffic**.



C. Instead, reroute both directions of traffic.



Detour Planning Map or Sketch

e. Fire Suppression or Containment

Input:	Output:
• Personal Safety Gear (use ALL-leather gloves) • Two Fire Extinguishers per 2-person Fire Team.	• Fire suppressed and/or reported to Fire Dept. • Fire Kit checked back into Equipment Staging.

SAFETY RULES:

- Wear full Personal Protection Equipment with cotton or wool clothing and all-leather gloves. (No synthetic fabrics.)
- Rule of Two's: Work in two-person teams. Have two full extinguishers. Have two ways to exit safely.
- Never enter a building that you know is on fire. If fire is discovered, exit and fight it through openings. (See below.)
- During S&R, if air is being sucked under a closed door or smoke from top, don't touch the door. There is fire behind it. Otherwise, test closed doors, bottom up, for heat with back of hand before opening. If Hot, don't touch handle or open the door. Confine the fire by keeping door closed.
- Approach fire from Up Wind (smoke blows downwind), up hill and upstream if possible. Stay low below the smoke.
- "Overhaul" the fire once suppressed by breaking up the fuel & extinguishing each piece to prevent flare-up & restart.

FIRE SUPPRESSION METHODS.

The Method of Fire Suppression depends on the fuel burning.

Material Burning:	**Solids**	**Liquids**	**Electrical**	**Natural Gas**
Examples:	Wood, Paper, most Fabrics, most Plastics.	Alcohol, Gasoline, Grease, Kerosene, Oil, Oily Rags,	Appliances, Computers, Radios, TV's, House Wiring.	Broken gas pipe or connection to house, stove, oven, furnace, water heater, etc,
Extinguisher Class	**A or ABC**	**B or ABC**	**C or ABC**	
Other Method:	**Water, Dirt, Sand.**	**CO2.**	**Shut off Power,**	**Shut off Gas at meter.**
Memory Aid:	things that leave **A**sh when burned.	things what come in **B**ottles or **B**arrels.	electri**C** **C**urrent, or **C**ircuit	if it's a **V**apor, close the **V**alve.

PROCEDURES:

Fire Extinguisher Usage Procedure PASS:

Pull pin
Aim extinguisher at base of fire (not the flames)
Squeeze trigger
Sweep extinguisher blast across base of fire.

Two-person Fire Extinguisher Procedure: (See next page for a 4-person procedure.)

- Test extinguishers by pulling pins and momentarily squeezing trigger before approaching the fire.
- One person (the "Fire Fighter") prepares to fight the fire, while partner ("Backup") remains 8-10 feet behind and to the side of Fire Fighter with Backup's extinguisher aimed at Fire Fighter's clothes in case they ignite.
- When Fire Fighter is ready to approach the fire, Fire Fighter calls "Going In". Backup acknowledges "Going In".
- Both crouch low and side-step toward the fire as the Fire Fighter attempts suppression.
- When Fire Fighter is ready to back out from the fire, Fire Fighter calls "Backing Out". Backup acknowledges "Backing Out". Both side-step away from the fire site.

Fight Interior Fires from Outside.

If you decide to attempt containment of an interior fire until occupants can escape, spray the fuel, ceiling and walls adjacent to the fire from outside the structure through a open window or door with extinguishers or garden hoses. (The small volume of water discharge by garden hoses will probably vaporize before reaching the fuel if sprayed directly onto burning fuel.) If you have to break a window to do this, do so by standing at least 6 feet to the side and swinging the hose nozzle at the glass, or by standing 15 to 20 feet back and throwing a heavy object. This may avoid being hit by the explosive combustion and flying glass that may occur when fresh air is introduced into the enclosed fire.

Using a Wet (water filled) Standpipe with attached Fire Hose.

- Open the red value fully and pull all of the hose out of the cabinet. (Water will fill hose when all hose is pulled out.)
- Wrap arm around hose, aim at material burning and open nozzle slowly. Twist nozzle to control width of stream.

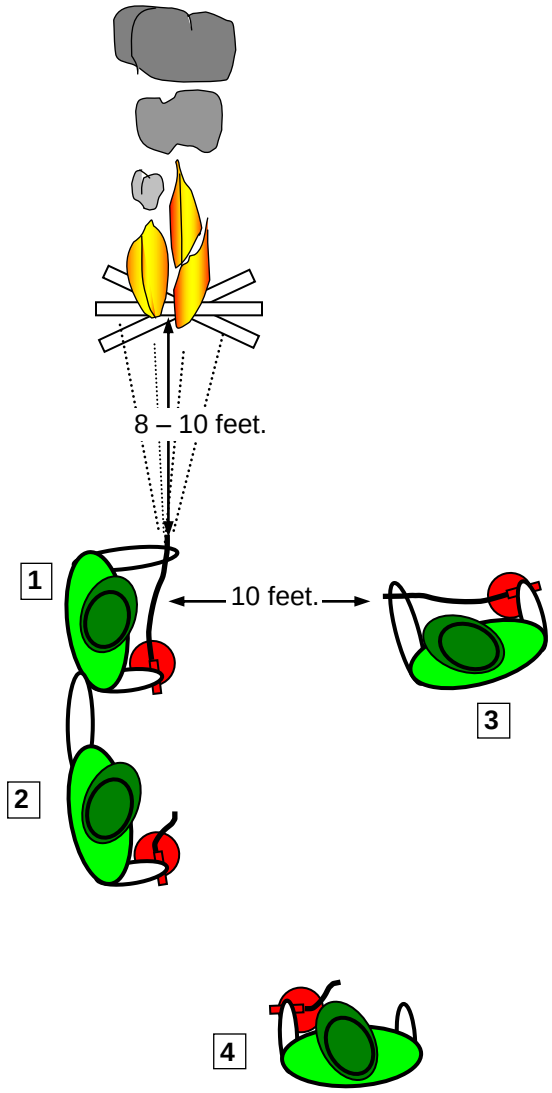
Fire Containment with Water Curtains. (See B. Manage Fire Suppression or Containment, p. 76.)

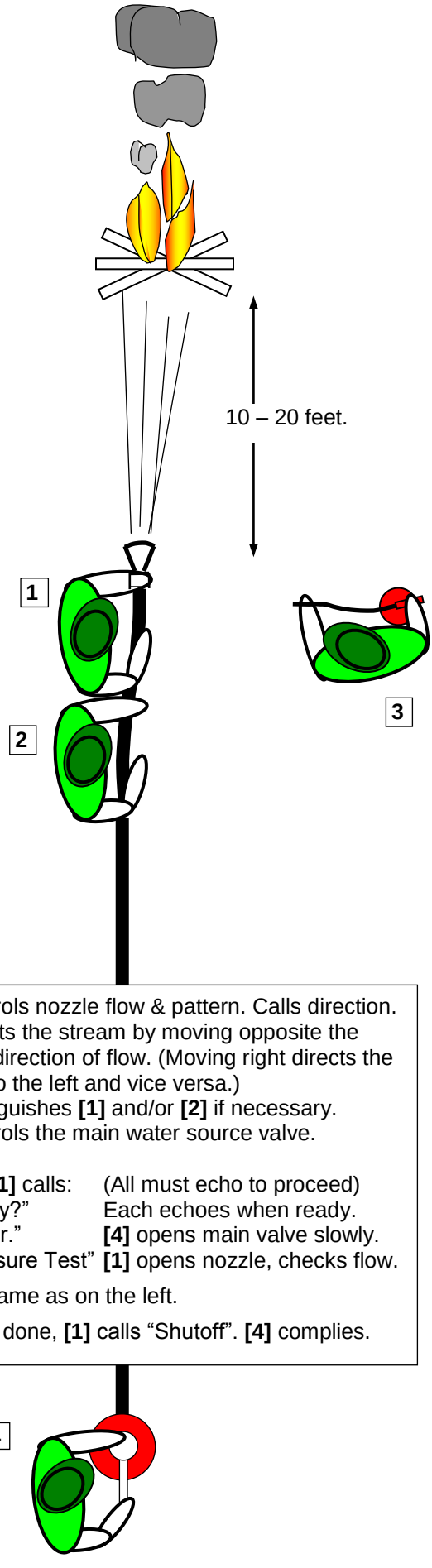
Fire Containment without Water

Position fire fighters on far side of natural or man-made fire breaks (roads or cleared areas) and extinguish spot fires started by airborne embers with 1-second blasts from extinguishers, water from pools, ponds, hot tubs or water heaters, or with dirt.

Firefighter Positions and Procedures

(Aerial top-down view)





[1] and **[2]** fight the fire.
[3] extinguishes **[1]** or **[2]** if necessary. ([3] can be Runner.)
[4] supplies fresh extinguisher if needed. ([4] can be IC.)

IC [4]:

- ☐ Determine type material burning and select extinguishers.
- ☐ Size-up area. Determine if safe to approach.
- ☐ Position Team upwind, upstream on Flanks of fire.

Fire Fighter **[1]** calls:	(All must echo to proceed)
1. “Test extinguishers.”	All pull pins and test extinguishers.
2. ”Ready?”	Each Member echoes when ready.
3. “Going in.”	Group moves within 10’ of fire.
4. “Attacking.”	**[1]** Aims, Shoots, Sweeps.
5. “Fire out.” when out.	**[1]** Ceases fighting fire.
6. “Backing out.”	**[2]** leads **[1]** out. **[1]** monitors for fire.
7. “ All Clear?”	All echo “Clear!”

If **[1’s]** extinguisher runs out, **[2]** moves up to fight fire.
[1] get fresh extinguishers from **[4]**.
If third extinguisher runs out, all retreat.

[1] Controls nozzle flow & pattern. Calls direction.
[2] Directs the stream by moving opposite the desired direction of flow. (Moving right directs the stream to the left and vice versa.)
[3] Extinguishes **[1]** and/or **[2]** if necessary.
[4] Controls the main water source valve.

Leader **[1]** calls:	(All must echo to proceed)
1. “Ready?”	Each echoes when ready.
2. ‘’Water.”	**[4]** opens main valve slowly.
“Pressure Test”	**[1]** opens nozzle, checks flow.

3. – 7. Same as on the left.

8. When done, **[1]** calls “Shutoff”. **[4]** complies.

f. Search and Rescue

Input:	Output:
• Damage Survey indicated casualties likely, or Search Request signed. • **P**ersonal **P**rotection **E**quip.+2 lights, batteries, markers, glow sticks, whistle. • S&R Kit - 2 radios, gas wrench, crow bars, crib wedges, door stops, tape, leg splint or pad, stretcher or backboard, head blocks and straps.	• Building searched. • Casualty(s): - Extracted from Moderately Damaged building, - Moved to a safe area in Lightly Damaged building.

SIZE-UP: **Knock & yell** "This is your E_R_T_. Are you OK?" **If reply**, provide any life-assist needed. **If no reply**, DO:

Structural Stability Check. Identify Light &/ Moderately damaged section(s) that are safe to search. See p. 97. **If in doubt, stay out.**

Interior Scan From outside, look in & listen to determine if a "Scene of Emergency" exists [victim(s) seen or heard].

HaZards. Avoid loose overheads, pets, gas leaks, flooding, HazMats, heavy smoke/fire, and all properties between poles w fallen power lines.

Entry points. Look for unlocked door/window, small breakable pane near a lock, and **path** to victim(s). Bubble Map, p 86.

Utilities. *Shut off* utilities, in alphabetic order, as required for *Damage* and *Conditions* found.

Damage:	Light[3]			Moderate[2] or Heavy[1]
Condition:	Fire	Gas (smelled or meter spinning)	Water Leak	-
Shut-off:	1.Electric, 2.Gas. Suppress/Contain	1.Electric, 2.Gas. Vent Building.	1.Electric, 2.Water	1.Electric, 2.Gas & Water

Post Building-S&R Marker (if not already done by Damage Survey Team) and make "Entry" (1st) slash (/).

SEARCH If victim(s) seen/heard during Size-Up, or S&R Marker posted by D. Survey indicates victims expected & key available:

Shout out the Mobile. "This is your E_ R_ T_. If you can walk, reply & come to __." Tag "**M**" (Minor). Inquire loc. of other occupants.

Entry. If dark, secure a light at exit point. Mark "\" on entry & at each hall and room entered. Clear an Exit path as you go, stabilizing or removing loose debris using the Double-line Hand-Off method. (Mark "X" when all living victims cleared.)

Alert - Your Team to hazards: loose overheads, sharps under feet, weak flooring. Test doors for heat before opening.
- **Victims to your presence**. Call out, "This is your Emergency Response Team. Is anyone in here?" Then listen.

Right to Rescue, Left to Leave. Follow **Right**-hand walls in **to Rescue**, Reverse & follow **Left**-hand walls out **to Leave.**

Check, Chock & Cross. Check doors for heat before opening. Chock open & slash (\) on entry. Close & Cross (X) on exit. Mark & map trapped victims; Glow Stick/wall **V** [Suspected], Ⓥ [Alive], **Ⱶ** [Dead], ⊗ [Removed]. Extract after non-trapped.

Halt search on discovery of Heavy Damage: racked, tilting, any collapse, heavy smoke/gas, flooding, heat above/below.

If an accessible victim is found, give them S.P.A.C.E. [Primary Assessment]

Size-up victim for hazards to you & Team before approaching. What is **M**.**O**.**I**njury? **Take photo of victim's position.**
Stop any rapid bleeding. Direct Pressure, or tourniquet [p.112] (limbs), Z-Pak (back, shoulder, groin), Hemostatic agent (head, neck, abdomen).

Permission & LOC. "Hi. Are you injured?"…"Where?" If no reply, tap, shout, pinch, If Grunt/eyes [LOC=**V**oice|**P**ain], → ***Rescue.***
If victim **A**lert, "We're GS volunteers, not Med. Pros. Do you want our help?", If "Yes" → *C-Checks*, Else → next victim or leave. [U]↓

Alive? Look, listen, feel for Breathing. If breathing, →*Rescue*, Else open mouth, sweep any debris, logroll & drain any fluid, Open airway via Jaw Thrust. If still no breath, try Head-Tilt, give a child 5 breaths, If still no breath, tag "**DEAD",** → next victim. For patients breathing now, tag "**I**", stabilize head in position found, → *Rescue*.

C-Checks & 1. **C-Spine?** If spine deformed/tender or motor/sensation deficit any extremity or not **A**lert, C-Collar/stabilize head in position found.
Emerg. Care: 2. **C**racked Bones? Rapid Trauma Check of shoulder, arm, rib, pelvic & leg bones. 3. **Cover** patent to maintain body temp.

RESCUE non-mobile patients from a Moderately Damaged Building[2].

Rehearse **E**xtraction outside. Select equipment & lift to use based on patient's injuries, space and resources available.

Lifts: [in order of preference]	**When to use or not use:**
Scoop Stretcher (with Foot-end extended to fit patient.)	Patient is supine in a glass & debris-free area.
6+2 Person Body Lift- Backboard Slide (8 rescuers).	May be used for any injury. Bridge for heavy patients.
2+2 Person Torso Straddle Lift-Backboard Slide (4 rescuers).	Not recommended for posterior burns or avulsions.
3+1 Logroll to Backboard after body-splinting any fractured limbs.	Not recommended for chest, pelvis, bilateral shoulder or hip fracture.
2 Person Strap Lift & Carry to stretcher or backboard.	Extricate patient from a confined space.
2 or 3 Person Manual Rescue Carry.	Emergency extraction if building becomes unstable.

Splint major fractures: Collar C-Spine. Cinch Pelvis. Crotch-pad Hip. Traction Femur. Vacuum angulated. SAM rest. Immobilize joints above & below.

Collect patient's essentials: Meds, equip.(EpiPen, insulin, O_2), food, water, ice, blankets. Damp wrap & double bag any body parts, ice water in outer bag.

Upload patient. **Strap** chest at armpits, pelvis & good leg(s), [Prevents sliding at stairs.] **If ≠A**lert or spinal, block & strap head.

Extract patient. Lift w 1@each corner. In corridors, 1@head-1@feet. Down stairs,1@head-2 keeping feet level-1 bracing). Give pt to Med Team.

Exit: Cross entry slash making an "X" after clearing each room, each corridor & each building of all living victims.
Brief Incident Commander on findings and actions after each building exit.

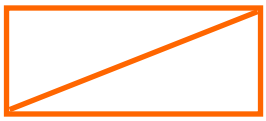
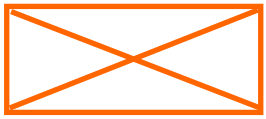
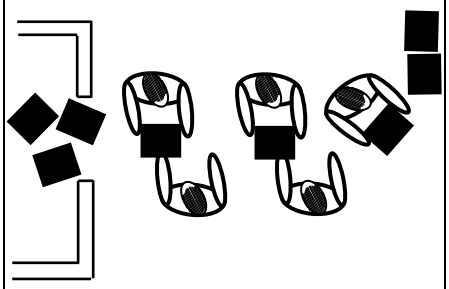
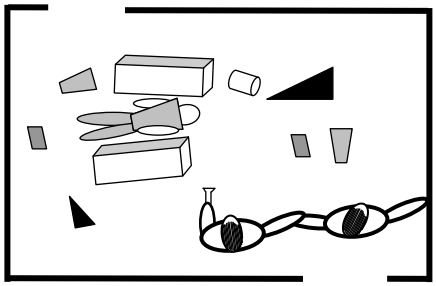
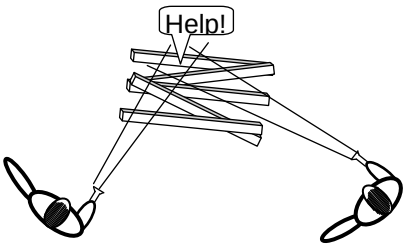
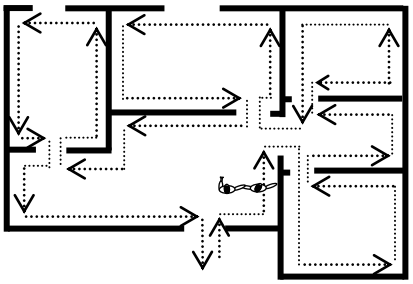
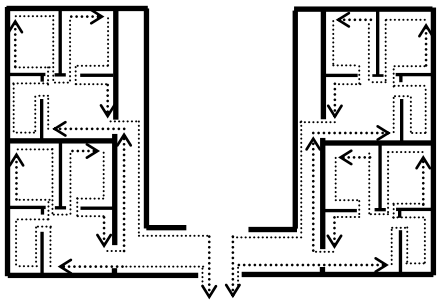
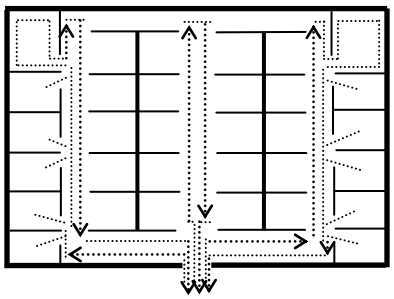
Repeat *Search & Rescue* until all non-trapped living victims are out, then release the trapped (See *Cribbing*, p.98).

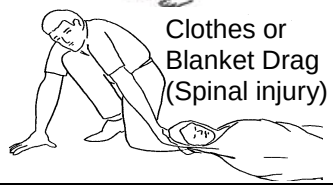
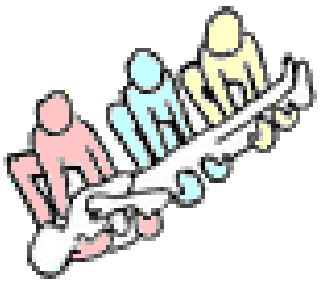
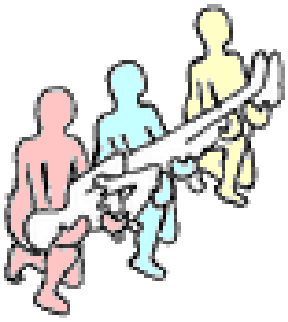
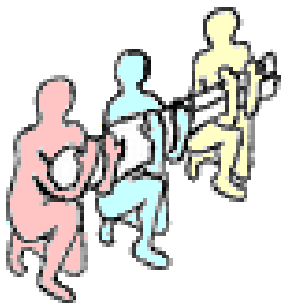
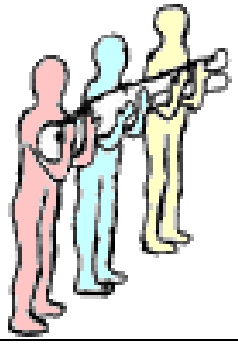
RESCUE non-mobile patients requiring hospitalization from Lightly Damaged Building[3] when hospitals open.

- ○ **Do not move a Spinal-injured patient** if FD ETA < 30 min for an Immediate patient, < 4 hours for a Delayed patient.
- ○ **If victim in debris/confined space**, move to clear area inside or out via procedures above for access by Medical Team.
- ○ **Assist Med &/ Transport Team(s)** preparing patients for transport. (See *i. Patient Packaging and Transport*, p. 116.)

[1] **Heavy** – Racked, tilting, partial collapse, fire, flooded, gas, ground failure, HazMats, heavy smoke. Masonry bldg. Building not habitable.
[2] **Moderate** – Exterior wall cracks >1/8" / off foundation but not shifting in aftershocks, and no Heavy[1] damage. Building Not habitable.
[3] **Light –** Cosmetic non-structural damage but no Moderate[2] damage. Broken Windows. Inward-falling chimney. Building habitable.

Search and Rescue

Building "Triage" Markings After Structure Size-Up	Lightly Damaged Structure 	Moderately Damaged Structure 	Heavily Damaged Structure 
Search & Rescue Markings (beside entrance.)	On Structure Entry Date & Time. Agency. No. In.	Search Terminated due to Hazards. Date & Time. Agency. No. In. Hazards (T[rapped]-n) [still in]	On Search Completion. Date & Time. Agency. No. In. Hazards, Actions taken D[ead]-n [still in]	On Room Entry T-n [In progress]	On Room Exit after all living removed T-n D-n
Team Positions to:	Remove Debris to Clear a Path. 	Maintain Orientation. 	Find Hidden Victims via Triangulation. 		
Search Patterns (Follow walls, "Right to Rescue, Left to Leave.")	House 	Apartment 	Office Building 		

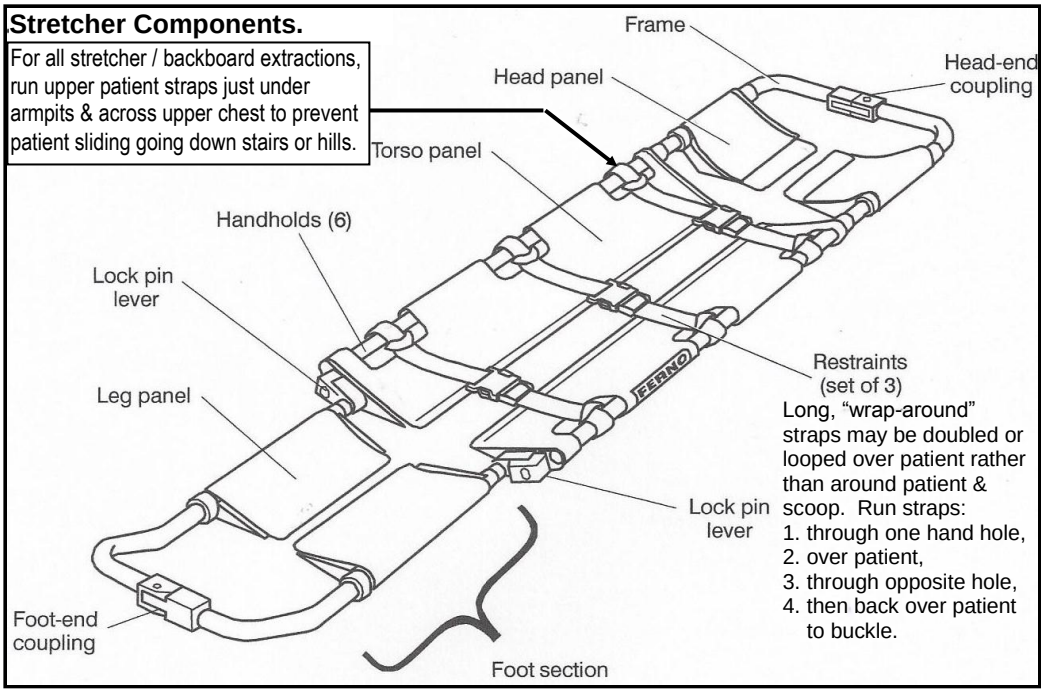
Manual Rescue Carries (Use during Initial Response or for emergency extraction if building becomes unstable.)				
1-person and 2-person Carries	Fireman's Crawl. (Hip or leg injury)  Clothes or Blanket Drag (Spinal injury) 	Human Crutch (Foot or lower leg injury) 	Chair Carry (Arm, chest, lower leg) 	Georgia Street Carry (Emergency extract) 
3-person Carry	1.Kneel on knee nearest patient's feet, scoop patient. 	2. Lift patient to your thigh. 	3. Roll patient to your chest. 	4. Stand up and carry. 

Scoop Stretcher Loading and Carries

Use in relative debris-free areas to prevent scooping debris with patient. Can be used with fractured limbs w/o prior splinting.

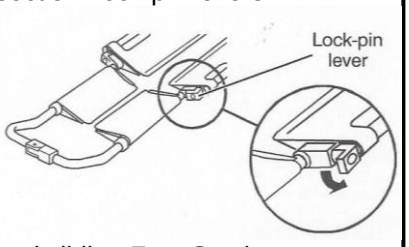
Stretcher Components.

For all stretcher / backboard extractions, run upper patient straps just under armpits & across upper chest to prevent patient sliding going down stairs or hills.

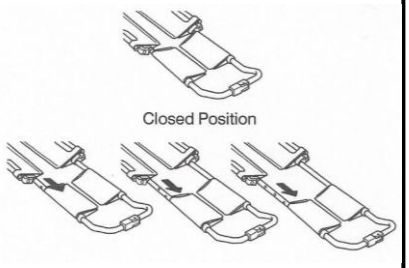


Long, "wrap-around" straps may be doubled or looped over patient rather than around patient & scoop. Run straps:
1. through one hand hole,
2. over patient,
3. through opposite hole,
4. then back over patient to buckle.

Adjust Length by raising foot section Lock pin levers.

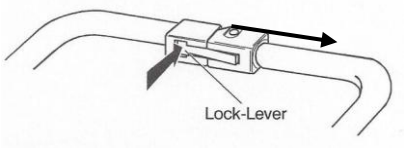


and sliding Foot Section to desired length.

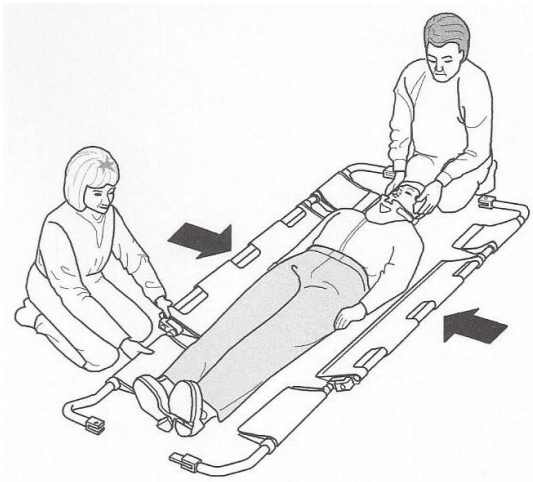


Loading Patient *:

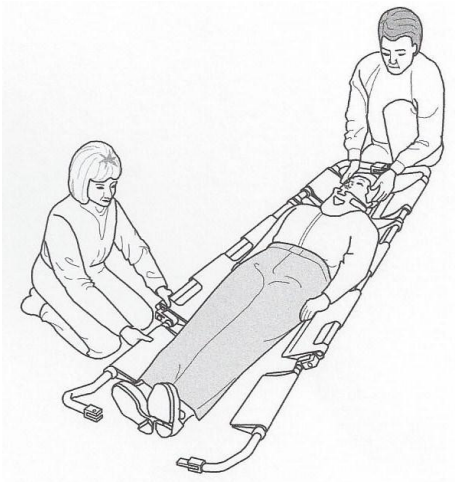
1. Unlock two sides of stretcher.



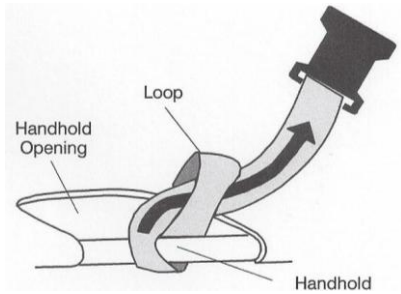
2. Carefully slide each half under patient.



3. Re-join stretcher, at head, then foot.



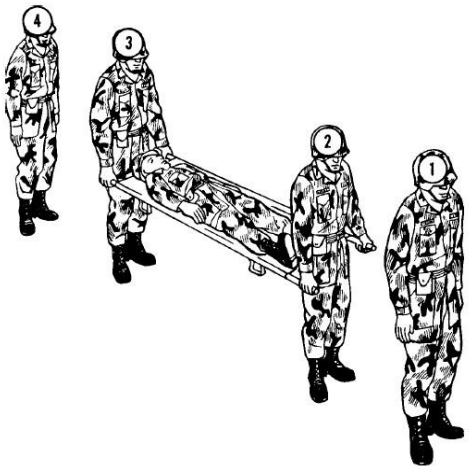
4. Attach patient straps.



Lifting Patient.

Place hand on knee to push up.

Carrying patient thru narrow passage.



... over rough terrain.

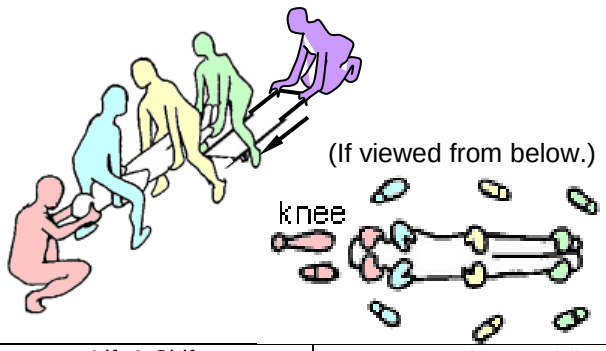
* Patient is placed on blanket pads, air or vacuum-splint mattress and wrapped outside when packaging for transport.

Backboard and Litter Loading and Carries

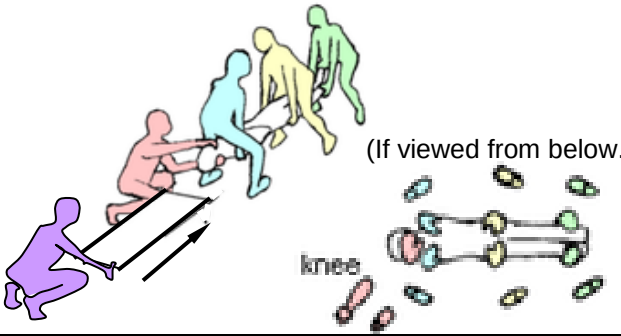
Lift-and-Slide Methods.

5 Rescuers

Lift patient 3". Slide Backboard under from feet.



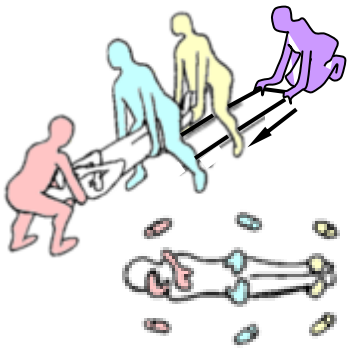
Lift patient 2". Slide Backboard under from head.



4 Rescuers

Lift & Shift.

3+1 Body Straddle Lift.



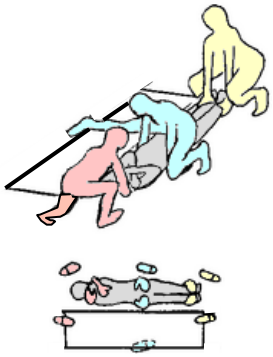
2+2 Torso Straddle Lift, Backboard Slide

3 rescuers lift head, torso and hips.
1 rescuer Slides backboard under patient from head.

Lift-and-Carry Methods

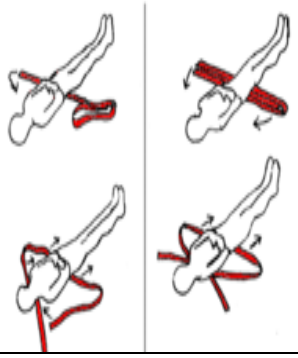
3 Rescuers

Lift & Shift.



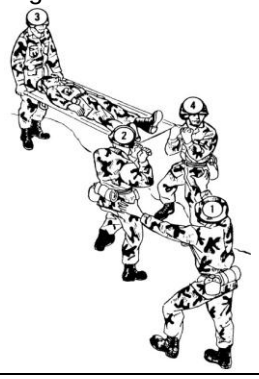
Strap Lift patient from confined space. Carry to board.

Place Lift Strap.



Lift and carry patient.

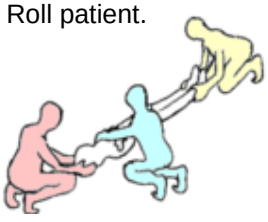
Leader stabilizes team going down stairs or hills.



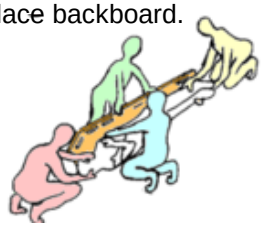
Logroll Methods

Logroll to Backboard or Litter.

1. Roll patient.



2. Place backboard.



3. Unroll patient.

Hand positions for roll.

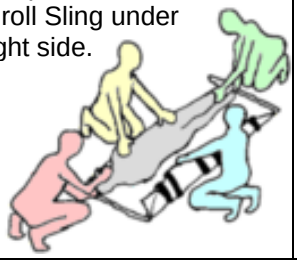
Use 3 on side w 3 hands over torso, 3 hands under far leg. Center person gets the board.

Logroll to Sling or Blanket.

1. Role up ½ of Sling.

2. Roll patient Right. Put Sling under Left side.

3. Roll patient Left. Unroll Sling under Right side.



4. Roll patient down. Lift.

g. Triage

Input:	Output:
• BSI Gear: Nitrile/Latex gloves, eye shield, mask. • Triage markers: Triage Tags or tape, skin marker or lipstick.	• Casualties prioritized for injury evaluation & treatment. • Casualties listed on Casualty Log.

Triage is a 30-second procedure to determine injury severity and prioritize casualties for evaluation, treatment &/ transport.
Note: If you do not have Triage Tags or Tapes, write "**M**", "**D**", "**I**", or "**DEAD**" on foreheads with felt-tip marker or lipstick.

Procedure

Do for every victim (including those walking) until you determine how to tag them. **TAG:**

Size-Up Victim. Stop, Look, and Listen for hazards before approaching. If down, Think "Why is victim down?"

If victim is an infant and appears injured, → **IMMEDIATE**

If victim is a child or adult, check RPMS: **("30, 2, Can Do")**

RESPIRATION.

1. Identify yourself (first name only) and **ask "Are you okay?"** ("Estás bien?").
If victim is walking or down but talking, they are Breathing. **Go to step 3**.
If victim is down and not responding, from arms-length **tap** victim's hand or arm **and shout**.
If victim responds (speaks, grunts, opens eyes or moves) they are Breathing. **Go to step 3**.
If victim does not respond, **continue to step 2**.

2. Check for carotid pulse & respiration for up to 10 seconds**.**
Look at chest, **Listen** at nose & mouth, **Feel** at abdomen **for Breathing.**
If Breathing, go to step 3.
If not breathing, open Airway via Jaw Thrust after removing any obstructions.
If still not breathing, open again by Chin-Lift-Head-Tilt. Give a child 2 rescue breaths.
If still not breathing, → **DEAD**
If breathing now, → **IMMEDIATE**

3. Check Respiration Rate.
For **Adult,** if **< 10 or > 30** breaths per minute, → **IMMEDIATE**
For **Child**, if **< 15 or > 45** breaths per minute, → **IMMEDIATE**

PERFUSION or **P**ULSE
Check Circulation adequacy via either:
a. **Blanch Test** (press finger nail or palm till white & release). IF color refill takes **> 2 seconds**, → **IMMEDIATE**
b. **Radial Pulse** (wrist) if Blanch Test is not possible. If **No Radial Pulse**, → **IMMEDIATE**

MENTAL STATUS
Give simple universal command (e.g. extend your hand in greeting).
IF no or an improper response (victim **Can't Do**), cognition is impaired, → **IMMEDIATE**

STAND. If victim can stand up and walk on their own, → **MINOR**

OTHERWISE, → **DELAYED**

- ☐ Guide or carry patient to the appropriate colored tarp or marked Treatment Area.
- ☐ List all casualties on Casualty Log (next page & 139).
- ☐ Determine if "I" and "D" casualties have own transportation &/ care at a "SafePlace". List on Casualty Log.
- ☐ Treat IMMEDIATE ("**I**") patients for Shock. After clearing conscious of spinal injury, raise feet 10". Else, keep supine.
- ☐ Place Unconscious patients in HAINES position on un-injured side if one. Else, keep supine.
- ☐ If an immobilized patient chokes on stomach discharge, logroll backboard & patient lateral to drain & suction Airway.
- ☐ If a patient stops breathing, try: 1) opening airway via Jaw Thrust, 2) via Chin-Lift-Head-Tilt, 3) logroll backboard & pt. to lateral position, 4) resuscitation with BVM (p.112) and O_2 (p. 114) until breathing or no carotid pulse for 10 minutes.
- ☐ Keep all patients calm and warm with insulation below & above while awaiting h. Patient Evaluation and Treatment.

When all victims have been triaged, stabilized, tagged and moved to the appropriate area:

- ☐ **If at an Incident site**, give Casualty Log(s) to Incident Commander to start arranging transport of "Immediate" & "Delayed" casualties to medical facilities, casualty's SafePlace or Command Center Treatment Area for observation.
- ☐ **If at the Command Center Treatment Area**, give Casualty Log(s) to Medical Officer.

Casualty Log

Medical Facility Plan (ICS 206)

Facility Name	Address / Cross Street	Contact Phone / Frequency	Travel Time (Min)	Trauma Center?	Burn Center?

Casualties

Location:	Person Reporting:	Date:	Time:	Page No.	of	

Casualty Name and/or Description (Age, Race, Sex, Body type, Clothing, Height, Weight, etc.) (Initials)	Priority Immediate Delayed Minor **DEAD**	Injuries & Treatments given. (✓) Completed	Time Last Triage	Own Transportation?	Safe-place Care Avail.?	Transport				
						Move / Leave	Found Location --------------- Holding Location --------------- Final Location	Driver Assigned	Date & Time Out	Date & Time Delivered
I authorize 1st Aid _____ I decline 1st Aid _______							Incident Loc.:			
							"C.C."/Safe-place adr:			
							Med. Facility:			
I authorize 1st Aid _____ I decline 1st Aid _______							Incident Loc.:			
							"C.C."/Safe-place adr:			
							Med. Facility:			
I authorize 1st Aid _____ I decline 1st Aid _______							Incident Loc.:			
							"C.C."/Safe-place adr:			
							Med. Facility:			
I authorize 1st Aid _____ I decline 1st Aid _______							Incident Loc.:			
							"C.C."/Safe-place adr:			
							Med. Facility:			
I authorize 1st Aid _____ I decline 1st Aid _______							Incident Loc.:			
							"C.C."/Safe-place adr:			
							Med. Facility:			

h. Patient Evaluation and Treatment

Input:	Output:
• Body Substance Isolation (BSI) Gear. - Nitrile or vinyl gloves, eye shield, mask. • Trauma First Aid Kit, O_2 Kit, Life Support Kit. • Patient Evaluation Checklists (Master on p.147)	• Patients evaluated, given First Aid & Life Support until FD/Hospital. • Patient Evaluation Checklist completed (send with patient). • Casualty Log listing patients, injuries, location/dest. given to Incident Commander at incident sites, or Medical Officer at C.C Treatment Area.

General Information

- ❍ **Objectives:** Stabilize & transport **Immediates** ASA hospitals open. Treat & transport **Delayeds**. Treat & release **Minors**.
- ❍ **Wear Body Substance Isolation gear** (mask, eye shield, gloves). Don't touch self. Change gloves between patients.
- ❍ **Do assessment and treatment in a safe area**, e.g., **inside Lightly** Damaged buildings, but **outside Moderately** damaged buildings, and **outside Collapse Danger Zone of Heavily** Damaged buildings.
- ❍ If you need help moving a patient to a safe area or logrolling (p.107) a prone patient supine to examine, call for S&R.
- ❍ One member of Team does evaluation while the other reads items to check and documents findings.

PRIMARY ASSESSMENT [Done by Medical Teams in Lightly damaged buildings & walk-ins/carry-ins to C.C. Treatment Area].

Size-up victim for hazards to you before approaching. What is **M**.**O**.**I**njury? If pt. move to SafePlace needed, request S&R.
Stop any rapid bleeding. Direct Pressure, or tourniquet [p.112] (limbs), Z-Pak (back, shoulder, groin), Hemostatic agent (head, neck, abdomen).

Permission & LOC. "Hi. Are you injured?"…"Where?" If no reply, tap, shout, pinch, If Grunt/eyes [LOC=**V**oice|**P**ain], → *Triage*.
If victim **A**lert, "We're GS volunteers, not Med. Pros. Do you want our help?", If "Yes" → *Triage*, Else → next patient or leave. [U] ↓

Alive? Look, listen & feel for breathing. If breathing,→*Triage*, Else open mouth, sweep any debris, logroll to drain any fluid, Open airway via Jaw Thrust. If still no breath, try Head-Tilt, give a child 5 breaths, If still no breath, tag "**DEAD**", → next victim. For patients breathing now, tag "**I**", stabilize head in position found, → *Secondary Assessment*.

TRIAGE (p.108) **R**espiration>30/min,Cap.Refil>2s/no radial **P**ulse or **M**ental not Alert: tag=**I**mmediate, treat Shock. Can't **S**tand=**D**elayed Else=**M**inor
Repeat **SPA** for each victim. If pt unconscious and must be left unattended, maintain Airway via **H**igh **A**rm **I**n **N**eck **E**xpose **S**pine (HAINES) position.

SECONDARY ASSESSMENT. (Immediates 1st, Delayeds 2nd, Minors 3rd.)

- ❑ **Enter** *Patient Name &/* description, *Home Address*, *Contact* info on a Patient Evaluation Checklist (next page & 147).
- ❑ ***OK to Treat?*** If pt alert, state that you're volunteers, not Med. Pros, ask permission & get initials, Else Permission assumed. If patient under 18, ask parent. If "No", record answer, suggest patient see a physician ASAP. Go to next patient.
- ❑ ***Level of Consciousness.*** Record findings. If patient Alert [knows name, event, MOI], → *History*. Otherwise skip to *Observation*.

HISTORY (S.A.M.P.L.E.) Collect from Alert patients [before they go unconscious] or caregiver. [Needed by hospital for proper patient care.]

- ❑ *Symptoms (Chief Complaint)*. Ask patient if they have any injuries or pain. If so, where, Record *Pain* level (1-10) & type.
- ❑ *Allergies*: e.g., to penicillin, latex, bee stings, etc. List what patient says.
- ❑ *Medications*: List any critical meds/equipment & last time taken/used. (Check for Med ID tags.) If req'd, attempt retrieval. Give meds to patient (or caregiver) for safekeeping and self-administration. [CERT does not administer meds.]
- ❑ *Pertinent Medical Problems*: If heart, get meds. If respiratory, get inhaler &/ O_2. If Diabetes, get test kit & insulin. Other?
- ❑ *Last oral intake*: What, when and how much? [Important for diabetics and if sedation is needed for surgery.]
- ❑ *Events of Injury*: If *Fell* or *Hit* on *Head or Back*, apply soft-Collar until C-Spine cleared. If *Chest*, *Smoke* or *Fire*, observe breathing.

OBSERVATIONS [Signs and First Aid (p. 112) for critical injuries.]

- ❑ Observe and assess quality of Airway, Breathing, evidence of Chest/rib injury, Cardiac, C-spine injury, Closed head trauma, Shock, and Stroke. Provide *First Aid* listed in right column (details on back) & footnoted in *Extended Care* section.
- ❑ If tourniquet applied to non-amp., add pressure dressing to wound, release tourn. slowly. If bleeding resumes, retighten. Retry after 1 hour, twice.

PALPATIONS [Head-To-Toe Assessment and First Aid (p. 112) for less critical Injuries.]

- ❑ **Instruct patient** to tell you if they feel discomfort [pain] during the exam. If patient is a child, start exam at feet.
- ❑ **Check your gloves for blood** after examining each clothed body part as this indicates a possible injury location.
- ❑ **Record on PEC form. Convey patient's status and injuries to Medical Leader or IC** for inclusion in Casualty Log.

EXTENDED CARE [Positioning and care for **Immediates** & **Delayeds**. Release **Minors**.]

- ❑ **Position patient** per Patient Evaluation Checklist, "**Extended Care**". Use 6+2 Body-Lift-BB-Slide to transfer a patient from a backboard to a vacuum splint mattress, "holding bed" (cot, tarp, etc.) or transport device (p.116).

Continuing Care. If professional help not yet available, take Baseline Vitals (p. 147) and provide the following care:

- ❑ Continually monitor breathing. Re-Triage & Vitals every 5 min's if pt. unstable, 15 min. if stable. Adjust treatment &/ elevate priority on deterioration.
- ❑ Pain Killers from the patient's home may be given to conscious patient for self-administration.
- ❑ Clean wounds after bleeding has been stopped for 6 hours. Change dressings every 12 hours after that.
- ❑ Feed & hydrate conscious **Immediates** & **Delayeds** if hospital admission not expected for 6 hours.
- ❑ Provide and mange urinals and bedpans as necessary. Bury waste downwind under at least 1 foot of soil.
- ❑ Maintain patient's body temperature. Keep patients warm in cool weather, cool in hot weather.
- ❑ When a hospital opens, transport:
  Immediates (red tag/tape or "I") if FD's Estimated Time of Arrival (ETA) is greater than (>) 30 minutes or undeterminable.
  Delayeds (yellow tag/tape or "D") if FD's Estimated Time of Arrival (ETA) is greater than (>) 4 hours or undeterminable.
  Minors (green tag/tape or "M"). Release with advice to see their doctor when possible.

Patient Evaluation Checklist

Patient Name:_____ Age: ____ Race: ____ Sex: ___

Clothing: _____ Blood Type: _____

Home Address: _____ OK to Treat (Pt. Initial): _____

Contact Name: _____ Phone: _____

Triage Status:	Date	Time
Minor Walking Wounded.		
Delayed Can't get up & walk		
Immediate R>30, P>2 / Can't Do		
Deceased No breathing & pulse		

Level **O**f **C**onsciousness: **A**lert & Oriented _. Responds to **V**oice _. Reacts to **P**ain _. **U**nresponsive/**U**nconscious _.
(If **A**lert & Oriented [knows name, location, what happened], ⇨ History. Otherwise check for Medical tag, ⇨ Observations.)

Notes

History

Symptoms (Chief Complaint): _____ Pain (0-10): ___
Patient heard/felt: "Snap" [fracture] _. "Pop" [sprain/strain] _. Pain: Sharp _. Dull _. Constant _. Radiating _.

Allergies: None _. Aspirin _. Insect bite/sting/nuts [Anaphylaxis] _. Latex _. Penicillin _. Other:

Medications /time-last-taken: Location: ⇨

Problems: Asthma_. COPD_. Diabetes_. High BP_. Heart_ (Time Nitro taken____). Oth: _____ ⇨

Last oral intake [what & when]:

Events [MOI]:

First Aid (p.112)

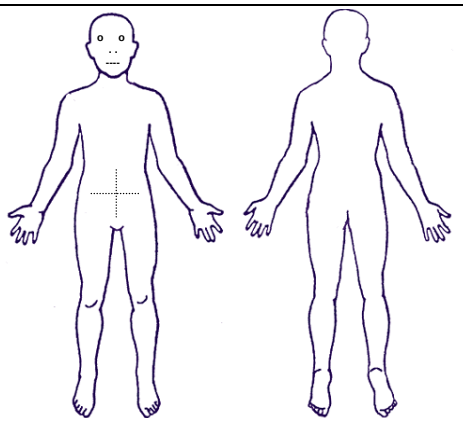
Observations (✓)

Airway	Unusual sound. ⇨Check & reset dentures, suction fluids, assist w any anaphylaxis EpiPen or asthma inhaler.	Suction|Epipen|Inhaler
Breathing	Arrest [stops while in your care] _, or <8 Adult, <10 Child, <20 Infant ⇨ O_2 via patient-sized BVM per pg.114	O_2 v BVM til norm/no pulse
	Distress: Smoke/Gas inhalation_, Labored_, Noisy_, Gasping_, Shallow_, or Out of Range for age (p.114) ⇨	O_2 v msk/BVM until norm
[See p.114 for rates.]	Hypoxia [SpO_2 < 95 (<90 if COPD)] _⇨1 lpm O_2 x 95(90) - SpO_2 via NRb Mask/nasal cannula (p.114)	Maintain SpO_2 ≥95 (90)
	Sucking Chest Wound [air enters lung cavity thru a chest wound collapsing lung] _, ⇨	ChestSeal/3-side patch
	Flail Chest [paradoxical chest movement, one section collapses when the rest expands] _, ⇨	Bind/lay on Flail side
	Tension Pneumo-thorax. [1 side hyper-extended, hyper-resonant, trachea pushed away] _, ⇨	Needle Decomp-MD
Cardiac	Arrest [pulse & breathing stop] __. If AED avail., CPR while AED setup. (If no AED, tag "DEAD".)	CPR-**A**uto.**E**xt.**D**efib.
	Attack [non-trauma chest pain/pressure radiating to shoulder/arm/neck/back/abdomen] _,⇨	Pt's Nitro/325 aspirin.
Concussion	Head trauma w LOC≠A _, ear fluid_, Pupils not Equal & Reactive to Light_ or burse behind ears/around eyes_ ⇨	O_2 v mask. Ice. **I**. [3|5]
C-Spine	LOC=V,P/U_, or A w rear neck midline tenderness _, or extremity motor/sensation deficit _ ⇨	Sf-Collar mobile. Else[3|5|7]
D-Con	SLUDGE_. If Biological _ ⇨Isolate, HazMat _ ⇨Brush, strip & wash, Radiological _ ⇨Strip & wash.	Isolate. Decontaminate.
Exposure	Hyperthermia [body temp > 101°] _⇨ Cool & hydrate. Hypothermia [shivering, temp < 95°] _⇨ Dry & warm	Return to normal temp.
Shock	Fails RPM_. If Diabetic & breath sweet_ ⇨Insulin, otherwise _⇨ Glucose. If blood loss ⇨ Saline IV by RN.	$O_{2\ per}$ SpO_2,Warm pt [3|4]
Stroke	**FAST** [**F**ace droop/drool, **A**rm weakness & **S**peech slur at same **T**ime] _, tag **I** ⇨	Maintain airway. Calm.

Palpation (✓)

Either ✓ the body part / injury cell or put injury initial on image.	L R	**A**brasion	**B**urn	**C**ut, Laceration, Penetration Impalement	**D**islocation	**E**viscer ation	**F**racture (pain on vibration)	**S**prain **S**train **S**welling
Head		3|5		3|5			3|5	3|5
Neck		3|5/7		3|5/7			3|5|7	3|5|7
Shoulder								
Chest		8	8	8			8	MD - Needle Decompress
Arm								
Hand								
Abdomen						Draw knees up		Internal bleeding Draw knees up
Pelvis							Cinch. 7	
Hip					7		7	7
Leg					F			
Foot					F			
Back					7		7	7

Either place injury initial (A, B, etc.) on image, or check the appropriate Body part-Injury cell.



First Aid.
(See back for details.)
A: Clean & Cover.
B: Cool & Cover.
C: Irrigate & Close.
D:Relax & Reduce.
E: Plastic Wrap & Warm.
F: Splice (**Spl**int & **ice**)
I: Stabilize object.
S: **I**ce, **C**ompress, **E**lev.

Extended Care

Provide per 1st row matching patient's condition:

	Breathing	Pulse	LOC	Injury or (assumed)	Life Support Care	Waiting [w monitoring] Position	Airway Mgmt	Fluid Mgmt	Transport Position	Airway Mgmt	Fluid Mgmt
1	No	None		Cardiac Arrest	CPR + AED	If no carotid pulse & no spontaneous breathing in 10 min., move to Morgue.					
2	No	Carotid		Respiratory Arrest	BVM + O_2	Continue until breathing, or until no carotid pulse for 10 minutes.					
3	Shock p114	Carotid	≠ A	Shock + Head-Neck	Cool head Warm pt	Supine*	Naso Airway*	Suction*	FB Vac Splint	Naso Airway	Roll Pt.
4	Shock p114	Carotid	≠ A	Shock	Warm Pt.	Supine ^*	Naso Airway*	Suction*	Supine	Naso Airway	Roll Pt.
5	Yes	Radial	≠ A	Head-Neck	Cool Head	BB-head hi*	Naso Airway*	Suction*	FB Vac Splint	Naso Airway	Roll Pt.
6	Yes	Radial	U	(Airway at risk)	Maintain Airway	HAINES	HAINES	HAINES	FB Vac Splint	Naso Airway	Roll Pt.
7	Yes	Radial	A	Spine | Pelvis | Hip	FB Vac Splint	Supine	Patient	Suction	FB Vac Splint	Patient	Roll Pt.
8	Distressed	Radial	A	Rib | Chest	O_2 per SpO_2	Tripod	Patient	Patient	Fowler	Patient	Patient
9	Normal	Radial	A	Other than above	1st Aid (p.112)	Comfort	Patient	Patient	Comfort	Patient	Patient

^ Raise Calves & Feet above heart if BP falls. * HAINES Position if patient cannot be monitored continuously.

First Aid Treatment Reference

Amputation. Tourniquet 2" above stump/joint. Wrap part w damp cloth. Bag. Place in 2nd bag w ice & water. Pt. ID on bag.
Bleeding: Rapid- Direct Pressure, or tourniquet [p.112] (limbs), Z-Pak (back, shoulder, groin), hemostatic agent (head, neck, chest, abdomen).
Debris-Imbedded Wound - Tourniquet to stop bleeding enough to see and remove glass/debris, then Pressure Dressing.
Clean Wound - Direct pressure w gauze sponge/pad dressing. Compression bandage. If soak thru, add more pads.
Breathing Problems [Abnormal rate/depth, or Labored.] Normal rates: Adults >12 yrs.12 -20, Children 1-12 yrs.15 -30, Infants 1 mo -1 yr.25 - 50.
Pulse but not breathing, open airway: Jaw Thrust, Head Tilt. If still not, ventilate w age-sized Bag-Valve-Mask*, inflate chest (not stomach) 1 sec. every: 5 sec. for adult, 3 sec. for child or infant, until revived or no carotid pulse for 10 minutes.
Breathing rate below normal: ventilate between patient's breaths. Breathing rapid but shallow: assist every 2nd pt's breaths.
If you have Oxygen equipment and training, use Oxygen Administration Procedure on p.114. *Nasopharyngeal airway prn.
Burns [Redness = 1st Degree. Blisters = 2nd Degree. Charred /open skin = 3rd Degree] Check under clothes. Cut away unstuck contaminated clothing & jewelry.
1st Degree - Cool with cool water[2] (running, dip or compress) until area is cool to touch. Apply hydrogel or aloe vera.
2nd Degree - Cool a 10%-body-area at a time while warming pt. (Pt's palm = 1%). Apply hydrogel every 6 hrs. Cover loosely
3rd Degree - Cover with sterile, non-stick dressing/clean sheet. Hydrate pt. Treat for Shock. Transport to a Burn Center ASAP.
Dry chemical - Brush off, then flush. Liquid chemical [wet discolored skin &/ non-fire blisters] - Flush. Soap & water wash.
Tag "Immediate" for 2nd degree burns covering face, chest, hand, foot, genitals, or more than 10% of body, or if blisters larger than a quarter, and all 3rd degree burns.
Cardiac Arrest [Pulse & breathing stop] If AED, CPR while AED set up. Otherwise, unless infinite resource, tag **E**xpectant.
Cardiac Attack (Heart attack) [Crushing chest pain radiating to arm, jaw, back, abdomen. Nausea, indigestion in women. Can't raise arm or smile.] Patient's nitroglycerin, or chew 325 mg aspirin if not allergic, pregnant, hemophiliac or child, and no internal bleeding or blood thinners. Recline, rest.
Concussion [Deformity[3], unequal/non-reactive pupils, 'Halo' fluid from ears/nose, nausea, seizures] If no Shock, position head-end up. Ice.
Dislocation. Relax pt. Shoulder reduction: a) Prone, weight dangling arm. b) Supine forearm flexed 90° slowly rotated outward.
Electrocution. [3rd degree burn, no 1st or 2nd] If no pulse & <10 min. since event, AED or CPR. If pulse, cool & cover burns.
Evisceration [Exposed bowel] Do not flush. Cover/wrap area w plastic. Cover w folded towel for warmth & containment.
Eye injury. Completely cover both eyes, or allow 1/16" peephole for good eye, to prevent movement of injured eye.
Fractures. [Fractures present as pain or non-conductive to vibration via tuning fork/cell phone.]
Loosen/remove restrictive clothing, jewelry. If distal CMS, splint as found. Else apply traction & reposition for CMS.
Angular Fracture. [**Spl-ice**] **Spl**int or support in position found via vacuum/SAM splints. **Ice**[2] 20 min. every hour.
In-line Fracture of Arm or leg. [**Spl-ice**] **Spl**int bone(s) & immobilize joints above & below injury. **Ice**[2] 20 min. every hour.
Pelvic Fracture. [Crotch pain.] Apply SAM Pelvic Sling or 36" SAM splint cinched via belt/swath). Cinch to 33 lbs/least pain.
Hip Fracture. [Hip pain. Legs appear different lengths.] Splint in vacuum splint mattress, or on backboard and pad voids.
Femur Mid-shaft. EMRs and above may apply a crotch-sling-type traction splint. Else apply a full leg splint & immobilize hip.
Open Fracture. Do not push protruding bone back inside body or irrigate wound. Cover with damp dressing. Keep moist.
Hypothermia [Body temp < 95°, shivers, cool bluish skin, slurred speech, unpredictable behavior, listlessness]. Remove wet clothing. Gently wrap pt. head-to-toe in warm blankets. Heat packs underarms & groin. Conscious non-shaking pt may sip warm fluids.
Impaled Object. Remove object only if impairing airway or to stop severe external bleeding. Stack bulky cloth or gauze rolls around object to stabilize it and bind or tape the stack (not object) in place.
Internal Bleeding [One or more abdominal quadrants swollen/rigid/distended]. If pt. comfortable, leave in position found. Otherwise position supine or lateral per patient's comfort with knees drawn up slightly. Tag "Immediate". Treat for Shock.
Shock [**R**esp.rate>30/m|**P**:Cap.Refil>2sec|**M**:NotAlert]. Position supine, keep warm. O_2 per SpO2 (p.114). If vitals decline, raise feet above heart.
Spinal Injuries [Deformity[3], posterior neck pain, tingling or inability to move/feel one or both hands/feet, loss of bowel/bladder control, or not alert]. Continue head-neck-torso immobilization done by S&R, or apply soft-collar to mobile. Move non-mobile to Vacuum Splint mattress via Scoop stretcher or 6+2 Full Body Lift. Monitor airway and breathing closely for need to logroll-drain &/ suction.
Sprain or Strain. Loosen/remove restrictive clothing, jewelry. [**RICE**] **R**est, **I**ce, **C**ompress with ACE bandage. **E**levate.
Stroke [**FAST.** **F**ace droops & drools, 1 **A**rm weak, **S**peech impaired, **T**ag Immediate.] Maintain airway (Suction/HAINES).Transport ASAP.
Sucking Chest Wound [Air enters thru open chest wound on inhale, bubbles out on exhale]. Apply one-way chest seal [Bolin, Hyfin, etc.] or tape plastic or use a 4x4 dressing to wipe blood away and tape the wrapper over wound taping only 3 sides.
Wounds. After bleeding stopped, wash blood/dirt away w Sterile-water[1], pat dry, & inspect. Alcohol wipe surrounding skin.
Debris-imbedded wound: Lidocaine & swab/tweeze out any visible imbedded glass/debris.
Saline flush Abrasions & Avulsions. Irrigate Cuts, (Incision, Laceration, Penetration) with Saline Irrigator. Blot skin dry.
Gaping wounds: Paint skin w Benzoin. Close w Butterfly bandages/Steri-Strips placed 1/8-1/4" apart from center to ends.
All: Apply thin layer antibiotic ointment. Cover w dressing. Secure dressing w tape/roll gauze bandage. Repeat every 24 hr.
If tourniquet was applied to stop rapid bleeding on other than an amputation, apply pressure dressing over wound (and Z-Pak if used) and loosen tourniquet slowly. If rapid bleeding restarts or any slow bleeding does not stop in 10 min., retighten tourniquet & write new time on patient. Retry every hour to see if pressure dressing controls bleeding. If so, remove tourniquet. If not, retighten it.

HAINES Position. Place unconscious patients in **H**igh **A**rm **I**n **N**eck **E**xpose **S**pine (HAINES) position; head resting preferable on left arm, right palm on left shoulder, mouth tilted down, right knee bent forward on floor/ground.


HAINES Position

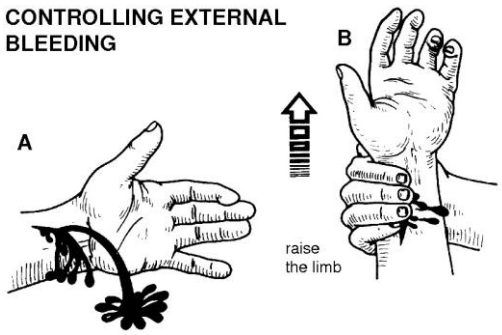
1 Sterile Water = 2 tsp. bleach per gallon clean water. Sterile Saline = 8 tsp. salt per gallon boiled water or clean water with 2 tsp. bleach.
2 Get water from patient's water heater or toilet tank. Get ice from patient's home.
3 Deformity = Angulation, contusions, depression, protrusion, misalignment, or other structural abnormalities.

Baseline Vital Signs

Date Time	Blood Pressure Systolic	Blood Pressure Diastolic	Pulse Rate per Min.	Pulse Rate Quality	**R**espiration Rate/Min.	**P**erfusion (Cap Refill Sec.)	**M**ental LOC (A, V, P, U)	% Oxygen Sat. (SpO2)	Pupils equal & reactive?(Y/N)	Skin Temp, Color, Moisture	Pulse below injury? (Y/N)	Comments

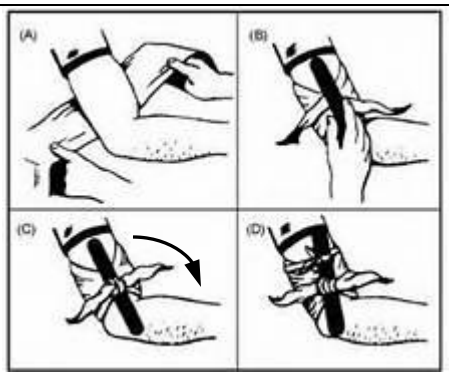
First Aid Treatment Reference

Bleeding Control



1. Direct Pressure and Elevation

2. Pressure Dressing



3. Tourniquet on rapid bleeding or amputation.

Splinting Fractures

1. Cardboard Splint

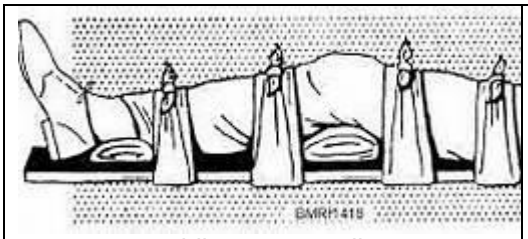
2. Pad between splint and limb.

3. Secure splint.

4. Verify Circulation.

5. Immobilized joints above & below.

Other Types of Splints.

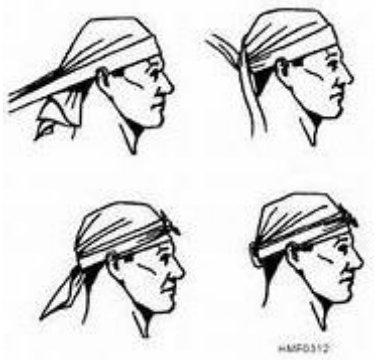


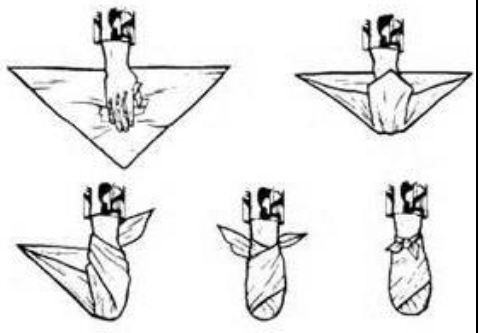
Padding a Leg Splint

Sam Splint

Full-body Vacuum Mattress Splint

Triangle Bandage, Many Uses





Option A.

Option B.

Oxygen Administration Procedures

(For use by EMR's, EMTs, RNs and MDs.)

Breathes per Minute Normal Stressed Critical Shock	Adult [> 12 yrs.]	Child [1 - 12 yrs.]	Infant [1 mo. - 1 yr.]	Newborn [< 1 mo.]
				
Pulse Rate Range	60 - 100	80 - 130	80 - 140	120 - 160

Observations		O2 Delivery Device	Initial LPM	Target
Respiratory Arrest. [Breathing stops while in your care.]		1 sec Bag-Valve-Mask (BVM) every 5 sec.-Adult, 3 sec.-Child / Infant. Mouth-to-face puff @ 2 sec. -Newborn.	Adult: 15* Child: 10* Infant: 6*	Breathing. ⇨ Check Breathing Rate.
Breathing Rate in **Red** range.		BVM with & between pt's breaths.		**Normal** breathing for 5 minutes. with SpO_2 = 95 - 98.
Breathing Rate in **Pink** range.		BVM every second pt's breaths.		
Breathing Rate in **Yellow** & shallow		Non-Rebreather Mask (Rates at right for age-sized masks.)	Adult: 10* Child: 6* Infant: 3*	
SpO_2 = 100 w Smoke/gas inhalation				
SpO_2 < 90	No History of COPD.			SpO_2 ≥ 90. Switch to Cannula.
	History of COPD.	Nasal Cannula	90 - SpO_2, 4Max	SpO_2 = 90.
SpO_2 = 90 to 94	Nose breather.		95 - SpO_2	SpO_2 ≥ 95.
	Mouth breather.	Basic Mask		
Pulse Rate < or > normal range.		Nasal Cannula	2	Normal Pulse Rate for age.

*** Adjust LPM flow to keep O_2 Reservoir Bag partially inflated after inhalation or ventilation. Use "Blow By" if patient is combative.**

Non-Breathing Living Patient (has carotid pulse):

Check for patent airway. Finger sweep, suction mouth, or lube & insert proper nasopharyngeal airway if necessary.
Begin patient ventilation via resuscitation mask while partner sets up Bag-Valve-Mask (BVM) and O_2 per instructions below.
Select appropriate size BVM: "Adult" for over 12 years of age, "Child" for years 1 - 12, "Infant" for 1 month to 1 year.
(For Newborn, resuscitate via mouth-to-face, or with "Infant" BVM without Oxygen attached.)
Attached BVM's oxygen reservoir bag to large port at rear of BVM, oxygen tubing to small port and to O_2 regulator barb.
When O_2 is ready, partner kneels above patient's head and holds mask securely to patient's face.
If airway not patent, partner opens via Jaw Thrust. (Use Chin Lift-Head Tilt if Jaw Thrust does not open airway.)
Deliver 1 second ventilations, causing chest to rise, every 5 sec's for Adult, 3 sec's for Child, or every 2 sec's for Infant.
(If using the BVM's hand strap, place it over your fingers, not the back of your hand.)
Continue until patient is breathing, or has no carotid pulse for 10 minutes. When breathing, go to *Breathing Patient* below.

Breathing Patient: - Check patient's Percentage Saturation of Peripheral Oxygen (%SpO_2) with Pulse Oxymeter.

Turn Pulse Oxymeter ON by pressing its Button.
("Press" = ½ second. If a menu appears, press Button repeatedly until "*" is at "Exit", then Hold button 1 second.)
Place patient's unpainted finger, nail-side up, fully into Oxymeter. (If **P**erfusion **I**ndex% below 2, try other hand or earlobe.)
A stable reading should occur in a few sec's. (Pressing Button now rotates between 6 display formats for easier reading.)
(Oxymeter alarms if %SpO_2 = 100 or < 95, or Pulse Rate > 130 or < 50.)
Select *O_2 Delivery Device* and *Initial LPM* from table above based on *Observations*, *History*, and *SpO_2* reading.

Oxygen Set-up and Administration.

Handle oxygen Tank with care. Do not drop. Do not use near fires, smoking, radios, cell phones, AED's, grease or oil.
While pointing the Tank valve outlet away from you, open the Tank valve ½ turn for ½ second to clear any debris.
Ensure O-Ring is on Regulator inlet port.
Mount Regulator on Tank valve with the 2 prongs down, inserting them into the 2 holes in tank valve.
Turn T-Handle clockwise until mounting screw point is in the dimple on Tank Valve. Tighten snugly.
Set Regulator Flow Rate Knob to "0".
Point Regulator pressure gage away from you and SLOWLY open Tank Toggle Valve one turn.
If hissing heard, close Tank Toggle Valve, wait for pressure to drop to "0", then remount Regulator.
Check that Tank has at least 200 PSI pressure. If less than 200 PSI, mark it "Empty" and get another Tank.
Connect the BVM (if resuscitation has started) or the appropriate *Delivery Device* per table above to Regulator outlet barb.
Set Flow Rate Knob to the *Initial LPM (*Liters Per Minute*)* listed in table above based on *Observations*, *History*, and *SpO_2*.
If using a Non-Rebreather Mask or Bag-Valve-Mask, stopper outlet port inside mask with finger until bag is 3/4 inflated.
Put Delivery Device on patient. If nasal cannula, place tubing behind ears. If mask, place strap behind head, pull to tighten.
Monitor O_2 Reservoir bag to ensure it remains 1/4 full after each inhalation/ventilation. Adjust Flow Rate as necessary.
Monitor Tank pressure gauge. Change tanks when pressure drops below 200 PSI.

Disassemble Tank and Regulator.

Close Tank Toggle Valve Clockwise. Turn Regulator Flow Knob to "1" until PSI = 0, then close. Loosen Regulator T-Screw.
Place Tank in green bag, Toggle pointing down. Place Regulator in its bag & box, then in O_2 bag on shelf over Tank Valve.
Place Pulse-Oxymeter in its case, then case in its box, then box in O_2 bag on shelf next to Regulator box.

Sources: American Red Cross; Emergency Medical Response, Los Angeles County: Medical Control Guideline: Airway / Oxygenation / Ventilation 2016.

Oxygen Equipment

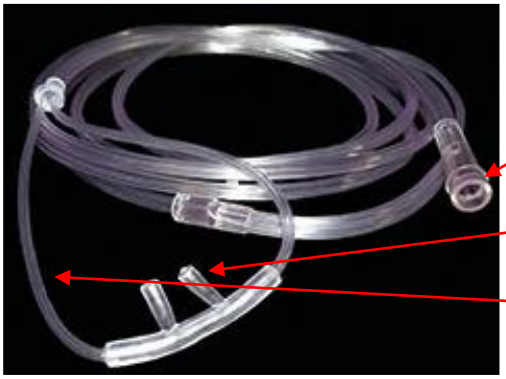
1. Open Tank Valve ½ turn for ½ second to clear any debris.

2. Ensure "O-Ring" is in place.

3. Insert prongs into index holes in Tank Valve.

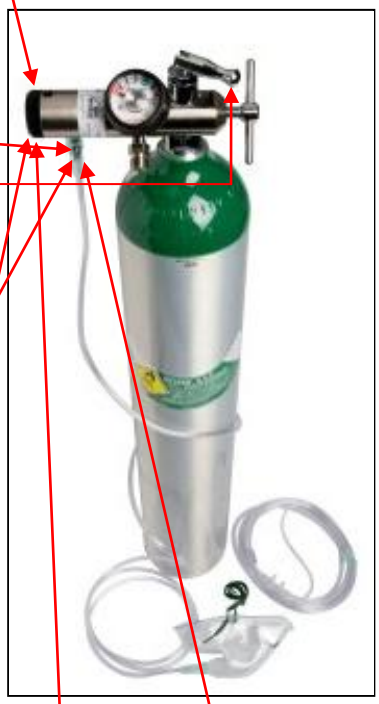
4. Align point of mounting T-Screw with dimple in Tank Neck and tighten securely by hand.

5. Select appropriate oxygen Delivery Device from table on prior page and set O_2 Flow Rate on Regulator. If using:



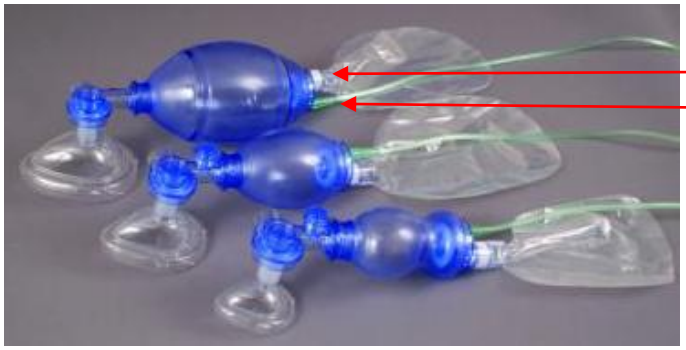
a. Nasal Cannula,

1. Attach oxygen supply tube to Regulator outlet barb.
2. Open Tank Valve on 1 turn.
3. Place Cannula prongs in patient's nostrils.
4. Place tubing behind patient's ears.



b. Non-Rebreather Mask,

1. Attach oxygen supply tube to Regulator outlet barb.
2. Open Tank Valve on 1 turn.
3. Cover O_2 outlet in mask with finger or thumb until O_2 Reservoir Bag fills.
4. Place mask on patient and secure with head strap.
5. Adjust Flow to keep Bag partially inflated on inhale.



c. Bag-Valve-Mask (BVM),

1. Select appropriate size BVM & LPM for patient.
2. Connect O_2 Reservoir Bag to large rear port.
3. Connect O_2 supply tube to small rear port.
4. Connect O_2 supply tube to Regulator outlet barb.
5. Open Tank Valve 1 turn.
6. Partner kneels behind patient's head, seals mask over mouth & nose, opens airway via Jaw Thrust / Chin Lift.
7. Deliver 1 sec. ventilations every 5 sec's to an Adult, every 3 sec's to a Child, every 2 sec's to an Infant.
8. Adjust Flow to keep Reservoir Bag partially inflated.

i. Patient Packaging and Transport

NOTE: The LAFD CERT course mentions the need to transport patients, but does not include instructions for doing so. This task and the role of Transport Officer are included herein for those situations where:1) the ETA of professional transport is greater than 30 minutes for "Immediates", or 4 hours for "Delayeds", or is undeterminable, 2) the casualty has no other means of transport, and 3) the casualty requests assistance and signs the Transport Order, or is an "Immediate".

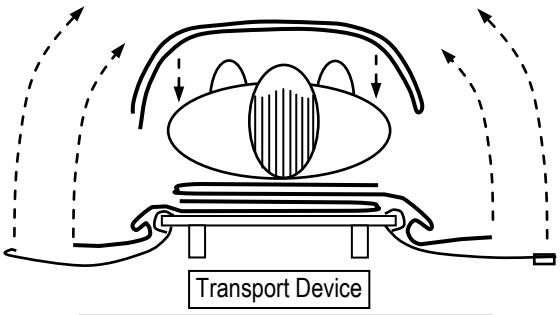
Input:	Output:
• Transport Order - Patient name or description. - From and To Locations. • Van, SUV or truck able to carry a person on backboard. • Transport Kit. (if not already at the pickup site) - Stretcher or Backboard (and vacuum mattress). - Backboard Head Blocks or padding and tape. - Map to the open medical facilities in the area.	• Patient to Medical Facility (if any open) or C.C. • Completed Transport Order to on-site Transport Leader, if one, or C.C. Transport Officer. - Patient's new location. - Time Delivered. - Facility and Person who received the Casualty.

Procedure

- ❑ Wear Body Substance Isolation (BSI) gear (eye shield, mask, sterile gloves) when near the patient.
- ❑ Prepare a transport device appropriate for patient's injuries:
  - ❑ Spinal injury, Pelvic and/or Hip fracture - Rigid backboard (preferable with full-body vacuum-splint mattress).
  - ❑ Other - Backboard or non-rigid stretcher (e.g., pole & fabric cot), with air mattress or blanket pads.
- ❑ Ensure the S&R or Medical Team has stabilized the patient before transport.
  - ❑ Bleeding controls (pressure dressing(s) &/ tourniquet) in place. All wounds covered.
  - ❑ Spinal injury. - Head and neck secured via full-body vacuum-splint, or head blocks, or padding and tape.
  - ❑ Fractured limbs splinted, or immobilized and secured.
- ❑ Help place patient on prepared transport device. Use either a scoop stretcher or 6-person Full Body Lift to move pt.
- ❑ Fill all voids between patient and device with pillows or rolled towels, or contour the vacuum splint mattress to fill.
- ❑ Wrap patient, including their head, appropriately for the weather to prevent hypothermia.
- ❑ Secure with straps over shoulders, crossing at chest, plus waist and legs to prevent patient sliding on braking.

Blanket Padding

2. Add cover blanket before securing straps.



1.Blankets for padding and cover.

3. Patient straps

Patient straps

Vacuum Splint Mattress

3.Run straps over shoulders, across chest to prevent sliding on braking.

Transport Device

2. Form vacuum splint to fill voids under knees and back before removing air. If not using vacuum splint, fill voids with blankets,

1. Form vacuum-splint around head & neck before pumping out air.

- ❑ Load patient into vehicle head-first. Secure with straps anchored to vehicle's floor or bed, or push litter to one side and have partner sit with back to other side and hold litter with their feet. Strongest partner should ride in back with patient.
- ❑ Turn on vehicle's headlights and caution flashers. Drive slow (10 MPH over speed humps, 25 MPH max).
- ❑ If patient regurgitates, roll patient & transport device Left Lateral, or to uninjured side, to prevent aspiration.
- ❑ If patient stops breathing, open airway by Jaw-Pull, Chin lift-Head Tilt, or roll transport device w patient Left Lateral.
- ❑ Transport casualty to destination specified on Transport Order (page 149).
- ❑ Check patient into facility. Record time, name of receiving person and get their signature on Transport Order.
- ❑ Patient may be left on blankets &/ vacuum mattress if facility bed not yet available and friend/family member present.
- ❑ Bring this or any available transport device(s), blankets &/ vacuum splint mattresses left earlier, back with you.
- ❑ Complete **Final Status** information on Transport Order.
- ❑ Return completed Transport Order to person from whom you received it, or give to C.C. Transport Officer.

Transport Request / Order

Acquisition and/or Transport Order

Requestor:	Date:	Time:

Casualty:

Priority Status: Immediate ☐ Delayed ☐ Minor ☐ (Check one)	
Name:	
Description:	
I request transport. (Sign)	I decline transport. (Sign)

Equipment or Supplies:

Equipment or Supplies desired:

From:

Location:	Map Sketch or Diagram
Address:	
Alternate Location (If primary not available or accessible):	

Acquire: ☐

To:

Location:	Map Sketch or Diagram
Address:	
Alternate Location (If primary not available or accessible):	

Personnel Assigned:

Driver:	Date:	Time:
Assistant:	Special Instructions:	

Final Status

Final Location (if different from above):	Reason:	
Person Receiving: Print: Sign:	Date:	Time:

Forms Appendix

NOTE: You may make additional copies of all Forms.

Before disaster strikes, make additional copies of at least the following forms:.

- ❑ **Incident Order**
- ❑ **Transport Log**
- ❑ **Patient Evaluation Checklist**
- ❑ **Building Marker**

Command Center Equipment and Supplies Checklist

- ❑ **Command Center Supplies**
  - Copies of the **CERT Field GuideBook** (10 minimum).
  - Extra copies of all "**Order**" Forms (20 each minimum, but depends on community size.).
  - Area Maps (Preferably a large, board-mounted one.)
  - Emergency lighting or large battery-powered area lights. (Power generator, if possible.)
  - Command Center banner or sign. (Position or role identification vests or helmets are a plus).
  - Office Supplies: Pens, paper, clip boards, rubber bands, scotch tape, Duck Tape, stapler, etc.
  - Canopy or tent, table(s) and chairs.
  - Bull Horn.
- ❑ **Cribbing Kit** (Minimum 1)
  - 1) 6' pry bar/cribbing lever.
  - 22) 16" long 4x4 Cribbing blocks, 4) 16" long 4x4 wedges. [Make from 4) 8' 4x4s.] 2) 16" 2x4s.
- ❑ **Detour and Cordoning Kit** (Minimum 1)
  - 8 traffic cones.
  - 8 "Detour" Arrow signs which can be nailed, stapled or tied to trees or metal posts, plus attaching material.
  - 4 Flashing Caution lights.
  - Cordoning Tape.
- ❑ **Evacuation Kit** (Minimum 1)
  - Bull horn.
  - Cordoning Tape.
- ❑ **Fire Suppression Kits** Minimum 2)
  - 2 Large A:B:C Fire Extinguishers, all-leather gloves. (4-A:60-B:C, 10 lb net charge, 17 lb gross weight recommended.)
  - 100' x 1" or ¾" garden hose and hi-flow, adjustable "Fire Hose" type nozzle.
  - Axe and shovel.
  - Cordoning Tape.
- ❑ **Gas and Water Shut-off Kit** (Minimum 1)
  - "T" building-water-meter valve wrench.
  - If authorized by your city or county, agency-provided of distribution pipeline and main valve location maps, instruction for shutting off mains, and levers for removing any heavy covers.
- ❑ **Medical Kits** (Minimum 3)
  - Triage: Triage Tags, Triage tarps (Red, Yellow, Green, Black), Casualty Log & Patient Evaluation Checklist forms, 4 Clipboards.
  - Trauma: Exam gloves, face-shield, scissors, wound cleaning supplies, burn-gel, antibiotic dressings, bandages, tape.
  - Splints: Cardboard, SAM, Femur Traction, Vacuum; Full-body for spinal, pelvic, hip fractures. Limb for angulated limbs
  - Life Support: Nasopharyngeal Airways, Airway Suction, O_2, BVMs, ChestSeal, Glucose, Pneumo/Hemo decompress. Ice & Heat packs, plastic wrap, blankets, 81mg aspirin (for cardio), EpiPen (if non-RX), AED.
- ❑ **Search & Rescue Kits** Minimum 3)
  - House Gas Inlet shut-off wrench or 12" long adjustable ("crescent"). Water Street-valve "T" wrench.
  - 2'- 4' pry/crow bar for opening jammed doors and windows, and raising toppled furniture.
  - 2) 12" long 2x2 wedges for cribbing toppled furniture. (Books can be used as cribbing up to 8" or 12".)
  - Glow Sticks (for marking trapped victims or victims who must be left temporarily.) 2 Mylar blankets (1 for pelvic sling).
  - Door Stops (rubber), 200' Day-Glow line (route marker).
  - Splints, temporary: SAM, Femur Traction, Limb vacuum (for angulated). Adjustable C-Collar. Tourniquet. PressBandage.
  - Litter, Scoop Stretcher or backboard w pediatric pad, head-blocks, straps. 20' Extrication strap. 2" tape.
  - Emergency Whistle (in case S&R Team gets trapped).
- ❑ **Transportation Kits** (Minimum 3)
  - Stretcher, Litter, Backboard, Duct Tape, or sturdy Blanket.
  - Cervical collar.
  - Map showing the medical facilities in the area.
  - Transport Order forms.
  - Clipboard.
- ❑ **Shoring Kit** (Optional. 2 recommended if you have taken a FEMA Shoring Course.)
  - 20) 8' 2x4's for each exterior building "Raker" shore to be constructed.
  - 4) 1' pre-drilled 2x4 blocks for use as "Stops: for the diagonal brace.
  - 1) 1 Lb Box Double-headed 16d nails.
  - 6) 2' metal anchoring stakes.
- ❑ **Portable Ham and FRS Radios** (Optional, but very useful. 1 Ham and 10 FRS radios recommended.)

Search Request and Hold Harmless Agreement

for
Civilian Emergency Response Team (CERT) Services
(Property Owner's Copy)

I _____ , owner ____ Non-owner ____
(Print full name.)

of _____
(Print legal property address.)

hereby request and authorize the _____ Civilian Emergency Response Team (**CERT**) to provide any of the Services listed below, as possible and deemed necessary by **CERT**, for any occupants of the above property under any of the Conditions listed below.

I understand that **CERT** is an civilian, all-volunteer organization which may be available to provide services during some emergency situations, and that while **CERT** uses some of the same emergency response procedures used by professional emergency responders, **CERT** members may not all be trained or certified by a professional emergency agency.

I hereby agree to release and hold harmless **CERT**, its volunteers, leaders, trainers, and successors, etc., and Hilltop Neighbors Association and its Board of Directors, from any and all property damage, injuries, deaths, losses, expenses, etc. that may result from **CERT**'s services, actions or omissions.

Services (which may be possible):

- Shut off natural gas inlet valves, forcing entry to yards if necessary.
- Suppress small fires, forcing entry to yards if necessary.
- Search buildings, forcing entry if necessary, to look for injured, trapped or unconscious victims.
- Extract occupants from Moderately Damaged building (those with broken structural walls).
- Provide First Aid.
- Transport casualties to our Command Center for observation and/or a reachable medical facility.

Conditions. CERT may be able to provide some or all of the above Services following a significant disaster, such as earthquake, flood, tornado, terrorist attack, etc., when one of the following is true:

1. An injured and/or trapped victim can be seen or heard calling for help from the above address.
2. An unconscious victim can be seen at the above address.
3. A copy of this agreement, signed by property owner, is on file with CERT and the resident's whereabouts cannot be determined following a significant disaster.
4. A property owner signs this agreement at the time of need.
5. Non-owner indemnifies CERT and assumes liability for any CERT-caused property damage.

	Print Full Name:	Signature:	Date:
Property Owner 1	_____	_____	_____
Property Owner 2	_____	_____	_____
Witness:	_____	_____	_____

Resident Emergency Preparedness Checklist

Property. Reduce hazards by securing objects that could fall, fly, shift or swinging during a disaster.

- ❑ Bolt pre-1940 buildings to foundation. Install large square washers under 1940 to 1980 foundation bolt nuts.
- ❑ Shear–panel wood-frame foundation ("cripple") walls.
- ❑ Hot Water Heater strapped to wall via two straps, one near top, one near bottom.
- ❑ Tall Furniture strapped to wall. Heavy appliances (e.g., refrigerator) secured to wall or floor.
- ❑ Table-top objects secured. (TV's, Computer Monitors, etc. via Velcro straps. Knickknacks via earthquake putty.)
- ❑ Furnace braced (especially if suspended) to prevent movement that could break its gas feed line.

Water. *

- ❑ 2-3 Weeks supply of Bottled Water. (Ex: 1 Gallon per Person per Day X 14 Days X ___ persons = ____ Gallons)

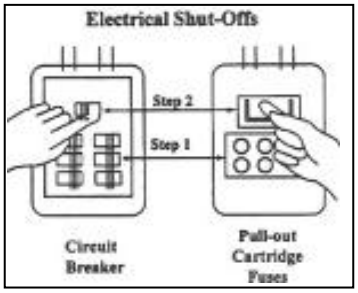
  (Your Hot Water Tank may be an additional source of clean water, <u>if</u> you remember to shut off the inlet valve on the tank after a quake to prevent new, possibly contaminated water from entering the heater tank. Drain a few gallons from the tank annually to prevent sediment from clogging the drain [emergency-access] valve.)
- ❑ Unscented Chlorine Bleach or water purification tablets. (Filter cloudy water. Add 16 drops of 6% (1/4 teaspoon) or 12 drops of 8% unscented bleach per gal., shake, let stand 60 minutes. Or boil unbleached tap water 20 minutes.)

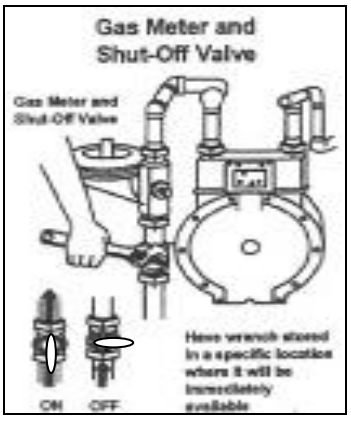
Food. *

- ❑ 2-3 Weeks supply per Person and Pet
- ❑ Canned and dry food (not requiring water to cook or eat.) Rotate every 6 months, or buy freeze-dried food.
- ❑ Manual Can Opener (Electricity may be off)
- ❑ Special Dietary Needs (Stores may be closed)
- ❑ Camp Stove may be useful (use outside)

Utilities. Know shut-off points and have required tools.

- ❑ Electricity Service Entrance
  (Fuse or Circuit Breaker Box).
  Small switches or fuses first, then Main breaker.
- ❑ Gas Meter. Gas inlet wrench, crescent wrench or Vice Grips.
- ❑ Water Main Entrance Valve. Hand knob, level or special wrench. Check ability to close.
- ❑ Emergency Heating (Space blankets/firewood) and Lighting (solar lanterns).





Important Papers, Data and Records. *

- ❑ Keep important documents in a fire-proof safe or bank safety deposit box.
  - ○ Birth Certificates, Citizenship records,
  - ○ Property, Life, and Medical insurance policies.
  - ○ Stock, Bond and CD certificates, Will and Trust documents.
- ❑ Maintain backups of computer data at out-of-area location or "Cloud" websites.
- ❑ If you have children, ensure school/day care records list all persons who can pick them up.

- ❑ **Medications. *** Extra supply of required prescription drugs as Drug Stores may be closed.
- ❑ **First Aid Kit. *** (Add Potassium-Iodine 65mg tables for nuclear events.)
- ❑ **Sanitation Supplies.** Plastic trash can liners in toilet make a latrine. Bury under 1 foot of soil to prevent disease.
- ❑ **Emergency Lighting.** Solar lanterns. Glow sticks. Flashlights - hand crank-able/shakable or extra batteries. ***
- ❑ **Fire Extinguishers.** 2) 3-A:40-B:C or larger. Keep outside or near exits. Invert annually. 1) "K" extinguisher for kitchen.
- ❑ **Building Evacuation Plan.** Identify (and prepare if necessary) an alternate exit route from each room.
- ❑ **Emergency Contact Plan. *** Out-of Area contact and a family gathering point if local phone service is out.
- ❑ **Cash.** * In small Bills as merchants may not be able (or willing) to make change.

* Keep a 3-day supply plus walking shoes in your car and/or office "Go Bag" or "Bug Out Bag".

Search Request and Hold Harmless Agreement

for
Civilian Emergency Response Team (CERT) Services
(CERT's Copy)

I _____ , owner ____ Non-owner ____
(Print owner's full name.)

of _____
(Print legal property address.)

hereby request and authorize the _____ Civilian Emergency Response Team (**CERT**) to provide any of the Services listed below, as possible and deemed necessary by **CERT**, for any occupants of the above property under any of the Conditions listed below.

I understand that **CERT** is an civilian, all-volunteer organization which may be available to provide services during some emergency situations, and that while **CERT** uses some of the same emergency response procedures used by professional emergency responders, **CERT** members may not all be trained or certified by a professional emergency agency.

I hereby agree to release and hold harmless **CERT**, its volunteers, leaders, trainers, and successors, etc., and Hilltop Neighbors Association and its Board of Directors, from any and all property damage, injuries, deaths, losses, expenses, etc. that may result from **CERT**'s services, actions or omissions.

Services (which may be possible):

- Shut off natural gas inlet valves, forcing entry to yards if necessary.
- Suppress small fires, forcing entry to yards if necessary.
- Search buildings, forcing entry if necessary, to look for injured, trapped or unconscious victims.
- Extract occupants from Moderately Damaged building (those with broken structural walls).
- Provide First Aid.
- Transport casualties to our Command Center for observation and/or a reachable medical facility.

Conditions. CERT may be able to provide some or all of the above Services following a significant disaster, such as earthquake, flood, tornado, terrorist attack, etc., when one of the following is true:

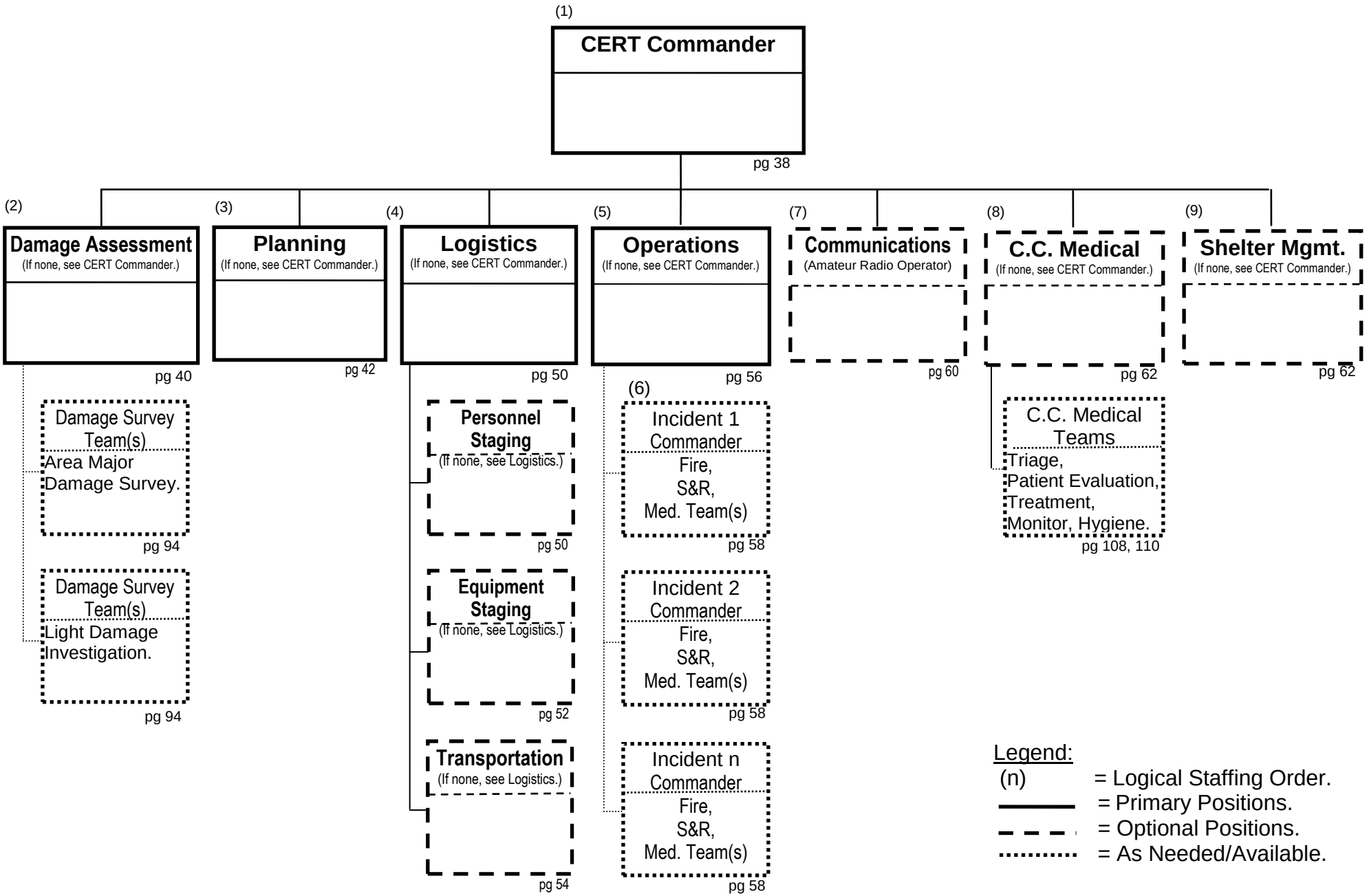
1. An injured and/or trapped victim can be seen or heard calling for help from the above address.
2. An unconscious victim can be seen at the above address.
3. A copy of this agreement, signed by property owner, is on file with CERT and the resident's whereabouts cannot be determined following a significant disaster.
4. A property owner signs this agreement at the time of need.
5. Non-owner indemnifies CERT and assumes liability for any CERT-caused property damage.

	Print Full Name:	Signature:	Date:
Property Owner	_____	_____	_____
Property Owner	_____	_____	_____
Witness:	_____	_____	_____

Instructions to CERT Organizers:

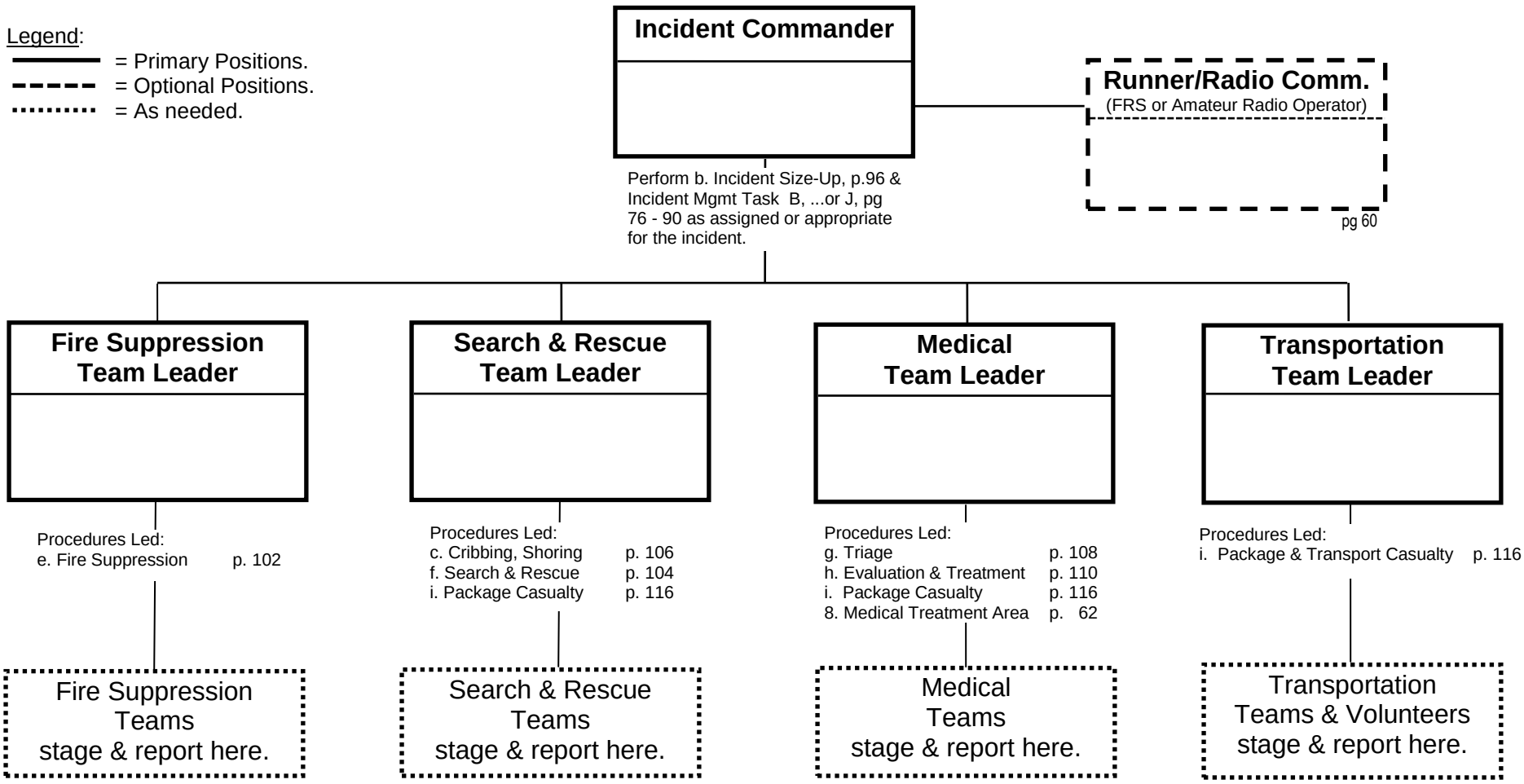
- ❑ Note this address on the Community Map
- ❑ Record this address on a list of people to be checked on during Damage Survey. Keep this list in the Command Center files.
- ❑ Place the original signed form in the Command Center file.

Command Center Roster



(ICS 203) (ICS 207)

Incident Command Post Roster



Incidents on which used:
- Fires
- Downed Powerlines
- Vehicle Accidents to blanket fuel spills

Incidents on which used:
- Heavily Damaged Buildings:
  - Cordon off. Shut-off utilities.
  - Search debris outside collapse danger zone.
- Moderately Damaged Buildings.
  - Shut-off utilities.
  - Search, Stabilize, Extract Victims.
- Lightly Damaged Buildings.
  - Check utilities.
  - Assist Med. Team w pt movement.

Incidents on which used:
- Heavily Damaged Buildings:
  - Evaluate, Treat casualties found outside collapse danger zone.
- Moderately Damaged Buildings.
  - Evaluate, Treat Extracted Victims outside.
- Lightly Damaged Buildings.
  - Evaluate, Treat Victims inside.

Incidents on which used:
- Find routes to open hospitals.
- Block off Unsafe Roads.
- Detour Traffic
- Damaged Buildings to transport patients to hospitals (or Command Center Treatment Area, if one.)
- Any to transport equipment.

(ICS 203) (ICS 207)

Personnel Log

Name	Skills						Dispatched To: (Incident No. or Assignment)	Time Out	Time Back
	Lead	**F**ire	**S**&R	**M**ed.	**T**rans (Vehicle)	Gen-eral			
Total of each Skill Currently Available									

Personnel Log

Name	Skills						Dispatched To: (Incident No. or Assignment)	Time Out	Time Back
	Lead	**F**ire	**S**&R	**M**ed.	**T**rans (Vehicle)	Gen-eral			
Total of each Skill Currently Available									

Equipment Log

Equipment Kits	Kit No. p. 120	Owner (If equipment is loaned to CERT)	Incident No. (See Note 1 and Note 3)	Person Receiving	Time Out (See Note 2 and Note 3)
Cribbing 2 Block Bundles, 1 cribbing bar.	1				
	2				
Detour 4 Traffic cones, 1 roll cordoning tape.	1				
	2				
Evacuation Bullhorn Cordoning Tape.	1				
	2				
Fire Suppression **(Red)** 2 Extinguishers. 2 Face Heat Shields 2 pr. Leather gloves. 1 Pry Bar, 1 Axe	1				
	2				
	3				
	4				
Medical 1 EMS Bag (Blue) 1 Oxygen Kit (Green)	CC	For Command Center Treatment Area Use only			
	1				
	2				
	3				
	4				
Body Splint (Navy)	1				
Limb Splints (Navy)	2				
Search and Rescue (Orange) 1 Backboard or stretcher 1 S&R Bag w BB straps, door stops, lightsticks 1 GMRS, 2 FRS Radios 2 Pry Bars	1				
	2				
	3				
	4				
Transport Area Map Hospital Route Map Clipboard 1 GMRS Radio 1 Patient Transport BB	1				
	2				
	3				
	4				
Wrench **Water Main "T"** **Vice Grips** **Gas**	1"T"				
	(1W)				
	(1G)				
Radios					
Shoring					

Note 1 – Enter Incident No. when equipment is allocated to an incident.
Note 2 – Enter Time Out when equipment leaves Staging Area for an incident site.
Note 3 – Erase Incident No., Person Receiving & Time Out when equipment returns from the incident.
If equipment is empty or supplies were used up, on return mark through that line.

Loaned Equipment Log

Equipment	No. p. 120	Owner (If equipment is loaned to CERT)	Incident No. (See Note 1 and Note 3)	Person Receiving	Time Out (See Note 2 and Note 3)

Note 1 – Enter Incident No. when equipment is allocated to an incident.
Note 2 – Enter Time Out when equipment leaves Staging Area for an incident site.
Note 3 – Erase Incident No., Person Receiving & Time Out when equipment returns from the incident.
If equipment is empty or supplies were used up, on return mark through that line.

Area Survey Log

(_) Major Damage Survey.   (_) Light Damage Investigation.

No.	Area Description Street(s), Block(s), Building(s), Floor(s), ETC.	Personnel Assigned	Start Time	End Time

Area Survey Log

(_) Major Damage Survey.   (_) Light Damage Investigation.

No.	Area Description Street(s), Block(s), Building(s), Floor(s), ETC.	Personnel Assigned	Start Time	End Time

Damage Report

Date:	Area Map / Diagram / List
Time:	
Person Reporting:	

TIME FOUND	INCIDENT ADDRESS/LOCATION	Struc Type		FIRES		HAZARDS				ROADS		STRUCTURE DAMAGE			OCCUPANTS			C.C. Use
	For Residential, enter: Street Name Address Address For Workplace, enter: Building/Floor/Corridor	**A**pt **B**usiness **H**ouse **S**chool **BR**idge **Bus** **C**ar **TR**ain **T**ruc**K**	CERT Help Requested? (Y/N)	**Small** (Lo heat @ 10 feet.)	**Large** (Too hot to stop)	**Power Line Down**	**Haz. Materials** (704 > 1)	**Gas - M**ain or **L**ine	**Water - M**ain or **L**ine	**Blocked**	**Unsafe**	**Heavy** (Racked, Tilting. Collapse. UMB)	**Moderate** (Structurally Compromised)	**Light**, (Cosmetic but no 'We're OK'	√ Type likely, or Number plus **I** = **I**njured. **T** = **T**rapped. **D** = **D**ead.			Incident ID Number. (**X** - Completed.)
															Adults	**Children**	**Elderly**	

Incident Log

Date:	Area Map / Diagram
Time:	
Person Reporting:	

TIME FOUND	INCIDENT ADDRESS/LOCATION	Struc Type		FIRES		HAZARDS				ROADS		STRUCTURE DAMAGE			OCCUPANTS			C.C. Use
	For Residential, enter: Street Name Address Address For Workplace, enter: Building/Floor/Corridor	**A**pt **B**usiness **H**ouse **S**chool **BR**idge **Bus** **C**ar **TR**ain **T**ruc**K**	CERT Help Requested? (Y/N)	**Small** (Lo heat @ 10 feet.)	**Large** (Too hot to stop)	**Power Line Down**	**Haz. Materials** (704 > 1)	**Gas - M**ain or **L**ine	**Water - M**ain or **L**ine	**Blocked**	**Unsafe**	**Heavy** (Racked, Tilting. Collapse. UMB)	**Moderate** (Structurally Compromised)	**Light,** (Cosmetic but no 'We're OK'	√ Type likely, or Number plus **I** = **I**njured. **T** = **T**rapped. **D** = **D**ead. **Adults**	**Children**	**Elderly**	Incident ID Number. (**X** - Completed.)

Response Plan

Instructions:

Damage Assessment: Enter incidents in **Incident Log** (on left) as they are reported by CERT members and the public.

Planning: - Enter ***Personnel & Skills*** in **Response Plan** as CERT members report for duty. [If more than 20 report (in addition to C.C. Officers), divide them into 2-person Fire, S&R, Medical teams and assign teams rather than individuals. If more than 40 sign-in (more than 45 total), ask Commander to appoint Fire, S&R, and Medical Supervisors to plan, deploy and track their teams. Develop *Resource Allocation Plan*, initiate Incident Order & send to Supervisors to staff.]

- **Prioritize** Incidents **H**igh, **M**edium, **L**ow or **FD (F**ire **D**ept). See *Incident Deployment Suggestions*, p. 43, for suggestions.
- Enter ***Time FD Notified*** and ***FD's ETA***, or ***Time Incident Order sent to Operations*.**
- Develop ***Resource Allocation Plan*** - Record type and number of teams ***Desired*** on each incident in upper left space.
  - Record type and number that can be ***Allocated*** now in lower right space.
- Develop ***Incident Team Staffing Plan*** - Assign personnel to Incidents by entering, in the Personnel/Incident intersection cell, which of their Skills will be used at the incident to which you assigned them.
- Initiate **Incident Order(s)**. Transfer information from Incident Log and ***Incident Team Staffing Plan*** below to ***Incident*** and ***Resources*** sections of Incident Order**.** Check ***Task and Procedures*** to perform. **Give Incident Order to Operations**.

Personnel & Skills

Leader:																				
Runner:																				
Fire:																				
S & R:																				
Medical:																				
Transport:																				
General:																				
Name:																				

Priority	**Time** FD Notified or Inc Ord sent to Ops / FD's ETA or Time Incident Closed.	**Resource Allocation Plan** Teams Desired / Allocated — **F**ire	**S**&R	**M**ed-ical	**T**rans port	**G**en-eral	**Incident Team Staffing Plan**																			

(ICS 215)

Incident Deployment Suggestions

STRATEGIC PRIORITIES:
1. Ensure Rescuer Safety.
2. Prevent additional injury and loss of life.
3. Help those already injured.
4. Minimize additional property loss.

TACTICAL PRIORITIES: (**H**igh, **M**edium, **L**ow, or notify **F**ire **D**epartment.)

Incident	Priority	Incident Management Task & Team Procedures	Minimum Initial Assignment: Teams	Minimum Initial Assignment: People
Small Fire	**H**	***B. Manage Fire Suppression or Containment*** *e. Fire Suppression or Containment*	I.C. & Runner [1] + 1 Fire Team(s)	4
Large Fire.	**FD** **M**	***B. Manage Fire Suppression or Containment*** Contain with Water Curtains if pressure & equipped, or Fire breaks, heat shields and flying ember suppression.	I.C. & Runner [1] + 3 Fire Teams, or 4 Fire Teams	8 or 10
Downed Power Line. (If fires)	**H**	***C. Manage Downed Power Line*** Cordon off 30' > swing radius. Detour traffic. (Suppress fires outside cordoned area.)	I.C. & Runner [1] + 1 General Team (1 Fire Team.)	4 (6)
Hazardous-Materials Area. - Large Toxic Gas/Smoke plume. - Large Toxic Liquid stream. - Small or interior gas/liquid leaks.	**FD** **H** **M** **L**	***D. Manage Hazardous-Materials Area*** Do not enter danger zone. Notify Fire Dept. Cordon Off. Evacuate Isolation Area. Warn those downwind to Shelter-In-Place.	I.C. & Runner [1] + *n* General Team[2] *n* = number of area entrances	2 + n x 2
Broken Gas or Water Main.	**H**	***E. Manage Gas or Water Main Rupture*** Cordon off area. Evacuate if gas. Notify authorities. d. Traffic Detour	I.C. & Runner [1] + 1 General Team[2]	4
Blocked or Unsafe Road. - Collapsed bridge, sinkhole. - Fallen tree, broken pavement.	Day: **H** Night: **L** **H**	***F. Manage Unsafe Road*** Cordon off street. Notify authorities. d. Traffic Detour	I.C. & Runner[1] + 1 General Team[2]	4
Heavily Damaged Building. - Tilting. - Partial or total collapse. - Leaking gas, heavy smoke. (If casualties known or found outside)	**M** **H**	***G. Manage Heavily Damaged Building*** Cordon off. Prevent entry. Notify Fire Dept. Evacuate occupants at risk via bullhorn. (Rescue victims outside Collapse Danger Zone)	I.C. & Runner[1] + 1 General Team[2] (1 S&R Team) (1 Med Teams)	4 (8)
Moderately Damaged Building. - Cracked or broken wall surfaces, but not tilting, collapsed or gas/smoke filled. (Any fallen structures are only decorative or auxiliary i.e., chimney, porch, balcony, detached garage, carport, etc.) (If casualties known or found …)	**H**	***H. Manage Moderately Damaged Building*** b. Incident Size-Up c. Cribbing and Shoring, if required. e. Fire Suppression or Containment f. Search and Rescue g. Triage (outside if done at incident vs.CC Treatment Area h. Patient Evaluation and Treatment (outside) i. Patient Packaging and Transport (If required)	I.C. & Runner[1] + 2*n* S&R Teams (1*n* Medical Teams) (1*n* Transport Teams) For: **H**ouse, n = 1 **A**pt., *n* = 1/floor **B**us. *n* = 1/corridor **S**ch. *n* = 1/room	2 + 4 (2) (2) 6-(10) ____ ____ ____
Lightly Damaged Building with Special Conditions: - Majority windows broke. - Heavy object (chimney) fell inside, - "CERT Help Requested" = "Y" **Lightly Damaged Building**	**M** **L**	***I. Manage Lightly Damaged Building*** g. Triage (inside). h. Patient Evaluation and Treatment (inside). f. Search and Rescue (if patient movement required)	I.C. & Runner[1] + 1*n* Medical Team (1*n* S&R Team) For House, n = 1 Apt., *n* = 1/floor Bus. *n* = 1/corridor **S**ch. *n* = 1/room	2 + 2 (2) 4-(6) ____ ____ ____
Complete Major Damage Survey for Obvious life-threatening incidents.	**M**	***A. Manage Area Damage Survey(s)*** [3] a. Area Damage Surveys	(Survey Leader at CC) + *n* Damage Survey Teams	(1) *n* x 2
Light Damage Investigation Check for casualties at Lightly damaged buildings not displaying "We're OK".	**L**	***A. Manage Area Damage Survey(s)*** [3] a. Area Damage Surveys	(Survey Leader at CC) + *n* Damage Survey Teams	(1) *n* x 2

( ) As required and resources permit.
[1] If Incident Commander can maintain radio contact with Command Center, a Runner is not required.
[2] A "General Team" may be composed of a mix of CERT and spontaneous volunteers, as long as the team operates under the direction of an Incident Commander/Leader who understands how to manage the incident or task assigned to them.
[3] May be managed by Damage Assessment or a Survey Leader appointed by Damage Assessment.

Operations Log

Inc. No.	INCIDENT ADDRESS / LOCATION	Struc Type		FIRE		HAZARDS				ROADS		STRUCTURE DAMAGE			OCCUPANTS REPORTED (√= Suspected num.= Known I = Injured. T = Trapped. D = Dead.)			IC NAMES	CELL	RADIO		NO. TEAMS ASSIGNED					TIMES		CASUALTIES FOUND (##)				ADDITIONAL NEEDS
(X – Completed.)	For Residential, enter: Street Address For Workplace, enter: Building/Floor/Corridor	Ap't Busi. House School BRidge Bus Car TRain TrucK	OK to Enter	Small - Task B.	Large - Task B.	Power Line - Task C.	Haz. Mat. - Task D.	Gas Main - Task E.	Water Main - Task E.	Blocked - Task F	Unsafe - Task F.	Heavy - Task G.	Moderate - Task H.	Light - Task I.	Adults	Children	Elderly	I.C. ---------- Runner	I.C. --------- Runner	Id. No.	Channel	Fire	Search & Rescue	Medical	Transport	General	Deployed	Returned	Trapped | Freed	Immediates| Transported	Delayeds |Transported	DEAD | Left in	

(ICS 204) (ICS 209)

Operations Log

Inc. No.	INCIDENT ADDRESS / LOCATION	Struc Type		FIRE		HAZARDS				ROADS		STRUCTURE DAMAGE			OCCUPANTS REPORTED √= Suspected num.= Known I = Injured. T = Trapped. D = Dead.			IC NAMES	CELL	RADIO		NO. TEAMS ASSIGNED					TIMES		CASUALTIES FOUND (##)				ADDITIONAL NEEDS
(X – Completed.)	For Residential, enter: Street Address For Workplace, enter: Building/Floor/Corridor	Ap't Busi. House School BRidge Bus Car TRain TrucK	OK to Enter	Small - Task B.	Large - Task B.	Power Line - Task C.	Haz. Mat. - Task D.	Gas Main - Task E.	Water Main - Task E.	Blocked - Task F	Unsafe - Task F.	Heavy - Task G.	Moderate - Task H.	Light - Task I.	Adults	Children	Elderly	I.C. ---------- Runner	I.C. --------- Runner	Id. No.	Channel	Fire	Search & Rescue	Medical	Transport	General	Deployed	Returned	Trapped | Freed	Immediates | Transported	Delayeds | Transported	DEAD | Left in	

(ICS 204) (ICS 209)

Casualty Log

Medical Facility Plan (ICS 206)

Facility Name	Address / Cross Streets	Contact Phone / Frequency	Trauma Center?	Burn Center?	Travel Time	Open Beds

Casualties

Location:	Person Reporting:	Date:	Time:	Page No.	of	

Casualty Name and/or Description (Age, Race, Sex, Body type, Clothing, Height, Weight, etc.) (Initials)	Priority Immediate Delayed Minor DEAD	Injuries & Treatments given. (✓) Completed	Time Last Triage	Own Transportation?	Safe-place Care Avail.?	Transport Move / Leave	Transport Found Location --------------- Holding Location --------------- Final Location	Transport Driver Assigned	Transport Date & Time Out	Transport Date & Time Delivered
I authorize 1st Aid _____ I decline 1st Aid _______							Incident Loc.:			
							“C.C.”/Safe-place adr:			
							Med. Facility:			
I authorize 1st Aid _____ I decline 1st Aid _______							Incident Loc.:			
							“C.C.”/Safe-place adr:			
							Med. Facility:			
I authorize 1st Aid _____ I decline 1st Aid _______							Incident Loc.:			
							“C.C.”/Safe-place adr:			
							Med. Facility:			
I authorize 1st Aid _____ I decline 1st Aid _______							Incident Loc.:			
							“C.C.”/Safe-place adr:			
							Med. Facility:			
I authorize 1st Aid _____ I decline 1st Aid _______							Incident Loc.:			
							“C.C.”/Safe-place adr:			
							Med. Facility:			

Casualty Log

Medical Facility Plan (ICS 206)

Facility Name	Address / Cross Streets	Contact Phone / Frequency	Trauma Center?	Burn Center?	Travel Time	Open Beds

Casualties

Location:	Person Reporting:	Date:	Time:	Page No.	of	

Casualty Name and/or Description (Age, Race, Sex, Body type, Clothing, Height, Weight, etc.) (Initials)	Priority Immediate Delayed Minor DEAD	Injuries & Treatments given. (✓) Completed	Time Last Triage	Own Transportation?	Safe-place Care Avail.?	Transport				
						Move / Leave	Found Location --------------- Holding Location --------------- Final Location	Driver Assigned	Date & Time Out	Date & Time Delivered
I authorize 1st Aid _____ I decline 1st Aid _______							Incident Loc.:			
							“C.C.”/Safe-place adr:			
							Med. Facility:			
I authorize 1st Aid _____ I decline 1st Aid _______							Incident Loc.:			
							“C.C.”/Safe-place adr:			
							Med. Facility:			
I authorize 1st Aid _____ I decline 1st Aid _______							Incident Loc.:			
							“C.C.”/Safe-place adr:			
							Med. Facility:			
I authorize 1st Aid _____ I decline 1st Aid _______							Incident Loc.:			
							“C.C.”/Safe-place adr:			
							Med. Facility:			
I authorize 1st Aid _____ I decline 1st Aid _______							Incident Loc.:			
							“C.C.”/Safe-place adr:			
							Med. Facility:			

Communication Log

Radio Communications Plan (ICS 205)

Contact	Call Sign	Primary Freq.	Alternate Freq.	Repeater Freq.	Signal Notes:
		Rx: Tx:	Rx: Tx:	Rx: Tx:	
		Rx: Tx:	Rx: Tx:	Rx: Tx:	
		Rx: Tx:	Rx: Tx:	Rx: Tx:	
		Rx: Tx:	Rx: Tx:	Rx: Tx:	

Messages (ICS 213)

Inc:	To:	From:	Date:	Time:
Message:		Reply:		
Inc:	To:	From:	Date:	Time:
Message:		Reply:		
Inc:	To:	From:	Date:	Time:
Message:		Reply:		
Inc:	To:	From:	Date:	Time:
Message:		Reply:		
Inc:	To:	From:	Date:	Time:
Message:		Reply:		
Inc:	To:	From:	Date:	Time:
Message:		Reply:		
Inc:	To:	From:	Date:	Time:
Message:		Reply:		

Los Angeles Fire Department Community Emergency Response Team Communication Plan

** Version 4.2 - Effective October 20, 2016*
THIS INFORMATION IS PROPRIETARY AND CONFIDENTIAL
NOT FOR DISTRIBUTION WITHOUT STAFF APPROVAL

CERT Repeaters	CERT Channel 8 (2m - Primary)	CERT Channel 16 (70 cm - LA Basin and South)	CERT Channel 25 (70cm - Valley)
Name	Coldwater Repeater (LAFD ACS Repeater)	Hughes Repeater W6HA	Southern California Mutual Aid Repeater
Frequency	144.505	445.620	447.820
Shift	PLUS	MINUS	MINUS
PL	162.2	127.3	67

CERT Battalion Level Tactical Channels									
CERT Simplex Channel #	CERT 1	CERT 2	* CERT 3	CERT 4	CERT 5	CERT 6	*CERT 7	*CERT 9	*CERT 10
Use for:	Battalion 1	Battalion 2	Open	Battalion 4	Battalion 5	Battalion 6	Open	Battalion 9	Battalion 10
Primary Frequency	144.310	145.585	146.535	144.405	144.330	146.460	146.595	144.475	144.350
PL (Tone)	110.9	110.9	110.9	110.9	110.9	110.9	110.9	110.9	110.9
Secondary Frequency	*CERT 17	*CERT 7	CERT 9	CERT 14	*Alt 1	CERT 10	*CERT 2	*CERT 3	CERT 6
CERT Simplex Channel #	CERT 11	CERT 12	CERT 13	* CERT 14	CERT 15	CERT 17	CERT 18	CERT 19	* CERT 20
Use for:	Battalion 11	Battalion 12	Battalion 13	Battalion 14	Battalion 15	Battalion 17	Battalion 18	Alt 1	Alt 2
Frequency	145.525	144.435	145.540	144.370	144.340	144.360	147.510	146.445	146.580
PL (Tone)	110.9	110.9	110.9	110.9	110.9	110.9	110.9	110.9	110.9
Secondary Frequency	CERT 12	CERT 11	*CERT 3	CERT 4	CERT 13	*CERT 1	CERT 10	CERT 5	

CERT BUREAU Level Channels							Additional Frequencies
CERT Bureau Channel #	*CERT 21	*CERT 22	*CERT 23	*CERT 24			National Calling Frequency
Use for:	Central Bureau	Valley Bureau	West Bureau	South Bureau			National Calling Frequency
Frequency	145.630	144.465	144.325	146.550			146.520
PL (Tone)	110.9	110.9	1109	110.9			Use for contact then move to another frequency

CERT Comm Plan Notes

1 CERT **Channel 8 is the Primary CERT Repeater**. It is also the ACS Secondary Repeater. Use for initial contacts only if necessary and move immediately to a simplex frequency.
We have permission to use this repeater, but use it only if it is not busy and we do not interfere ACS communications.

2 CERT **Channel 16 is a 70cm repeater for the LA Basin** and belongs to the Hughes Amateur Radio Club. Use for initial contacts only and move .immediantly to a simplex channel.
We have permission to use this repeater, but use it only if it is not busy and we do not interfere ongoing communications.

3 CERT **Channel 25 is a 70cm repeater for the Valley** and belongs to the Municipal Amateur Radio System and is used by the Southern California Mutual Aid Network.
Use for initial contacts only and move to a simplex channel. We have permission to use this repeater only if it is not busy and we do not interfere with SCMA communications.

4 All CERT Channels with the exception of the repeater Channels 8, 16, and 25 are Simplex frequencies. **Use the lowest workable power settings.**
* **Simplex PL tones shall be programmed as "TONE" (encode) but not "CTCSS" (decode).**

5 Use the Battalion Level Comm Channels for Battalion comms only. **NOT FOR LOCAL TACTICAL OR BUREAU USE**

6 CERT Bureau Level Channels 21, 22, 23 and 24 are reserved for Battalion to Bureau Stations comms only. **NOT LOCAL FOR TACTICAL USE**

7 **USE FRS CHANNELS FOR TACTICAL COMMUNICATIONS**
Use FRS Channels 1 thru 7 when possible for FRS/GMRS compatability
Do not use FRS 7 in the Topanga Canyon area - it is reserved for Topanga Comms.

* V 4.2 conforms to ACS Comm Plan V 11, increases geographical separation, and makes changes necessary per the TASMA band plan.

Plan Prepared by: K6JGZ with the assistance of ACVV, N6VI, and NR6V V4.2 - 7 Sep 2016

Transport Log

Assignment Ex: Assigned to Incident n. Scout Hospital x. TX backboard - TX 60yo female -	Prior. **I**mmed. **D**elayed **M**inor **Dead** OR **H, M, L**	From Location	To Destination	Personnel Assigned	Date & Time Out	Date & Time Delivered

Transport Log

Assignment Ex: Assigned to Incident n. Scout Hospital x. TX backboard - TX 60yo female -	Prior. **I**mmed. **D**elayed **M**inor **Dead** OR **H, M, L**	From Location	To Destination	Personnel Assigned	Date & Time Out	Date & Time Delivered

Incident Order

Incident (ICS 201) CC | Inc. Tact.

Inc. ID: _____. Ops Cell/Channels: _____.

Addr./Loc: _____.

Structure Type: _____. No. of Occupants (if known or suspected) Adults: ___. Children: ___. Elderly: ___.

IC: _____.

Runner: _____.

OK to Enter? _____.

Time Assigned: _____. Completed: _____.

Map / Diagram / Comments

Task and Procedures Assigned by Planning (ICS 202)

[Check One]	Incident Management Task Assigned to Incident Commander [GuideBook Section 2.]	Incident Response Team Procedures [GuideBook Section 3.] ( ) = As needed.				
		Fire	S & R	Medical	Transport	General
	A. Manage Area Damage Survey.					a
	B. Manage Fire Suppression/Containment. b.	e				
	C. Manage Downed Power Line. b.	(e)				C, (d)
	D. Manage Hazardous-Materials Area. b.					D, (d)
	E. Manage Gas or Water Main Rupture. b.					E, (d)
	F. Manage Unsafe Road. b.					F, d
	G. Manage Heavily Damaged Building. b.	(e)	b, c, f outside	g, h, i outside	(i)	
	H. Manage Moderately Damaged Building. b.	(e)	b, (c), f inside	g, h, i outside	(i)	
	I. Manage Light/Non Damaged Building. b.		b, f inside	g, h, I inside	(i)	
	J					

a. Damage Survey. b. Incident Size-Up. c. Cribbing. d. Traffic Detour. e. Fire Suppression or Containment f. Search & Rescue. g. Triage. h. Patient Evaluation & Treatment. i. Package & Transport Patient.

Resources (ICS 201) (ICS 201) Assignment Status (ICS 209 – 31. 32.)

Team(s) Allocated(✓)						Personnel Assigned by Planning (list)	Assignment [by Incident Commander]. Loc. Dispatched (Building, Floor, etc.. (Hazards preventing completion.)	Time(s) Start / In	Time(s) End / Out	Casualties [~~###~~]			
Team No.	Fire	S&R	Med	Tran	Gen					Injured Extracted	Trapped Freed	Dead Left	Pets Left
1													
2													
3													
4													
5													
6													

Patient Evaluation Checklist

Patient Name:_____ Age: ____ Race: ____ Sex: ___

Clothing: _____ Blood Type: _____

Home Address: _____ OK to Treat (Pt. Initial): _____

Contact Name: _____ Phone: _____

Triage Status:	Date	Time
Minor Walking Wounded.		
Delayed Can't get up & walk		
Immediate R>30, P>2 / Can't Do		
Deceased No breathing & pulse		

Level Of Consciousness: Alert & Oriented _. Responds to Voice _. Reacts to Pain _. Unresponsive/Unconscious _.
(If Alert & Oriented [knows name, location, what happened], ⇨ History. Otherwise check for Medical tag, ⇨ Observations.)

Notes

History

Symptoms (Chief Complaint): _____ Pain (0-10): ___
Patient heard/felt: "Snap" [fracture] _. "Pop" [sprain/strain] _. Pain: Sharp _. Dull _. Constant _. Radiating _.

Allergies: None _. Aspirin _. Insect bite/sting/nuts (Anaphylaxis) _. Latex _. Penicillin _. Other:

Medications /time-last-taken: Location: ⇨

Problems: Asthma_. COPD_. Diabetes_. High BP_. Heart_ (Time Nitro taken____). Oth: _____ ⇨

Last oral intake [what & when]:

Events [MOI]:

First Aid (p.112)

Observations (✓)

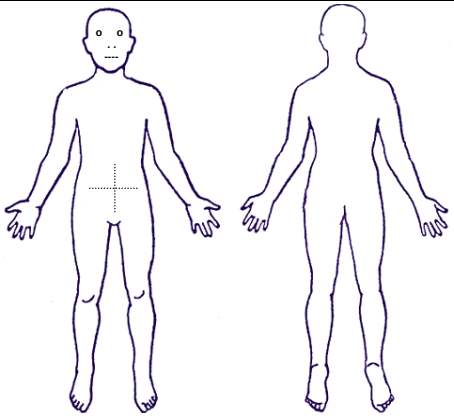
		First Aid
Airway	Unusual sound. ⇨Check & reset dentures, suction fluids, assist w any anaphylaxis EpiPen or asthma inhaler.	Suction|Epipen|Inhaler
Breathing [See p.114 for rates.]	Arrest [stops while in your care] _, or <8 Adult, <10 Child, <20 Infant ⇨ O_2 via patient-sized BVM per pg.114	O_2 v BVM til norm/no pulse
	Distress: Smoke/Gas inhalation_, Labored_, Noisy_, Gasping_, Shallow_, or Out of Range for age (p.114) ⇨	O_2 v msk/BVM until norm
	Hypoxia [SpO_2 < 95 (<90 if COPD)] _⇨1 lpm O_2 x 95(90) - SpO_2 via NRb Mask/nasal cannula (p.114)	Maintain SpO_2 ≥95 (90)
	Sucking Chest Wound [air enters lung cavity thru a chest wound collapsing lung] _, ⇨	ChestSeal/3-side patch
	Flail Chest [paradoxical chest movement, one section collapses when the rest expands] _, ⇨	Bind/lay on Flail side
	Tension Pneumo-thorax. [1 side hyper-extended, hyper-resonant, trachea pushed away] _, ⇨	Needle Decomp-MD
Cardiac	Arrest [pulse & breathing stop] __. If AED avail., CPR while AED setup. (If no AED, tag "DEAD".)	CPR-**A**uto.**E**xt.**D**efib.
	Attack [non-trauma chest pain/pressure radiating to shoulder/arm/neck/back/abdomen] _,⇨	Pt's Nitro/325 aspirin.
Concussion	Head trauma w LOC≠A _, ear fluid_, Pupils not Equal & Reactive to Light_ or burse behind ears/around eyes_ ⇨	O_2 v mask. Ice. I.[3|5]
C-Spine	LOC=V,P/U_, or A w rear neck midline tenderness _, or extremity motor/sensation deficit _ ⇨	Sf-Collar mobile. Else[3|5|7]
D-Con	SLUDGE_. If Biological _ ⇨Isolate, HazMat _ ⇨Brush, strip & wash, Radiological _ ⇨Strip & wash.	Isolate. Decontaminate.
Exposure	Hyperthermia [body temp > 101°] _⇨ Cool & hydrate. Hypothermia [shivering, temp < 95°] _⇨ Dry & warm	Return to normal temp.
Shock	Fails RPM_. If Diabetic & breath sweet_ ⇨Insulin, otherwise _⇨ Glucose. If blood loss ⇨ Saline IV by RN.	O_2 per SpO_2,Warm pt[3|4]
Stroke	**FAST** [**F**ace droop/drool, **A**rm weakness & **S**peech slur at same **T**ime] _, tag I ⇨	Maintain airway. Calm.

Palpation (✓)

Either ✓ the body part / injury cell or put injury initial on image.

	L R	Abrasion	Burn	Cut, Laceration, Penetration Impalement	Dislocation	Evisceration	Fracture (pain on vibration)	Sprain Strain Swelling
Head		3|5		3|5			3|5	3|5
Neck		3|5/7		3|5/7			3|5|7	3|5|7
Shoulder								
Chest		8	8	8			8	MD - Needle Decompress
Arm								
Hand								
Abdomen						Draw knees up		Internal bleeding Draw knees up
Pelvis							Cinch. 7	
Hip					7		7	7
Leg					F			
Foot					F			
Back					7		7	7

Either place injury initial (A, B, etc.) on image, or check the appropriate Body part-Injury cell.



First Aid.
(See 112 for details.)
A: Clean & Cover.
B: Cool & Cover.
C: Irrigate & Close.
D: Relax & Reduce.
E: Plastic Wrap & Warm.
F: Splice (**Spl**int & **ice**)
I: Stabilize object.
S: Ice, **C**ompress, **E**lev.

Extended Care

Provide per 1st row matching patient's condition:

	Breathing	Pulse	LOC	Injury or (assumed)	Life Support Care	Waiting [w monitoring] Position	Airway Mgmt	Fluid Mgmt	Transport Position	Airway Mgmt	Fluid Mgmt
1	No	None		Cardiac Arrest	CPR + AED	If no carotid pulse & no spontaneous breathing in 10 min., move to Morgue.					
2	No	Carotid		Respiratory Arrest	BVM + O_2	Continue until breathing, or until no carotid pulse for 10 minutes.					
3	Shock p114	Carotid	≠ A	Shock + Head-Neck	Cool head Warm pt	Supine*	Naso Airway*	Suction*	FB Vac Splint	Naso Airway	Roll Pt.
4	Shock p114	Carotid	≠ A	Shock	Warm Pt.	Supine ^*	Naso Airway*	Suction*	Supine	Naso Airway	Roll Pt.
5	Yes	Radial	≠ A	Head-Neck	Cool Head	BB-head hi*	Naso Airway*	Suction*	FB Vac Splint	Naso Airway	Roll Pt.
6	Yes	Radial	U	(Airway at risk)	Maintain Airway	HAINES	HAINES	HAINES	FB Vac Splint	Naso Airway	Roll Pt.
7	Yes	Radial	A	Spine | Pelvis | Hip	FB Vac Splint	Supine	Patient	Suction	FB Vac Splint	Patient	Roll Pt.
8	Distressed	Radial	A	Rib | Chest	O_2 per SpO_2	Tripod	Patient	Patient	Fowler	Patient	Patient
9	Normal	Radial	A	Other than above	1st Aid (p.112)	Comfort	Patient	Patient	Comfort	Patient	Patient

^ Raise Calves & Feet above heart if BP falls. * HAINES if patient cannot be monitored continuously.

Vital Signs Record

Date --- Time	Blood Pressure		Pulse Rate		**R**espiration Rate <30/min	**P**erfusion Capillary Refill <2 sec's	**M**ental Level Of Consciousness (A,V,P,U) [or Can/Can't Do]	Oxygen Sat. % (SpO2 >95%)	Pupils equal & reactive (Y/N)	Skin Color, Temp., Moisture	Pulse below injury? (Y/N)	Comments
	Systolic	Diastolic	per Min.	Quality								

Transport Order

Acquisition and/or Transport Order

Requestor:	Date:	Time:

Casualty:

Equipment or Supplies:

Priority Status: Immediate ☐ Delayed ☐ Minor ☐ (Check one)		Equipment or Supplies desired:
Name:		
Description:		
I request transport. (Sign)	I decline transport. (Sign)	

From:

Acquire: ☐

Location:	Map Sketch or Diagram
Address:	
Alternate Location: (If primary not available or accessible)	

To:

Location:	Map Sketch or Diagram
Address:	
Alternate Location: (If primary not available or accessible)	

Personnel Assigned:

Driver:	Date:	Time:
Assistant:	Special Instructions:	

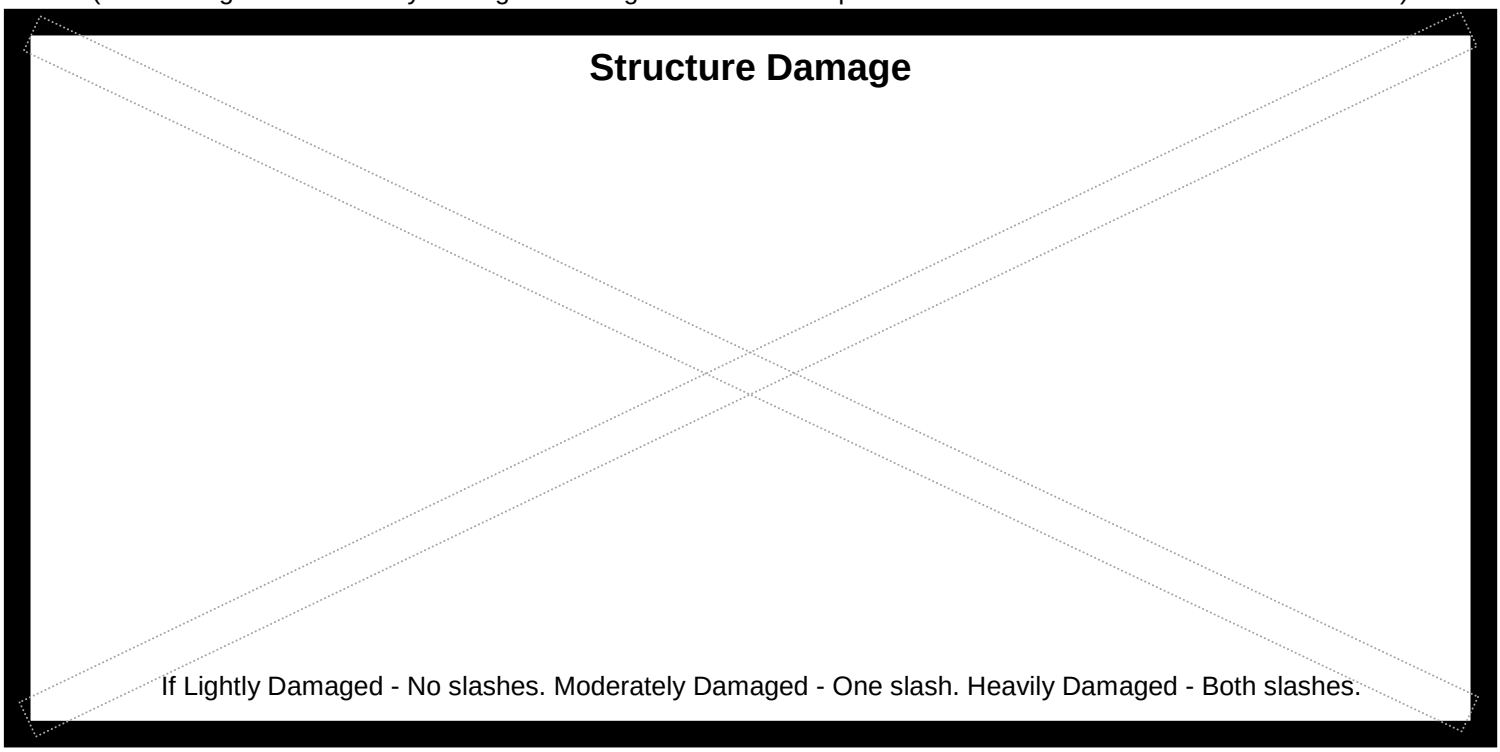
Final Status:

Final Location (if different from above):	Reason:	
Person Receiving: Print: Sign:	Date:	Time:

Building Marker

(Post on Light & Moderately damaged buildings or outside collapse zones where it can be seen from the street.)

Structure Damage



If Lightly Damaged - No slashes. Moderately Damaged - One slash. Heavily Damaged - Both slashes.

Search & Rescue Marker

Mark on S&R Entry or DS finds occupants OK or away.

Mark on S&R Exit or DS finds occupants OK or away.

Team 1

Date: _____ Time: _____

Usual occupants: ____

Suspected now: ____

Team 2

HHA Signed? __

_____

Community Emergency Response Team

Team 3

Hazards:

Dog: Yes No

Hazmat: Yes No

Power line: Yes No

Electricity: On Off

Nat.Gas: On Off

Water: On Off

Team 4

Left In

OK: _____

Injured: _____

Trapped: _____

Dead: _____

Not Searched: _____

Hilltop Emergency Response Organization

Damage Survey Team
Procedure Guides

Source: CERT GuideBook-6th Edition (5)

Hilltop Emergency Response Organization

Search & Rescue
Procedure Guide

Source: CERT GuideBook-6th Edition (5)

Hilltop Emergency Response Organization

Medical

Procedure Guide

Source: CERT GuideBook-6th Edition (5)

Hilltop Emergency Response Organization

Incident Management
Procedure Guide

Source: CERT GuideBook-6th Edition (5)