

Response Team Leaders Field Operations Guide



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Version 1.1

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1.1 Phase 1: Size Up

Task	Ref.	IMT Role
Primary Assessment		
• Identify Hazards	31	Plan/Intel
• Secure witness or reporting party	35	Plan/Intel
• Number and location of buildings		IC
• Number, location and status of victims		IC
• Determine mode of operation: Rescue or Recovery		IC
Secondary Assessment		
• Type of occupancy		Plan/Intel
• Construction type	11	Plan/Intel
• Estimated time to complete		Plan/Intel
• Additional resources required	24	Logistics
• Building Shoring		
• Canine Search Specialist		
• Engineer		
• Heavy Machinery		
• Hazmat		

1.2 Phase 2: Pre-Rescue Ops

Task	Ref.	IMT Role
• Make general site safe (outer cordon)		Operations
• Make incident ground safe (inner cordon)		Operations
• Establish incident facilities and vehicle routes	32	Plan/Intel
• Remove all non-essential personnel		Operations
• Develop IAP and Contingency Plan	30	Plan/Intel, IC
• Search function (Line/Hail, K9)		
• Rescue function (RTs, TFs)		
• Set up site hazard board	31	Operations
• Develop Communications Plan	7	Operations
• Implement structural monitoring	13	Operations
• Set up entry control and resource tracking	34	Logistics
• Stage equipment and ready personnel		Operations
• Conduct pre-rescue operational briefing	4	Operations
• Communications check		Operations
• Check all personnel are ready for rescue phase		Operations

1.3 Phase 3: Rescue Operations

Task	Ref.	IMT Role
• Deploy rescue personnel		Operations
• Remove surface victims		Operations
• Implement search and rescue plans		Operations
• Remove victims to triage area		Operations
• Reassess mode		IC

1.4 Phase 4: Termination

Task	Ref.	IMT Role
• Total debris removal (Police/DVI and Contractors)		Operations
• Removal of personnel from hot zone		Operations
• Check personnel accountability system		Operations
• Equipment accountability checks		Logistics
• Equipment maintenance/Incident Logs		Logistics/ IC
• Hot debrief	5	IC
• Arrange CISD where required		IC
• Review operations with other agencies		IC

2.1 Operational Briefing

- S** Situation
- M** Mission
- E** Execution
- A** Administration and Logistics
- C** Command and Communications
- T** Terrain
- R** Risks
- Q** Questions

Briefing Format:

- Explain each element in the above order
- Ask all personnel to take notes
- Relevant information should be given at dictation speed
- Ask team to hold all question till the end
- Ask questions of the team to ensure they understand the brief

2.2 Structured Debriefing

- D Describe** - the action
- E Example** - give an example of the issue involved
- S Suggestion** - make a suggestion of how this could be avoided/improved (improvements round)
- C Consequences** state the consequence of applying the suggestion

Debrief Format:

- Begin with a round of Improvements
- Follow with Well Dones
- External agencies/debrief facilitator will go last in each round
- End debrief with discussion of technical points raised

Debrief Rules:

- Be honest with yourself and with others
- Own your own statements
- No justifications; either accept or reject feedback internally
- Don't repeat Improvements, can restate Well Dones
- Do not make personal attacks
- Maintain confidentiality

2.3 Personal Safety

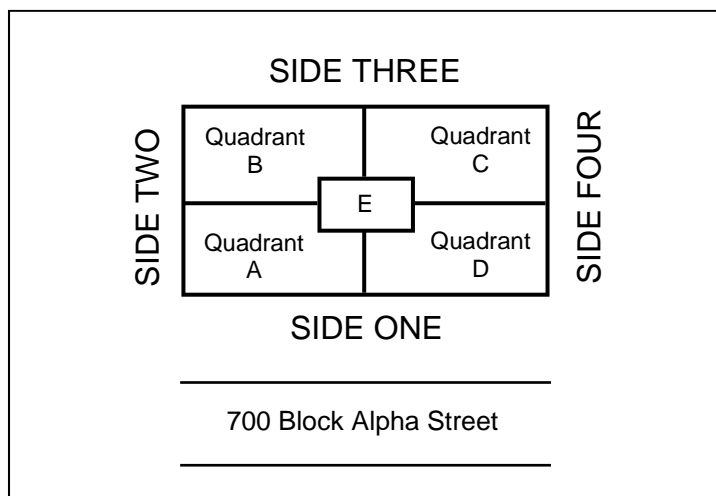
Below is a list of safe working distances for field reference. If you are unsure of any potentially hazardous situations voice this to the Operations Manger for the incident.

Situation/Hazard	Safe Working Conditions	Other contacts
Walls/buildings showing signs of structural damage	At least 1.5 x height of structure	Structural Engineer
Working at heights	At least 2m from the edge	Rope Rescue Team
Working in a Trench	Depth not to exceed waist depth	USAR Task Force
Driving vehicles around trenches/excavations	At least 1.5 x depth of hole	Vehicle marshalling officer
Working around/on railway lines	Stay off tracks/corridors until ok'd by rail controller	Rail Emergencies - control 0800 808 400
Crossing flood waters, or swift moving water on foot or by 4WD vehicle. If by 4WD walk route first.	Only cross water flowing less than walking pace, and less than knee deep	Swiftwater Rescue Team, or; Flood Response Team
Suspected but unknown Hazmat incident	50m for spills 500m if large quantity on fire	NZFS 111

2.4 Comms Plan

Situation:			
Command:	Channel:		Frequency:
Tactical:	Channel:		Frequency:
Alternate:	Channel:		Frequency:
Backup Method:	/INSARAG Whistle Signals		
Call Signs			
	Position/Name		Designation
	<i>Team Leader –</i>		
	<i>2IC –</i>		
	<i>Safety –</i>		
	<i>Squad A –</i>		
	<i>Squad B –</i>		
	<i>Squad C -</i>		
	<i>Medic Squad -</i>		
Additional details			
	Team Leader cell ph		
	Safety Officer cell ph:		

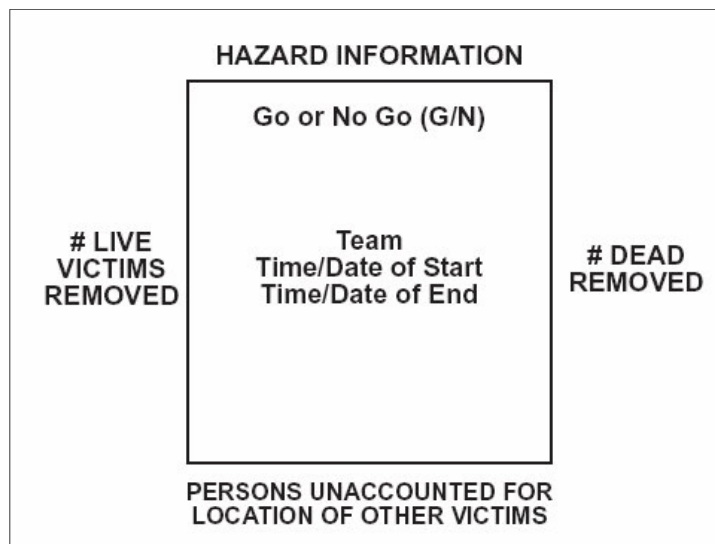
2.5 Building Sectoring



Note: Quadrant E is used in buildings with a central core, these are usually commercial buildings and will house lifts, stair wells, toilets and building services. In smaller buildings, such as houses it will not be necessary to use a Quadrant E for building sectoring.

Building floors are labeled with Ground being the floor with the recognised main entrance. Floors above this are numbered in sequential order (Floor 1, Floor 2 etc.) Floors below Ground level are numbered in sequential order beginning with Basement 1.

2.6 Search Assessment Markings



Note: A circle is drawn around the above box once the building has completely been searched.

Use international orange spray paint.

Marking is to be 1x1 metre at the structure/building entrance. If this is not possible, mark as close to the entrance as you can, with an arrow indicating the direction to the main entrance.

2.7 Victim Markings



Potential Victim Location

Number and status unknown



Confirmed Victim Location

Arrow indicates confirmation

L indicates Live victims

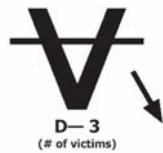
D indicates Dead victims

L - 1
D - 2



All Victims Extricated

Put a circle around victim markings to indicate that all victims have been removed (including dead)



Only Dead Victims Remain

A line through the V indicates that only dead victims remain



Dead Victims Removed

A circle around a crossed out V indicates that only dead victims were left, but have now been removed

2.8 Building Construction Types

Five main construction types:

Timber frame

Low-rise (up to 3 storey) residential or school buildings/prefabs

Common hazards

- Masonry chimneys can crack and collapse
- Masonry veneer walls can fall over
- Heavy roof claddings may cause a secondary collapse to occur extremely quickly
- Fire risk is present due to the amount of dry fuel available

Reinforced masonry

Office blocks, residential and industrial buildings post 1960's

Common hazards

- Inadequate connections to framing may cause entire walls to fall over
- Fire will weaken any steel connectors and may result in walls falling out
- Concrete or wooden floors may collapse, will usually form, v, lean to floor or pancake voids.

Unreinforced masonry

Brick or stone construction pre 1940's

Common hazards

- URM infill falls off from surrounding frames
- Parapets and full walls fall off buildings due to inadequate anchors

2.8 Building Construction Types

- Multi thickness walls may split and collapse
- Roofs and floors may collapse if there are not sufficient supports
- Wooden floors may collapse, will usually form, v, lean to floor or pancake voids.
- Falling loose bricks may strike people who are passing the building during an earthquake, or trap them in cars

Concrete tilt-up

Industrial buildings, and some new commercial and medium-rise residential buildings

Common hazards:

- Walls separate from floors, causing localised collapse, possible total collapse
- Suspended wall panels may become dislodged and fall off building
- Steel connectors may fail due to fire, causing a sequential angle wall collapse (pack of cards style)

Reinforced concrete and steel frame

Most new, commercial buildings in town centres and cities

Common hazards:

- Columns break at the joint with other members
- Reinforced concrete may break away from rebar (bird caging)
- Punching shear failure at intersection of slabs and columns
- Precast floor slabs dislodge if not adequately seated

2.9 Structural Monitoring

Use one or more of the following techniques to monitor a building for secondary collapse.

Inclinometer or tilt meter

These are available inexpensively from local hardware shops. Mark positions on structure walls, the same size as the device, and give each location an identifier, eg S1L1 (side 1 location 1 etc.) Keep a list of the readings, and make regular checks at each location, comparing these to the initial readings. If changes are noted, evacuate.

Monitoring cracks

Tape two parallel rulers across a crack, drawing lines on them to show where the crack currently runs. Inspect every 15 minutes to see if the crack size or location has changed.

Alternatively, tape a piece of newspaper tightly across a crack. If the paper has torn on reinspection, evacuate building and await further assessment by a qualified structural engineer.

Laser Level

Using a laser level to monitor structural movement is another alternative.

- Set up two levels about 30-70m from the building you wish to monitor. If the building already has a lean, set up side-on to any lean, each on opposing sides of the building.
- Cone and tape off an area around the laser level to avoid it getting knocked.

2.9 Structural Monitoring

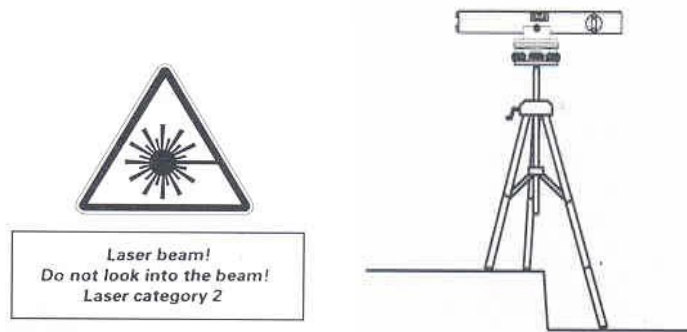
- On the building, use a timber crayon or spray can to draw a crosshair exactly on the dot, and a time that the reading was taken. If using a handyman type product, it is likely that once set up, the laser dot on the building will be about the size of a coffee cup; draw a circle over this, then a cross through the centre.

 NZ-RT11
2200 10 SEPT 06

Warning: do not look directly
into the laser beam



- Check the building where the dot sits, every 15 minutes to see if it has moved. If there is movement visible, evacuate all personnel and await for a structural engineer to assess the building.

Note: wind will adversely affect the accuracy of laser level readings.



2.10 Hazmat for First Responders

Where any of the following placards or labels have been identified, it is likely that Hazardous Substances are involved. Follow the steps below, unless you have specialist training in Hazmat response.

	
<p>IMDG class label, take note of the number shown on the placard, give this info to Fire Comms when reporting a Hazmat incident.</p>	<p>Emergency Action Panel, record the 4 digit number (UN Number), and where possible take note of all information. provide this to Fire Comms.</p>

1. Primary situation assessment

- Do we know what substances are involved or what measures to take? See Emergency Action Code list on pg 19.
- Is this a fire or a spill?
- How large is the spill?
- Does the fire involve large quantities of the substance?
- What are the weather conditions like? Is it windy or raining?
- How does the weather affect the scene and substance, addition of rainwater to substance, contaminants carried by wind?
- What is at risk – people, property, environment?
- How significant is the risk?

2.10 Hazmat for First Responders

2. Report incident

Incidents involving hazardous substances need to be reported to the New Zealand Fire Service on **111**. Where additional information is required for providing first aid to people affected by a hazardous substance incident, the National Poisons Centre can be contacted on **0800 764 766**.

3. Secure the area

Evacuate and isolate. Set up an initial isolation zone in accordance with the distances given in SNZ HB 76:2003 Dangerous Goods – Initial Emergency Response Guide. This should keep members of the public (including traffic) out of danger. If the goods cannot be identified, isolate immediately for 50m in all directions from a spill, up to 500m if large quantities of the dangerous goods are involved in a fire.

4. Respond or wait for backup

Where it has been deemed safe to respond, don appropriate PPE and reenter the isolation zone. First priority is to protect safety of people in the area, (Me, my team and members of the public). Then try to contain the substance, eliminate the source of the leak and/or control the hazard in accordance with the relevant guide in SNZ HB76:2003, or as per the Emergency Action Code displayed with the goods (see pg 17).

Where it is unsafe to reenter the isolation zone, await backup.

2.10 Hazmat for First Responders

Emergency Action Codes are designed to give basic information to first responders about how to deal with hazardous substances, and what precautions to take. They will consist of a number and two or three characters written in black on an orange background. Some letters may be orange on black background indicating that BA is only required if the substance is on fire. The codes are explained below.

1		COARSE SPRAY	2	FOAM		Key V can be violently or explosively reactive LTS/CPC Liquid Tight Suit and BA required Dilute Spillage may be washed away when greatly diluted Contain Spillage must not enter water courses or drains Dry Agent Water must not be allowed to contact substance
3		FINE SPRAY	4	DRY AGENT		
P	V	LTS (CPC)			DILUTE SPILLAGE	
R						
S	V	BA & FIRE KIT				
T						
W	V	LTS (CPC)			CONTAIN SPILLAGE	
X						
Y	V	BA & FIRE KIT				
Z						
E	PUBLIC SAFETY HAZARD (EVACUATE)					

2.10 Hazmat for First Responders

When working near Hazmat as part of a rescue task, the Incident Controller should request an NZFS Hazmat unit.

If contact is made between a rescuer and a hazardous substance:

They should be washed down using a decontamination shower using cold water and soap. Do not use warm water as this will cause the pores in the skin to open and allow the poison to be absorbed more easily. This is the procedure for most hazardous substances, but be aware that some chemicals have an adverse reaction to water. *If there is any information identify the substance first.*

If contact is made between an unknown substance and a rescuers PPE the following measures should be take.

Soft PPE, such as gloves, overalls etc should be disposed of and replaced with new items.

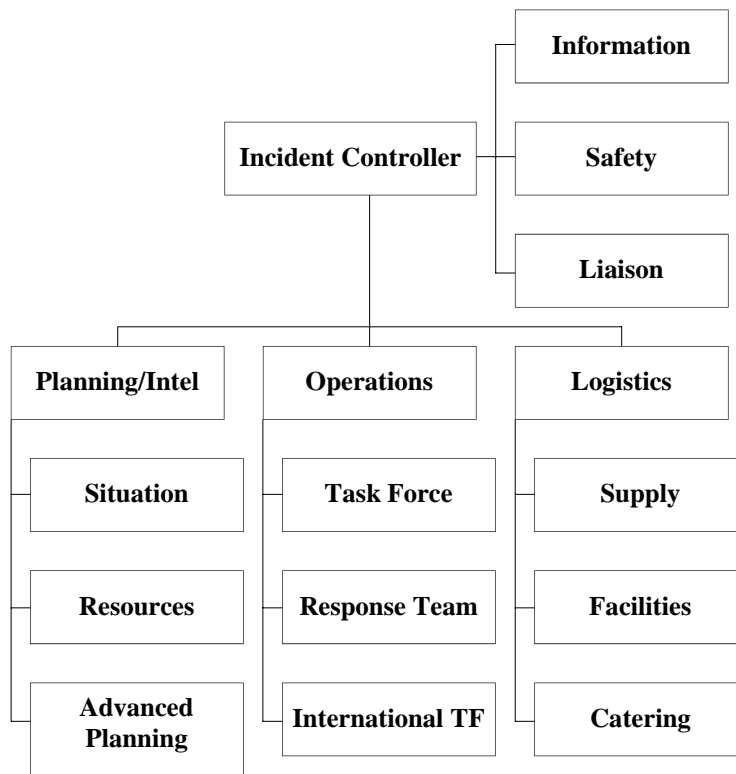
Hard items should washed thoroughly with water and bleach. If there does not appear to be any adverse effects these may be used again when dry. Items such as helmets may have been affected by contact with chemicals. If you are unsure, throw it away.

If the chemical or substance has been identified:

It is advised that all soft PPE is disposed of if it has been in contact with a Hazmat.

Treat hard items as above, however check with the manufacturer of the helmet to see whether the integrity will be affected by the know chemical.

3.1 CIMS Structure



Note: These are only some functions of Planning and Logistics, others are given in the role descriptions.

3.2 Incident Controller Tasks

Task	Description
Assess the incident	What is the problem? How is the situation likely to develop? What resource will be required?
Assume control	Authority needs to be clearly passed over when assuming this position and all involved need to be aware of this. Clear identification is key.
Appoint staff	Appoint staff according to the size and complexity of the incident. Anticipate these requirements and make appointments as soon as possible.
Develop IAP	Develop an Incident Action Plan, or sign off on delegated task.
Allocate tasks	Delegate critical tasks identified in the IAP; identify expectations, time restraints and adequate resources. Request status reports, monitor progress and revised as required.
Liaise with other agencies	Give clear direction to supporting agencies about how they fit into the CIMS structure for the incident at hand. Ensure they are kept informed about latest developments.
Report to the lead agency	Provide regular SITREPs to the Response Coordinator or Lead Agency/ CDEM Group.
Conduct briefings	Have regular meetings with members of the IMT informing on critical success factors and the effectiveness of the strategies and tactics used.
Organise changeovers	Put into place procedures for the Watch/Shift changes and handovers.
Manage the media	Make statements to the media on behalf of the Lead Agency or appoint an Information Officer to carry out these tasks.
Maintain safe practices	The Incident Controller is ultimately responsible for the safe of all crews, support personnel and the public who may be involved with the incident. The Incident Controller may appoint a Safety Officer.

Note: All IMT positions are required to keep logs of activities etc.

3.3 Operations Manager Tasks

Task	Description
Obtain a briefing from Incident Controller	Familiarise yourself with the “big picture” and your role. Obtain a copy of the SITREP, AIP, Logs, and a summary of the resources available. Get clear direction on initial activities to be undertaken.
Develop tactics in support of the IAP	Discuss the situation with immediate subordinates: <ul style="list-style-type: none"> ● Obtain plans for the next work period ● Review operations, considering; resource availability, situation status, incident behavior prediction, weather and communications capability
Brief personnel and allocate tasks base on IAP	Identify key personnel appointed to the incident: <ul style="list-style-type: none"> ● Conduct a briefing meeting with them based on the IAP ● Make sure they have copies of the plan relevant to their tasks ● Establish reporting arrangements concerning plan implementation ● Provide additional information when requested
Establish/maintain AA and SA	Identify required locations, expected resources to be assembled at each, and the anticipated duration of use. Work with logistics to ensure that these areas are properly supported and resourced.
Manage operations at the incident	Acquire information on Operations activities: <ul style="list-style-type: none"> ● Provide info on changes to Planning and Incident Controller ● Implement necessary changes within Operations ● Handle unresolved problems
Evaluate operations	Assess progress of Operations activities and provide reports to IC and Planning, outlining progress, incident projections etc.
Determine need for resources	If additional resources are required, provide details to the IC, including type, quantity, time needed by and location for delivery.
Release resources	Evaluate the adequacy of the existing resources, estimate the future requirements, make recommendations for the release of resources.
Report special incidents	Report special incidents and accidents, using the SITREP format, specify any additional resources needed.

3.4 Planning/Intel Manager Tasks

Task	Description
Obtain a briefing from Incident Controller	Be aware of the current situation and the plan being used for management of the incident. Understand the IC's concerns and priorities in order to continue the planning process and create objectives and strategies.
Process incident information	Maintain and update all information pertaining to the incident including, weather forecasts, SITREPs maps and estimates of loss. Use knowledge of the situation to assist in forecasting incident behaviour.
Maintain records on deployment of resources	Develop an effective system to record what resources are deployed at the incident and what they are doing and where they are.
Maintain information service	Provide up-to-date information relating incident cause, size, current situation, resources and other matters of interest. Allows other personnel to be kept up to date with information about the incident.
Liaise with specialists	At large or complex incidents, technical specialists may be employed to predict the incident behaviour, and assist in planning how to combat the incident.
Conduct planning meetings	Depending on the size of the incident, conduct a planning meeting on behalf of the IC with the planning team. At a smaller incident, the entire Incident Management Team may be involved in developing the IAP.
Develop alternative strategies	In consultation with other members of the IMT, develop alternative strategies and objectives for consideration by the IC.
Distribute the IAP	Following each planning meeting, prepare and distribute the Incident Action Plan.
Organise incident demobilisation	Prepare plans for demobilisation at the incident and the return of all resources to their home location. Demobilisation plans are submitted to the IC for approval.

3.5 Logistics Manager Tasks

Task	Description
Obtain a briefing from Incident Controller	Receive a briefing from the IC, making special note of: <ul style="list-style-type: none"> ● Current status of the incident ● Resources that are allocated, available and en-route ● Unserviceable resources ● Geography and topography of the incident
Plan the organisation of logistics	Respond to the needs of the IAP. This may include the formation of: <ul style="list-style-type: none"> ● Supply unit - organises additional personnel and equipment ● Facilities unit - manage locations for sleeping, eating, work etc. ● Ground support unit - provide transport, supplies and food, refueling, machinery maintenance security and traffic management ● Coms unit - install/maintain equipment, provide technical advise ● Medical unit - ensure that personnel receive immediate medical treatment where needed ● Catering unit - provides food and refreshments to personnel ● Finance unit - organises time records of personnel, accounts for purchases of supplies and hire equipment, insurance and cost data
Allocate tasks	After determining the function and structure of the Logistics section, allocate tasks to the appropriate tasks. Get key personnel in their locations quickly, taking into account their experience and skills.
Assist in preparation of the IAP	Seek to anticipate Operations' likely requirements for supplies, services, materials and consumables.
Prepare Coms Plan	Prepare a communications plan (see page 7) identifying; communications needs, types of equipment and personnel to operate equipment.
Estimate future support requirements	Plan future logistical requirements such as: Structural - putting in place additional logistics elements Managerial - organising an appropriate span of control Physical - ordering additional materials and equipment
Provide management support	Provide administration and communication services required to assist in the management of the incident. Responsible for photocopying, recordkeeping, operation of radios, phones, computers faxes etc.

3.6 Requesting Resources

As a member of the Incident Management Team, you may be required to contact external agencies or businesses to request additional resources. These may be in the form of personnel, equipment of both. Before contacting the agency that you wish to request a resource from, take into account the following:

- Am I requesting personnel or equipment?
- How quickly do I need the resource?
- What is the task that the resource is needed for?
- Which phase of REPEAT will this be working in?
- Are there special procedures/contact number that I need to mobilise this resource? Fire Comms?
- Will this resource require other support equipment?
 - Timber for Task Force shoring/cribbing operations
 - Mechanics for specialist equipment
 - Accommodation, catering, ablutions for additional rescuers
 - Trucks and cranes to assist set up of heavy cranes
 - Additional radio comms, additional channels
- Do I need to arrange pickup and delivery to site?
- Will I need this order authorised? By whom?
- **Requisitioning items under the CDEM ACT 2002 (s 90) requires:**
 - Authorisation from the Controller
 - A written statement to the owner of the property or goods, detailing what items are being requisitioned.
 - Proof of identity may be carried and shown when requisitioning property or goods (s93)

3.7 Radio Channels

ES Band Simplex Allocations		
Channel	Frequency	Licencee/Use
ESX7	140.5475	NZ Police
ESX9	140.6125	NZ Fire Service
ESX11	140.6375	NZ Ambulance Board
ESX12	140.6500	NZ Ambulance Board
ESX13	140.6625	NZ Ambulance Board
ESX14	140.6750	NZ Ambulance Board
ESX15	140.6875	MCDEM/Local Councils
ESX16	140.7000	MCDEM/Local Councils
ESX17	140.7125	MCDEM/Local Councils
ESX18	140.7250	MCDEM/Local Councils
ESX19	140.7375	MCDEM/Local Councils
ESX20	140.7500	MCDEM/Local Councils
ESX21	140.7625	MCDEM/Local Councils
ESX22	140.7750	MCDEM/Local Councils
ESX23	140.7875	MCDEM/Local Councils
ESX24	140.8000	MCDEM/Local Councils
ESX25	140.8125	MCDEM/Local Councils
ESX26	140.8250	MCDEM/Local Councils
ESX27	140.8372	MCDEM/Local Councils
ESX34	140.9250	NZ Fire Service

3.7 Radio Channels

ES Band Simplex Allocations			
ESX39	140.9875	Emergency Services Liaison	
ESX40	141.0000	Emergency Services Liaison	
ESX44	143.5500	MCDEM/Local Councils	
ESX45	143.5625	MCDEM/Local Councils	
ESX46	143.5750	MCDEM/Local Councils	
ESX47	143.5875	MCDEM/Local Councils	
ESX49	143.6125	MCDEM/Local Councils	
ESX50	143.6250	MCDEM/Local Councils	
ESX51	143.6375	MCDEM/Local Councils	
ESX52	143.6500	MCDEM/Local Councils	
ESX53	143.6625	NZ Police	
ESX63	143.6750	NZ Fire Service	
ESX64	143.8000	NZ Fire Service	
ESX66	143.8250	NZ Fire Service	
ESX74	143.9250	MCDEM/Local Councils	
ESX77	143.9625	MCDEM/Local Councils	
ESX78	143.9750	MCDEM/Local Councils	
ESX79	143.9875	NZ Ambulance Board	
ES Band Duplex			
ESB164	140.0500 Tx	143.0500 Rx	ES Liaison
ESB165			ES Liaison

3.7 Radio Channels

PRS Band Simplex					
Channel	Freq.	Channel	Freq.	Channel	Freq.
PRS1	476.425	PRS15	476.775	PRS29	477.125
PRS2	476.450	PRS16	476.800	PRS30	477.150
PRS3	476.475	PRS17	476.825	PRS31	477.175
PRS4	476.500	PRS18	476.850	PRS32	477.200
PRS5	476.525	PRS19	476.875	PRS33	477.225
PRS6	476.550	PRS20	476.900	PRS34	477.250
PRS7	476.575	PRS21	476.925	PRS35	477.275
PRS8	476.600	PRS22	476.950	PRS36	477.300
PRS9	476.625	PRS23	476.975	PRS37	477.325
PRS10	476.650	PRS24	477.000	PRS38	477.350
PRS11	476.675	PRS25	477.025	PRS39	477.375
PRS12	476.700	PRS26	477.050	PRS40	477.400
PRS13	476.725	PRS27	477.075		
PRS14	476.750	PRS28	477.100		

PRS Band Duplex

In areas where a PRS repeater is available this will be configured so that handheld radios receive on the channel 1-8, and transmit on the corresponding channel 31-38.

For example, by selecting channel 4 duplex on a handheld radio, messages will transmit on channel 34 (477.250MHz) and receive on channel 4 (476.500MHz).

3.8 Radio Call Signs

The following is a list of commonly recognised call signs for use at USAR incidents. These should be used where possible, however, if Incident Ground Communications have already been set up, use the Radio Call Signs given by Incident Controller or Operations.

Command Call Signs	
Person or Position	Call sign
Incident Controller	"[Site location] Control"
Logistics Manager	"[Site location] Logistics"
Intelligence/Planning Manager	"[Site location] Intel"
Operations Manager	"[Site location] Operations"
Site Safety Officer	"[Site location] Sierra"
Information Manager	"[Site location] Information"
Liaison Manager	"[Site location] Liaison"

Tactical Call Signs	
Person, Position or Team	Call sign
USAR Task Force	"Task Force [Task Force #]"
USAR Response Team	"Response Team [Response Team #]"
Team Leader	Suffix "Zulu"
2IC	Suffix "X-ray"
Safety Officer	Suffix "Sierra"
Squad of Response Team or Task Force	Suffix "Alpha"
Squad of Response Team or Task Force	Suffix "Bravo"
Squad of Response Team or Task Force	Suffix "Charlie"
Canine Search Team	Suffix "Delta"
Squad of Response Team or Task Force	Suffix "Echo"
Medic or Medic Squad	Suffix "Mike"

Example: Response Team 12 Zulu, Task Force 2 Mike etc.

3.9 Situation Report

Situation Reports (SITREPs) are designed to evaluate the current actions being undertaken, and the predicted evolution of the incident. A SITREP will always precede an Initial Action Plan (IAP) and should be created at the start of every shift change.

A SITREP should include:

Incident details

- Incident name and location
- Report number
- Date and time
- Prepared by (IMT Position)
- Name and contact details of person who prepared it
- Valid until

Assessment (note any critical issues and assumptions made)

Action taken

Resources

- In place
- That may be required

Factors (Weather and other factors or limitations noted)

Predicted incident development

Options

3.10 Incident Action Plan

An Incident Action Plan (IAP) is a document that builds on the information gathered in the SITREP and develops objectives for the current shift and strategies to achieve these.

An IAP should include:

Incident details

- Incident name and location
- Report number
- Date and time
- Priority (High/Medium/Low)
- Prepared by (IMT Position)
- Name and contact details of person who prepared it
- Time at which to be updated

Situation summary

Incident objective

Strategy

- Plan of action
- Critical events
- Resource needs
- % Completed

Information flow

Communications plan (or reference to the Comms Plan)

3.11 Site Hazard Board

DATE: 24 APRIL 2005	SITE: AAA FREEZING WORKS		
PREPARED BY:		OPERATIONS, RED WATCH	
UPDATED	HAZARD	E/I/M	CONTROL
12 APR 0220 hrs	REINFORCING STEEL	M	FULL PPE, BEND DOWN REBAR
12 APR 0220	CONCRETE DUST	M	DUST MASK, RESPIRATOR
12 APR 0220	UNEVEN TERRAIN	M	SAFETY BOOTS WORN, 3PTS CONTACT WHEN MOVING
24 APR 0850	MACHINERY OPERATING	I	NO ACCESS TO SECTORS C&D

This is one example of a Site Hazard Board. This is a good idea to use when identifying site hazards in order to control those hazards through Elimination, Isolation and Minimisation (E/I/M). Use the Site Hazard Board when briefing teams arriving on site, or at the start of each shift change in order to keep personnel updated on new site hazards.

3.12 Incident Facilities

Incident Control Point (ICP)

- Building, vehicle, tent or trailer
- Located outside the hot zone, and away from site noise, but in close proximity
- Ability to expand as incident grows
- Clearly identified
- Sheltered from weather, secure from public
- Electricity and telecommunications if possible

Assembly Area (AA)

- Location away from the incident
- Is a support (rather than operational) facility
- May include crew welfare and equipment maintenance

Staging Area (SA)

- Resources are gathered prior to deployment
- Safe location
- Sheltered from weather
- Facilities for personnel and equipment
- Has an accountability system in place

Safe Forward Point (SFP)

- Near the incident hot zone edge
- Location where operations can be supported
- Resources from SA should be directed to SFP
- Can also double as an evacuation point

3.12 Incident Facilities

Triage

- Location where victims are taken after being removed from the incident site
- On the edge of the hot zone, usually crosses the inner cordon
- Sheltered from the weather, secure from the public
- Has the ability to expand as the incident grows
- Near to ALP

Ambulance Loading Point (ALP)

- Close to Triage
- Provides room for Ambulance vehicles to turn and load patients
- Sheltered from the weather, a tent or series of tent flies

Cordons

- Used to contain an incident
- Deployment of equipment and personnel to restrict movement onto the site
- Inner cordon secures the hot zone, only allows tactical units onto the site
- Outer Cordon secures the larger site, and keeps the public out of the support facilities.
- **Road Blocks** limit the flow of vehicles, only opened in extreme circumstances
- **Checkpoints** points where the traffic into the site can be monitored and controlled, but no physical barriers are present

3.13 Resource Tracking

Personnel Accountability System (PAS)					
Name	Time In	Time Out	Task	Sector*	Report In
TF1A Pete, Mike	2245		Void Search	F1QA	2345
RT4B Jim, Shane	2250	2305	Tools to IE1A	F1QA	Out
RT6M Dave, Kate	2312		FA to RT6A	FGQE	2330

*Sector is displayed using the Building, Floor, Quadrant (BFQ) method. In this example there is only a single structure collapse so Floor, Quadrant (FQ) is acceptable.

Equipment Tracking			
Item	ID	Issued	Responsible
Search camera kit	TF2 2848A	2250	RT4B=>TF1A
Response Medikit	RT6 2744D	2312	RT6M
			Due
			0130
			2345

3.14 Occupancy Interviews

Questioning witnesses and survivors can give clear clues as to the type of occupancy, hazards and clear zones in the building.

Information Management

- Team leader to conduct interviews
- Record all information in your notebook with date/time
- Get witnesses details; name address, ph number, as this information may become evidence
- Report information to Operations Manager

Survivors/Witnesses

- Who lives in which room
- Colours of ceilings and floors
- Floor coverings and furniture types
- Potential for occupancy, type of occupancy
- Number of suspected missing persons
- Hazards likely to be present
- Time of collapse (and secondary collapse)
- Has the building been searched yet?
- Availability of building plans (floor evacuation maps)
- Location of utility main switches, have these been isolated
- What have you seen or heard?

3.15 Dealing with Deceased

If the death does not appear to be suspicious, and the body is not hindering any rescue effort, take the following steps:

- Contact the Police to request they attend (the Police act as agents for the Coroner) and follow any instructions given.
- If this is not practical, mark your point of entry to the scene
- If possible, walk to the body in a straight line noting route taken
- Check for signs of life, (respirations, pulse, skin colour & temp.)
- If there are no signs of life, leave the scene by the same 'corridor' that you entered by
- Contact Police at first available opportunity .

If the death does appear suspicious:

- Advise Police immediately
- If the position of the body is not blocking passage to any live trapped, victims, leave it as you find it
- Control, freeze and preserve the scene by cordoning off the area and not disturbing anything inside the cordon.
- Carefully observe and record the following details where possible, time date and place, weather, objects, condition of the body, actions taken. If available to you, take photos of the body and anything you believe may be relevant
- If a body must be moved in order to access live victims, try to cause minimal disturbance in doing so.

*Live people take priority over dead bodies.
Remember to apply Body Substance Isolation procedures when dealing
with any patient, body, or body part.*

4.1 Patient Assessment

Primary Assessment

- For triage of patients involved in an MCI refer pg 40.

S	Safety	Safety of yourself, team, patient and others. Are there any hazards that pose a threat to the rescuers? Can this/these be managed? What is the Mechanism of Injury (MOI)?
L	Level of Consciousness	Assess the patients as either: <ul style="list-style-type: none">• A - Alert• V - Responds to Voice• P - Responds to Pain• U - Unresponsive
A	Airway	Check the airway, tilt the head back if unconscious (unless MOI indicates possible spinal injuries).
B	Breathing	Is the patient breathing? Are there signs of breathing distress? Is the breathing adequate to sustain life?
C	Circulation	Try to find pulse (carotid where possible on unconscious patients). Is a pulse present?
M	Major Bleeding	Carry out a 'haemorrhage sweep' of the patient to assess if there is any major bleeding that has not been seen.

4.1 Patient Assessment

Secondary Assessment

S	Signs/Symptoms	What can be observed? What is the patient complaining of?
A	Allergies	Is the patient aware of any medications they are allergic to?
M	Medications	Is the patient currently taking any medications or is prescribed but not compliant with?
P	Previous Medical History	Does the patient have any relevant history relating to their current condition? Any history of medical conditions or previous surgery? Does the patient have a Medic Alert pendant?
L	Last Meal	When was the last time the patient ate? This may be required if they need surgery.
E	Events Prior	What occurred leading up to the incident?

If the patient's condition is due to a medical event, carry out more in depth assessment and questioning (refer pg 38).

4.1 Patient Assessment

Secondary Assessment

P	Provokes	What brings on the pain? What were you doing at the time? Has anything you have tried eased the pain? Is it better or worse sitting/lying down? Does it make it worse if you take a deep breath?
Q	Quality	How would you describe the pain; is it sharp, dull, crushing?
R	Region/Radiating	What area is the pain in? Is it just contained to that area? Has the pain radiated away from the area into other areas?
S	Severity	If you had to rate it on a scale of 1 to 10, 10 being the worst pain you have ever felt, 1 being mild discomfort, where would you put it?
T	Timing	When did it come on? How long ago was that? What were you doing at the time? How long have you had the pain?

4.2 Patient Handover

When carrying out a patient handover to another medical care provider the relevant information about the patient must be given to the new care provider. This is usually done both verbally and by written means. A copy of the patient report form (which details information about the patient, their injury/illness and the treatment given to them) is given to the new provider, and the main points from this information is also conveyed verbally.

When giving a handover try to include the following points on your patient report:

- **Patients details:** Full name, sex, DOB, age, address.
- **Medical details:** Chief complaint, info about the patient on arrival, on examination and en route (if transporting). Points from SAMPLE (pg 38). Patient status.
- **Treatment details:** List treatments given, and at what time. Include baselines and vitals taken.
- **Other details:** Your name and medical level/qualification.

Give the following details verbally during the handover:

- **Patients name**
- **Chief complaint**
- **Brief explanation of injury sustained and cause**
- **Treatment given (which of these helped)**
- **Allergies** - list these, or note that the patient has no known allergies
- **Medications** - list the medications the patient is currently on or not compliant with

4.3 Team Considerations

Heat exhaustion

Patients will present with pale, moist, cool or normal temperature skin. Other signs and symptoms may also be present and these include:

- Muscle cramps, usually in the legs and abdomen
- Weakness or exhaustion
- Spells of faintness or dizziness
- Rapid, shallow breathing
- Weak pulse
- Heavy perspiration
- Confusion
- Loss of consciousness

Treat as follows:

- Remove from the heat source (take to triage if set up)
- Call for medical assistance
- Remove or loosen clothing to cool patient by fanning without chilling him/her
- Lay patient down with legs slightly elevated
- If the patient is responsive and not nauseated, give small sips of water, if this causes nausea or vomiting, do not give any more water
- If medical help is not present, transport to a medical facility lying down
- If patient experiences muscle cramps, apply moist towels over cramped muscles

4.3 Team Considerations

Heat stroke

It will present a patient with hot skin, either dry or moist, and signs and symptoms that may include:

- Rapid, shallow breathing
- Rapid pulse
- Weakness
- Little or no perspiration
- Altered mental state or loss of consciousness
- Dilated pupils
- Possibility of seizures

Treat as follows:

- Remove from the heat source (take to triage if set up)
- Call for medical assistance
- Remove clothing and apply cool packs to the neck, groin and armpits
- Wet skin using wet towels and fan aggressively
- If medical help is not present, transport urgently to a medical facility lying down

4.3 Team Considerations

Fatigue

Fatigue is the body's response to working for long periods of time, or carrying out physically demanding tasks, with little or no time to rest.

Fatigue will influence different people to different effects, based on their fitness, age, weight, medical conditions etc. Some signs and symptoms that may be present in a patient suffering from fatigue are:

- Tiredness and lethargy
- Slowed reaction times
- Easily irritated by others and situations

The only real treatment for fatigue is effective management of the work and rest periods of rescuers. To do this, take the following steps:

- Rescuer to work at a pace that is steady but not over exertive
- Team leaders to arrange regular breaks based on the exertion of team members
- Stand team down when tired
- Move away from incident ground during stand down periods
- Try to get some sleep when you are stood down

4.4 Team Considerations

Dehydration

When suffering from dehydration, it can become more and more difficult to think logically and communicate the ideas in the way you would when not dehydrated. The symptoms will often resemble varying stages of drunkenness, such as:

- Slurred speech
- Dizziness
- Tiredness
- Thirst
- Visual distortions
- Change in urine colour from clear, through yellow to a brownish colour.

To manage and prevent dehydration in team members take the following steps:

- Team members to carry water (preferably in hydration packs)
- Constant replacement of fluids through drink bottles or hydration packs
- Team leaders to set down regular rehydration breaks
- Monitor other team members
- Team members who are showing signs of dehydration should be stood down to allow for sufficient fluid replacement and food consumption

4.4 Team Considerations

Hypothermia

A hypothermic patient will present with some of the following signs and symptoms:

- Shivering (in early stages), in severe cases shivering may be decreased or absent
- Numbness
- Stiff or rigid posture in prolonged cases, joint/muscle stiffness
- Drowsiness
- Rapid breathing and pulse (in early stages), slow or absent breathing in severe cases
- Loss of motor response
- Cool abdominal skin temperature

To treat a patient with hypothermia:

- Remove from source of cold (handle patient carefully, to avoid additional cardiac problems)
- Remove any wet clothing
- Wrap in dry blankets, in a room temperature environment
- Seek urgent medical advise
- Administer high concentration (preferably warmed) O₂
- Only actively rewarm patient if allowed under own protocols

Note: Level of mental status and motor response both directly relate to the severity of hypothermia.

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