

# Home & Family Disaster Supplies Kit



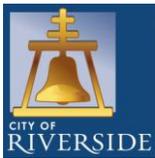
*For the home, where you might be isolated for several days following a major disaster the following supplies are recommended. More information:* **City of Riverside Fire Department  
Office of Emergency Management  
(951) 320-8100**

Following a disaster, officials and relief workers will provide assistance, but they will not be able to reach everyone immediately. To sustain your family before help arrives, prepare a disaster supplies kit. It is best to keep your emergency supplies, except your credit cards, cash, and documents, in portable containers (such as plastic tubs) in case you need to evacuate. If you do this, you can be ready to leave much more quickly.

Your kit should include the following items:

- Bottled water (three-day supply of four quarts per person per day)
- Food (three-day supply of non-perishable foods such as canned meats, fruits and vegetables)
- Can opener, pocket knife, eating utensils, cups, plates and bowls
- First-aid kit and at least a 30 day supply of prescription medicines
- Battery-operated radio and extra batteries
- Flashlight and extra batteries
- Tools, tape, plastic sheeting, signal flares and matches
- Fire extinguisher
- Sanitation products such as toilet paper, paper towels, soap, detergent, bleach and disinfectant
- Clothing and bedding for each family member.
- Special items for babies, the elderly, disabled persons or others with special needs
- Cash or traveler's checks
- Important documents (kept in waterproof containers) such as insurance policies, deeds, titles, stocks, birth certificates, passports, wills, immunization records, etc.
- If you have a pet, include pet food, a carrier or cage, and, where appropriate, a leash in your supplies.

**CITY OF RIVERSIDE - OFFICE OF EMERGENCY MANAGEMENT**  
**(951) 320-8100 [www.readyriverside.com](http://www.readyriverside.com)**



# Personal Workplace Disaster Supplies Kit



For the workplace, where you might be confined for several hours, or perhaps overnight, the following supplies are recommended. More information: **City of Riverside Fire Department  
Office of Emergency Management  
(951) 320-8100**

## Flashlight with extra batteries

Use the flashlight to find your way if the power is out. Do not use candles or any other open flame for emergency lighting.

## Battery-powered radio

News about the emergency may change rapidly as events unfold. You also will be concerned about family and friends in the area. Radio reports will give information about the areas most affected.

## Food

Enough non-perishable food to sustain you for at least one day (three meals), is suggested. Select foods that require no refrigeration, preparation or cooking, and little or no water. The following items are suggested:

- Ready-to-eat canned meals, meats, fruits, and vegetables.
- Canned juices.
- High-energy foods (granola bars, energy bars, etc.).

## Water

Keep at least one gallon of water available, or more if you are on medications that require water or that increase thirst. Store water in plastic containers such as soft drink bottles. Avoid using containers that will decompose or break, such as milk cartons or glass bottles.

## Medications

Include usual non-prescription medications that you take, including pain relievers, stomach remedies, etc. If you use prescription medications, keep at least three-day's supply of these medications at your workplace. Consult with your physician or pharmacist how these medications should be stored, and your employer about storage concerns.

## First Aid Supplies

If your employer does not provide first aid supplies, have the following essentials:

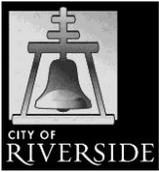
- (20) adhesive bandages, various sizes.
- (1) 5" x 9" sterile dressing.
- (1) conforming roller gauze bandage.
- (2) triangular bandages.
- (2) 3 x 3 sterile gauze pads.
- (2) 4 x 4 sterile gauze pads.
- (1) roll 3" cohesive bandage.
- (2) germicidal hand wipes or waterless alcohol-based hand sanitizer.
- (6) antiseptic wipes.
- (2) pair large medical grade non-latex gloves
- Adhesive tape, 2" width.
- Anti-bacterial ointment.
- Cold pack.
- Scissors (small, personal).
- Tweezers.
- CPR breathing barrier, such as a face shield

## Tools and Supplies

- Emergency "space" blanket (mylar).
- Paper plates and cups, plastic utensils
- Non-electric can opener.
- Personal hygiene items, including a toothbrush, toothpaste, comb, brush, soap, contact lens supplies, and feminine supplies.
- Plastic garbage bags, ties (for personal sanitation uses) .
- Include at least one complete change of clothing and footwear, including a long sleeved shirt and long pants, as well as closed-toed shoes or boots.
- If you wear glasses, keep an extra pair with your workplace disaster supplies.

## General Information

- Your kit should be adjusted based on your own personal needs.
- Do not include candles, weapons, toxic chemicals, or controlled drugs unless prescribed by a physician.



# Fire Extinguishers



## A Fact Sheet on Choosing & Using Fire Extinguishers

**A** fire extinguisher is an absolute necessity in any home or office. While there's a good chance that the extinguisher will never be used to fight a fire; it could end up saving your property and even your life.

### Types of Extinguishers

Fire extinguishers are rated by the type of fire they can put out. It is important to choose the proper fire extinguisher for each fire. Fire extinguishers are labeled with letters and/or pictures to indicate the type of fire on which the extinguisher is effective.

#### Ordinary Combustibles Fire



**A**  
paper, wood, plastics, fabric, rubber, trash

#### Flammable Liquids Fire



**B**  
gasoline, oil, grease, some paints and solvents

#### Electrical Fire



**C**  
energized electrical equipment;

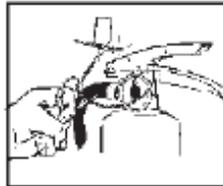
appliances, computers, circuit breakers, wiring

A combination **ABC Dry Chemical** extinguisher can be used on more than one type of fire, and is a good choice for home use.

### Remember the P.A.S.S. Word

There are four basic steps to using a fire extinguisher.

#### Pull

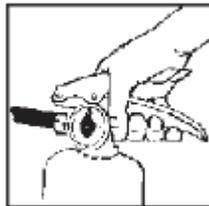


Place the extinguisher on the floor. Hold it by the tank (pressure on the handle could pinch the pin). Pull the pin straight out.

#### Aim

Start 10 feet back from the fire. Aim at the base of the fire.

#### Squeeze



Squeeze the lever on the fire extinguisher.

#### Sweep



Sweep from side to side, moving in slowly until the fire is out.

### GET OUT

IF THE FIRE GETS BIGGER, CLOSE THE DOOR AND EVACUATE.

### Be Prepared

Training and practice are the best ways to prepare for emergencies. Make certain you know the **P.A.S.S.** system and understand how to safely use a fire extinguisher before you ever need to.

- Don't force yourself to fight a fire that makes you uncomfortable or puts you at risk.
- Always let someone know and make certain 911 has been called before using an extinguisher on a fire.
- Fire extinguishers are small quick fixes. If you are unable to put out the fire with one extinguisher, leave and close the door behind you.
- A fire involving any portion of building structure is too big for a portable fire extinguisher.
- While using a fire extinguisher stay low, the smoke is filled with carbon monoxide and many other toxic gases.
- Don't let the fire come between you and your exit. Keep your back to the exit and the fire in front of you.

### For More Information

<http://www.readyriverside.com>  
<http://www.fireextinguisher.com/>

Riverside Fire Department  
Office of Emergency Management  
(951) 320-8100

# START - Simple Triage And Rapid Treatment



# START

By using a casualty sorting system, you are focusing your activities in the middle of a chaotic and confusing environment. You must identify and separate patients rapidly, according to the severity of their injuries and their need for treatment.

## En route

Even while you are responding to the scene of an incident, you should be preparing yourself mentally for what you may find. Perhaps you've been to the same location before. Where will help come from? How long will it take to arrive?

## Initial Assessment - Stay Calm

The first thing you should do upon arriving at the scene of an incident is to try to stay calm, look around, and get an overview of the scene. These visual surveys give you an initial impression of the overall situation, including the potential number of patients involved, and possibly, even the severity of their injuries. The visual survey should enable you to estimate initially the amount and type of help needed to handle the situation.

## Your Initial Report - Creating a Verbal Image

The initial report is often the most important message of a disaster because it sets the emotional and operational stage for everything that follows. As you prepare to give the first vital report, use clear language (no signals or radio jargon), be concise, be calm, and do not shout. You are trying to give the communications center a concise verbal picture of the scene.

The key points to communicate are:

- Location of the incident
- Type of incident
- Any hazards
- Approximate number of victims
- Type of assistance required

**Note:** Be as specific with your requests as possible. Field experience has shown that a good rule of thumb initially, in multiple- or mass-casualty situations, is to request one ambulance for every five patients. For example, for 35 patients, request seven ambulances; for 23 patients request five ambulances, and so forth.

Before starting, take several deep breaths to give your mind time to catch up with your eyes and to try to calm your voice. You might give the following report: "This is a major accident involving a truck and a commercial bus on Highway 305, about 2 miles east of Route 610. There are approximately 35 victims. There are people trapped. Repeat: This is a major accident. I am requesting the fire department, rescue squad, and seven ambulances at this time. Dispatch additional police units to assist."

## Sorting the Patients

It is important not to become involved with the treatment of the first or second patient with whom you come in contact. Remember that your job is to get to each patient as quickly as possible, conduct a rapid assessment, and assign patients to broad categories based on their need for treatment.

The patients who are left in place are the ones on whom you must now concentrate.

### The **START** System: It really works!

The Simple Triage And Rapid Treatment (**START**) system was developed to allow first responders to triage multiple victims in 30 seconds or less, based on three primary observations: **R**espiration, **P**erfusion, and **M**ental Status (**RPM**). The **START** system is designed to assist rescuers to find the most seriously injured patients. As more rescue personnel arrive on the scene, the patients will be re-triaged for further evaluation, treatment, stabilization, and transportation. This system allows first responders to open blocked airways and stop severe bleeding quickly.

### Triage Tagging: To Tell Others What You've Found

Patients are tagged for easy recognition by other rescuers arriving on the scene. Tagging is done using a variety of methods determined by your local Emergency Services System. Colored surveyors' tape or colored paper tags may be used.

### The Four Colors of Triage

<b>MINOR</b>	delayed care / can delay up to three hours
<b>DELAYED</b>	urgent care / can delay up to one hour
<b>IMMEDIATE</b>	immediate care / life-threatening
<b>DEAD</b>	victim is dead / no care required

### The First Step in **START**: Get up and Walk!

The first step in **START** is to tell all the people who can get up and walk to move to a specific area. If patients can get up and walk, they are probably not at risk of immediate death.

In order to make the situation more manageable, those victims who can walk are asked to move away from the immediate rescue scene to a specific designated safe area. These patients are now designated as **MINOR**. If a patient complains of pain on attempting to walk or move, do not force him or her to move.

The patients who are left in place are the ones on whom you must now concentrate.

## The Second Step in START: Begin Where You Stand

Begin the second step of **START** by moving from where you stand. Move in an orderly and systematic manner through the remaining victims, stopping at each person for a quick assessment and tagging. The stop at each patient should never take more than one minute.

**REMEMBER:** Your job is to find and tag the patients --those who require immediate attention. Examine each patient, correct life-threatening airways and breathing problems, tag the patient with a **IMMEDIATE** tag and MOVE ON!

## How To Evaluate Patients Using RPM

The **START** system is based on three observations: **RPM--Respiration, Perfusion and Mental Status**. Each patient must be evaluated quickly, in a systematic manner, starting with Respiration (breathing).

### Breathing: It all STARTS Here.

If the patient is breathing, you then need to determine the breathing rate. Patients with breathing rates **greater than 30 per minute** are tagged **IMMEDIATE**. These patients are showing one of the primary signs of shock and need immediate care.

If the patient is breathing and the breathing rate is **less than 30 per minute**, move on to the circulation and mental status observations in order to complete your 30second survey.

If the patient is not breathing, quickly clear the mouth of foreign matter. Use a head-tilt maneuver to open the airway. In this type of multiple- or mass-casualty situation, you may have to ignore the usual cervical spine guidelines when you are opening airways during the triage process.

**SPECIAL NOTE:** The treatment of cervical spine injuries in multiple or mass casualty situations is different from anything that you've been taught before. This is the only time in emergency care when there may not be time to properly stabilize every injured patient's spine.

Open the airway, position the patient to maintain the airway and — if the patient breathes —tag the patient **IMMEDIATE**. Patients who need help maintaining an op airway are **IMMEDIATE**.

If you are in doubt as to the patient's ability to breathe, tag the patient as **IMMEDIATE**. If the patient is not breathing and does not start to breathe with simple airway maneuvers, the patient should be tagged **DEAD**.

### Circulation: Is Oxygen Getting Around?

The second step of the **RPM** series of triage tests is the patient's circulation. The best field method for checking circulation (to see if the heart is able to circulate blood adequately) is to check the radial pulse.

It is not large and may not be easily felt in the wrist. The radial pulse is located on the palm side of the wrist, between the midline and the radius bone (forearm bone on the thumb side). To check the radial pulse, place your index and middle fingers on the bump in the wrist at the base of the thumb. Then slide it into the notch on the palm side of the wrist. You must keep your fingers there for five to ten seconds, to check for a pulse.

If the radial pulse is absent or irregular the patient is tagged **IMMEDIATE**. If the radial pulse is present, move to the final observation of the RPM series: **Mental Status**.

### **Mental Status: Open Your Eyes:**

The last part of the RPM series of triage tests is the mental status of the patient. This observation is done on patients who have adequate breathing and adequate circulation.

"Open your eyes." "Close your eyes," "Squeeze my hand." Patients who can follow these simple commands and have adequate breathing and adequate circulation are tagged **DELAYED**. A patient who is unresponsive or cannot follow this type of simple command is tagged **IMMEDIATE**. (These patients are "unresponsive" to verbal stimuli.)

### **START is Used to Find IMMEDIATE Patients**

This system is designed to assist rescuers to find the most seriously injured patients. As more rescue personnel arrive on the scene, the patients will be re-triaged for further evaluation, treatment, stabilization, and transportation. A patient may be retriaged as many times and as often as time allows.

Remember that injured patients do not stay in the same condition. The process of shock may continue and some conditions will become more serious as time goes by. As time and resources permit, go back and recheck the condition of all patients to catch changes in condition that may require upgrading to attention.

### **Working at a Multiple- or Mass-Casualty Incident**

You may or may not be the first person to arrive on the scene of a multiple- or mass-casualty incident. If other rescuers are already at the scene when you arrive, be sure to report to the incident commander before going to work. Many events are happening at the same time and the incident commander will know where your help and skills can best be used. By virtue of training and local protocols, the incident commander is that person who is in charge of the rescue operation.

In addition to initially sizing up an incident, clearly and accurately reporting the situation, and conducting the initial **START** triage, the first responder will probably also be called on to participate in many other ways during multiple- and mass-casualty incidents.

As more highly trained rescue and emergency personnel arrive on the scene, accurately report your findings to the person in charge by using a format similar to that used in the initial arrival report. Note the following:

- \* Approximate number of patients.
- \* Numbers that you've triaged into the four levels.
- \* Additional assistance required.
- \* Other important information.

After you have reported this information, you may be assigned to use your skills and knowledge to provide patient care, traffic control, fire protection, or patient movement. You may also be assigned to provide emergency care to patients, to help move patients, or to assist with ambulance or helicopter transportation.

In every situation involving casualty sorting, the goal is to find, stabilize and move Priority One patients first.

### **Triage in Hazardous Materials Incidents**

Hazardous materials (Hazmat) incidents involving chemicals occur every day, exposing many people to injury or contamination. During a hazardous materials incident, responders must protect themselves from injury and contamination.

**REMEMBER:** A hazardous materials placard indicates a potential problem. But not all hazardous materials problems will be placarded. Be sure to find the proper response to the problem before beginning patient treatment.

The single most important step when handling any hazardous materials incident is to identify the substance(s) involved. Federal law requires that hazardous materials placards be displayed on all vehicles that contain large quantities of hazardous materials. Manufacturers and transporters should display the appropriate placard, along with a four-digit identification number, for better identification of the hazardous substance. These numbers are used by professional agencies to identify the substance and to obtain emergency information.

### **IF THERE IS ANY SUSPICION OF A HAZARDOUS MATERIALS SPILL - STAY AWAY!**

The U.S. Department of Transportation published the Emergency Response Guidebook, which lists the most common hazardous materials, their four-digit identification numbers, and proper emergency actions to control the scene. It also describes the emergency care of ill or injured patients.

Unless you have received training in handling hazardous materials and can take the necessary precautions to protect yourself, you should keep far away from the contaminated area or "hot zone."

Once the appropriate protection of the rescuers has been accomplished, triage in hazardous materials incidents has one major function--to identify victims who have sustained an acute injury as a result of exposure to hazardous materials. These patients should be removed from the contaminated area, decontaminated by trained personnel, given any necessary emergency care, and transported to a hospital.

## **REMEMBER: Contaminated patients will contaminate unprotected rescuers!**

Emergency treatment of patients who have been exposed to hazardous materials is usually aimed at supportive care, since there are very few specific antidotes or treatments for most hazardous materials injuries. Because most fatalities and serious injuries sustained in hazardous materials incidents result from breathing problems, constant reevaluation of the patients in Priorities Two and Three is necessary so that a patient whose condition worsens can be moved to a higher triage level.

### **Summary**

Every responder must understand the principles and operations behind your casualty sorting system. The **START** system is an excellent and easily understood triage or casualty sorting method.

Responders should be involved in periodic community disaster drills so that their skills and capabilities can be tested and improved.

### **You Should Know:**

- \* The responder's role at multiple- or mass-casualty incidents.
- \* How to use the **START** system.
- \* How to recognize a hazardous materials placard.

### **You Should Practice:**

- \* Using the **START** system during a simulated multiple- or mass-casualty incident.



## TRIAGE CHEAT- SHEET

**DELAYED**  
**IMMEDIATE**  
**DECEASED**  
**MINOR**

<b>M I N O R</b>	<b>D E C E A S E D</b>	<b>I M M E D I A T E</b>	<b>DELAYED</b>	<i>Move Walking Wounded</i>
				No <b>Respirations</b> after head tilt
				Breathing but <b>Unconscious</b> <b>Respirations - &gt; 30</b>
				<b>Perfusion</b> Capillary refill > 2 sec or No Radial Pulse <i>Control bleeding</i>
				<b>Mental Status</b> – Can't follow simple commands
				<i>Otherwise</i>
				REMEMBER R= 30 P= 2 M= Can't Do

# LIFTS AND CARRIES

## ONE RESCUER

### ANKLE PULL



The ankle pull is the fastest method for moving a victim a short distance over a *smooth* surface. This is not a preferred method of patient movement.

1. Grasp the victim by both ankles or pant cuffs.
2. Pull with your legs, not your back.
3. Keep your back as straight as possible.
4. Try to keep the pull as straight and in-line as possible.
5. Keep aware that the head is unsupported and may bounce over bumps and surface imperfections.

### SHOULDER PULL



The shoulder pull is preferred to the ankle pull. It supports the head of the victim. The negative is that it requires the rescuer to bend over at the waist while pulling.

1. Grasp the victim by the clothing under the shoulders.
2. Keep your arms on both sides of the head.
3. Support the head.
4. Try to keep the pull as straight and in-line as possible.

### BLANKET PULL



This is the preferred method for dragging a victim.

1. Place the victim on the blanket by using the "logroll" or the three-person lift.
2. The victim is placed with the head approx. 2 ft. from one corner of the blanket.
3. Wrap the blanket corners around the victim.
4. Keep your back as straight as possible.
5. Use your legs, not your back.
6. Try to keep the pull as straight and in-line as possible.

<p><b>ONE-PERSON LIFT</b></p> 	<p>This only works with a child or a very light person.</p> <ol style="list-style-type: none"> <li>1. Place your arms under the victim's knees and around their back.</li> </ol>
<p><b>FIREFIGHTER CARRY</b></p> 	<p>This technique is for carrying a victim longer distances. It is very difficult to get the person up to this position from the ground. Getting the victim into position requires a very strong rescuer or an assistant.</p> <ol style="list-style-type: none"> <li>1. The victim is carried over one shoulder.</li> <li>2. The rescuer's arm, on the side that the victim is being carried, is wrapped across the victim's legs and grasps the victim's opposite arm.</li> </ol>
<p><b>PACK-STRAP CARRY</b></p> 	<p>When injuries make the firefighter carry unsafe, this method is better for longer distances than the one-person lift.</p> <ol style="list-style-type: none"> <li>1. Place both the victim's arms over your shoulders.</li> <li>2. Cross the victim's arms, grasping the victim's opposite wrist.</li> <li>3. Pull the arms close to your chest.</li> <li>4. Squat slightly and drive your hips into the victim while bending slightly at the waist.</li> <li>5. Balance the load on your hips and support the victim with your legs.</li> </ol>

## TWO RESCUERS

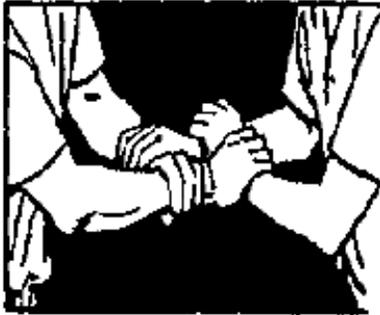
### HUMAN CRUTCH/ TWO-PERSON DRAG



For the **conscious victim**, this carry allows the victim to swing their leg using the rescuers as a pair of crutches. For the **unconscious victim**, it is a *quick* and easy way to move a victim out of immediate danger.

1. Start with the victim on the ground.
2. Both rescuers stand on either side of the victim's chest.
3. The rescuer's hand nearest the feet grabs the victim's wrist on their side of the victim.
4. The rescuer's other hand grasps the clothing of the shoulder nearest them.
5. Pulling and lifting the victim's arms, the rescuers bring the victim into a sitting position.
6. The **conscious victim** will then stand with rescuer assistance.
7. The rescuers place their hands around the victim's waist.
8. For the **unconscious victim**, the rescuers will grasp the belt or waistband of the victim's clothing.
9. The rescuers will then squat down.
10. Place the victim's arms over their shoulders so that they end up facing the same direction as the victim.
11. Then, using their legs, they stand with the victim.
12. The rescuers then move out, dragging the victim's legs behind.

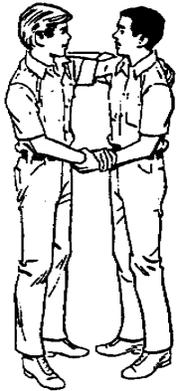
### FOUR-HANDED SEAT



This technique is for carrying conscious and alert victims moderate distances. The victim must be able to stand unsupported and hold themselves upright during transport.

1. Position the hands as indicated in the graphic.
2. Lower the seat and allow the victim to sit.
3. Lower the seat using your legs, not your back.
4. When the victim is in place, stand using your legs, keeping your back straight.

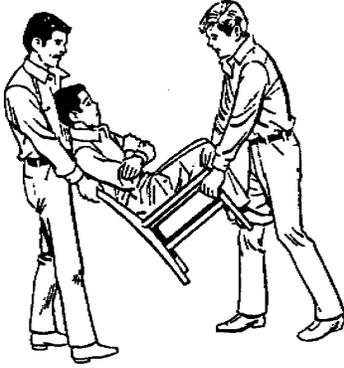
### TWO-HANDED SEAT



This technique is for carrying a victim longer distances. This technique can support an unconscious victim.

1. Pick up the victim by having both rescuers squat down on either side of the victim.
2. Reach under the victim's shoulders and under their knees.
3. Grasp the other rescuer's wrists.
4. From the squat, with good lifting technique, stand.
5. Walk in the direction that the victim is facing.

### CHAIR CARRY



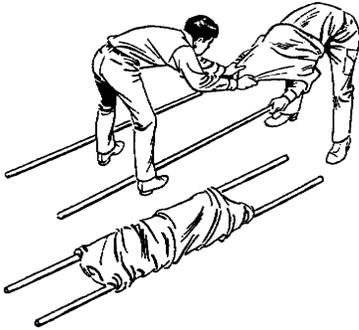
This is a good method for carrying victims up and down stairs or through narrow or uneven areas.

**NOTE: The chair used should be a sturdy one. Don't use aluminum beach chairs, resin patio chairs, swivel chairs, or lightweight folding chairs.**

**REMEMBER: Chairs with wheels can be used to roll the victim, but should not be used for a carry.**

1. Pick the victim up and place them or have them sit in a chair.
2. The rescuer at the head grasps the chair from the sides of the back, palms in.
3. The rescuer at the head then tilts the chair back onto its rear legs.
4. For short distances or stairwells, The second rescuer should face in and grasp the chair legs.
5. For longer distances, the second rescuer should separate the victim's legs, back into the chair and, on the command of the rescuer at the head, both rescuers stand using their legs.

### IMPROVISED STRETCHER



This technique requires two poles/pipes strong enough to support the victim's weight and at least two shirts.

**REMEMBER: Rescuers should not give up clothing if, for any reason, this might affect their health, welfare, or reduce their effectiveness.**

1. While the first rescuer is grasping the litter poles, the second rescuer pulls the shirt off the head of rescuer one.
2. All buttons should be buttoned with the possible exception of the collar and cuffs.
3. The rescuers then reverse the procedure and switch sides.

### BLANKET STRETCHER

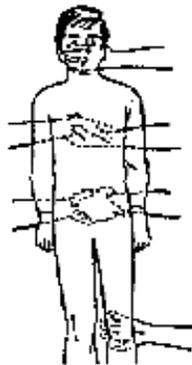


This technique requires two poles and a blanket.

1. Place the blanket down on the ground.
2. Place one pole approx. 1 foot from the middle of the blanket.
3. Fold the short end of the blanket over the first pole.
4. Place the second pole approx. 2 feet from the first (this distance may vary with victim or blanket size).
5. Fold both halves of the blanket over the second pole.

### THREE OR MORE RESCUERS

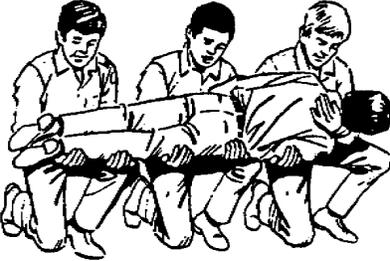
#### HAMMOCK CARRY



Three or more rescuers get on both sides of the victim. The strongest member is on the side with the fewest rescuers.

1. Reach under the victim and grasp one wrist on the opposite rescuer.
2. The rescuers on the ends will only be able to grasp one wrist on the opposite rescuer.
3. The rescuers with only one wrist grasped will use their free hands to support the victim's head and feet/legs.
4. The rescuers will then squat and lift the victim on the command of the person nearest the head, remembering to use proper lifting techniques.

### THREE-PERSON CARRY OR STRETCHER LIFT



This technique is for lifting patients onto a bed or stretcher, or for transporting them short distances.

1. Each person kneels on the knee nearest the victim's feet.
2. On the command of the person at the head, the rescuers lift the victim up and rest the victim on their knees.

#### **If the patient is being placed on a low stretcher or litter basket:**

On the command of the person at the head, the patient is placed down on the litter/stretcher.

#### **If the victim is to be placed on a high gurney/bed or to be carried:**

At this point, the rescuers will rotate the victim so that the victim is facing the rescuers, resting against the rescuers' chests.

3. On the command of the person at the head, all the rescuers will stand.
4. To walk, all rescuers will start out on the same foot, walking in a line abreast.

**CERT**

**INCIDENT COMMAND**  
**SYSTEM**

**(ICS)**

# HISTORY OF INCIDENT COMMAND SYSTEM (ICS)

ICS RESULTED FROM THE NEED FOR A NEW APPROACH TO THE PROBLEM OF MANAGING RAPIDLY MOVING WILDLAND FIRES. SOME OF THE PROBLEMS THEY FACED ARE THE SAME PROBLEMS YOU WILL NEED TO ADDRESS AS A CERT GROUP.

- TOO MANY PEOPLE REPORTING TO ONE SUPERVISOR.
- DIFFERENT EMERGENCY ORGANIZATIONAL STRUCTURES.
- LACK OF RELIABLE INCIDENT INFORMATION.
- INADEQUATE AND INCOMPATIBLE COMMUNICATIONS.
- UNCLEAR LINES OF AUTHORITY.
- TERMINOLOGY DIFFERENCES.
- UNCLEAR OR UNSPECIFIED OBJECTIVES.

THE INCIDENT COMMAND SYSTEM (ICS) WAS DEVELOPED BY AN INTERAGENCY TASK FORCE WORKING IN COOPERATION WITH LOCAL, STATE, AND FEDERAL AGENCIES CALLED FIRESCOPE (FIREFIGHTING RESOURCES OF CALIFORNIA ORGANIZED FOR POTENTIAL EMERGENCIES). IT WAS INITIALLY DESIGNED FOR RESPONDING TO DISASTROUS WILDLAND FIRES. LATER IT WAS DISCOVERED THAT WILDLAND FIRE INCIDENTS WERE SIMILAR TO SEEN BY LAW ENFORCEMENT, HAZARDOUS MATERIALS, AND OTHER KINDS OF SITUATIONS.

- THEY CAN OCCUR WITH NO ADVANCE NOTICE.
- THEY DEVELOP RAPIDLY.
- UNCHECKED, THEY MAY GROW IN SIZE OR COMPLEXITY.
- PERSONAL RISK FOR RESPONSE PERSONNEL CAN BE HIGH.
- RISK OF LIFE AND PROPERTY LOSS CAN BE HIGH.

ICS IS NOW WIDELY USED THROUGHOUT THE UNITED STATES BY FIRE AGENCIES, AND IS INCREASINGLY USED FOR LAW ENFORCEMENT, OTHER PUBLIC-SAFETY APPLICATIONS, AND FOR EMERGENCY AND EVENT MANAGEMENT.

IN 1980, THE ICS THAT WAS ORIGINALLY DEVELOPED IN CALIFORNIA UNDER FIRESCOPE MADE THE TRANSITION INTO A NATIONAL PROGRAM CALLED NATIONAL INTERAGENCY INCIDENT MANAGEMENT SYSTEM (NIIMS). AT THAT TIME ICS BECAME THE BACKBONE OF A WIDER-BASED SYSTEM FOR ALL FEDERAL AGENCIES WITH WILDLAND FIRE MANAGEMENT RESPONSIBILITIES. SUBSEQUENTLY, MANY OTHER AGENCIES AND ORGANIZATIONS WITH EMERGENCY MANAGEMENT RESPONSIBILITIES HAVE ADOPTED ICS.

THE ICS THAT IS BEING ADOPTED BY FIRE AGENCIES, POLICE AGENCIES, AND OTHER MUNICIPALITIES ACROSS THE STATE OF CALIFORNIA IS CALLED STANDARDIZED EMERGENCY MANAGEMENT SYSTEM (SEMS).

# ADVANTAGES OF INCIDENT COMMAND SYSTEM (ICS)

## 1. UNIFIED COMMAND STRUCTURE

- CHAIN OF COMMAND
- TRANSFER OF COMMAND
- UNITY OF COMMAND
- SPAN OF CONTROL

## 2. COMMON TERMINOLOGY

## 3. MODULAR ORGANIZATION

## 4. PERSONNEL ACCOUNTABILITY

## 5. INCIDENT ACTION PLANS

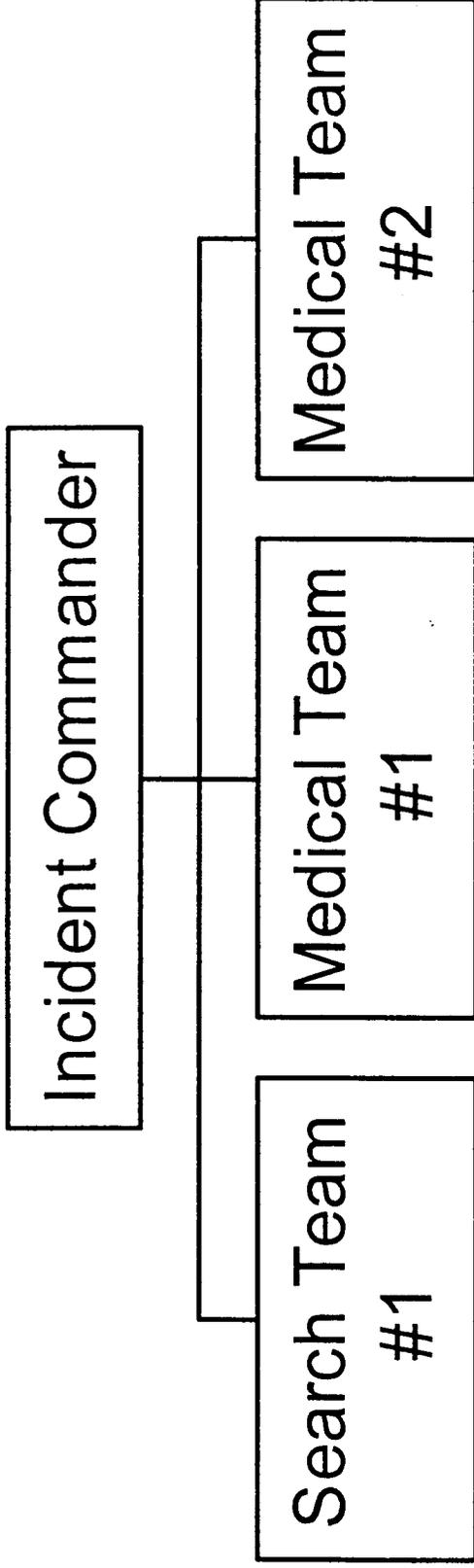
- OBJECTIVES
- ASSIGNMENTS AND TACTICS

## 6. COMPREHENSIVE RESOURCE MANAGEMENT

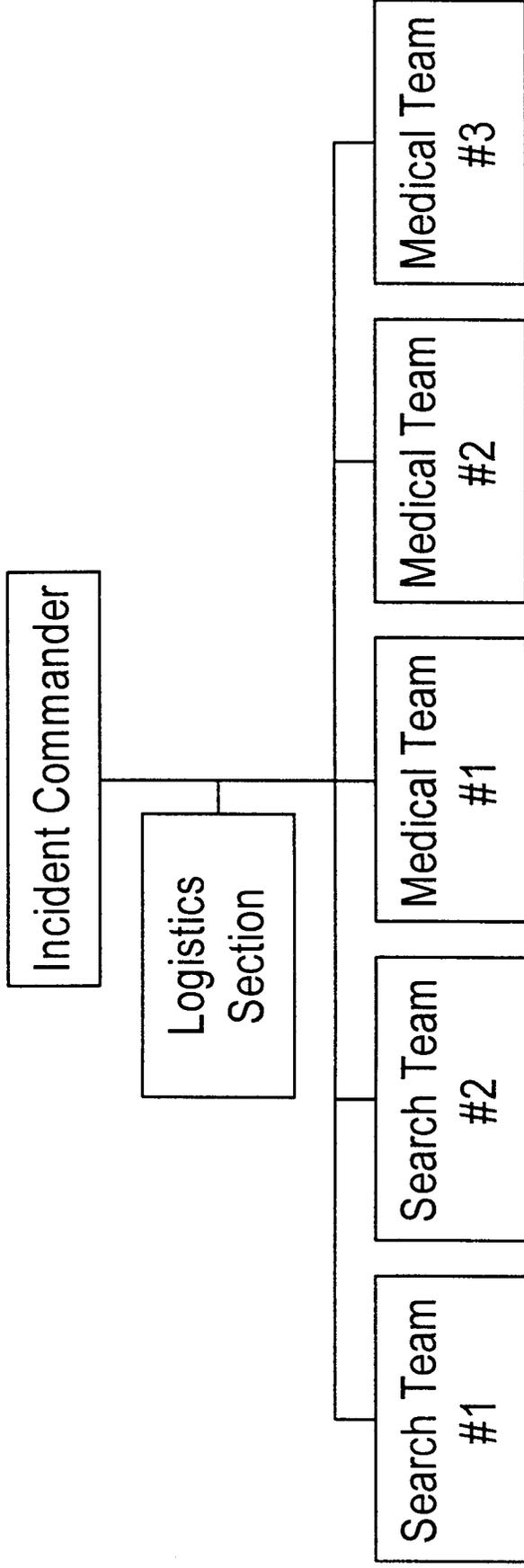
# OBJECTIVES OF CERT ORGANIZATION

- IDENTIFY THE SCOPE OF THE INCIDENT.
- DETERMINE AN OVERALL STRATEGY
- DEPLOY RESOURCES
- MAINTAIN COMMUNICATIONS
- REMAIN FLEXIBLE

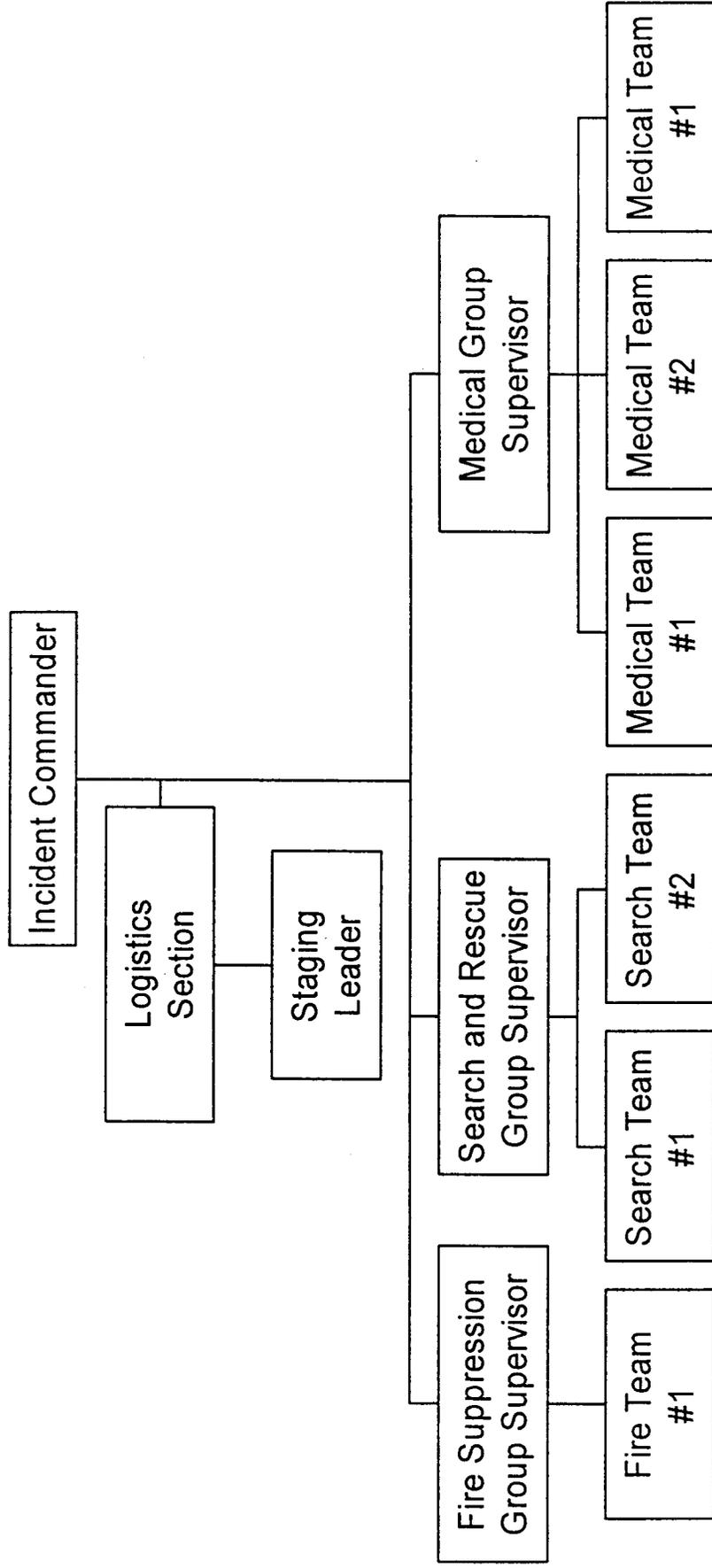
# Incident Command System



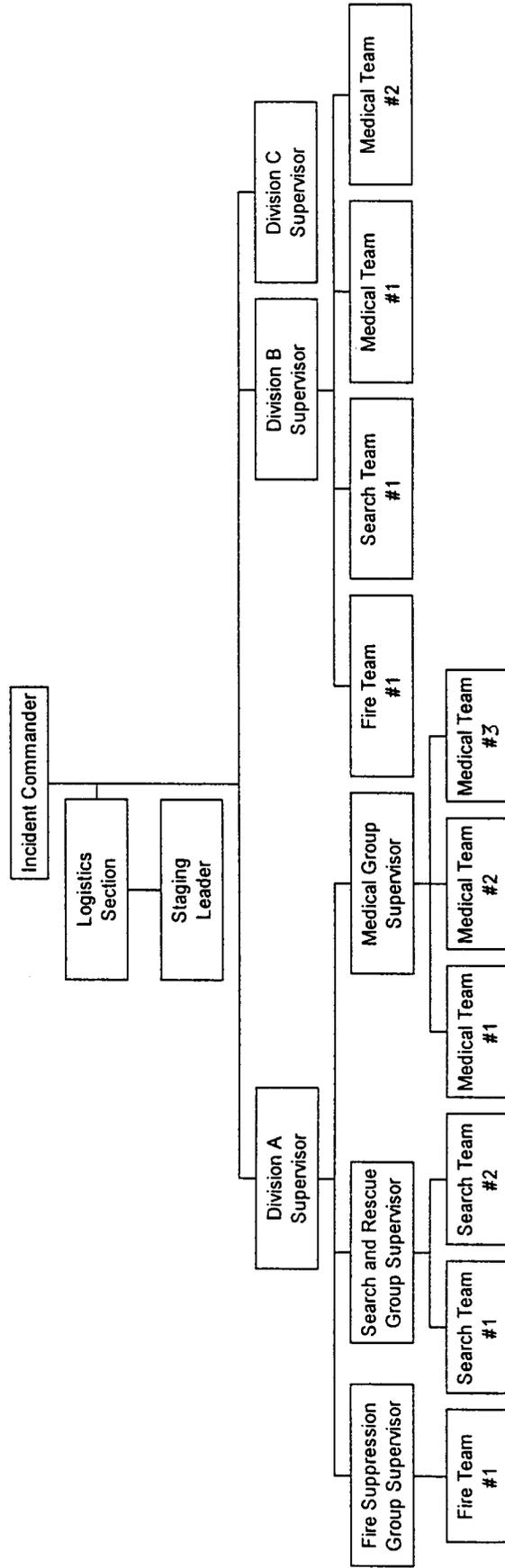
# Incident Command System



# Incident Command System



# Incident Command System



**INCIDENT  
COMMAND  
PACKET**

# INCIDENT COMMANDER

YOU ARE THE DECISION MAKER

SET-UP YOUR ORGANIZATION

ORGANIZE YOUR COMMAND POST

- SCRIBE
- RUNNER
- LOGISTICS
- ASSISTANTS

ESTABLISH A STAGING LOCATION

IDENTIFY INCIDENTS

- WHAT WE CAN HANDLE
- WHAT WE CAN NOT HANDLE

PRIORITIZE INCIDENTS (CONSIDERATIONS)

- YOUR TRAINING
- YOUR RESOURCES
- LIFE HAZARD
- PROPERTY HAZARD
- PROBABILITY OF SUCCESS

SEND RESOURCES TO HANDLE YOUR INCIDENTS

- LEADERS
- PERSONNEL
- EQUIPMENT

MAINTAIN DOCUMENTATION OF ALL ACTIVITIES

## CONSIDERATIONS

SPAN OF CONTROL – 3 TO 7 (5 OPTIMUM)

MODERATELY DAMAGED STRUCTURE WILL REQUIRE ALL 3 TEAM TYPES TO EFFECTIVELY HANDLE THE INCIDENT.

TEAM FUNCTIONS MAY BE COMBINED.

INCIDENTS MAY BE COMBINED.

ORGANIZATION MUST GROW AS YOUR RESOURCES AND NUMBER OF INCIDENTS GROW.

A MAP MAY ASSIST YOU IN VISUALIZING WHERE YOUR PROBLEMS AND RESOURCES ARE LOCATED.

# LOGISTICS

CHOOSE A STAGING LEADER WHEN THE INCIDENT COMMANDER ESTABLISHES A STAGING LOCATION.

CHOOSE A RUNNER (IF NEEDED)

MAINTAIN A CURRENT LIST OF ALL RESOURCES AT ALL TIMES

- PERSONNEL
- EXTINGUISHERS
- BLANKETS
- WRENCHES
- BANDAGES
- ETC.

ASSIST THE INCIDENT COMMANDER (I.C.) WITH DECISION MAKING BY KEEPING I.C. UPDATED ON AMOUNT OF RESOURCES.

DETERMINE NEED FOR MORE RESOURCES BASED UPON THE NUMBER OF INCIDENTS THAT HAVE BEEN IDENTIFIED AS HANDLEABLE.

IF YOU ARE FEEL YOU HAVE AN INADEQUATE AMOUNT OF RESOURCES, NOTIFY I.C. AND TRY TO GET MORE WITH I.C. APPROVAL.

## STAGING LEADER

YOU REPORT TO LOGISTICS.

MAINTAIN A CURRENT LIST OF ALL RESOURCES AT ALL TIMES.

- PERSONNEL
- EXTINGUISHERS
- BLANKETS
- WRENCHES
- BANDAGES
- ETC.

KEEP LOGISTICS UPDATED AT ALL TIMES.

CHOOSE A RUNNER (IF NEEDED)

YOUR JOB IS TO ADD AND SUBTRACT ONLY!

# DIVISION SUPERVISOR

## SAFETY IS ALWAYS OUR #1 PRIORITY

- WRITE YOUR ASSIGNMENT DOWN
- OBTAIN RESOURCES (PERSONNEL AND EQUIPMENT)
- MAINTAIN GROUP STATUS SHEET (CONSIDER A SCRIBE)
- INFORM YOUR PERSONNEL OF ASSIGNMENT
- CREATE YOUR TEAMS
- ALWAYS USE A BUDDY SYSTEM
- GIVE YOUR TEAMS THEIR ASSIGNMENT
- ALWAYS DO A SIZE-UP BEFORE BEGINNING YOUR OPERATION
- OVERSEE AND MANAGE YOUR RESOURCES. DO NOT GET INVOLVED.
- YOU ARE THE SAFETY OFFICER. STOP ANY UNSAFE OPERATIONS.
- KEEP INCIDENT COMMANDER UPDATED (NEEDS/PROGRESS/DESCRIPTION).
- MAINTAIN DOCUMENTATION

YOU WILL BE SUPERVISING EITHER MULTIPLE TEAM TYPES OR MULTIPLE GROUP SUPERVISORS.

## CONSIDERATIONS

BE FAMILIAR WITH ALL CONSIDERATIONS FOR FIRE; SEARCH AND RESCUE; AND MEDICAL GROUP SUPERVISORS. YOU WILL BE IN CHARGE OF ALL TYPES OF GROUPS OR TEAMS.

# FIRE GROUP LEADER

## SAFETY IS ALWAYS OUR #1 PRIORITY

- WRITE YOUR ASSIGNMENT DOWN
- OBTAIN RESOURCES (PERSONNEL AND EQUIPMENT)
- MAINTAIN GROUP STATUS SHEET (CONSIDER A SCRIBE)
- INFORM YOUR PERSONNEL OF ASSIGNMENT
- CREATE YOUR TEAMS
- ALWAYS USE A BUDDY SYSTEM
- GIVE YOUR TEAMS THEIR ASSIGNMENT
- ALWAYS DO A SIZE-UP BEFORE BEGINNING YOUR OPERATION
- OVERSEE AND MANAGE YOUR RESOURCES. DO NOT GET INVOLVED.
- YOU ARE THE SAFETY OFFICER. STOP ANY UNSAFE OPERATIONS.
- KEEP INCIDENT COMMANDER UPDATED (NEEDS/PROGRESS/DESCRIPTION).
- MAINTAIN DOCUMENTATION

## **CONSIDERATIONS**

OVERHAUL ALL CLASS A FIRES (WATER ON WOOD)

HANDLE UTILITIES

# SEARCH AND RESCUE GROUP LEADER

## SAFETY IS ALWAYS OUR #1 PRIORITY

- WRITE YOUR ASSIGNMENT DOWN
- OBTAIN RESOURCES (PERSONNEL AND EQUIPMENT)
- MAINTAIN GROUP STATUS SHEET (CONSIDER A SCRIBE)
- INFORM YOUR PERSONNEL OF ASSIGNMENT
- CREATE YOUR TEAMS
- ALWAYS USE A BUDDY SYSTEM
- GIVE YOUR TEAMS THEIR ASSIGNMENT
- ALWAYS DO A SIZE-UP BEFORE BEGINNING YOUR OPERATION
- OVERSEE AND MANAGE YOUR RESOURCES. DO NOT GET INVOLVED.
- YOU ARE THE SAFETY OFFICER. STOP ANY UNSAFE OPERATIONS.
- KEEP INCIDENT COMMANDER UPDATED (NEEDS/PROGRESS/DESCRIPTION).
- MAINTAIN DOCUMENTATION

## CONSIDERATIONS

### LIGHTLY DAMAGED STRUCTURE

- SEARCH
- TRIAGE
- REPORT
- TREATMENT (MEDICAL TEAM)
- TRANSPORTATION (MEDICAL TEAM)

### MODERATELY DAMAGED STRUCTURE

- UTILITIES (FIRE TEAM)
- SEARCH
- CHECK FOR BREATHING
- STOP MAJOR BLEEDING
- REMOVE FROM STRUCTURE

### HEAVILY DAMAGED STRUCTURE

- STAY OUT
- UTILITIES (FIRE TEAM)

# **MEDICAL GROUP LEADER**

## **SAFETY IS ALWAYS OUR #1 PRIORITY**

- WRITE YOUR ASSIGNMENT DOWN
- OBTAIN RESOURCES (PERSONNEL AND EQUIPMENT)
- MAINTAIN GROUP STATUS SHEET (CONSIDER A SCRIBE)
- INFORM YOUR PERSONNEL OF ASSIGNMENT
- CREATE YOUR TEAMS
- ALWAYS USE A BUDDY SYSTEM
- GIVE YOUR TEAMS THEIR ASSIGNMENT
- ALWAYS DO A SIZE-UP BEFORE BEGINNING YOUR OPERATION
- OVERSEE AND MANAGE YOUR RESOURCES. DO NOT GET INVOLVED.
- YOU ARE THE SAFETY OFFICER. STOP ANY UNSAFE OPERATIONS.
- KEEP INCIDENT COMMANDER UPDATED (NEEDS/PROGRESS/DESCRIPTION).
- MAINTAIN DOCUMENTATION

## **CONSIDERATIONS**

### **MEDICAL TREATMENT AREA**

- LARGE ENOUGH FOR ANTICIPATED NUMBER OF VICTIMS
- FREE OF HAZARDS
- GOOD ACCESS
- TRIAGE AREA
- SEPARATE TREATMENT AREAS FOR DELAYED AND IMMEDIATE

**NOTIFY OTHER TEAMS AND GROUPS OF LOCATION**

**RE-TRIAGE PERIODICALLY**

# **SCRIBE**

## **COMMAND POST**

MAINTAIN RECORDS AND WRITTEN COMMUNICATIONS FOR THE INCIDENT COMMANDER.

### **FORMS:**

INCIDENT STATUS FORM – TO KEEP TRACK OF STATUS AND PRIORITY OF INCIDENTS THAT CAN BE HANDLED.

DAMAGE ASSESSMENT SURVEY – TO HELP ORGANIZE WHAT INCIDENTS THE IC WILL OR WILL NOT SEND RESOURCES TO.

MESSAGE FORM – TO MAINTAIN COMMUNICATIONS BETWEEN IC AND GROUP OR DIVISION SUPERVISORS.

## **GROUP OR DIVISION SUPERVISOR**

MAINTAIN RECORDS OF YOUR GROUPS ASSIGNMENTS.

### **FORMS:**

GROUP STATUS SHEET – TO RECORD ALL INFORMATION ABOUT THE GROUPS ACTIVITIES.

YOU WILL ALSO WANT DOCUMENTATION ON THE NUMBER AND CONDITIONS OF YOUR VICTIMS.

YOU MAY ALSO ACT AS A RUNNER TO NOTIFY THE IC OF THE NEED FOR ADDITIONAL RESOURCES OR UPDATE IC ON THE STATUS OF THE INCIDENT.

# MAP RECORDER

RECORD ALL INCIDENTS FROM THE DAMAGE ASSESSMENT SURVEY FORM ON AN AREA MAP.

USE COLORED PENS TO INDICATE INCIDENT TYPE.

- RED FIRE
- BLUE MEDICAL
- GREEN SEARCH & RESCUE
- BLACK OTHER

KEEP TRACK OF WIND DIRECTION AND EXAMINE HOW IT WILL EFFECT INCIDENTS AND OPERATIONS.

INFORM THE INCIDENT COMMANDER OF ANY CHANGES THAT COULD EFFECT OPERATIONS OR INCIDENTS.

<b>DAMAGE ASSESSMENT FORM</b>	CERT	DATE
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LOCATION

**SIZE UP**  
(check if applicable)

FIRES		HAZARDS				STRUCTURE		PEOPLE			ROADS		ANIMALS		
BURNING	OUT	GAS LEAK	H2O LEAK	ELECTRIC	CHEMICAL	DAMAGED	COLLAPSED	INJURED	TRAPPED	DEAD	ACCESS	NO ACCESS	INJURED	TRAPPED	ROAMING

**OBSERVATIONS**

CERT MEMBER	PAGE ____ OF ____
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<b>ASSIGNMENT TRACKING LOG</b>		CERT		DATE			
ASSIGNMENT		ASSIGNMENT		ASSIGNMENT		ASSIGNMENT	
LOCATION		LOCATION		LOCATION		LOCATION	
TEAM		TEAM		TEAM		TEAM	
TEAM LEADER/CONTACT #		TEAM LEADER/CONTACT #		TEAM LEADER/CONTACT #		TEAM LEADER/CONTACT #	
START TIME	END TIME	START TIME	END TIME	START TIME	END TIME	START TIME	END TIME
1		1		1		1	
2		2		2		2	
3		3		3		3	
4		4		4		4	
5		5		5		5	
OBJECTIVES		OBJECTIVES		OBJECTIVES		OBJECTIVES	
RESULTS		RESULTS		RESULTS		RESULTS	
CERT LEADER/ INCIDENT COMMANDER					PAGE ___ OF ___		
SCRIBE(S)							

<b>BRIEFING ASSIGNMENT</b>		CERT				DATE									
COMMAND POST CONTACT #						TIME OUT			TIME BACK						
<b>INSTRUCTIONS TO TEAM</b>															
TEAM NAME				LOCATION											
OBJECTIVES															
EQUIPMENT ALLOCATED															
<b>REPORT FROM RESPONSE TEAM</b>															
FIRES		HAZARDS				STRUCTURE		PEOPLE			ROADS		ANIMALS		
BURNING	OUT	GAS LEAK	H2O LEAK	ELECTRIC	CHEMICAL	DAMAGED	COLLAPSED	INJURED	TRAPPED	DEAD	ACCESS	NO ACCESS	INJURED	TRAPPED	ROAMING

**TEAM ACTION LOG**

(time stamp each action; draw map if needed)

SCRIBE

<b>VICTIM TREATMENT AREA RECORD</b>		CERT	DATE		
TREATMENT AREA LOCATION					
TIME IN	NAME OR DESCRIPTION	TRIAGE TAG (circle)	CONDITION/TREATMENT (update as needed)	MOVED TO	TIME OUT
		IMMED DELAY MINOR			
		IMMED DELAY MINOR			
		IMMED DELAY MINOR			
SCRIBE(S)				PAGE ___ OF ___	



EQUIPMENT INVENTORY		CERT				DATE		
ASSET #	ITEM DESCRIPTION	OWNER	ISSUED TO		QTY	TIME	INITIALS	COMMENTS
				ISSUED				
				RETURNED				
				ISSUED				
				RETURNED				
				ISSUED				
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				RETURNED				
SCRIBE(S)						PAGE ___ OF ___		

GENERAL MESSAGE		
TO	POSITION	
FROM	POSITION	
SUBJECT	DAT	TIME
<b>MESSAGE</b>		
SIGNATURE	POSITION	
<b>REPLY</b>		
DATE	TIME	SIGNATURE/POSITION

CERT FORM #8 (ICS 213)

GENERAL MESSAGE		
TO	POSITION	
FROM	POSITION	
SUBJECT	DAT	TIME
<b>MESSAGE</b>		
SIGNATURE	POSITION	
<b>REPLY</b>		
DATE	TIME	SIGNATURE/POSITION

CERT FORM #8 (ICS 213)