Preparing for the ARES Role in the Upcoming Debris Flows

John N6QX, Karen KM6SV, and Scott KE6QZJ

Possible ARES Roles in Debris Flows

Ride-Along

- Connect Fire or Law Enforcement with EOC
- 1 ARES Level 2 operator per vehicle

Evacuation Points

- Connect Temporary Evacuation Points to EOC
- May relay 911 emergency reports
- 2 ARES Level 1 or higher operators (ARES training opportunity?)

Emergency Operations Center

- Operate radios at EOC
- 1 ARES Level 2, with lower level operators assisting (ARES training opportunity)

Net Control

- Operate from home station
- Any ARES Level
- Strong signal, phone, and internet connections needed

Your Go Bag - What to Bring to the Debris Flows

John Gerhardt, N6QX

PSPS Go Kit List - on the Website

https://xczcomm.com/index.php/public-safety-power-shutoffs/



Santa Cruz County Emergency

SIGN UP!



Most Important Go Bag Contents

- 2m/70cm radio (programmed) with batteries for 8 hours of operation minimum + chargers
- External Antenna (mag-mount or j-pole)
- Amateur Radio Frequency List and Radio Manual or Radio Cheat Sheet
- DSW Communications Card, Amateur Radio License, and Driver's License
- ICS 214 Log Sheets and PSPS Emergency Reporting Forms
- Paper Map or Downloaded GPS of the County

- "Report Emergencies Here" Signs (supplied, ERS only)
- Safety Vest (Safety Yellow, ANSI Class 2 or better)
- Masks and Hand Sanitizer
- Tape, Chalk, or some other method of marking social distance (not for ride alongs)
- Food, Water, Toiletries (3 days or more ideally)
- Table and Chairs (not for ride alongs)
- Lighting
- Clothing (3 days or more ideally)
- Sleeping arrangements (like a sleeping bag and tent)

Sample Emergency Report and ICS 214 Logging

Karen Corscadden, KM6SV

PSPS Emergency Reporting Form

- Designed to be:
 - Printed double sided
 - Used single sided (in most cases)
 - A place to record info
 - A prompt to help remember what to ask a reporting party
- Find the relevant side, section, and subsection before you start writing (Medical, Fire, Police, Other)
- Don't hesitate to use multiple sections if appropriate (e.g. a car accident with an injured person would use both fire and medical)
- Use multiple sheets if necessary (e.g. two people with medical issues)
- This is the form labeled on the go bag list as Emergency Report Questionnaire

PSPS Emergency Reporting Date://Time:Station:	Report ID:
Type: Medical: Fire: Police: Other: Summary:	Location:
Reporters Info (Do NOT Transmit Name):	Address:
Name:Phone:	City:
COVID (if any yes: "Precautions YES"): Cough:	Fatigue: Aches: New Loss Taste/Smell:
Short of Breath: Diff Breath: New Confusion:	Nausea/Vomit: Diarrhea: Chest Pain/Pressure:
Congested/Runny Nose: Diff Waking/Staying Awake:	Bluish Lips/Face: Fever/Chills: Sore Throat:
Medical:	
Patient Info: Age: Gender:	Chief Complaint:
Name (Do NOT Transmit):	Other Symptoms:
Conscious: Breathing: Bleeding:	
Chest Pain: Numbness in Arm:	Allergies:
Fire Department:	
Fire: Size:	Details:
What is burning:	
	Where Not Evacuated:
All Evacuated: Number Not Evacuated:	Non-Ambulatory:
Gas Smell: Gas Main Hit: Size of Pipe:	All Evacuated:Number Not Evacuated:
Hissing: Hit By What:	Where Not Evacuated:
Gas Shut Off: Where:	Non-Ambulatory:
Power Lines: STAY AWAY FROM ALL DOWNED LINES	Tree/Branch On Line: Tree Down:
Details:	Sparking: Smoking: Injuries (Fill Med):
	Power Out in Area:Type of Line Down:
Accident: Vehicle vs: Rollover:	Details:
# Vehicle: Lane(s) Blocked: Injuries (Fill Med):	
Trapped in Vehicle: #: Loc in Veh:	
Report Taken By:	Callsign:
Signature:	Run Number (from Netcom):
Version 2.0 Revised 10-August-2020	Sheet of

Type: Medical: Fire: Police: Other:	Report ID:
	Location:
Summary:	
Reporters Info (Do NOT Transmit Name):	Address:
Name:	
Phone:	City:
COVID (if any yes: "Precautions YES"): Cough:	Fatigue: Aches: New Loss Taste/Smell:
Short of Breath: Diff Breath: New Confusion:	Nausea/Vomit: Diarrhea: Chest Pain/Pressure:
Congested/Runny Nose: Diff Waking/Staying Awake:	Bluish Lips/Face: Fever/Chills: Sore Throat:
Police Department:	
What Happened:	When:
	Safe now: Theft: What Stolen:
Weapons:	Direction/Mode:
Person 1: Role:	Person 2: Role:
Race: Sex: Age: Height:	Race: Sex: Age: Height:
Weight: Hair color: Length: Facial:	Weight: Hair color: Length: Facial:
Clothes:	Clothes:
Other:	Other:
Car 1: Role:	Car 2: Role:
Make: Model:	Make: Model:
Color:License:	Color:License:
Year: Body Style: Other:	Year: Body Style: Other:
Other/More Details:	
Report Taken By:	Callsign:
	Run Number (from Netcom):

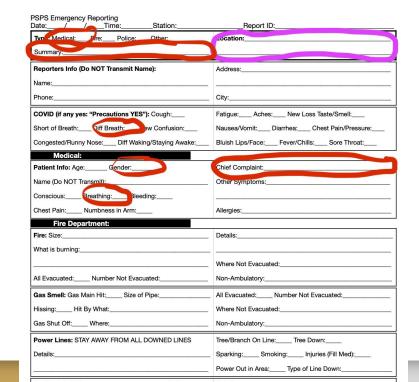
Sheet ____ of ____

Person with Emergency Approaches

"I need help!!! My son is having trouble breathing! Please help me, I don't know what to do!"

- Extract the relevant information
 - Trouble breathing = Medical
 - Son = male
 - Trouble breathing = chief complaint
- Ask for critical information needed to make initial report (top bold box)
 - Enough information to determine type of emergency
 - Enough information to decide on a summary
 - Location of the emergency

Find the correct parts of the form:



Make Initial Report to Dispatch

Radio: "Communications Relay, ARES 9."

Radio: "ARES 9, Communications Relay. Go ahead."

Radio: "Communications Relay, ARES 9, I have a medical emergency at my station. <your callsign>"

Net Control Makes Initial Report to 911

Phone: "911 what is your emergency?"

Phone: "This is ARES relaying for ARES 9. I have a preliminary report of a medical emergency at ARES 9.

Detailed report to follow."

Phone: "Acknowledge preliminary report of a medical emergency at ARES 9. Run number is 12345."

Interview the Reporter

Identify information needed by using the form.

PSPS Emergency Reporting Date:/Time:Station:	Report ID:
Type: Medical: Fire: Police: Other: Summary:	Location:
Reporters Info (Do NOT Transmit Name):	Address:
Name:Phone:	Cities
COVID (if any yes: "Precautions YES"): Cough:	Fatigue: Aches: New Loss Taste/Smell:
Short of Breath: Diff Breath: New Confusion: Songested/Runny Nose: Diff Waking/Staying Awake:	Nausea/Vomit: Diarrhea: Chest Pain/Pressure: Bluish Lips/Face: Fever/Chills: Sore Throat:
Medical: Patient Info: ge: ander:	Chief Complaint
Name (Do NOT transmit):	Chief Complaint: Other Symptoms:
Conscious: Breathing: Bleeding: best Pain: Numbness in Arm:	Allamina
Fire Department:	Allergies:
Fire: Size: What is burning:	Details:
	Where Not Evacuated:
All Evacuated: Number Not Evacuated:	Non-Ambulatory:
Gas Smell: Gas Main Hit: Size of Pipe:	All Evacuated: Number Not Evacuated:
Hissing: Hit By What:	
Gas Shut Off: Where:	Non-Ambulatory:
Power Lines: STAY AWAY FROM ALL DOWNED LINES	Tree/Branch On Line: Tree Down:
Details:	Sparking: Smoking: Injuries (Fill Med):
	Power Out in Area: Type of Line Down:

Craft compassionate questions to elicit needed information:

- Is he having any other symptoms?
- How old is your son?
- Are you or anybody at your son's location having COVID symptoms <list>?
- etc...

Make Detailed Report to Dispatch

Radio: "Communications Relay, ARES 9."

Radio: "ARES 9, Communications Relay. Go ahead."

Radio: "Communications Relay, ARES 9, Medical Emergency is a 12 year old male with difficulty breathing, located at my station. No other symptoms. Precautions yes. <your callsign>"

Radio: "ARES 9, Communications Relay. Confirm medical at your station. Precautions yes. Run number is: 12345. <their callsign>"

 Remember to speak slowly enough that Net Control can record what you are saying! Use other message passing techniques as appropriate. (e.g. I SPELL)

Net Control Makes Detailed Report to 911

Phone: "911 what is your emergency?"

Phone: "This is ARES relaying for ARES 9. I have a detailed report for run number 12345."

(If no run number: "I have a detailed report to follow up on my previous call.")

Phone: "Go ahead ARES."

Phone: "12 year old male with difficulty breathing located at ARES 9. No other symptoms. Precautions yes."

Confirm With and Reassure Reporter

"Ma'am I have alerted 911 services of your son's condition."

Make no promises to the reporter except anything told to you by 911 services. In which case it is "911 services says that...".

Finish Filling Out Emergency Report Form

Ensure all necessary fields on the form are complete (only necessary on one side):

- Header: Date, Time, Location, Report ID
 - You generate the report ID from your call sign and a three digit serial number
 - o e.g. K6HAM-001
- Reporters Info: Contact information for the person reporting the emergency
- Footer: Name, callsign, signature, run number, sheet numbers
- To save time, it is recommended to pre-fill some of the required information such as your name and callsign.

rpe: Medicai.	Location.
Summary:	
eporters Info (Do NOT Transmit Name):	Address:
lame:	
Phone:	City:
COVID (if any yes: "Precautions YES"): Cough:	Fatigue: Aches: New Loss Taste/Smell:
Short of Breath: Diff Breath: New Confusion:	Nausea/Vomit: Diarrhea: Chest Pain/Pressure:
Congested/Runny Nose: Diff Waking/Staying Awake:	Bluish Lips/Face: Fever/Chills: Sore Throat:
Medical:	
Patient Info: Age: Gender:	Chief Complaint:
Name (Do NOT Transmit):	Other Symptoms:
Conscious: Breathing: Bleeding:	
Chest Pain: Numbness in Arm:	Allergies:
Fire Department:	
Fire: Size:	Details:
What is burning:	
	Where Not Evacuated:
All Evacuated: Number Not Evacuated:	Non-Ambulatory:
Gas Smell: Gas Main Hit: Size of Pipe:	All Evacuated:Number Not Evacuated:
Hissing: Hit By What:	Where Not Evacuated:
Gas Shut Off: Where:	Non-Ambulatory:
Power Lines: STAY AWAY FROM ALL DOWNED LINES	Tree/Branch On Line: Tree Down:
Details:	Sparking: Smoking: Injuries (Fill Med):
	Power Out in Area: Type of Line Down:
Accident: Vehicle vs: Rollover:	
# Vehicle: Lane(s) Blocked: Injuries (Fill Med):	
Trapped in Vehicle:#:Loc in Veh:	
eport Taken By:	Callsign:
ignature:	Run Number (from Netcom):

Log the Significant Activity

Log receipt of an emergency report and notification to dispatch on your ICS 214 form!

Make sure to put the Report ID on the ICS 214!

If you run out of time to fill this out, using just the Report ID is acceptable. E.g. "Received K6HAM-002" and "Reported K6HAM-002"

ACTIVITY LOG (ICS 214)

1. Incident Name:			2. Operational Period: Date From	n: 9/26/20	Date To: 9/26/20
PSPS Sep 2020 - 1		Time From: 0000 Time To: 2359			
3. Name: ARES	4. ICS Position: Communications			ency (and Unit): ounty ARES	
6. Resources Assign	gned:				
Nan			Agency (and Unit)		
Н. НАММ, К6НАМ	Radio Operator Sa		Santa Cruz C	ounty ARES	
7. Activity Log:					
Date/Time	Notable Activities				
9/26 1250			eek Emergency Reporting Station	n, begin com	m post setup
1258	Finished setting up comm post				
1000	opened commit post,				
1310	Accepted report of unconscious person (K6HAM-001),				
	reported to emergency dispatch; reporter would not maintain social distance				
1524	Coopied reports or smore pro-				
	and cat stuck in tree (K6HAM-003),				
1525	reported smoke plume to emergency dispatch (K6HAM-002)				
1530	Reported cat stuck in tree to emergency dispatch (K6HAM-003)				
2045	Relief operator arrived				
2100	Assigned shift ending, requested permission to close comm post				
2101	Recieved permission to close comm post, post closed				
2115	Finished cleaining up comm post				
2118	Departed Boulder Creek Emergency Reporting Station				
	11 114444 20011		Dadis O	No.	
	me: H. HAMM, K6HA	M	Position/Title: Radio Operator	Signature	e:
ICS 214, Page 1			Date/Time: 9/26/20 2133		

ICS 214 Form

- Box 1: Put both the Incident Name AND the Activation Number in this box (not as shown).
- Box 2: Put the ICS operational period in this box, NOT your scheduled shift hours.
 - If your shift spans two operational periods, use a different log sheet for each one.
- Box 3: Put "ARES" in this box. You can also put "ARES - <Tactical Call>" in this box. Eg "ARES - ARES 9".
- Box 4: "Communications"
- Box 5: "Santa Cruz County ARES"
- Box 6: <your name, your callsign>, "Radio Operator", "Santa Cruz County ARES"
- Box 8: <your name, your callsign>, "Radio
 Operator", <your signature>, <Date and Time
 you signed the form>

ACTIVITY LOG (ICS 214)

1. Incident Name: 2. Operational Period: Date From: 9/26/20 Date To: 9/26/20				
PSPS Sep 2020 - 1		Time Fro	m: 0000 Time To: 2359	
3. Name: ARES	4. ICS Position: Communications		5. Home Agency (and Unit): Santa Cruz County ARES	
6. Resources Assig	ned:			
Nan	and the second s		Home Agency (and Unit)	
Н. НАММ, К6НАМ			Santa Cruz County ARES	
7. Activity Log:				
Date/Time	Notable Activities			
9/26 1250	Arrived at Boulder Co	eek Emergency Reporting Statio	n, begin comm post setup	
1258	Finished setting up comm post			
1300	Opened comm post, checked in with net control			
1310	Accepted report of unconscious person (K6HAM-001),			
	reported to emergency dispatch; reporter would not maintain social distance			
1524	Accepted reports of smoke plume sighting (K6HAM-002)			
	and cat stuck in tree (K6HAM-003),			
1525	reported smoke plume to emergency dispatch (K6HAM-002)			
1530	Reported cat stuck in tree to emergency dispatch (K6HAM-003)			
2045	Relief operator arrived			
2100	Assigned shift ending, requested permission to close comm post			
2101	Recieved permission to close comm post, post closed			
2115	Finished cleaining up comm post			
2118	Departed Boulder Creek Emergency Reporting Station			
8. Prepared by: Na	me: H. HAMM, K6HAM	Position/Title: Radio Operator	Signature:	
ICS 214, Page 1		Date/Time: 9/26/20 2133		
, rage 1		Duto, Timo.		

ICS 214 Form Con't

- Box 7: Note anything significant especially if there are any times that you are not at your post. (such as for a break, but you don't have to state why you took a break)
 - Be sure to note any injuries/possible injuries
 - Be sure to note arrivals/departures of any communications post staff (including you)
 - You should start logging when you leave your home and finish logging when you return home (not as shown)
- Make sure your name is in Box 6.
- This is a legal document that will be scrutinized after an incident, it may even end up in court, so make sure to keep it professional!
- Do not forget to sign it!

ACTIVITY LOG (ICS 214)

1. Incident Name: PSPS Sep 2020 - 1		2. Operational Period: Date From: 9/26/20 Date To: 9/26/20 Time From: 0000 Time To: 2359		
3. Name: ARES	4. ICS Position: Communications		5. Home Agency (and Unit): Santa Cruz County ARES	
6. Resources Assig	gned:			
Nan	Name ICS Position Home Ag		Home Agency (and Unit)	
Н. НАММ, К6НАМ	Rac	lio Operator	Santa Cruz County ARES	
1				
7. Activity Log:				
Date/Time	Notable Activities			
9/26 1250		eek Emergency Reporting Station	on, begin comm post setup	
1258	Finished setting up comm post			
1300	Opened comm post, checked in with net control			
1310	Accepted report of unconscious person (K6HAM-001),			
1504	reported to emergency dispatch; reporter would not maintain social distance			
1524	Accepted reports of smoke plume sighting (K6HAM-002)			
4505	and cat stuck in tree (K6HAM-003),			
1525	reported smoke plume to emergency dispatch (K6HAM-002)			
1530	Reported cat stuck in tree to emergency dispatch (K6HAM-003)			
2045	Relief operator arrived			
2100	Assigned shift ending, requested permission to close comm post			
2115	Recieved permission to close comm post, post closed			
2118	Finished cleaining up comm post			
2110	Departed Boulder Creek Emergency Reporting Station			
8 Prenared by: No	ame: H. HAMM, K6HAM	Position/Title: Radio Operator	Signature:	
ICS 214, Page 1		Date/Time: 9/26/20 2133	Oignature.	
105 214, Page 1		Date/Time: 0/20/20/2133		

Multiple Simultaneous Emergencies

Scott Green KE6QZJ

Triaging Simultaneous Emergencies

Most of the time, nothing happens. Sometimes, everything happens at once.

When multiple emergencies happen simultaneously, triage them according to the following:

- 1. **Life**: Threats to life or serious injury.
- 2. **Property**: Danger of significant destruction.
- 3. **Environment**: Destruction or pollution.
- 4. **All Others**: Anything else.

Note: During the early stages of debris flow there will likely not be enough resources to respond to anything except Life emergencies.

Questions?

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