Neighborhood Emergency Response Team Training

by Civilian Emergency Response Training

What's a Neighborhood Team?

Pre-organized and trained group of Teams.

Pre-defined Command Center/Staging Area.

Pre-acquired equipment.

Fire Extinguishers, Backboards, Stretchers, First Aid supplies,
Life support equipment (O_2, BVMs, etc.), Action Plans & Guides.

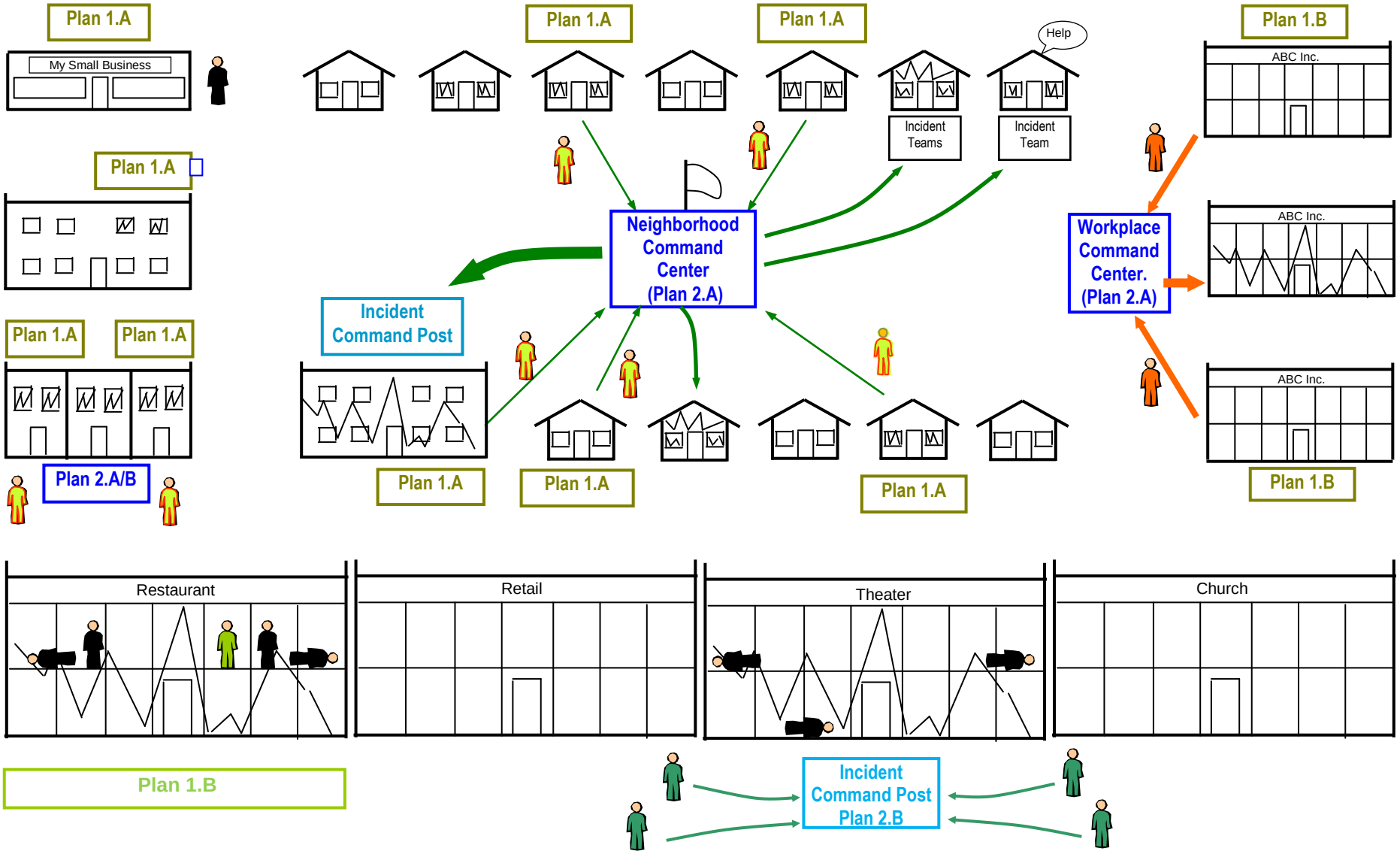
Supported by neighborhood residents.

Find & address all incidents in neighborhood.

Where do Neighborhood Teams fit?

Civilian Emergency Response Action Plan Review

Response Phase	Possible Action Plans
1. Individual Response	1.a. Your Home or Business
	1.b. Mass Casualty Incident
2. Team Response	2.a. Pre-organized Team
	2.b. Ad hoc Convergent Team



Mission

Do the most good

for the most people

in the shortest time.

Why?

Response Time Windows

(Average Maximum Window length.)

4 Minutes - Death from:

Burning. (Tissue damage & Asphyxiation by smoke, toxic fumes.)
Buried. (Suffocation from debris, chest compression.)
Bleeding. (Arterial Exsanguination.)
Not Breathing. (Tongue blocks airway when unconscious.)

4 Hours - Death from Slow Bleeding, Shock (Internal damage).
- Death from subsequent collapse.

24 Hours - Death from Injuries, Exposure, Loss of hope (trapped).

4 Days - Death from Dehydration (trapped or unprepared).

4 Weeks - Death from Starvation (mobility-impaired w/o help).

How addressed?

Neighborhood Team Composition

Sub-teams	Physical Requirements
Command Center Team.	Think under pressure.
Damage Survey Team.	Walk, look, knock & report.
Fire Team.	Run with 20 lbs extinguisher.
Search & Rescue Team.	Lift & carry 50 lbs 50 feet.
Medical Team.	Non-hemophobic. Give First Aid.
Transport Team.	Have truck/van. Drive slow.

Teams working in Parallel Saves Time

Phase 1- Individual Response

First 4 Min.	Death from Burning, Buried, Bleeding, Not Breathing.	A. Your Family or Coworkers, or B. Public at a Mass Casualty Incident.
10 Min.	Fire Suppression, Evacuation.	

Phase 2 - Team Response

A. Neighborhood, or
B. Single Incident.

		Damage Survey Team (A. only)	**Search & Rescue Team** (A, & B.)	**Medical & Transport Teams** (A. & B.)
4 Hours	Death from Slow Bleeding, Shock.	Major Damage Survey →	Find and extract non-mobile victims from Moderately Damaged buildings. →	Triage. Evaluate. Treat. Transport.
24 Hours	Death of alone non-mobile & trapped from injuries, exposure and loss of hope.	Light Damage Investigation →	Extract casualties requiring transport from Lightly Damaged buildings. →	Triage. Evaluate. Treat. Transport.
4 Days	Death of alone non-mobile & trapped from Dehydration.			

Tasks

Priorities

1. **Rescuer Safety.**

2. **Prevent further injury and loss of life and property.**

3. **Help those already injured.**

Conduct "Major Damage Survey" of your block on your way to Command Center.

Use NERT GuideBook as your Field Desk.

2. Area Damage Survey

Input:

- Personal Gear.
- Damage Survey form (next page) and page 106.
- Your CERT Field GuideBook.

Output:

- Incidents in your assigned area noted on Damage Survey.
- Damage Survey form(s) given to Damage Assessment Officer at community/workplace Command Post.

Procedure:

- ❑ **Get** your **Personal CERT Gear**.
- ❑ **Drive or walk through your assigned area** on your way to the pre-designated central Command Post.
- ❑ **Shutoff gas** if smelled or at Heavily Damaged buildings if accessible. **Suppress exterior fires** is possible and safe.
- ❑ **List obvious damage seen on Damage Survey Form**. (See *Structure Damage Levels* below for examples.)
  List Moderate and Lightly Damaged buildings only if NO "We're OK" White Flag or sign is displayed.
  Enter Address, Structure Type involved. Check (√) type of incident, type of Occupants known or highly suspected inside, and accessibility of Roads. If **Gas** is smell or **Water** seen coming up from street, enter "**M**" for Main. Else "**L**".

  DO NOT ENTER BUILDINGS. Injured/Trapped are not determined now. Get survey to Command Post ASAP.

- ❑ **When finished surveying assigned area, go to Central Command Post.**

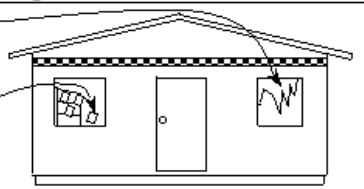
If you are one of the first five CERTs to arrive at the Central Command Post,
- ❑ Perform task *3. Setup Central Command Post* on page 16.

Otherwise,
- ❑ **Give Damage Survey Form to Damage Assessment**. (Check posted Command Post Roster to see who this is.)

If you do not need to return home (or go home if at work) to care for family members,
- ❑ **Log in for duty and report** your **Skills to Logistics - Staging Officer**. (Check posted Command Post Roster.)
- ❑ **Go to** the **Staging Area** to await assignment. **Review Procedures for your Skill(s)** in GuideBook **Section 3 or 4**.

Structure Damage Levels

Light Damage

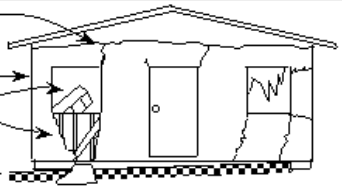


Broken Window(s).

(No apparent damage to exterior walls visible from street distance.)

(Damage mostly to interior contents.)

Moderate Damage

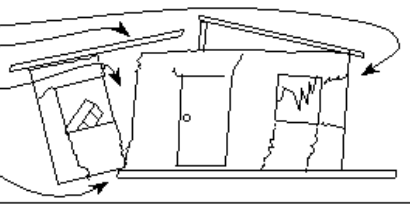


Broken Wall(s) visible from a distance (eg, from the street), but:
No Tilting. (All walls are vertical.)
No Collapse of walls, floors or roof.

Major Internal Debris, (e.g., Toppled Furniture)

Fallen Decorative Work.

Heavy Damage (Any of the Following:)



Tilting

Any Collapse of roof, wall(s) or floor(s).

Obvious Structural Instability

Off Foundation.

Non Structure Hazards:
Heavy Smoke or Fire.
Leaking Gas.
Hazardous Materials.
Rising or moving water

Damage Survey

Date:

Time:

Person Reporting:

Area Map / Diagram

TIME	INCIDENT ADDRESS/LOCATION	Struc Type	OK to Force Entry? (Y/N)	FIRES: Small (To heat @ 10')	FIRES: Large (Too hot @ to stop)	HAZARDS: Power Line Down	HAZARDS: Haz. Materials (NH3 > 1)	HAZARDS: Gas - Main or Line	HAZARDS: Water - Main or Line	ROADS: Accessible	ROADS: Blocked / No Access	STRUCTURE DAMAGE: Heavy (Tilting, Moved, Collapse/UMD)	STRUCTURE DAMAGE: Moderate, No "We're OK" (Broken Walls, maj. int. debris)	STRUCTURE DAMAGE: Light, but No "We're OK" (Broken Windows /Int. debris)	OCCUPANTS: √= Suspected Number = Known I = Injured. T = Trapped. D = Dead. Adults	OCCUPANTS: Children	OCCUPANTS: Elderly	C.P. Use: Incident ID Number. (X - Completed.)
	For Residential, enter: Street Name Address Address For Workplace, enter: Building/Floor/Corridor	Apt Business House School BRidge Bus Car TRain TrucK																

Shut-Off Gas to Moderate and Heavily Damaged buildings, and if leaking at Lightly Damaged buildings.

Go to Command Center

Give your “Block Survey” to Damage Assessment Officer.

then log in with Planning (or Logistics) and report to Staging.

Damage Assessment Officer

1. Logs incidents reported by Team Members & civilians.

2. Tracks which blocks have & have not been surveyed.

Incident Log

Date:

Saturday, July 4

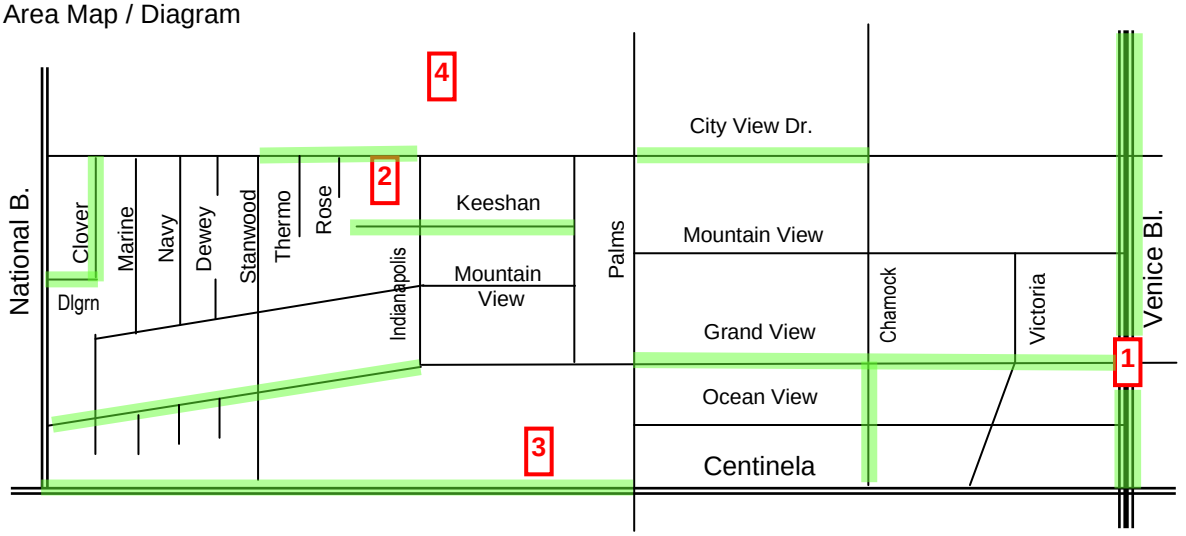
Time:

1600

Person Reporting:

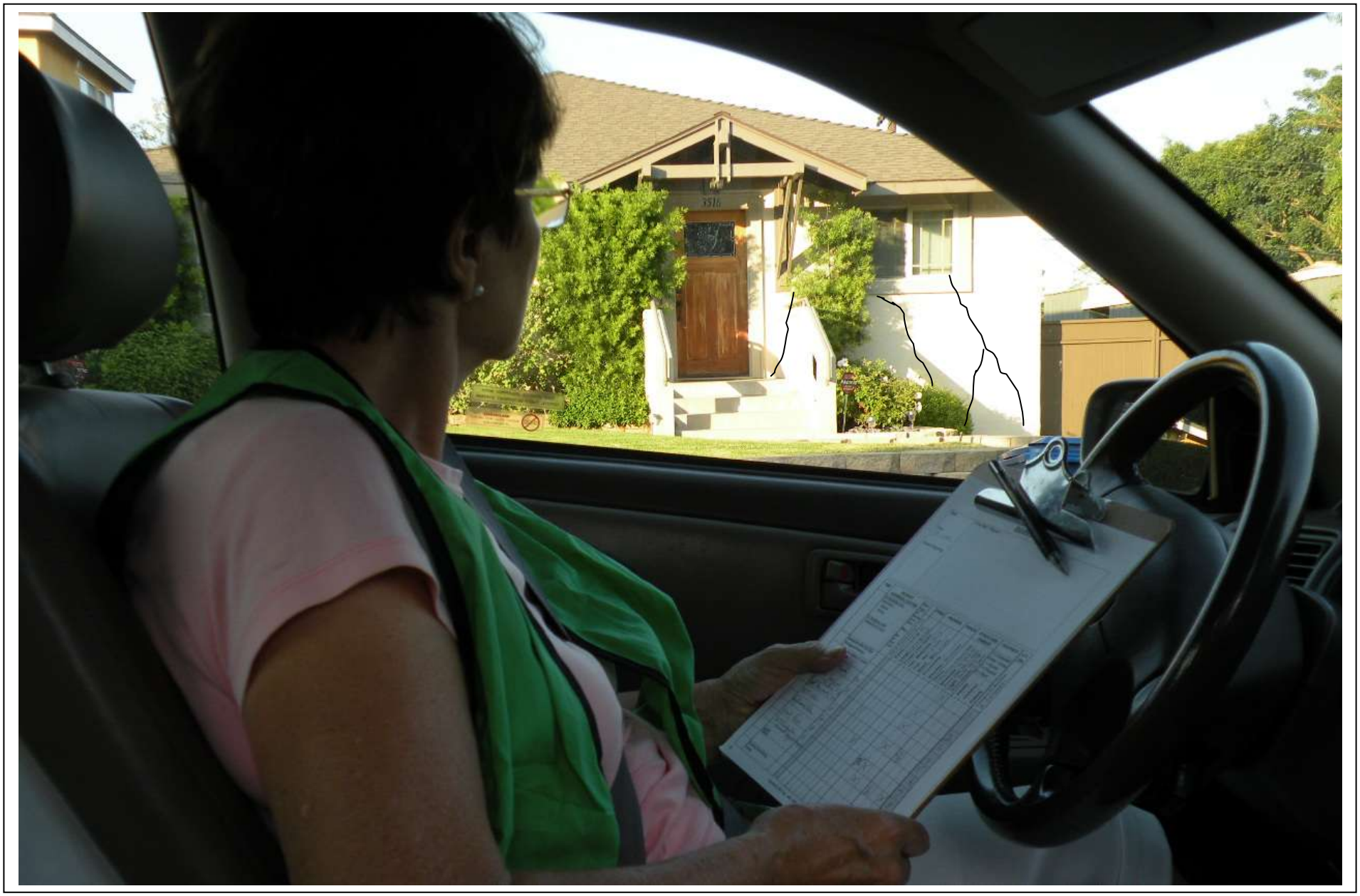
Hilltop CERT Damage Assessment

Area Map / Diagram



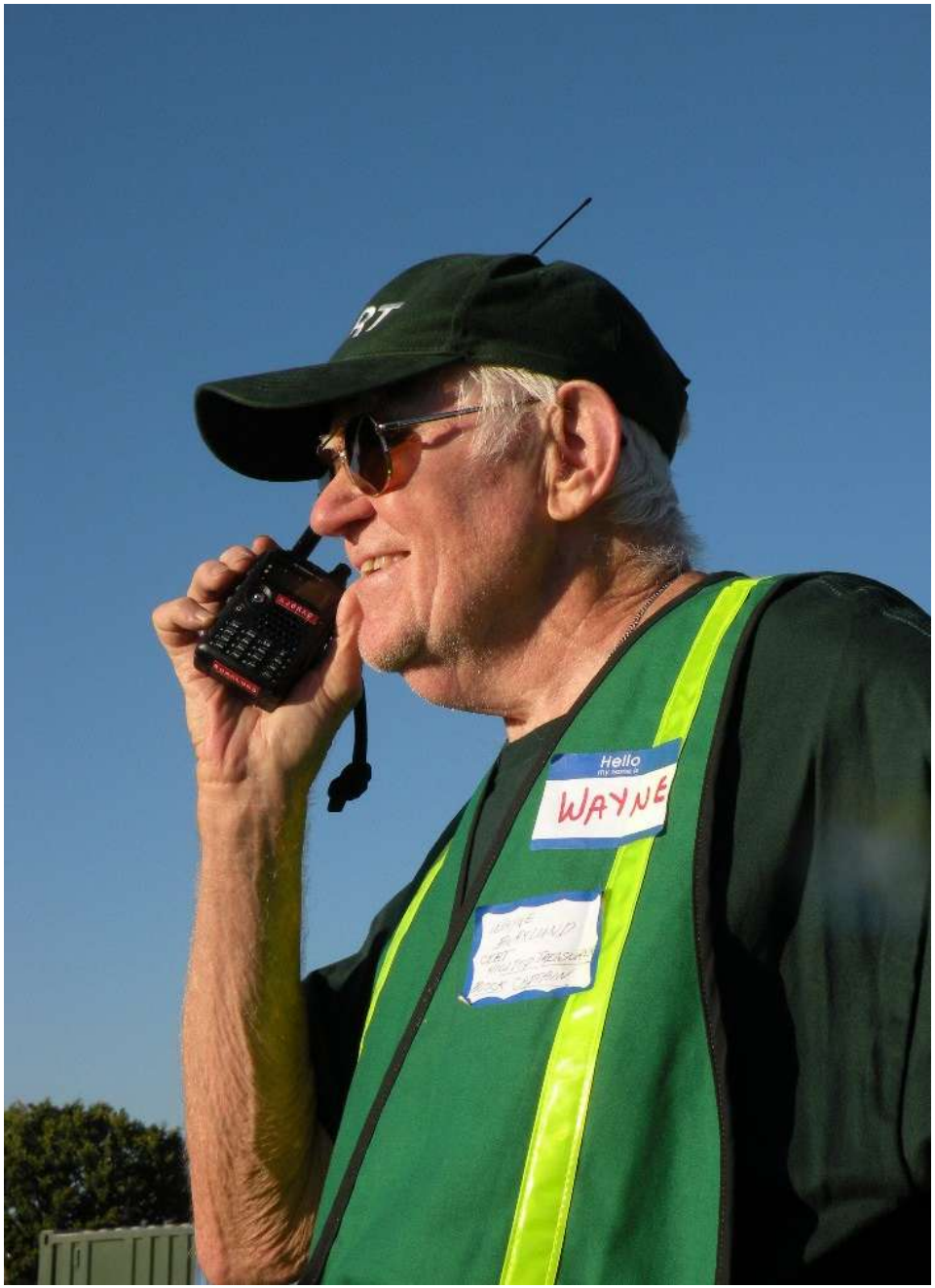
TIME	INCIDENT ADDRESS/LOCATION	Struc Type		FIRES		HAZARDS				ROADS		STRUCTURE DAMAGE			OCCUPANTS			C.P. Use
	For Residential, enter: Street Name Address Address For Workplace, enter: Building/Floor/Corridor	**A**pt **B**usiness **H**ouse **S**chool **BR**idge **Bu**s **C**ar **TR**ain **Tru**c**K**	CERT Help Requested? (Y/N)	**Small** (Lo heat @ 10')	**Large** (Too hot @ to stop)	**Power Line Down**	**Haz. Materials** (704 > 1)	**Gas** - Main or Line	**Water** - Main or Line	**Accessible**	**Blocked** / No Access	**Heavy** (Tilting, Moved, Collapse/ UMB)	**Moderate** (Broken Walls, major int. debris)	**Light**, but No 'We're OK' (Broken Windows / Int. debris)	√ Type likely, or Number if known+ **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*

3. Sends Damage Survey Teams to complete "Major Damage Survey".



Focus: Moderate and Heavily Damaged Buildings.

Damage Survey Teams report obvious incidents found…



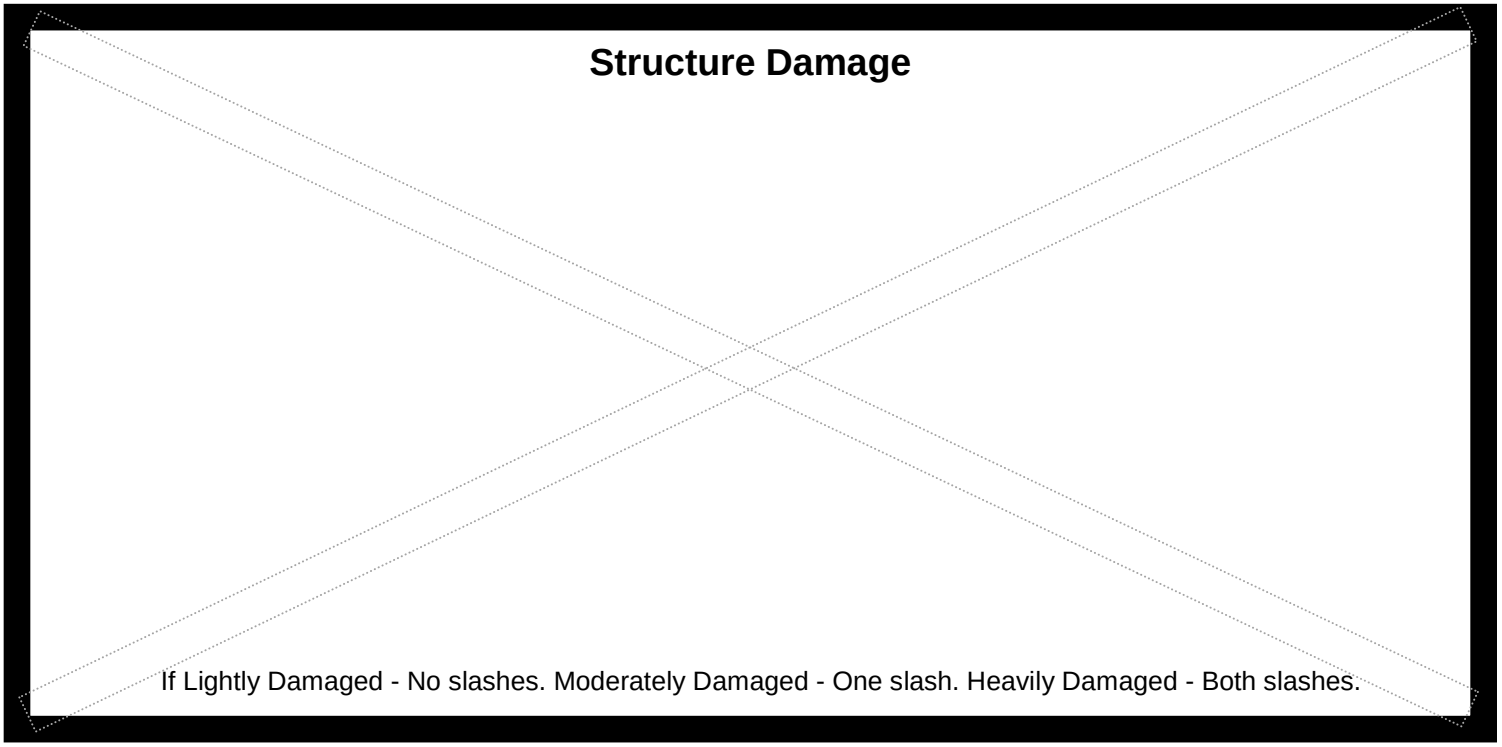
… then begin "Lightly-Damage Investigation".

Check on residents, post current level of damage, report incidents.

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

Team 1

Date: _____ Time: _____

Usual occupants: ____

Suspected now: ____

HHA Signed? __

Team 2

_____

Community

Emergency

Response

Team

Hazards:

Dog: Yes No

Hazmat: Yes No

Power line: Yes No

Electricity: On Off

Nat.Gas: On Off

Water: On Off

Team 3

Left In

OK: _____

Injured: _____

Trapped: _____

Dead: _____

Team 4

Not Searched: _____

Mark on S&R Entry or DS finds occupants OK or away.

Mark on S&R Exit or DS finds occupants OK or away.

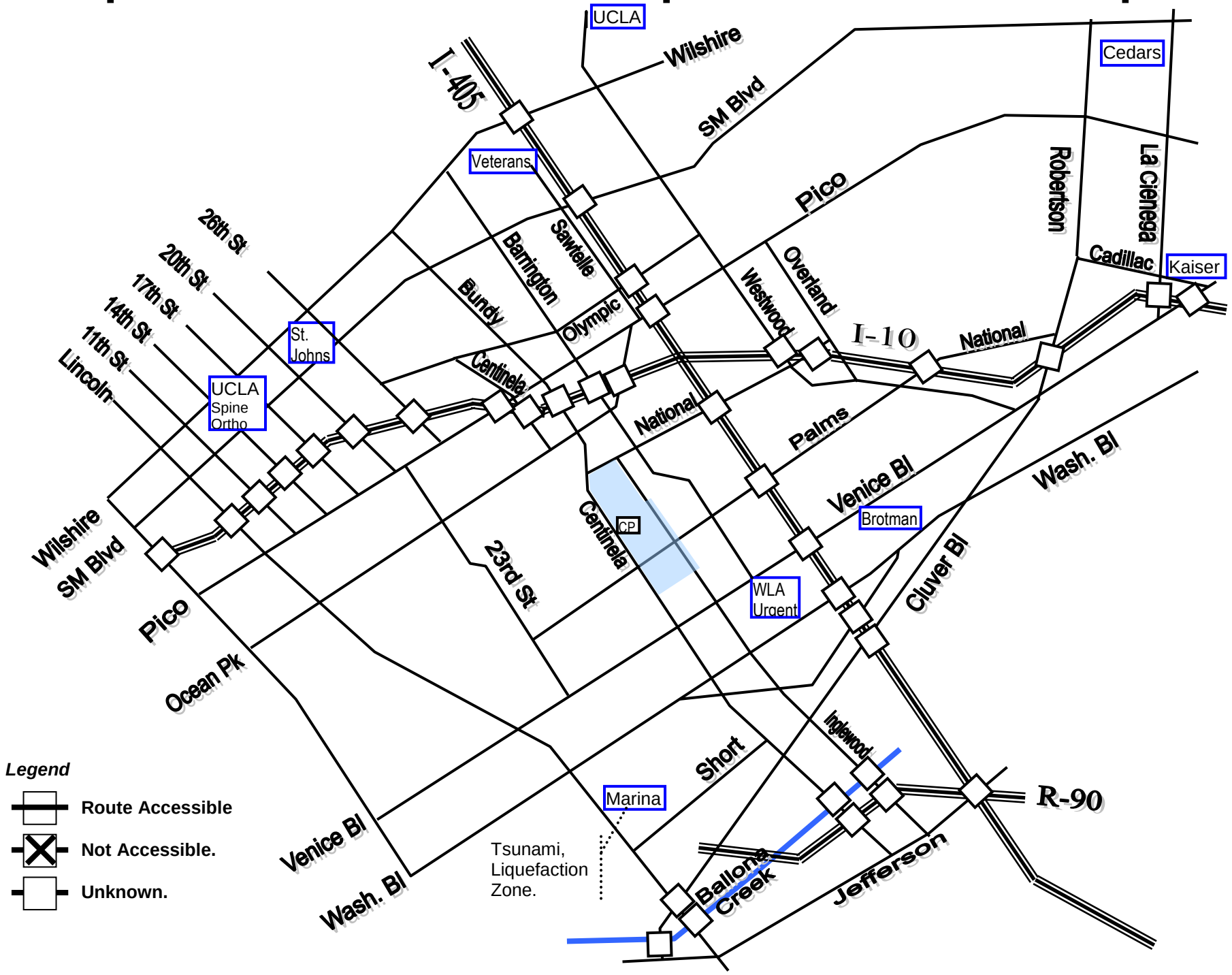
Communication Officer (Ham Operator) reports Fires, Heavily Damaged buildings to Fire Department, and gets info on open hospitals, if any.

Transport Teams get Road Closure Equipment ...

and close unsafe roads...

... before this happens.

Transport Teams check and report on roads to hospitals.



Planning Officer

Prioritizes Incidents for response.

Based on Strategic Priorities (above).
Incident Prioritization Guidelines provided in GuideBook.
(Suggested priority of the 8 common Incident types, teams to send, procedures to perform.)

Develops a Response Plan for resource allocation.

Type and No. of Teams you would like to send.
Type and No. of Teams you can send now based on resources available.

Matches people to Incident Response Teams.

Based on their Skills (reported at Check-In.)
List on Incident Order.

Initiates Incident Orders.

Incident type.
Location
Incident Management Task(s) to perform. (GuideBook has Guides for each.)
Incident Leader and Runner assigned.
Response Teams assigned (Fire, Search & Rescue, Medical, Transport).

Planning Develops the Response Plan and initiates Incident Orders

1. **S**et the **Priority** of each Incident. (See Incident Prioritization Guidelines, p.41.)

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

3. 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 CERTs report for duty. If more than 20 sign in (in addition to C.P. Officers) divide them into 2-person Fire, S&R, Medical specialty 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. Assist them with planning.

- **Prioritize** Incidents **H**igh, **M**edium, **L**ow or **FD (F**ire **D**ept). See *Incident Prioritization Guidelines* for suggestions.
- Enter **Time FD Notified** and **FD's ETA**, or **Time Incident Order sent to Operations** and **Time Incident Closed**.
- Develop **Resource Allocation Plan** - Record type and number of teams **Desired** on each incident in upper left space.
  - Record type and number that can currently be **Allocated** in lower right space.
- Develop **Incident Team Staffing Plan** - Assign personnel to Incidents by entering in the Personnel/Incident intersection box 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 to "Incident" and "Resources" section of Incident Order. Check "Task and Procedures Assigned". **Give Incident Order to Operations**.

Personnel & Skills Available

	Name:	*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)					

Priority	Time FD Notified or Inc Ord send 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					
M				1 / 1			*L*
H			4 / 2	2 / 1	2 / 1		*S S M M*

4. 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.

5.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.

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			

To Operations

Incident Order

Incident (ICS 201)

Number: _____. Ops Cell/Channel: _____

Addr./Loc: _____

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

Leader: _____

Runner: _____

Time Assigned: _____. Completed: _____.

OK to Force Entry: ___.

Map / Diagram

Task and Procedures Assigned by Planning (ICS 202)

[Check One]	Incident Management Task Assigned to Incident Commander [GuideBook Section 3.]	Incident Response Team Procedures [GuideBook Section 4.] ( ) = As needed.				
		Fire	S & R	Medical	Transport	General
	A. Manage Area Damage Survey.					a
	B. Manage Fire Suppression/Containment. a.	e				
	C. Manage Downed Power Line. a.	(e)				C, (d)
	D. Manage Hazardous-Materials Area. a.					D, (d)
	E. Manage Gas or Water Main Rupture. a.					E, (d)
	F. Manage Unsafe Road. a.					F, d
	G. Manage Heavily Damaged Building. a.	(e)	b, c, f outside	g, h, i outside	(i)	
	H. Manage Moderately Damaged Building. a.	(e)	b, (c), f inside	g, h, i outside	(i)	
	I. Manage Light/Non Damaged Building. a.		b, f inside	g, h, I inside	(i)	
	J					

a. Damage Survey. b. Incident Size-Up. c. Cribbing. d. Detour Traffic. e. Fire Suppression or Containment f. Search & Rescue. g. Triage. h. Injury 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													

Operations Officer

Briefs Incident Commanders (ICs).

Present Incident Order to and brief Incident Commander.

Ensure the IC has read and understands the GuideBook Guides for:

- Incident Management Task assigned to them.
- Incident Response Procedures to be followed by their Teams

Tracks Incident Response Group progress on Operations Log.

Help ICs plan new approach to different or changing conditions.

Ensure Safety procedures are being followed.

Fills Incident Response Group's new found needs.

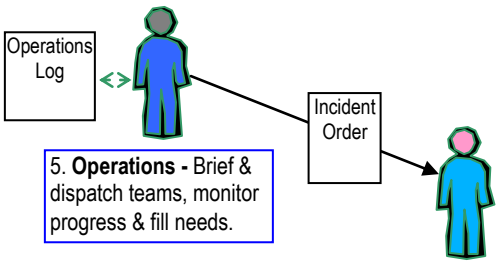
More Fire and/or S&R Teams, equipment.

Need for Medical and/or Transport Teams.

Debriefs returning Incident Commanders.

Follow-up needs of victims or patients left.

Replenishment of supplies.



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 Force Entry	Small - Task A.	Large - Report	Power Line - Task B.	Haz. Mat. - Task C.	Gas Main - Task D.	Water Main - Task D.	Accessible	Blocked . - Task E.	Heavy - Task F.	Moderate - Task G.	Light - Task H.	√= Suspected num.= Known I = Injured. T = Trapped. D = Dead. Adults	Children	Elderly	Leader --- Runner	Leader --- Runner	Id. No.	Channel	Fire	Search & Rescue	Medical	Transport	General	Deployed	Returned	Trapped / Freed	I Injured/Transported	D Injured/Transported	DEAD / Left in	

Logistics

(Manage resources awaiting assignment.)

Personnel Staging.

Check personnel in and out of Staging Area.
Ensure people review GuideBook sections for their Skills.
Supply food and water to personnel returning from assignments.
Watch for stressed personnel.
Track personnel via the Personnel Log.

Equipment Staging.

Check equipment and supplies in and out of Staging Area.
Maintain equipment.
Acquire & restock supplies.
Track equipment via the Equipment Log

Transportation.

Manage Transport Team.
Transport Casualties - Patients to hospitals or C.P. until hospitals open.
Fill transport requests by assigning Drivers to Transport Orders.
Track equipment and patient movement via the Transport Log.

Fire Suppression Teams get Fire Suppression equipment from Container.

Search & Rescue Teams get Search equipment ...

and Rescue equipment from Logistics Staging Officer.

(Action Plan B. Convergent Team Response to a single incident would begin here.)

Incident Commanders

Brief Fire, Search & Rescue, and/or Medical Teams assigned.

Lead Teams to Incident site.

Perform one of 8 *Incident Management Tasks:* (GuideBook Sec 3.)

Manage Fire Suppression	Manage Blocked or Unsafe Road
Manage Downed Power Line	Manage Heavily Damage Building
Manage Hazardous Materials Area	Manage Moderately Damaged Building
Mange Broken Gas or Water Main	Manage Lightly Damaged Building

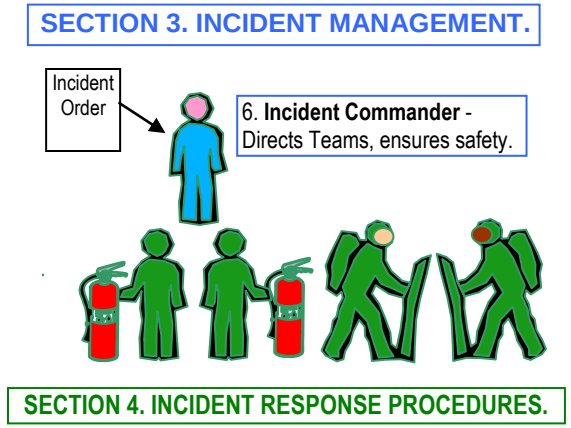
Dispatch Teams to perform *Team Procedures:* (GuideBook Sec 4.)

Fire Suppression, Search & Rescue, Triage, Injury Evaluation, Transport, etc.

Track progress using Incident Order.

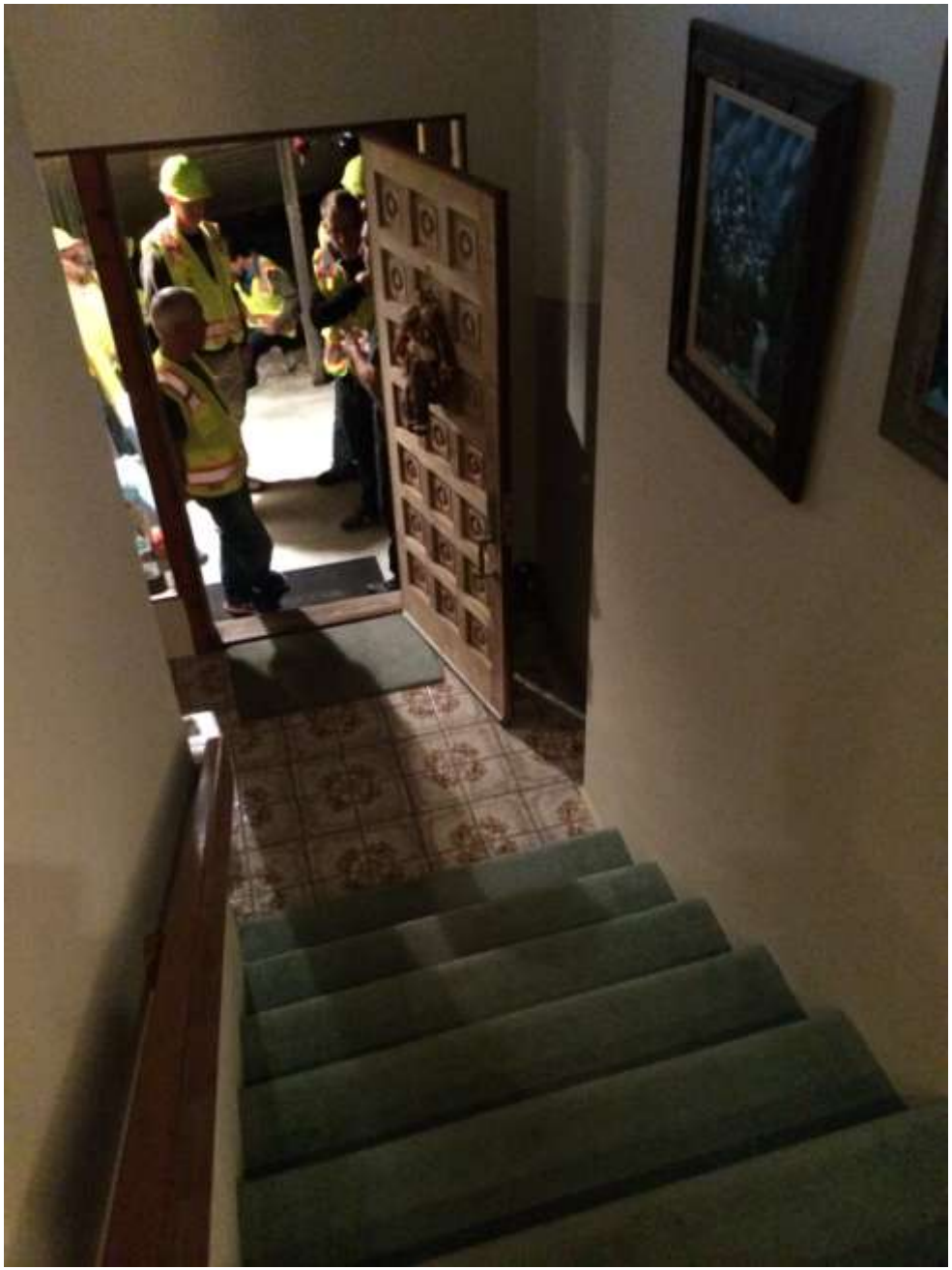
- Team assignments, locations. Times in and out.
- Victims found, freed, extracted. Dead left.

Monitor the incident for changing condition.



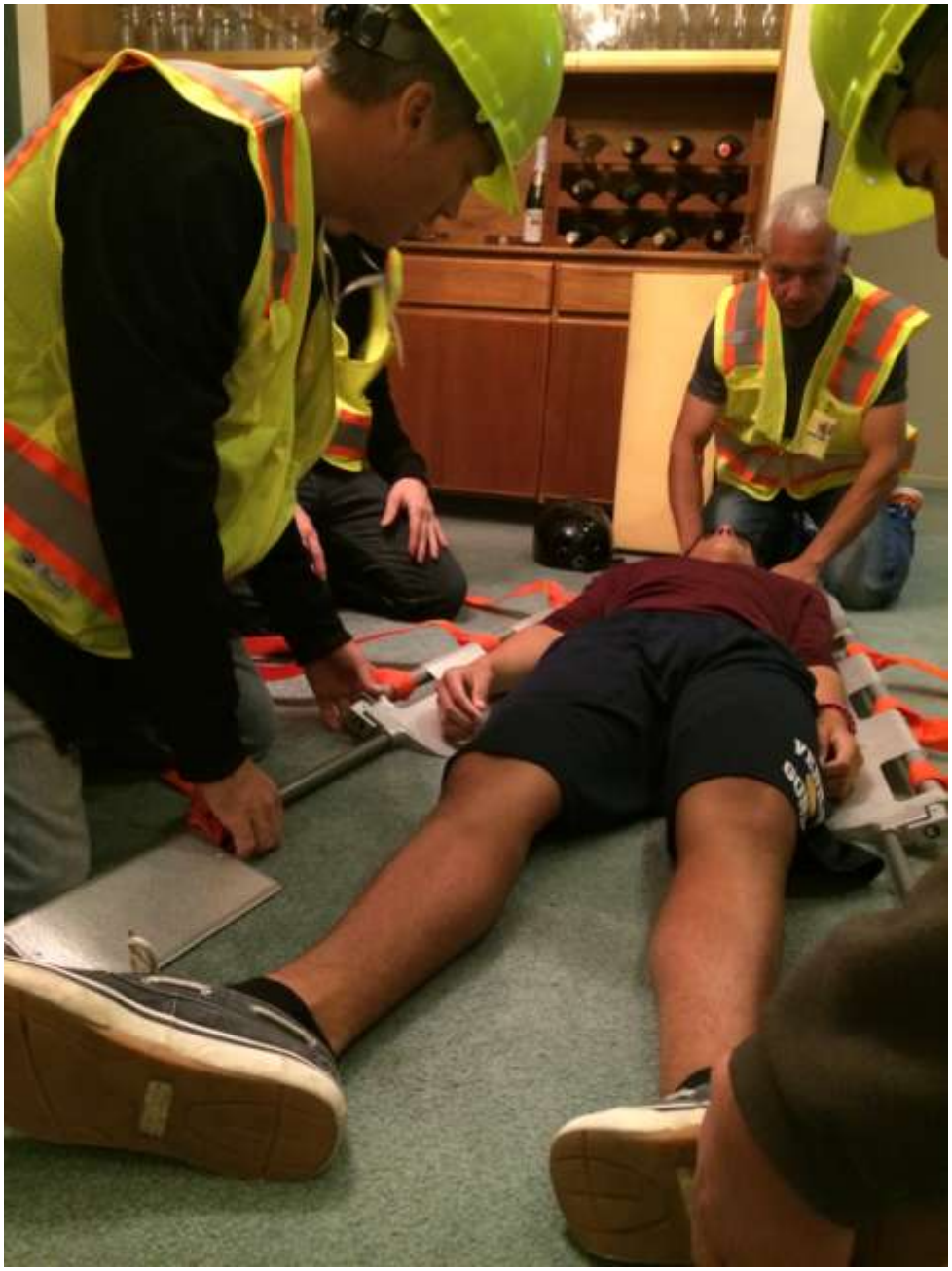
Radio or send Runner for additional help if needed.

S&R Teams search for victims in Moderate, then Lightly damaged buildings,



(Only the debris field outside of the Collapse-Danger Zone of Heavily damaged buildings is searched.)

do a Rapid Trauma Check and stabilize ABC's (Airway, Bleeding, C-spine),



then load and extract patients.

Trapped patients are then freed using Cribbing Methods if necessary.

c. Search and Rescue

Input:	Output:
• **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. • Cribbing Kits (blocks & level) if heavy lifting is expected	• Building searched. • Casualty(s): - Extracted from Moderately Damaged building, - Moved to a safe area in Lightly Damaged building.

SIZE-UP: Do a lap around building. Look, Listen and Think. Assess and address the following simultaneously:

Structural Stability. Identify the Light &/ Moderately damaged section(s) that are safe to search. See p. 95. **If in doubt, stay out.**

Interior Scan (from outside via pole-cam) to determine if a "Scene of Emergency" exists by seeing or hearing victim(s).

HaZards. Watch out for loose overheads, hostile pets, fallen power lines, gas, flooding, HazMats, heavy smoke/fire.

Entry points. Look for unlocked door, window, small breakable pane near a lock, and **path** to victim(s). Bubble Map, p 84.

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

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

Post Building-S&R Marker (if not already done by Damage Survey Team.)

SEARCH If victim(s) seen/heard during Size-Up, or Entry Release [p.119] pre-signed by owner or neighbor during D. Survey:

Shout out the Mobile Minors "This is your E_ R_ T_. If you can walk, come to me." Tag "M". Inquire of other occupants.

Entry. If dark, secure a light at exit point. Mark "/" on entry and 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 - Yourself 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.**

Chock doors open on entry to prevent being trapped by a building shift. Close doors on exit to strengthen building.

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

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

Size-up each victim for hazards to you before approaching. Answer "Why down?" **Take photo of victim's position.** Mark & map trapped victims; Glow Stick/wall **V** [Suspected], Ⓥ[Alive], ⍒[Dead], ⊠[Removed]. Extract after non-trapped.

Permission? "We're GS volunteers, not Med. Pros. Do you want our help?" If "No", next patient/leave. If no reply, tap & shout. Pinch.

Alive? If no response, check & clear **A**irway. Look & listen for **B**reathing, feel for **C**arotid pulse. If neither, tag **DEAD**.
If pulse but not breathing, open Airway via 1) Jaw Thrust, 2) Head-Tilt. Give a child 2 breaths. If still not, tag "DEAD".

C-Checks: Critical bleeding? Stop on limb(s) w tourniquet, on torso w Z-Pak. **C-Spine?** C-Collar if back of neck is tender, motor or sensation deficit in fingers/toes, or pt. unresponsive. **Cracked Bones?** Rapid Trauma Check for fractures.

Emergency Care: Maintain Airway via oro/nasopharyngeal adjunct. Body-splint broken limbs. Warm pt. w "Space" blanket.

RESCUE - Moderately Damaged Building[2].

(**If** you have a **Scoop Stretcher** and victim is in a debris-free space, scoop and Extract now.)

Rehearse Extraction 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:**
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, or bilateral shoulder or hip injury.
2 Person Strap Lift & Carry to stretcher or backboard.	Patient is in a confined space.
2 or 3 Person Manual Rescue Carry.	Emergency extraction if building becomes unstable.

Stabilize major fractures: C-collar, Pelvic Sling, anatomical splint, patient holds, or vacuum splint for angulated limb.

Collect Patient's essentials: Meds, medical equip., food, water, ice. Wrap & double bag any body parts, ice in outer bag.

Upload patient. Block/tape head. Strap X Chest or armpits, waist & below knees to prevent pt. sliding going down stairs.

Extract patient (1@each corner for lifting,1@head-1@feet in corridors, 1@head-2 keeping feet level-1 bracing down stairs). Give to Med Team.

Report. 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.

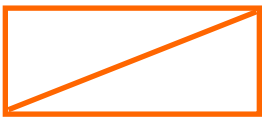
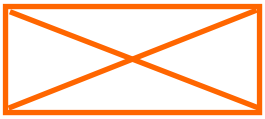
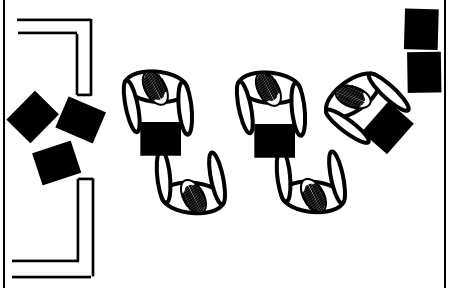
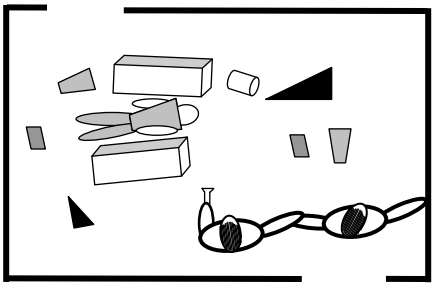
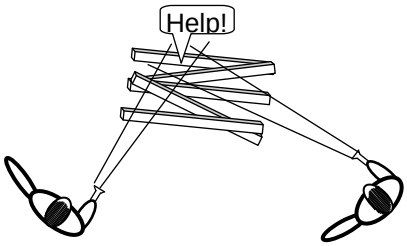
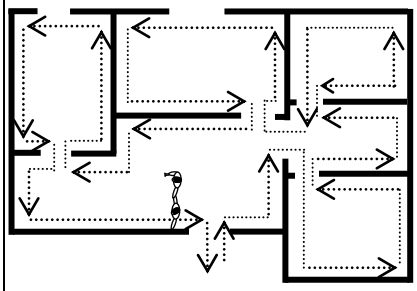
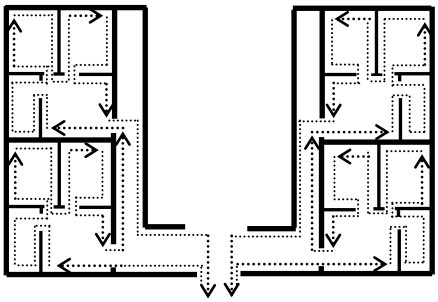
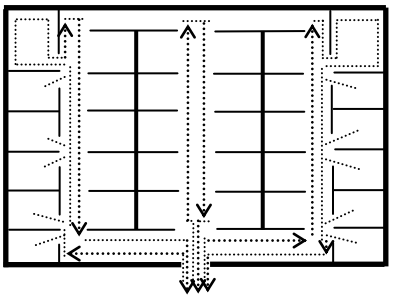
Repeat *Search* & *Rescue* until all non-trapped living victims are out, then release the trapped using cribbing (p.96).

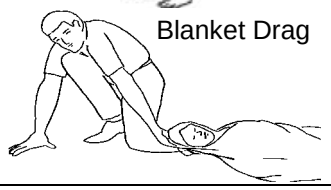
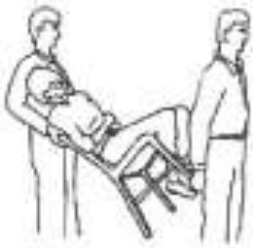
RESCUE - Lightly Damaged Building[1]

- ○ **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. 114.)

[1] **Light –** Broken Windows. Damage mostly cosmetic and to contents. Treat inward-falling chimney as Moderate. Building habitable.
[2] **Moderate** – Broken exterior walls &/ tilting but not raked. Major damage to interior contents which may shift. Building Not habitable.
[3] **Heavy** – Tilting, partial/total collapse of wall(s), floor(s) or roof, masonry bldg off foundation, or pre-1933 brick. Building Not habitable.
[4] May use narrow door by removing hinge pins, or ironing board for light victims. Cover with blanket. Use chained-belts / sheets as straps.

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. **H**azards, 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 	

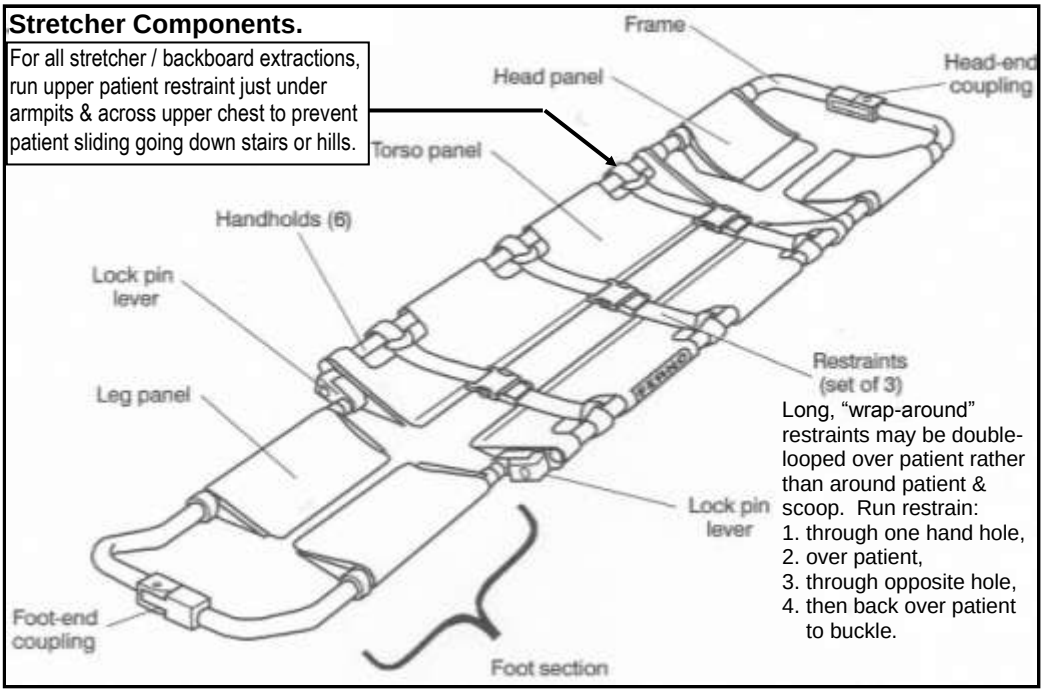
Manual Rescue Carries (Use when litters and stretchers not available, e.g., during Initial Response at home or MCI.)				
1-person and 2-person Carries	Fireman's Crawl  Blanket Drag 	Human Crutch (Foot or lower leg injury) 	Chair Carry (Arm or lower leg injury) 	Georgia Street Carry (Emergency extract) 
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.

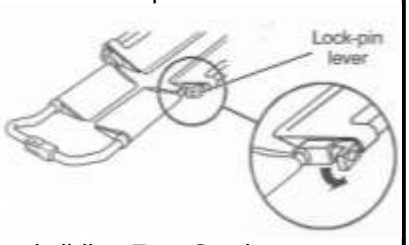
Stretcher Components.

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

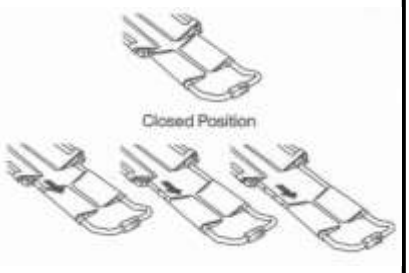


Long, "wrap-around" restraints may be double-looped over patient rather than around patient & scoop. Run restrain:
1. through one hand hole,
2. over patient,
3. through opposite hole,
4. then back over patient to buckle.

Adjust Length by raising foot section Lock pin levers.

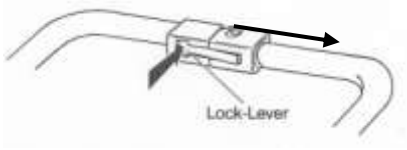


and sliding Foot Section to desired length.



Loading Patient *:

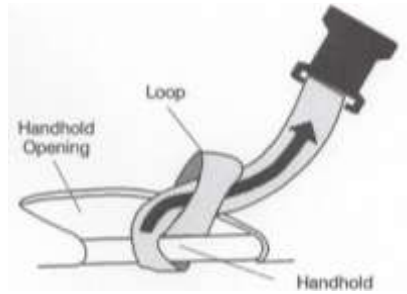
1. Unlock two sides of stretcher.



2. Carefully slide each half under patient.

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

4. Attach patient restraints.



Lifting Patient.

Place hand on knee to push up.

Carrying patient thru narrow passage.

... over rough terrain.

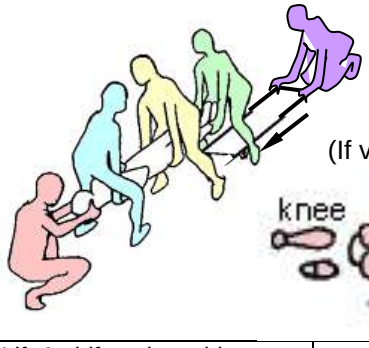
* Patient is placed on blanket pads, air or vacuum-splint mattress and wrapped outside when packaged for transport.

Backboard and Litter Loading and Carries

Lift-and-Slide Methods.

5 Rescuers

Lift patient 6". Slide Backboard under from feet.



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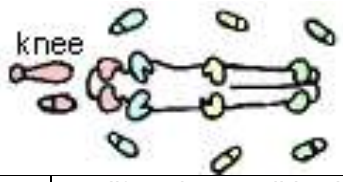
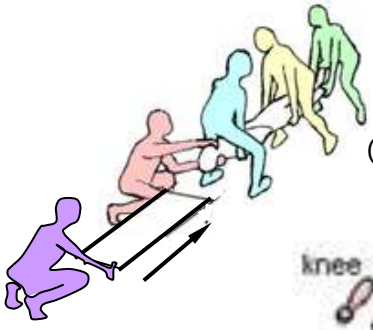
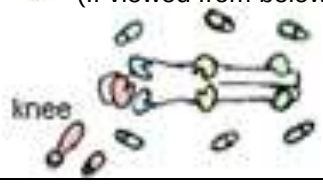


Lift patient 6". Slide Backboard under from head.

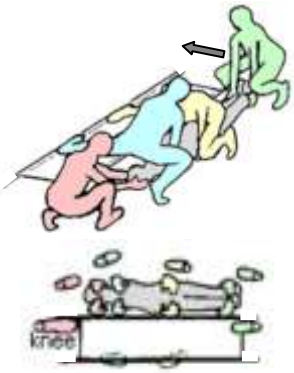


(If viewed from below.)

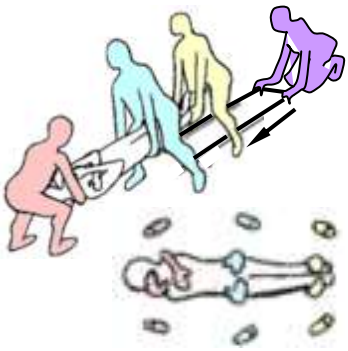


4 Rescuers

Lift & shift patient sideways.



3 lift patient. 1 slides board.



Torso Lift - Backboard Slide

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

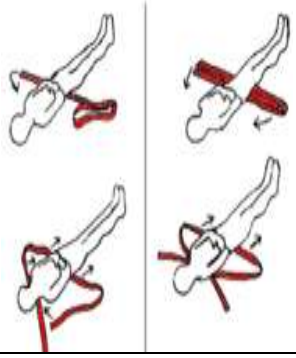
Lift-and-Carry Methods

3 Rescuers

Lift & shift patient sideways.

Strap Lift patient from confined space. Carry to board.

Place Lift Strap.



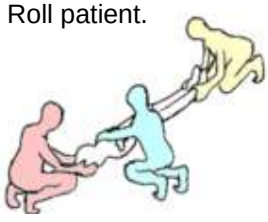
Lift and carry patient.

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.

Medical Teams perform Triage, Head-to-Toe Evaluations and Treat Injuries.

Transport Teams transport casualties to hospitals,

Or to ...

Command Center Medical Treatment Area until hospitals open.

C.C. Medical Officer

(Preferably a Doctor, Nurse, EMT, or EMR.)

Manage Command Center Medical Teams.

Triage Team - Triage incoming patients to determine treatment area assignment

- Immediate - In Shock from excessive bleeding, burns, internal injury.
- Delayed - Unable to walk due to fractures, dislocations, sprain, strains.
- Minor - Minor lacerations, bumps and burses.
- **DEAD** - No pulse and no respiration after opening airway twice.

Injury Evaluation Teams - Head-to-Toe evaluation & Injury Evaluation Checklist.

Manage Command Center Medical Treatment Areas:

- Immediates - Give O_2, Manage Airway, Shock, Hypothermia. Transport ASAP.
- Delayed - Splint fracture, manage wounds, feed. Transport after Immediates.
- Minor - Provide First Aid treatment and release.
- **DEAD** - Isolate, preserve and protect until claimed.

Help package Immediates & Delayeds for transport to hospital.

Maintain the Casualty Log.

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

Input:	Output:
• Ground Covers (Ideally red, yellow, (green), black.) • Blankets. • First Aid Supplies. • Litter(s) (or blanket/jackets and poles) • Backboard(s) or light interior door(s) • Cervical Collar(s) • Forms: Casualty Log, Injury Evaluation Checklist.	• Casualty Log, p. 107. - Casualty Name &/ Description, Priority Status, Injuries, Treatment, Current Location, Destination. (When Transport Team is assigned) - Driver Assigned, Date & Time Out (When transport is complete) - Date & Time Delivered.

Overview:

A Medical Treatment Area should be established at the Command Center in single-family residential areas, and if resources permit at large incident sites, such as apartments, schools or businesses, if a significant number of casualties are found or are expected. This arrangement makes the best use of any medical professionals who volunteer to help.

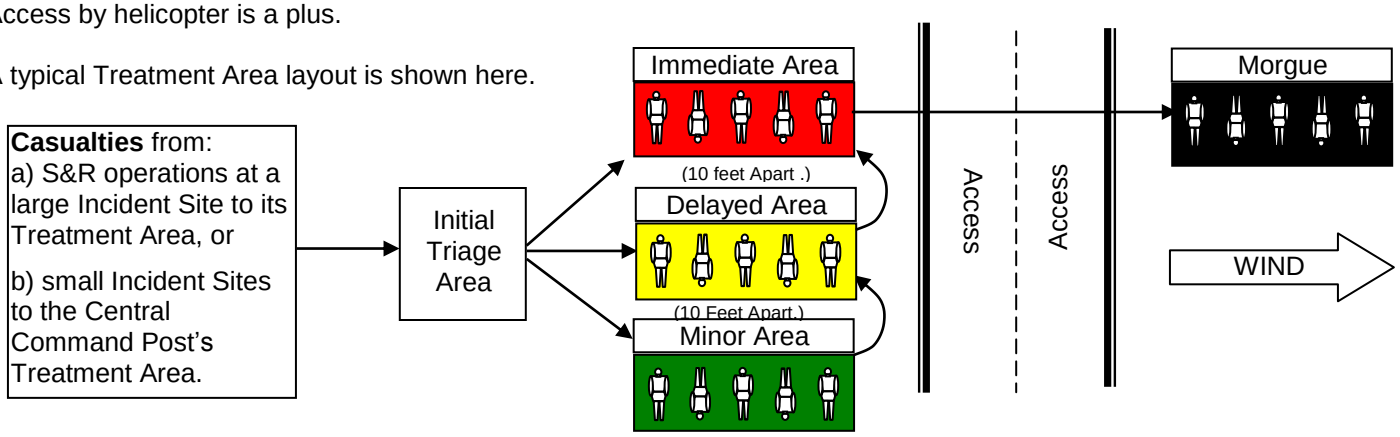
The purpose of the Command Center Treatment Area is to provide ongoing care and observation of casualties from Moderately or Heavily Damaged buildings and Immediate casualties from Lightly Damaged buildings when:

1. There is currently no open medical facility to which the casualty can be transported, AND
2. There is no qualified relative or friend to care for the casualty in a safe place near the incident site, AND
3. There are insufficient CERT medical teams to care for casualties if they are left at incident sites.

Casualties should be evaluated and treated initially at incident sites before transport to the Command Center.

Set up Treatment Area 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. Access by helicopter is a plus.

A typical Treatment Area layout is shown here.



Minimum recommended Teams:	Tracking: 1 (Mgr + Scribe) Triage: 1	Injury Evaluation & Treatment: 3	Transport & Supplies Acquisition: 1.	Security: 1

C.P. Medical Officer or Incident Med. Team Leader Procedure (if this task is staffed by non medical professional):

- ☐ Assign Teams to areas. If possible, appoint a Security Team to prevent theft of supplies and from any deceased.
- ○ Ensure use of PPEs and sanitary practices by all personnel. (Sterile gloves / Antibacterial Scrub, avoid body fluids.)
- ○ On arrival, log casualties in on Casualty Log, p _. Update on each move between areas, and to C.P. or hospital.
- ○ Direct Triage Team to RPM-Triage (p. _) each arriving casualty and route to proper Treatment Area.
- ○ Direct Evaluation Teams to perform *Injury Evaluation,* p._, for each triaged casualty.
- ○ Re-Triage each casualty every 15 minutes to determine if their status has changed and additional help is needed.
- ○ Maintain airways of unconscious casualties by placing pad under shoulders tilting head back. Place them on their side with mouth tilted down to prevent chocking on any stomach discharge. Keep conscious patients hydrated.
- ○ Keep current on which medical facilities are open by asking Communications to contact emergency mgmt authority.
- ○ On receipt of Casualty Log(s), arrange casualty transport per ***Casualty Transport Decision Table*** (p. _) by filling in **Casualty**, **From** and **To** sections of a Transport Order form. Give to Transport Officer. (At incident site, give to Transport Leader or IC.) Help prepare patients for transport per *Patient Packaging for Transport, p. _.*
- ○ Periodically review the "Injuries-Treatments" and the "Transport" sections of Casualty Log for patients at C.P. or Safe-Places in the field to determine if follow-up care, transport or information on newly-opened medical facilities is needed. If so, either send a Med. Team or information, or request transport of patient.
- ○ 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 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 (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)	Transport: Found Location / Holding Location / Final Location	Transport: Driver Assigned	Transport: Date & Time Out	Transport: Date & Time Delivered
							Incident Loc.:			
					Y		"C.P."/Safe-place adr:			
					Y		Med. Facility:			
							Incident Loc.:			
					Y		"C.P."/Safe-place adr:			
					Y		Med. Facility:			
							Incident Loc.:			
					Y		"C.P."/Safe-place adr:			
					Y		Med. Facility:			
							Incident Loc.:			
					Y		"C.P."/Safe-place adr:			
					Y		Med. Facility:			
							Incident Loc.:			
					Y		"C.P."/Safe-place adr:			
					Y		Med. Facility:			

Injury Evaluation Checklist

Patient Name:_____ Age: ___ Race: ____ Male: _ Female: _

Clothing: _____

Home Address: _____

Relative or Friend to Contact: _____ Phone: _____

Triage Status:	Date	Time
Minor Walking Wounded		
Delayed Can't getup & walk		
Immediate R>30, P>2, Can't Do		
Deceased		

Level **O**f **C**onsciousness. **A**lert _. Responds to **V**oice _. Responds to **P**ain _. **U**nresponsive/Unconscious[1] _.
If **V**, **P** or **U**, check for Medical ID tag, skip to Observations.

Notes

History

Symptoms [Where pain?]: _____
Patient heard "Snap" [fracture]_, "Pop" [strain or strain]_. Pain is sharp_, dull_, constant_, occasional_.

Allergies:

Mechanism **O**f **I**njury: Fell from standing _or__'. Knocked Down _. Body part hit: _____. Burn_.
Other:

Permission to Evaluate? [Explain process, then ask. Ask parent if patient under 18.] Yes _. No _.

Last oral intake:

Essential Meds:
Time needed: Where located?

First Aid

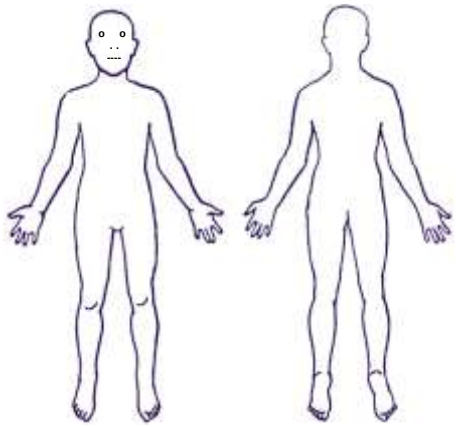
Observations

Airway:	If **U**nresponsive, open mouth, lift/suction out any debris, reset any loose dentures, open airway via Jaw Thrust/adjunct.	Check for Breathing.
Breathing:	Normal _. Abnormal _, Smoke/Gas inhalation _, None _, re-open airway & ventilate,	see Breathing Problems
	Sucking Chest Wound [air enters and/or exits thru a chest wound] _.	Seal with 1-way patch.
	Flail Chest [paradoxical movement, one side collapses when other expands on inhale] _.	Pad/lay on Flail side.
	Tension Pneumo-thorax. [hyper-extended, hyper-resonant chest, deviated trachea] _.	Needle Decomp-MD
C-Spine injury.	Patient doesn't move head _. Deformity or severe Pain along spine _. Patient is unreliable _.	Move only for safety Keep head, neck & body aligned.[3]
	Motor deficit [can't move/feel one or both hands or feet, loss of bowel or bladder control] _.	
	Sensation deficit [weakness, numbness or no feeling in one or both hands or feet] _.	
Shock.	**R**espiration Rate > 30/min, **P**erfusion refill > 2 sec., **M**ental - not Alert, or **S**kin pale and moist _	Supine, warm. O_2.
Head Trauma.	Head pain or deformity _. Unequal/non-reactive pupils _. Bleeding/Fluids from nose/ears _. Bruising around eyes, ears _, Nausea/vomiting _. Seizures _. Head hit by heavy object _.[3, 4].	Cervical Collar if not immobilized. Fowler

Palpation

	L R	**A**brasion	**B**urn	**C**ut Laceration	**D**islocation Deformity	**E**lectro-cution	**F**racture (pain on tuning fork vibration)	**S**prain **S**train **S**welling
Head					3		4	
Neck					3		3	
Shoulder					6		6	6
Chest				5	6		6	
Arm								
Hand								
Abdomen								7
Pelvis					3		3	
Hips							3	
Leg								
Foot								
Back					3		3	

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



A - Clean, cover.
B - Cool, cover.
C - Flush, butterfly.
D - Splint, Ice, Elev.
E - Cool, cover.
F - Splint, Ice, Elev.
S - Compress, Ice, Elev.

Patient Positioning

Essential Care

Position patient & provide First Aid per first condition below which matches patient's condition:	**Waiting**	**Transport**
[1] Unresponsive/**U**nconscious (airway is priority), position …	HAINES	Supine
[2] Shock, position supine. O_2. If no spinal/pelvic/hip injury or pt declines, raise feet 1'. If high HR but low BP, saline IV.	(see left)	Supine
[3] Neck, Back, Pelvic or Hip pain, deformity or fracture, immobilize body in vacuum splint mattress or on backboard with head blocks and padding under lumbar & knees. If Head Trauma, raise backboard head 1'.	Supine Head end up.	Supine
[4] Head Trauma without spinal injury indicated, apply Cervical Collar if patient not otherwise immobilized…	Semi-fowler	
[5] Breathing difficulty (Sucking Chest Wound, Flail Chest, Chest (rib) injury), position lateral or upright per…	Easiest to breath.	
[6] Chest or shoulder deformity, fracture or pain, immobilize injured-side arm in sling and position for comfort	Fowler/Semi-fowler	
[7] Internal bleeding [swollen/turgid abdominal quadrant], place for comfort (back or side) with knees drawn up.	Most Comfortable	
Other injuries not listed above, position patient for comfort; supine, lateral or upright	Most Comfortable	

Command Center Information Tracking

Form	Information/Decisions/Plans
Damage Survey	Worksheet for recording Incidents.
Area Damage Survey Log	Which Streets have & have not been checked?
Incident Log	All incidents found by ERT members & public.
Personnel Log	People on-duty, skills, assignment, times in and out.
Equipment Log	Equipment available, assignment, times in and out.
Response Plan	Worksheet for planning efficient response. Incident Priority. Resources needed, allocated, assigned.
Operations Log	Incident Response operations in progress. Who sent, findings, new needs, when completed.
Incident Order	Incident to Manage, Procedures to perform. Team assignment and Victim rescue tracking.
Casualty Log	Casualty name, description, injuries, treatments, priority, locations (found, held, delivered).
Injury Evaluation Checklist	Patient Name, description, injuries, last triage.
Transport Order	Triggers patient, equipment, supplies movement or acquisition.
Transport Log	Tracks all Transport operations.
Communication Log	Record of Radio communication with City EOC.

Summary of Information Flow

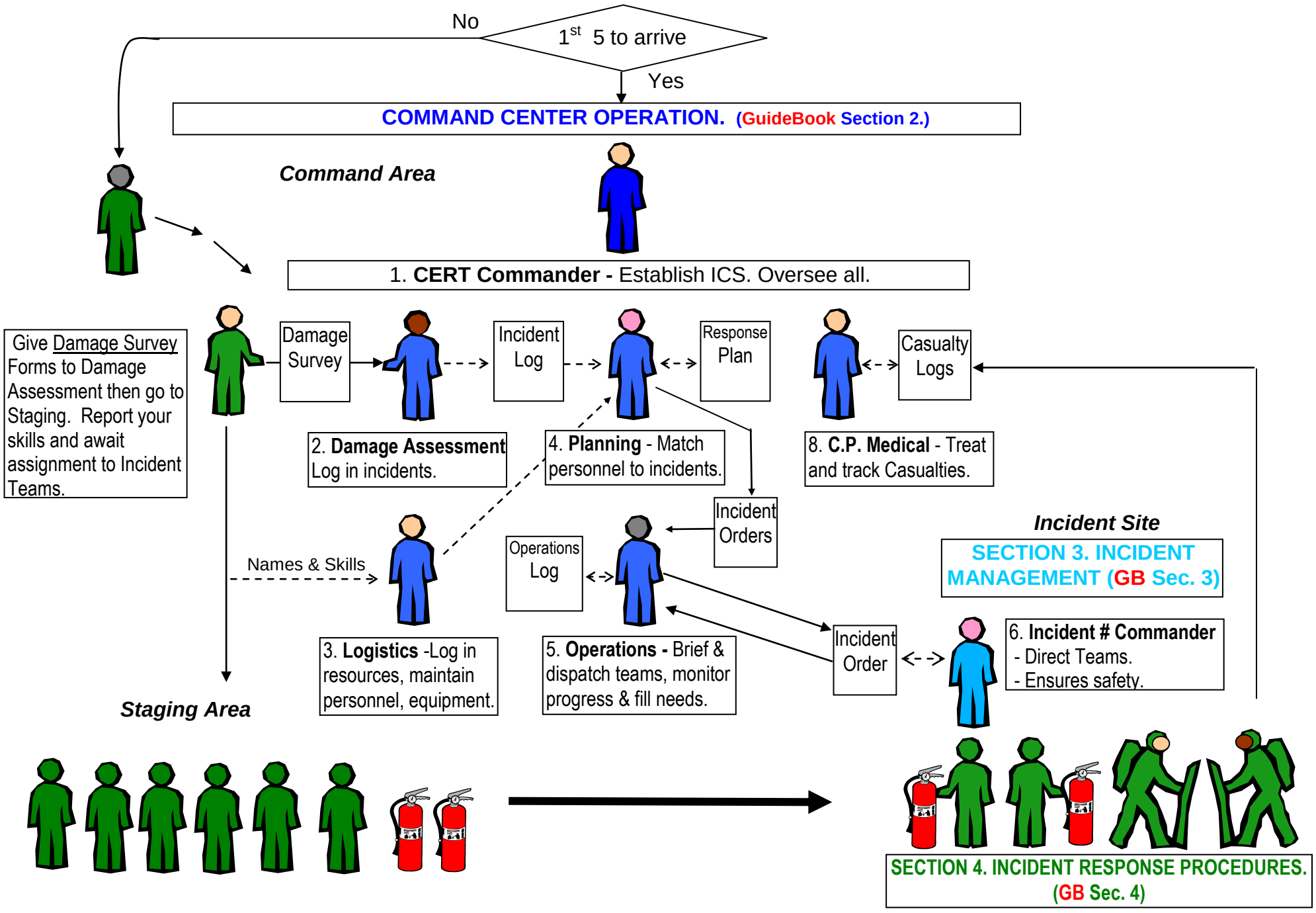
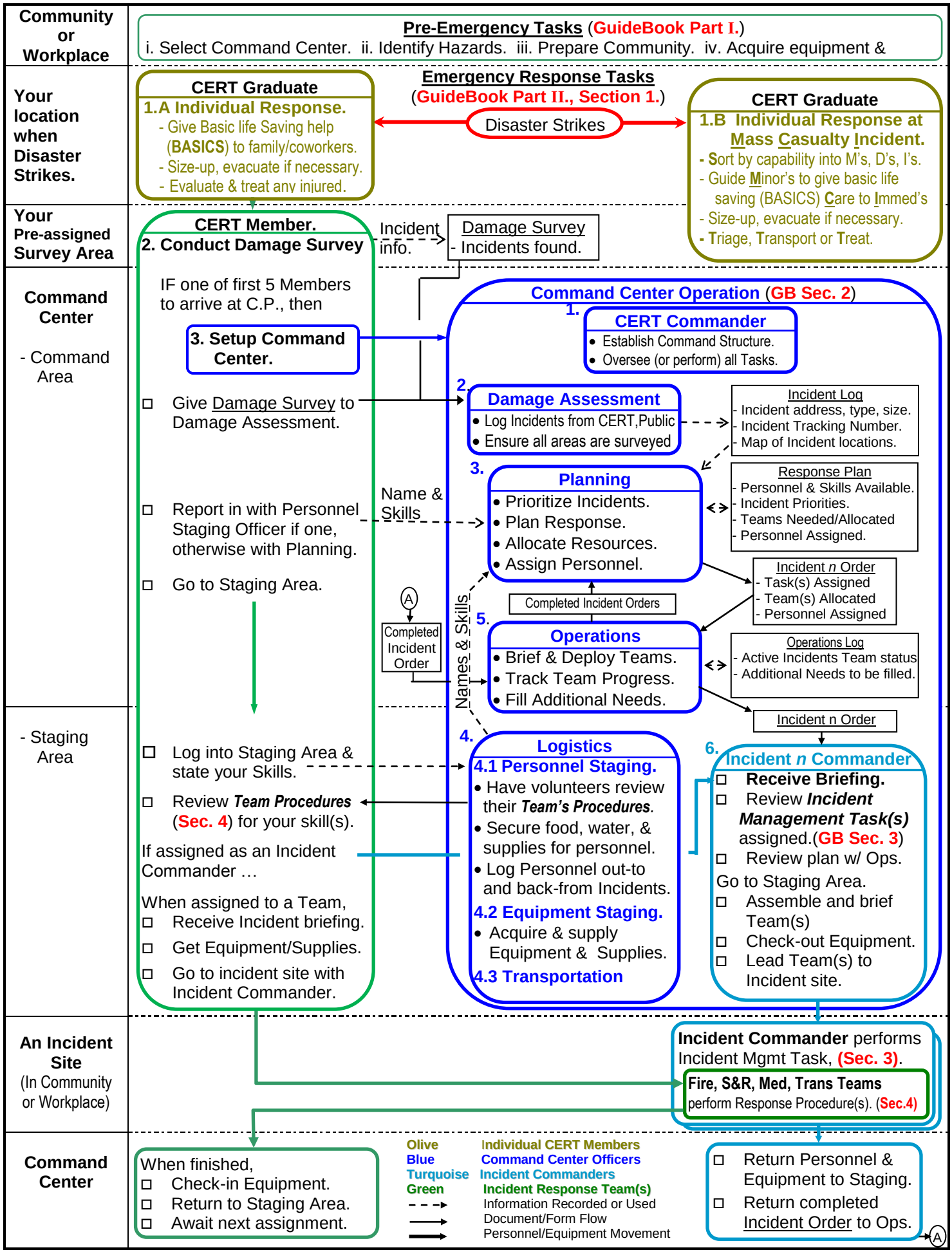


Diagram of GuideBook Tasks.



CERT Basic Training vs. NERT Training

	CERT Basic Training	NERT Training
Preparation Focus.	Personal.	Neighborhood.
Phase Focus	Phase 1 - Individual Response	Phase 2 - Team Response.
Incident Focus.	Single Incident. (The one you're at.)	All Incidents in a neighborhood. - Find all & prioritize. - Allocate resources. - Track areas surveyed. - Track teams sent, status, needs. - Track patient movement, treatm't.
Procedures.	Single, generic.	Optimized for 4 different scenarios.
MCI procedure.	Solo S.T.A.R.T. May help 1 or 2 victims.	AMS's S.A.L.T. Can help all victims.
Fires.	Small fire suppression.	Large file containment.
Max. Damage entered.	Tilting. (Volunteer deaths possible if done.)	Cracked walls but not tilting.
Building entry.	Not covered. (Suits likely if done.)	When and how to force entry.
Patient extraction.	Manual carries & drags. (Volunteers likely sued if done in Phase 2 S&R.)	Non-injurious patient lifts, stretchers & backboards.
Injury Evaluation & First Aid for:	Bleeding, not Breathing, Shock.	Bleeding, not Breathing, Shock, Buried, Burning, Head & Chest Trauma, Spinal injury, Flail Chest, & Sucking Chest Wound, Cardiac & Respiratory problems, +
Airway Management.	Chin Lift-Head Tilt (Exacerbates spinal injury. Suits likely if done.)	Jaw Thrust. Suction. O_2. BVM. H.A.I.N.E.S. Position. Oro & Naso Airway Adjuncts.
Level of instruction.	CERT Level 1.	CERT Levels 1, 2 & 3.

Opportunities to Serve

Command Center Team	- Think under pressure.
Damage Survey Team	- Walk, look and knock on doors.
Incident Commanders	- Leader & Safety officer.
Fire Suppression Team	- Run with 20 lbs extinguisher.
Search & Rescue Team	- Lift and carry 60 lbs 60 feet.
Medical Team	- Give First Aid.
Transport Team	- Have truck or van. Drive slow.

Resources for building Neighborhood Teams are available at www.HilltopHERO.org