



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 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 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 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: Medical: Fire: Police: Other:	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: Raw 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:	

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: _____	_____
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: _____	
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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.

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

Type: Medical Fire Other: _____ 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: _____

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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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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