Preparing for the ARES Role in the Upcoming PSPS

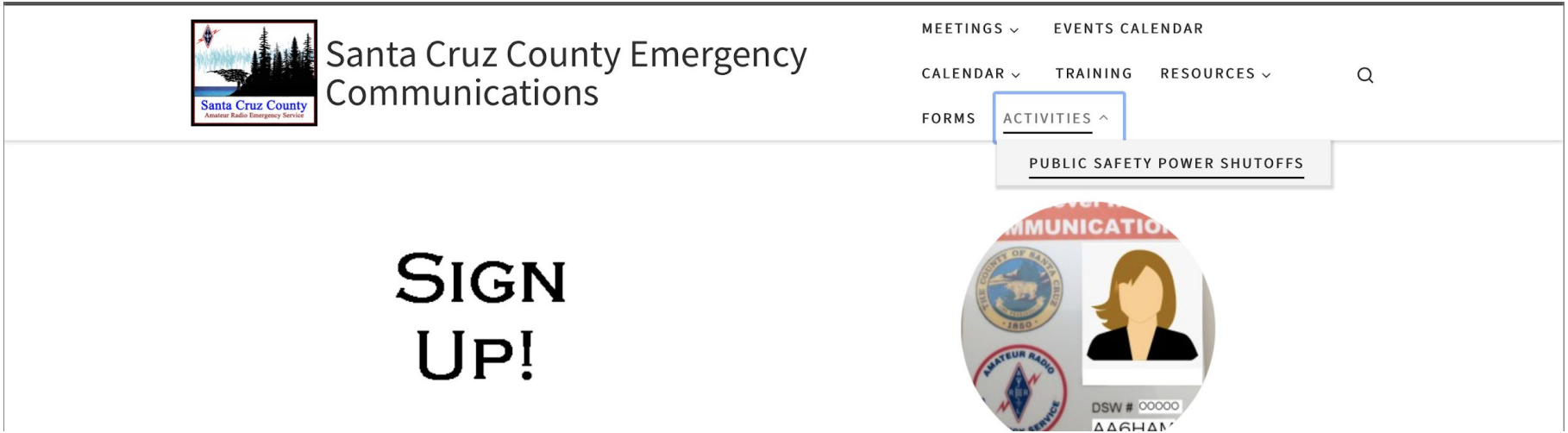
Dan N6RJX, Karen KM6SV, and Scott KE6QZJ

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/



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 Corscadden, KM6SV

PSPS Emergency Reporting Form - Updated

- 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

Emergency Reporting
Date: ___/___/___ Time: _____ Station: _____ Report ID (Call-S/N): _____-_____

Type: Medical: ___ Fire: ___ Police: ___ Other: ___ | **Location:**
Summary:

Reporters Info (Do NOT Transmit Name): | Address:
Name: | City:
Phone:

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: _____

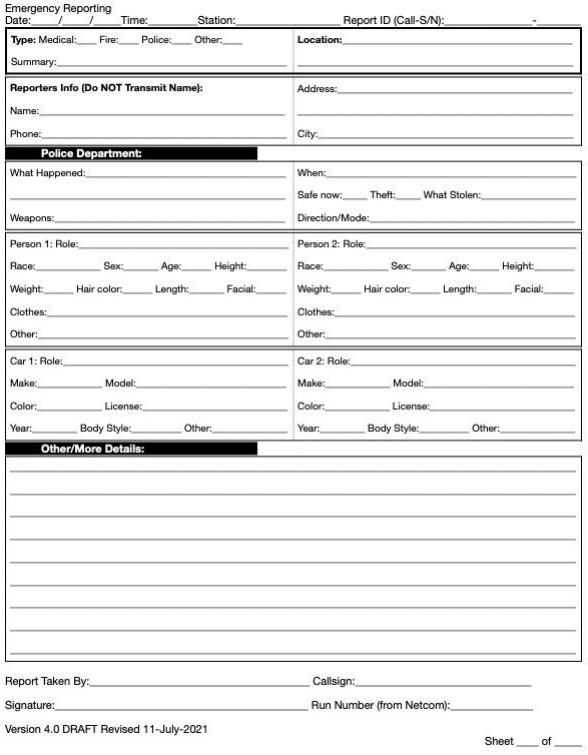
Accident: Vehicle vs: _____ Rollover: _____ | Details:
Vehicle: _____ Lane(s) Blocked: _____ Injuries (Fill Med): _____
Trapped in Vehicle: _____ #: _____ Loc in Veh: _____

More Details:

Report Taken By: _____ Callsign: _____
Signature: _____ Run Number (from Netcom): _____

Version 4.0 DRAFT Revised 11-July-2021

Sheet ___ of ___



Emergency Reporting
Date: ___/___/___ Time: _____ Station: _____ Report ID (Call-S/N): _____-_____

Type: Medical: ___ Fire: ___ Police: ___ Other: ___ | **Location:**
Summary:

Reporters Info (Do NOT Transmit Name): | Address:
Name:
Phone: | City:

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: _____
Signature: _____ Run Number (from Netcom): _____

Version 4.0 DRAFT Revised 11-July-2021

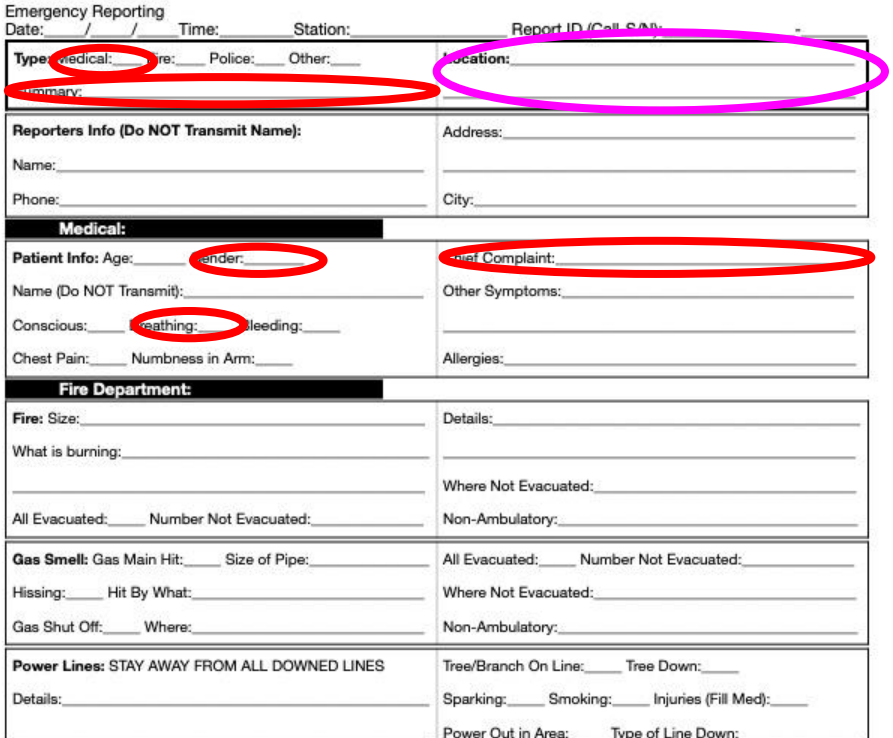
Sheet ___ of ___

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 (RED)
  - Trouble breathing = Medical
  - Son = male
  - Trouble breathing = chief complaint
  - Trouble breathing = is breathing, yes
  - Trouble breathing = most of summary
- Ask for critical information needed to make initial report (top bold box) (PINK)
  - 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:



Emergency Reporting
Date:____/____/____ Time:_____ Station:_____ Report ID (Call S/N):_____

Type: Medical:____ Fire:____ Police:____ Other:____ **Location:**_____

Summary:_____

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

Name:_____

Phone:_____ City:_____

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

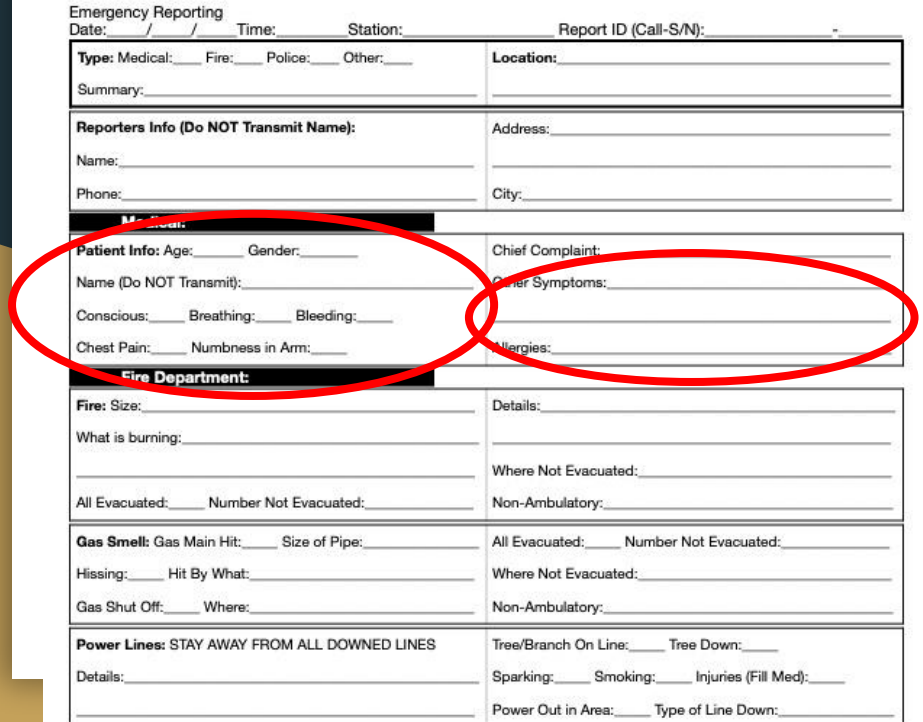
Phone: “911 what is your emergency?”

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.



Emergency Reporting
Date:____/____/____ Time:_____ Station:_____ Report ID (Call-S/N):_____-_____

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

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

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:_____
All Evacuated:____ Number Not Evacuated:_____
Details:_____
Where 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:_____

Craft compassionate questions to elicit needed information (RED):

- Is he having any other symptoms?
- How old is your son?
- 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. <your callsign>”

Radio: “ARES 9, Communications Relay. Confirm medical at your station. 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.”

Confirm With and Reassure Reporter

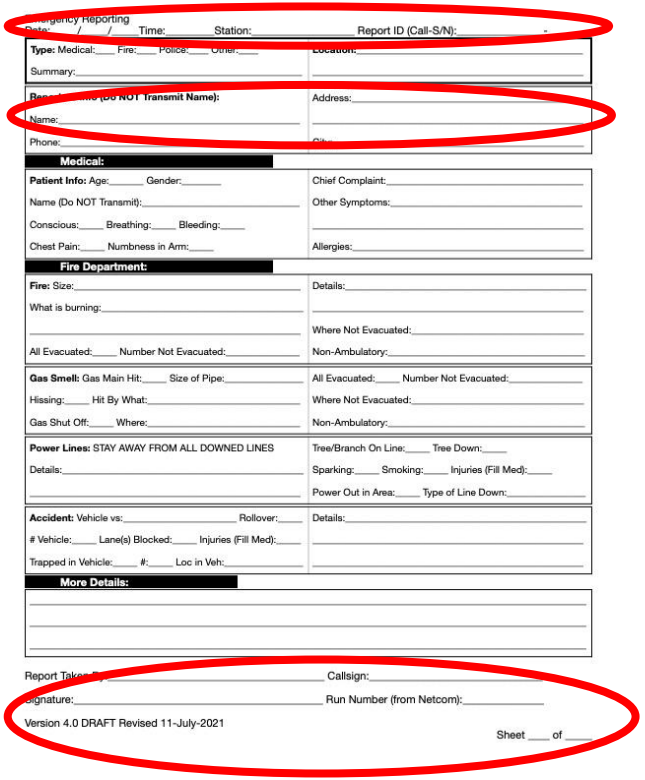
“Ma’am I have alerted 911 services of your son’s condition.”

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, Station, 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.



Time:_____Station:_____ Report ID (Call-S/N):_____

Type: Medical:___ Fire:___ Police:___ Other:___

Summary:_____

Location:_____

(DO NOT Transmit Name):

Name:_____

Phone:_____

Address:_____

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:_____

All Evacuated:____ Number Not Evacuated:_____

Details:_____

Where 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:_____

Accident: Vehicle vs:_____ Rollover:____

Vehicle:____ Lane(s) Blocked:____ Injuries (Fill Med):____

Trapped in Vehicle:____ #:____ Loc in Veh:_____

Details:_____

More Details:

Report Taken By:_____ Callsign:_____

Signature:_____ Run Number (from Netcom):_____

Version 4.0 DRAFT Revised 11-July-2021

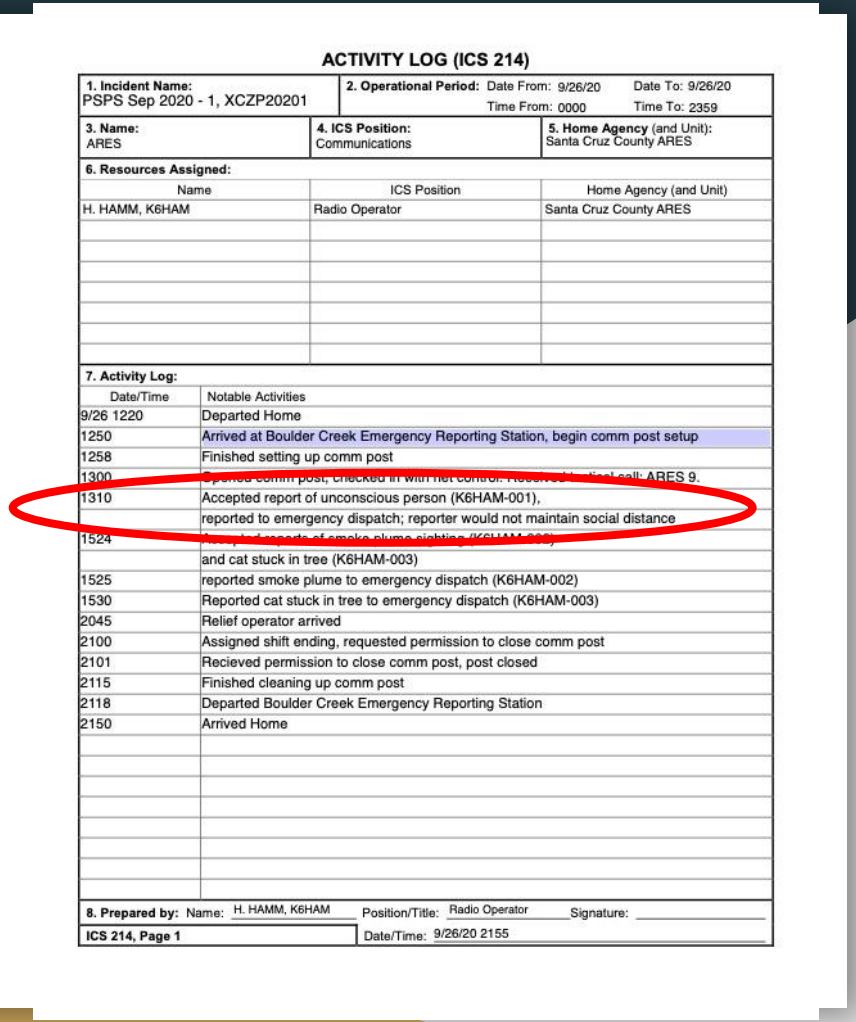
Sheet ___ of ___

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, XCZP20201	**2. Operational Period:** Date From: 9/26/20 Time From: 0000	Date To: 9/26/20 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:

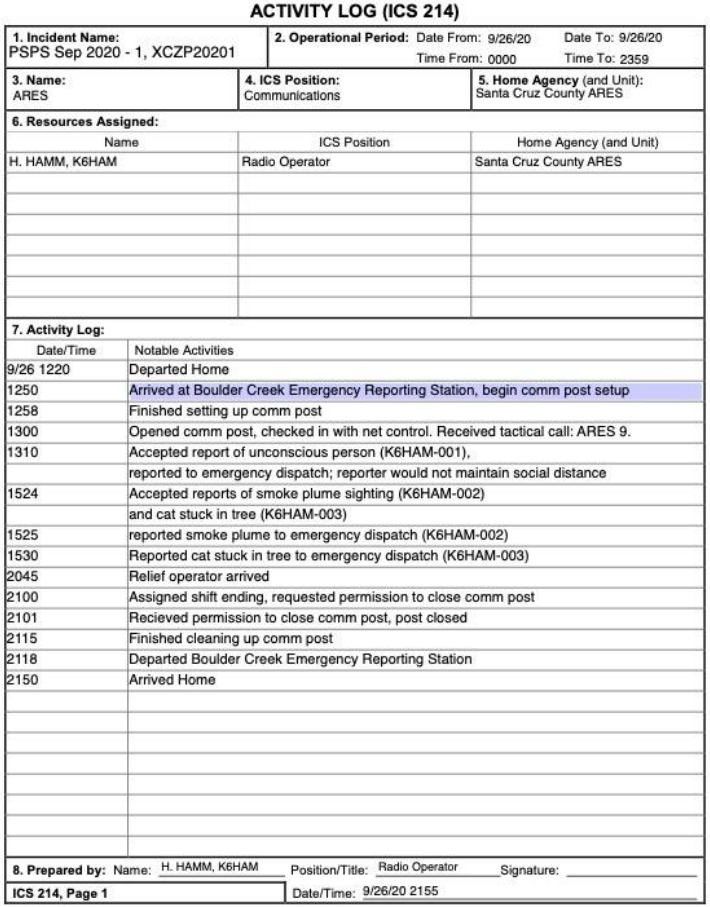
Date/Time	Notable Activities
9/26 1220	Departed Home
1250	Arrived at Boulder Creek Emergency Reporting Station, begin comm post setup
1258	Finished setting up comm post
1300	Opened comm post, checked in with net control. Routine operational call: ARES 9.
1310	Accepted report of unconscious person (K6HAM-001),
	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 cleaning up comm post
2118	Departed Boulder Creek Emergency Reporting Station
2150	Arrived Home

8. Prepared by: Name: H. HAMM, K6HAM Position/Title: Radio Operator Signature:

ICS 214, Page 1 Date/Time: 9/26/20 2155

ICS 214 Form

- Operational Period (Box 2) is the ICS operational period, not the time that you were operational for.
- Make sure your name and callsign are 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, XCZP20201	**2. Operational Period:** Date From: 9/26/20 Time From: 0000	Date To: 9/26/20 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 1220	Departed Home
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. Received tactical call: ARES 9.
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 cleaning up comm post
2118	Departed Boulder Creek Emergency Reporting Station
2150	Arrived Home

8. Prepared by: Name: H. HAMM, K6HAM Position/Title: Radio Operator Signature: _____

ICS 214, Page 1 Date/Time: 9/26/20 2155

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 2021 - 2.5

- Sign-up deadline: 7/30 @ 2359
- Classroom Session: 7/25 @ 1900
- In Person Drill: 8/1
  - Timeslots available between 1230 and 1730
  - Expect to be on site for about an hour or a bit longer
- Hot Wash (optional): 8/2 @ 1900

Questions?