



Preparing for the ARES Role in the Upcoming PSPS

Dan N6RJX, Karen KM6SV, and Scott KE6QZJ





Your Go Bag - What to Bring to the PSPS Activation

Dan Selling, N6RJX



PSPS Go Kit List - on the Website

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



Santa Cruz County Emergency Communications

- MEETINGS ▾
- EVENTS CALENDAR
- CALENDAR ▾
- TRAINING
- RESOURCES ▾
- FORMS
- ACTIVITIES ▾

PUBLIC SAFETY POWER SHUTOFFS

**SIGN
UP!**



Most Important Go Bag Contents

- 2m/70cm radio (programmed) with batteries for 8 hours of operation
- 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 Report Forms
- Paper Map or Downloaded GPS of the County
- "Report Emergencies Here" Signs (supplied)
- Safety Vest (Safety Yellow, ANSI Class 2 or better)
- Masks and Hand Sanitizer
- Tape, Chalk, or some other method of marking social distance
- Food, Water, Toiletries
- Table and Chairs
- Lighting (if a night assignment)



Sample Emergency Report and ICS 214 Logging

Karen Corcadden, 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: ___	Location: _____
Summary: _____	
Reporters Info (Do NOT Transmit Name):	Address: _____
Name: _____	City: _____
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: _____	
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: _____	Sparking: ___ Smoking: ___ Injuries (Fill Med): _____
Details: _____	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: _____	

Report Taken By: _____ Callsign: _____

Signature: _____ Run Number (from Netcom): _____

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PSPS Emergency Reporting
Date: / / Time: Station: Report ID:

Type: Medical: ___ Fire: ___ Police: ___ Other: ___	Location: _____
Summary: _____	
Reporters Info (Do NOT Transmit Name):	Address: _____
Name: _____	City: _____
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: _____	
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: _____	
Make: _____ Model: _____	Make: _____ Model: _____
Color: _____ License: _____	Color: _____ License: _____
Year: _____ Body Style: _____ Other: _____	Year: _____ Body Style: _____ Other: _____
Other/More Details:	

Report Taken By: _____ Callsign: _____

Signature: _____ Run Number (from Netcom): _____

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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:

PSPS Emergency Reporting
Date: ___/___/___ Time: ___:___:___ Station: _____ Report ID: _____

Type: <input type="checkbox"/> Medical: <input type="checkbox"/> Fire: <input type="checkbox"/> Police: <input type="checkbox"/> Other: <input type="checkbox"/>	Location: _____
Summary: _____	
Reporters Info (Do NOT Transmit Name): Name: _____ Phone: _____	Address: _____ City: _____
COVID (if any yes: "Precautions YES"): Cough: _____ Fatigue: _____ Aches: _____ New Loss Taste/Smell: _____ Short of Breath: _____ Diff Breath: _____ Jaw 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: _____ Name (Do NOT Transmit): _____ Conscious: _____ Breathing: _____ Bleeding: _____ Chest Pain: _____ Numbness in Arm: _____	Chief Complaint: _____ Other symptoms: _____ Allergies: _____
Fire Department:	
Fire: Size: _____ What is burning: _____	Details: _____ Where Not Evacuated: _____
All Evacuated: _____ Number Not Evacuated: _____	Non-Ambulatory: _____
Gas Smell: Gas Main Hit: _____ Size of Pipe: _____ Hissing: _____ Hit By What: _____ Gas Shut Off: _____ Where: _____	All Evacuated: _____ Number Not Evacuated: _____ Where Not Evacuated: _____ Non-Ambulatory: _____
Power Lines: STAY AWAY FROM ALL DOWNED LINES Details: _____	Tree/Branch On Line: _____ Tree Down: _____ Sparking: _____ Smoking: _____ Injuries (Fill Med): _____ Power Out in Area: _____ Type of Line Down: _____

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: ___	Location: _____
Summary: _____	
Reporters Info (Do NOT Transmit Name):	Address: _____
Name: _____	City: _____
Phone: _____	
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: _____

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
 - 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.

Emergency Reporting
Date: _____ Time: _____ Station: _____ Report ID: _____

Type: Medical Fire Other: _____ Location: _____
Summary: _____

Reporters Info (Do NOT Transmit Name):
Name: _____ Address: _____
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): _____

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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: 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 Assigned:		
Name	ICS Position	Home Agency (and Unit)
H. HAMM, K6HAM	Radio Operator	Santa Cruz County ARES
7. Activity Log:		
Date/Time	Notable Activities	
9/26 1250	Arrived at Boulder Creek Emergency Reporting Station, begin comm post setup	
1258	Finished setting up comm post	
1258	Opened comm post, checked comm post 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 (K6HAM-002) and cat stuck in tree (K6HAM-003), reported smoke plume to emergency dispatch (K6HAM-002) 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 cleaning up comm post	
2118	Departed Boulder Creek Emergency Reporting Station	
8. Prepared by: Name: H. HAMM, K6HAM Position/Title: Radio Operator Signature: _____		
ICS 214, Page 1		Date/Time: 9/26/20 2133

ICS 214 Form

- Operational Period (Box 2) is the ICS operational period, not the time that you were operational for.
- Make sure your name is in Box 6.
- 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)
- 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 Assigned:			
Name		ICS Position	Home Agency (and Unit)
H. HAMM, K6HAM		Radio Operator	Santa Cruz County ARES
7. Activity Log:			
Date/Time		Notable Activities	
9/26 1250		Arrived at Boulder Creek Emergency Reporting Station, 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		Relieved permission to close comm post, post closed	
2115		Finished cleaning up comm post	
2118		Departed Boulder Creek Emergency Reporting Station	
8. Prepared by: Name: H. HAMM, K6HAM Position/Title: Radio Operator Signature: _____			
ICS 214, Page 1		Date/Time: 9/26/20 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.



Want Practice?

Attend ARES POWER 2020 - 2

- Sign-up deadline:
- Classroom Session: 11/1
 - 1500 - 1700
- In Person Drill: 11/8
 - Timeslots available between 1245 and 1730
 - Expect to be on site for about an hour or a bit longer
- Hot Wash (optional): 11/8 at 1930



Questions?