



# **Georgia Search and Rescue Response System**

## **Operations Manual**

Georgia Emergency Management Agency

**April 1, 2010**

FEMA has developed four levels of operational guidance for use by emergency teams and other personnel involved in conducting or supporting disaster operations. This document corresponds to the level highlighted in bold italics.

Level 1	Overview	A brief concept summary of a disaster-related function, team, or capability.
<b>Level 2</b>	<b>SOP or Operations Manual</b>	<b><i>A complete reference document, detailing the procedures for performing a single function (Standard Operating Procedure), or a number of interdependent functions (Ops Manual).</i></b>
Level 3	Field Operations Guide (FOG) or Handbook	A durable pocket or desk guide, containing essential nuts-and-bolts information needed to perform specific assignments or functions.
Level 4	Job Aid	A checklist or other aid for job performance or job training.

This document is consistent with and supports the Federal Response Plan (FRP) for implementation of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended, (42 U.S.C. § 5121 *et seq.*).

The most current copy of this document, including change pages, is available through the FEMA Intranet in the NEMIS Reference Library ([www.nemis.fema.gov](http://www.nemis.fema.gov)), under Policies and Guidance, Disaster Operations Guidance.



## **FOREWORD**

This Operations Manual has been prepared to guide Georgia Search and Rescue personnel while performing disaster response operations during major disasters or emergencies.

The Georgia Search and Rescue (GSAR) Response System provides for the coordination, development, and maintenance of the Regional effort with resources to locate, extricate, and provide immediate medical treatment to victims trapped in collapsed structures, and to conduct other life saving operations.

The GSAR Response System methods of operation, organization, capabilities, and procedures in mobilization, on-site operations, and demobilization are described in this document.

Questions, comments, and suggested improvements related to this manual are encouraged. Inquires, information, and requests for additional copies should be directed in writing to Georgia Emergency Management, GSAR Coordinator, Ronnie Register, PO Box 18055, Atlanta GA 30316

## TABLE OF CONTENTS

<b>I. INTRODUCTION</b> .....	<b>1</b>
<b>A. PURPOSE</b> .....	<b>1</b>
<b>B. MISSION STATEMENT</b> .....	<b>2</b>
<b>C. GEORGIA SEARCH AND RESCUE RESPONSE SYSTEM OVERVIEW</b> .....	<b>2</b>
<b>D. TASK FORCE COMPOSITION AND FUNCTIONS</b> .....	<b>4</b>
<b>II. SYSTEM OVERVIEW</b> .....	<b>6</b>
<b>A. TASK FORCE CAPABILITIES</b> .....	<b>6</b>
<b>B. INCIDENT MANAGEMENT TEAM</b> .....	<b>7</b>
<b>C. OPERATIONAL READINESS EVALUATIONS</b> .....	<b>7</b>
<b>III. GEORGIA SEARCH AND RESCUE SYSTEM IMPLEMENTATION</b> .....	<b>8</b>
<b>A. GEMA TASK FORCE REQUESTS</b> .....	<b>8</b>
<b>B. OPERATIONS COMPOSITION</b> .....	<b>9</b>
<b>C. DEPLOYMENT</b> .....	<b>13</b>
<b>D. INCIDENT MANAGEMENT</b> .....	<b>15</b>
<b>E. REGIONAL RESPONSE</b> .....	<b>15</b>
<b>F. TASK FORCE ALLOCATION</b> .....	<b>16</b>
<b>IV. TASK FORCE MOBILIZATION</b> .....	<b>17</b>
<b>A. PERSONAL PROTECTIVE EQUIPMENT</b> .....	<b>17</b>
<b>B. POINTS OF CONTACT</b> .....	<b>18</b>
<b>C. TASK FORCE BRIEFINGS</b> .....	<b>18</b>
<b>D. POINTS OF DEPARTURE ACTIVITIES</b> .....	<b>18</b>
<b>E. MOBILIZATION CENTER SUPPORT FACILITIES</b> .....	<b>19</b>

<b>F.</b>	<b>TASK FORCE DEPLOYMENT</b> .....	<b>20</b>
<b>V.</b>	<b>STAGING AREA/INCIDENT ASSIGNMENT</b> .....	<b>21</b>
<b>A.</b>	<b>STAGING AREAS</b> .....	<b>21</b>
<b>B.</b>	<b>ON-SITE ASSIGNMENT</b> .....	<b>21</b>
<b>VI.</b>	<b>ON-SITE OPERATIONS</b> .....	<b>23</b>
<b>A.</b>	<b>BASE OF OPERATIONS</b> .....	<b>23</b>
<b>B.</b>	<b>EQUIPMENT CACHE MANAGEMENT</b> .....	<b>23</b>
<b>C.</b>	<b>TASK FORCE CONTROL CENTER</b> .....	<b>24</b>
<b>D.</b>	<b>SHELTER REQUIREMENTS</b> .....	<b>25</b>
<b>E.</b>	<b>TACTICAL ASSIGNMENTS AND OPERATION</b> .....	<b>25</b>
<b>F.</b>	<b>TASK FORCE BRIEFINGS</b> .....	<b>26</b>
<b>G.</b>	<b>REPORTING REQUIREMENTS</b> .....	<b>26</b>
<b>VII.</b>	<b>TASK FORCE REASSIGNMENT/DEMOBILIZATION</b> .....	<b>28</b>
<b>A.</b>	<b>REASSIGNMENT CONSIDERATIONS</b> .....	<b>28</b>
<b>B.</b>	<b>REASSIGNMENT/DEMOBILIZATION</b> .....	<b>28</b>
<b>C.</b>	<b>EQUIPMENT CACHE MANAGEMENT</b> .....	<b>29</b>
<b>D.</b>	<b>CESSATION OF BASE OF OPERATIONS</b> .....	<b>29</b>
<b>E.</b>	<b>RETURN TO THE MOBILIZATION CENTER</b> .....	<b>29</b>
<b>VIII.</b>	<b>POST-MISSION ACTIVITIES</b> .....	<b>31</b>
<b>A.</b>	<b>RETURN TO POINT OF DEPARTURE</b> .....	<b>31</b>
<b>B.</b>	<b>EQUIPMENT MANAGEMENT AND REHABILITATION</b> .....	<b>31</b>
<b>C.</b>	<b>GSAR PERSONNEL INCIDENT STRESS DEBRIEFING</b> .....	<b>32</b>
<b>D.</b>	<b>POST-MISSION OPERATIONAL DEBRIEFING</b> .....	<b>32</b>
<b>E.</b>	<b>GSAR SYSTEM RETURN TO STATE OF READINESS</b> .....	<b>33</b>

## **GSAR SYSTEM OPERATIONAL APPENDICES**

APPENDIX A – TASK FORCE MANAGEMENT AND COORDINATION .....	34
APPENDIX B– TASK FORCE MEDICAL PROCEDURES .....	41
APPENDIX C – TASK FORCE SAFETY CONSIDERATIONS.....	50
APPENDIX D – TASK FORCE PLANNING .....	57
APPENDIX E – TASK FORCE MOBILIZATION.....	66

## I. INTRODUCTION

### A. PURPOSE

This document:

- Describes the composition and capabilities of the Georgia Urban Search & Rescue (GSAR) assets.
- Describes the process through which GSAR task forces will be alerted, activated, and deployed upon implementation of Robert T. Stafford Act authorities during a major disaster.
- Delineates organizational responsibilities and roles.
- Describes the functions and purpose of the Incident Management Team (IMT) and its relationship to Georgia Emergency Management Agency (GEMA) GSAR assets.
- Describes the relationships between GEMA GSAR assets and other State resources such as the rapid needs assessment teams, the United States Public Health Service (USPHS), and other supporting organizations.
- Outlines how State GSAR assets will be allocated in times of a disaster.
- Describes the process for accepting Federal US&R assistance to supplement the State's capability.
- Provides procedures and guidelines for transporting task forces to and from a disaster area.
- Describes the purpose of the mobilization center, staging areas, and activities related to the task force's occupation of these facilities.
- Identifies the procedures for on-site operations, task force reassignment, and demobilization.

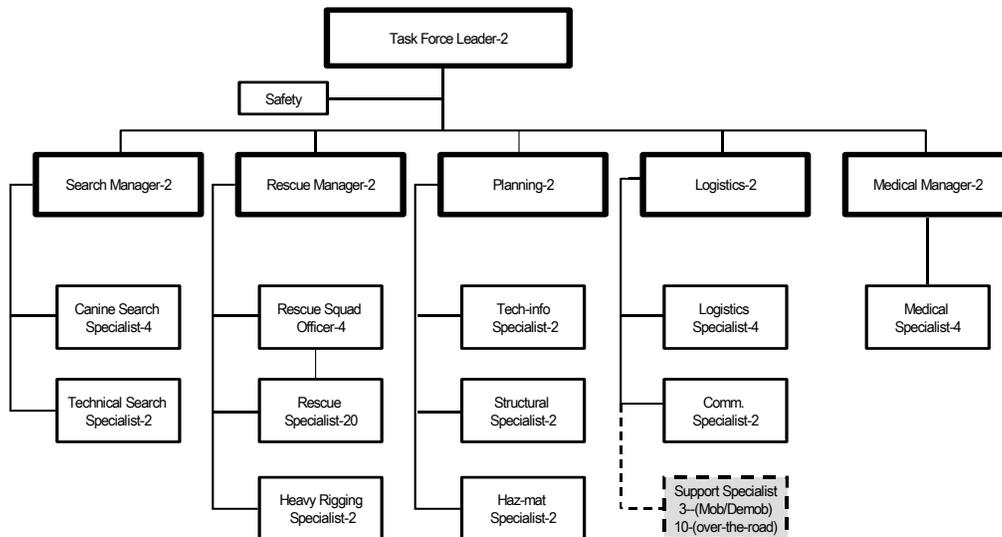
The Operations Manual provides a detailed overview of the GEMA GSAR State System. Other operational information is provided in the National US&R Response System Field Operations Guide (FOG) and the State Incident Management Team (IMT) Operations Manual.

## **B. MISSION STATEMENT**

The primary mission of GSAR is the coordination, development, and maintenance of the resources to locate, extricate, provide immediate medical treatment to victims trapped in collapsed structures, and to conduct other life-saving operations.

## **C. GEORGIA SEARCH AND RESCUE RESPONSE SYSTEM OVERVIEW**

Following the Federal responses to the Hurricane Hugo and Loma Prieta disasters, Congress, through the Fiscal Year (FY) 1990 National Earthquake Hazards Reduction Program legislation, tasked FEMA to develop a national civilian US&R capability. FEMA, with support from Federal, State, local authorities, the nation's top technical specialists in the field, and other interested groups, developed the National Urban Search and Rescue Response System. This system coordinates the selection, training, equipping, mobilization, and deployment of Federal and civilian search and rescue resources to respond to those situations outlined in the FRP in which victims are savable but inaccessible through other rescue techniques. These assets are used to augment State and local resources in disaster areas. The US&R task force is the fundamental unit of FEMA's National USAR Response System. Each task force is sponsored by a State or local government jurisdiction and comprises 70 technical specialists divided into management and operational elements (Figure I-1). Minimum criteria and standards have been established by FEMA as part of the National USAR Response System in such areas as equipment, management and coordination, communications, and training for all task forces. Other components of the National USAR Response System include an overhead team, called the Incident Management Team, developed to provide management, coordination, and support for the task forces, as well as rapid needs assessment teams and other technical personnel who respond to disasters as part of the FRP. Following the events on September 11, 2001, the State of Georgia realized that the state was not prepared for these types of events. Through funding handed down from the Federal government through GEMA the GSAR teams were developed. There are three existing Type 2 teams located in the State of Georgia; Metro (Taskforce 7), Central (Taskforce 4), and Coastal (Taskforce 5). There are also four existing Type 3 teams located in the State; North West (Taskforce 6), West Central (Taskforce 4A), East Central (Taskforce 3), Southern (Taskforce 2). One additional Type 3 team is being added to the system in order to provide response to all areas of the State within a two hour timeframe. Each Type 2 team has a minimum of 140 members and each Type 3 team has a minimum of 70 members. All members are trained in 5 disciplines of rescue and response. These disciplines are; Hazardous Materials, High angle, Confined Space, Trench Collapse, and Building Collapse. Taskforces 2, 4, 4A, 5 and 6 have added Wilderness search and rescue to their disciplines due to many remote areas in those response areas. Taskforce 3, 4A, 5, 7 has added Water Rescue to their disciplines. The guidelines included in this document will remain as close to the FEMA response guidelines as possible. In the event that a FEMA team is required to assist in any response by the GSAR system all teams must be able to operate in unison with other USAR entities.



**FIGURE: I-1 GSAR Task Force Organizational Chart**

Currently, there are 3 Type 2 taskforces across the State of Georgia. For more information on the task force composition, qualifications, position descriptions, operational checklists, and requisite equipment, refer to the GSAR Response System Task Force Description Manual and the FEMA National US&R Response System Field Operations Guide.

All task forces in the GEMA GSAR Response System will be advised immediately after GEMA, that a significant event has occurred or may occur and which conforms to certain criteria, such as a WMD or hurricane affecting a heavily populated urban environment. Once a reliable estimate of damage and need is ascertained, GEMA will determine the allocation of GSAR resources and alert a portion, or all of the US&R task forces. If warranted, GEMA will activate an IMT along with GSAR task forces to selected mobilization centers. To accomplish this, GEMA will deploy the closest operational task force inside the State. The IMT will be deployed as soon as possible as part of the Emergency Response Team, Advance Element (ERT-A) in order to act as a liaison with local officials as well as make preparations for support of incoming task forces. Should additional task forces be required on the same incident, GEMA will activate task forces from the published rotation system in the specified manner. For some incidents, GEMA may activate a full Emergency Response Team (ERT).

Once a GEMA sponsored task force has been activated, its transportation requirements will be evaluated. Depending on the travel distance to the incident, each will assemble and report to a pre-determined Point of Departure (POD), within 1 hour.

When the task force has received a mission assignment, the IMT Transportation Unit Leader will ensure ground transportation to a designated incident staging area in the area of their assignment or directly to the incident location. The task force will also receive a situation status update, operational assignment, and logistical and administrative information from the IMT or local Incident Commander (IC). The task force will proceed to its assignment and begin normal operations. If the task force is

directed to move to another site, the IMT Transportation Unit Leader will ensure transportation. The IMT will also ensure re-supply of food, water, and other items essential to the mission. The task force will continue to operate until demobilized.

The local IC, through the IMT, has the discretion to move a task force assigned to his/her jurisdiction to another work location within the jurisdiction. Once it is determined that an assigned task force has completed its mission, the IMT and the GEMA GSAR Coordinator will determine if the task force is required at other locations within the State. The IMT will coordinate with the GEMA GSAR Coordinator, through the State Operations Center (SOC) to determine any further needs for the task force. If the objectives of the mission have been met and the task force is no longer needed, the IMT will arrange for demobilization and return to its home jurisdiction. If the task force is demobilized, they will perform site disengagement procedures and be transported back to the mobilization center. Task force members will then be debriefed, and begin preparations for return to their original POD. Transportation will be arranged by the IMT.

It is the responsibility of the sponsoring agency to keep GEMA apprised of any changes that would affect their task force's readiness. Status changes must be reported to GEMA, 1-800-TRY-GEMA.

## **D. TASK FORCE COMPOSITION AND FUNCTIONS**

Task forces are structured to safely operate on the scene for up to 10 days. Primarily, they perform the functions of search, rescue, and medical care for task force members and rescued victims. The individual team components and primary functions are outlined below:

### **1. Internal Management**

Composition: Task Force Leader  
Safety Officer  
Planning  
Search Manager  
Rescue Manager  
Logistics  
Medical Manager

Functions: Provides overall management and coordination of task force operations.

### **2. Search**

Composition: Canine Specialists and Search Canines  
Technical Search Specialists

Functions: Utilizes canines and technical/electronic search to locate trapped victims.

### **3. Rescue**

Composition: Rescue Specialists organized into four squads with leader and five specialists, and includes Heavy Rigging Specialists.

Functions: Performs extrication of trapped victims. Skilled in cutting, shoring, lifting, and breaching steel and reinforced concrete. Skilled in high angle rigging and rescue. Skilled in confined space entry and rescue. Skilled in shoring collapsed trench walls, (straight trench, L trench, T trench) and supplemental shoring. Skilled in Hazardous Material recognition, spill control, and decontamination procedures.

### **4. Medical**

Composition: Physicians and/or Medical Specialists at the EMT-I or higher level.

Functions: Provides pre-hospital and emergency care for task force members and crush syndrome/confined space medicine for rescued victims.

### **5. Planning**

Composition: Structural Engineers, Hazardous Materials Specialists, Technical Information Specialists.

Functions: Provides support to the overall search and rescue mission to include: planning, hazards evaluation, structural integrity assessments, and technical documentation.

### **6. Logistics**

Composition: Logisticians, Communications Specialists, and Support Specialists.

Functions: Provides support to the overall search and rescue mission to include: logistical, communications, mobilization and demobilization, and transportation.

## II. SYSTEM OVERVIEW

### A. TASK FORCE CAPABILITIES

The method by which GEMA accomplishes the mission is through the Georgia Search and Rescue Response System. The primary purpose of this system is to provide a statewide heavy search and rescue proficiency at the local jurisdiction level that can be activated and deployed to incidents requiring this capability. In order for task forces to be able to function in this capacity, they must develop and maintain the following capabilities:

- Physical, canine, and electronic search capability.
- Rescue operations in a variety of disciplines, including but not limited to; collapse of structures, including wood frame, steel frame, non-reinforced concrete, and reinforced concrete, High angle Rescue, Confined space rescue, Trench Collapse rescue, and Hazardous Materials operations.
- Advanced life support capability, specializing in crush syndrome and confined space medicine.
- Structural integrity assessments of structures in rescue operations.
- Hazardous materials assessments in rescue operations.
- Heavy equipment operations for rescue efforts.
- Communications within the task force, with the IMT, and with the home jurisdiction.
- Resource accountability, maintenance, and equipment procurement.
- Technical documentation.
- Public information.
- Task force management and coordination.

In addition to having the above listed capabilities, task forces are structured to be able to operate under the following guidelines:

- 24-hour operations in two 12-hour shifts.
- Self-sufficiency for 72 hours.
- Report to the POD within 1 hour of activation.
- Cross-trained personnel.

- Standard equipment and training.
- Standard operating procedures.
- Operate under the Incident Command System (ICS).

## **B. INCIDENT MANAGEMENT TEAM**

The mobilization and use of GSAR task forces provides a significant capability for disaster response and mitigation. The GEMA GSAR IMT provides local officials with technical assistance in the acquisition and utilization of resources through advice, incident command assistance, management and coordination of GSAR task forces, and obtaining logistic support. For further information refer to the IMT Operations Manual.

## **C. OPERATIONAL READINESS EVALUATIONS**

In order to ensure the efficiency and operational readiness of each task force, GEMA has developed an Operational Readiness Evaluation Process. This program provides for a thorough on-site inspection of all task force components to determine the general readiness of the task force to respond and operate on the scene of a disaster. The objectives of the process include:

- Provide a uniform method to determine the current operational readiness levels of all task forces participating in the GSAR Response System.
- Identify major strengths and shortfalls in the current and planned system of task force development.
- Develop a fair and objective process that can be conducted by Sponsoring organizations to determine readiness levels.
- Provide feedback to the respective task force regarding the strengths and weaknesses for inclusion into a plan of action for further development and improvement.

Periodically, a cadre of peer evaluators from other task forces will make an on-site visit to each task force's sponsoring agency. The cadre will compare team equipment with the approved cache list, as well as administrative documentation, personnel qualifications, and task force training records. The results of the evaluation are submitted to GEMA Headquarters as part of the task force's permanent record and used to determine if the task force is operationally certified for a mission assignment.

### **III. GEORGIA SEARCH AND RESCUE SYSTEM IMPLEMENTATION**

#### **A. GEMA TASK FORCE REQUESTS**

##### **1. Advisory Notice**

Upon the occurrence of a significant disaster event or an impending event, GEMA may issue an Advisory Notice to all GSAR task forces.

All appropriate information related to the event is listed in Figure III-1, and will be provided, as it becomes known. The advisory is for informational purposes only and does not constitute a directive to begin any mobilization activities, or incur any expense.

Advisory Notices may also be issued periodically during an incident to inform all task forces in the GSAR System of any mission information updates.

##### **2. Alert Notice**

If GSAR resources have a probability of being requested within the next 24 hours, GEMA may issue an Alert Notice. The State and sponsoring agency of the task force being placed on alert must determine if the task force can be released for service.

All appropriate information related to the event is listed in Figure III-1, and will be provided, as it becomes known.

##### **3. Activation Order**

If a disaster will require GSAR resources, the GEMA Office will select task forces to be activated. They will contact the sponsoring agency to determine the availability of the task force. The task force may decline the mission if in their opinion there is a potential need for the task force in the home jurisdiction. Once the task force accepts the mission, the GEMA Office will issue an Activation Order. This will probably be done verbally to the local emergency management agency and sponsoring agency.

All appropriate information related to the event is listed in Figure III-1, and will be provided, as it becomes known.

Sponsoring agencies accepting the mission are expected to field all necessary personnel, equipment, and supplies; and report to their designated POD within one hour of the Activation Order. The POD will be determined at this time. From activation until arrival at the POA/Mob Center, the task force will be under the control of and will provide regular situation reports to the GEMA Office.

GEMA will also activate and deploy an IMT to the incident location in order for the supporting elements to be in place prior to task force arrival.

##### **4. Demobilization Order**

If an Alert Notice has been issued, and subsequent information indicates that mobilization of the task force is not warranted, the GEMA Office will issue a

Demobilization Order to the sponsoring agency. GEMA will provide related information regarding the reason for the Demobilization Order.

After activation, a demobilization of the task force may occur at any time during the mobilization process, as determined by the GEMA Office. After departure from the mobilization center, a demobilized task force will be under the control of and will provide regular situation reports to the GEMA Office until arrival at its home jurisdiction.

Advisory/Alert	Activation	Demobilization
<ul style="list-style-type: none"> <li>• Type of event</li> <li>• Location</li> <li>• Magnitude</li> <li>• Weather conditions</li> <li>• Current situation</li> </ul>	<ul style="list-style-type: none"> <li>• Type of event</li> <li>• Location</li> <li>• Magnitude</li> <li>• Weather conditions</li> <li>• Current situation</li> <li>• Damage assessment</li> <li>• Determining fund levels</li> <li>• POD</li> <li>• Projected time of lift off</li> <li>• Aircraft information (size/type)</li> <li>• Contact person (call back)</li> <li>• POA</li> <li>• Task force radio frequencies</li> <li>• Mobilization center location</li> <li>• Other resources activated</li> <li>• Anticipated length of mission</li> <li>• Time of official activation</li> <li>• Person initiating activation</li> <li>• Identify tracking and contact procedures</li> </ul>	<ul style="list-style-type: none"> <li>• Reason for demobilization</li> <li>• Person initiating demobilization</li> <li>• Time of demobilization</li> <li>• Reimbursement information</li> <li>• Personnel and equipment rehabilitation allowances</li> </ul>

**FIGURE III-1: Information Requirements for Advisory, Alert, Activation, and Demobilization**

**5. OPERATIONS COMPOSITION:**

A GSAR Taskforce will be composed of seventy members. Scheduling for deployment will be on a quarterly rotating basis for twenty-six members. Listed is an example:

- City of Atlanta Fire Department – (5) deployable members, 24 hours a day
- Clayton County Fire Department – (5) deployable members, 24 hours a day
- Dekalb County Fire Department – (5) deployable members, 24 hours a day
- Cobb County Fire Department – (5) deployable members, 24 hours a day
- Gwinnett Co. Fire Department – (5) deployable members, 24 hours a day
- Fulton County Fire Department – (5) deployable members, 24 hours a day
- Georgia Mutual Aid Group – (2) deployable members, 24 hours a day

**DEPLOYMENT TYPES:**

A GSAR Taskforce may deploy at the request of any of the represented jurisdictions for any type deployment. At the request of GEMA, GSAR will deploy to other jurisdictions for emergencies involving weapons of mass destruction. Generally, response to incidents outside the sponsoring jurisdictions for other than weapons of mass destruction incidents will only be under a state or federal disaster declaration, or other emergencies as defined by GEMA, unless the response is a local mutual aid response.

In the event a GSAR Taskforce responds to any Type 5, Type 4, or Type 3 incident as described below, the taskforce will operate in accordance with Annex E of the most current version of the Georgia Emergency Operations Plan (GEOP).

Deployments types in the GSAR system are based on the typing system utilized commonly by jurisdictions that utilize the National Incident Management System. The types of deployments are as follows:

**Type 5 Incident** – This is an AGENCY SPECIFIC incident where a local single agency or jurisdiction can handle the incident without the use of resources outside those available for normal operations. GSAR equipment and personnel from a sponsoring agency may be utilized by one of the sponsoring agencies for a local incident at the discretion of the sponsoring agency Fire Chief.

**Type 4 Incident** – This is a MULTI-AGENCY INCIDENT that can generally be addressed within the scope of a department's existing mutual or automatic aid agreements. Generally, this type of incident will affect only one of the sponsoring departments directly. However, if they are unable to mitigate the incident without assistance, they may request assistance from another sponsoring agency.

If requested, a GSAR Taskforce will respond to these types of incidents with a "SHORT TEAM" of SIXTEEN ON-DUTY MEMBERS from the departments not impacted by the incident with the following team members based on the deployment schedule:

- (1) Task Force Leader
- (1) Safety Officer
- (1) Liaison Officer
- (1) Operations Section Chief
- (1) Search Group Supervisor
- (1) Rescue Group Supervisor
- (3) Two-person Rescue Teams
- (2) Two-person Search Teams

This deployment will generally require one GSAR response vehicle, from the jurisdictions deploying the rescue teams.

**Type 3 Incident** – is an AREA LEVEL incident that could require resources from the entire area, but may not cross the threshold of requiring state resources. In this situation, the incident is large enough to consider the use of not only GSAR but also other resources in the GEMA Area.

This would entail the deployment of THIRTY FIVE MEMBERS of GSAR who are on duty at the time of the incident. The three members in excess of the quarterly deployment schedule will be deployed by GEMA and will comprise the Canine Search Specialists w/canines.

This type of deployment will generally respond when operations expected to last no more than 12 hours. GSAR will respond with the following team members:

- 1 - Task Force Leader
- 2 - Safety Officer
- 1- Medical Team Manager
- 1 - Rescue Team Manager
- 1 - Search Manager
- 1 - Planning Manager
- 1 - Tech Info Specialist
- 1 – Haz Mat Specialist
- 1 - Communications Specialist
- 1 - Heavy Rigging Specialists
- 1 - Structural Specialist
- 2 - Medical Specialists
- 2 - Logistics Specialists
- 2 - Rescue Officers
- 10 - Rescue Specialists\*\*\*
- 4 - Technical Search Specialists
- 3 - Canine Search Specialists w/canines
- \*\*\*6 of which are Haz Mat Technicians

This deployment will generally require the resources from one GSAR response vehicles, additionally one GSAR Storage Trailer may be deployed at the Taskforce Leader's discretion.

**Type 2 Incident** – is a STATE LEVEL incident that could require resources from the entire state, but may not cross the threshold of requiring federal resources. In this situation, the incident is large enough to consider the use of not only GSAR but also other resources in the State of Georgia.

This would entail the deployment of SEVENTY MEMBERS of GSAR to an incident when it is believed that operations will last more than 12 hours. The thirty two members in excess of the quarterly deployment schedule shall be taken from the next calendar quarter's deployment schedule. The six members in excess of the quarterly deployment schedule will be deployed by GEMA and

will comprise the Canine Search Specialists w/canines. The total number may be cut in half if operations are during daylight hours only.

GSAR will respond with two times the following team members in order to fill two twelve hour shifts. The staffing for each twelve hour shift of personnel is a minimum of 35 personnel as illustrated below:

- 1 - Task Force Leader
- 2 - Safety Officer
- 1- Medical Team Manager
- 1 - Rescue Team Manager
- 1 - Search Manager
- 1 - Planning Manager
- 1 - Tech Info Specialist
- 1 – Haz Mat Specialist
- 1 - Communications Specialist
- 1 - Heavy Rigging Specialists
- 1 - Structural Specialist
- 2 - Medical Specialists
- 2 - Logistics Specialists
- 2 - Rescue Officers
- 10 - Rescue Specialists\*\*\*
- 4 - Technical Search Specialists
- 3 - Canine Search Specialists w/canines
- \*\*\*6 of which are Haz Mat Technicians

This deployment will generally require the resources from a minimum of two GSAR response vehicles, one from the jurisdictions deploying rescue teams, one from a jurisdiction deploying a search team. Additionally one GSAR Storage Trailer will be deployed. More response vehicles may be deployed at the discretion of the Executive Committee Chairman, based on information given from GEMA concerning the incident.

**Type 1 Incident** – is a FEDERAL LEVEL incident that could require resources from the federal government.

The intent of this type of deployment is to handle operations until the arrival of federal assets as well as serve as a liaison between federal search and rescue assets in a significant incident.

This would entail the deployment of SEVENTY MEMBERS of GSAR and “standby” activation of the remaining members to an incident when operations will last more than 72 hours.

This deployment will generally require the resources from two GSAR response vehicles. Additionally one GSAR TF7 Storage Trailer will be deployed.

A minimum of one other equal taskforce from another area in the State will also be deployed to assist with operations at this type of incident.

GSAR will respond with two times the following team members in order to fill two twelve hour shifts. The staffing for each twelve hour shift of personnel is a minimum of 35 personnel as illustrated below:

- 1 - Task Force Leader
- 2 - Safety Officer
- 1- Medical Team Manager
- 1 - Rescue Team Manager
- 1 - Search Manager
- 1 - Planning Manager
- 1 - Tech Info Specialist
- 1 – Haz Mat Specialist
- 1 - Communications Specialist
- 1 - Heavy Rigging Specialists
- 1 - Structural Specialist
- 2 - Medical Specialists
- 2 - Logistics Specialists
- 2 - Rescue Officers
- 10 - Rescue Specialists\*\*\*
- 4 - Technical Search Specialists
- 3 - Canine Search Specialists w/canines
- \*\*\*6 of which are Haz Mat Technicians

The six members in excess of the quarterly deployment schedule will be deployed by GEMA and will comprise the Canine Search Specialists w/canines.

#### GENERAL DEPLOYMENT GUIDELINES

In general, any deployment to a Type 4 incident will involve the deployment of on-duty resources in the six jurisdictions. However, deployment to Type 3 or larger incidents may involve the deployment of off-duty personnel. The determination of whether on-duty or off-duty resources are used is at the discretion of individual jurisdictions, as long as positions on the deployment schedule can be filled and ready to respond within the time limits in this document.

In the event the Governor of Georgia declares a State of Emergency, or the President of the United States declares the incident as a Federal Disaster, A GSAR Taskforce will operate in accordance with the most current version of the GEOP.

## DEPLOYMENT REQUEST

Any request for deployment of GSAR resources within the participating jurisdiction must be made by a Deputy/Assistant Fire Chief (2<sup>nd</sup> tier), the Fire Chief, or the local EMA Director of the requesting jurisdiction.

At the request of GEMA, GSAR will deploy to jurisdictions outside the participating jurisdictions for emergencies involving weapons of mass destruction. Generally, response to incidents outside the sponsoring jurisdictions for other than weapons of mass destruction incidents will only be under a state or federal disaster declaration, or other emergencies as defined by GEMA.

## DEPLOYMENT MANAGEMENT

The Task Force Leader and Planning Section Chief scheduled for deployment shall manage the actual deployment process for Type 4 and larger deployments. Exceptions to the deployment schedule that can not be resolved by the jurisdiction shall be addressed by the chair of the GSAR Taskforce's Operations Committee or by chair of the Executive Board, in the absence of the Operations Committee chair.

## DEPLOYMENT TIMES EXAMPLE (TF7 USED AS EXAMPLE)

The goal of the task force is to be on scene:

Within the six represented jurisdictions:

- Within 60 minutes of request to a Type 4 incident
- Within 90 minutes of request in a Type 3 incident
- Within 2 hours of request in a Type 2 or Type 1 incident

From the City of Forsyth, Georgia to the North Georgia Border:

- Within 2 hours of GEMA request to a Type 4 incident
- Within 4 hours of GEMA request to a Type 2 or Type 1 incident

To a state request for assistance from the GSAR TF4:

- Within 6 hours of GEMA request.

To a state request for assistance from GSAR TF5 or areas in South Georgia:

- Within 8 hours of GEMA request.

## QUARTERLY DEPLOYMENT SCHEDULE - EXAMPLE

	Atlant	Clayt	Cobb	Dekal	Fulto	Gwinn	GMA
--	--------	-------	------	-------	-------	-------	-----

	a	on		b	n	ett	G
<b>Task Force Leader</b>	X						
<b>Safety Officer</b>					X		
<b>Liaison Officer</b>		X					
<b>Operations Section Chief</b>			X				
<u>Search Group Supervisor</u>				X			
Tech Search Team (Red)	X						
Tech Search Team (Red)	X						
Tech Search Team (Blue)		X					
Tech Search Team (Blue)		X					
K9 Search Team				X			
K9 Search Team				X			
<u>Rescue Group Supervisor</u>						X	
Rescue Team (Red)			X				
Rescue Team (Red)			X				
Rescue Team (White)					X		
Rescue Team (White)					X		
Rescue Team (Blue)						X	
Rescue Team (Blue)						X	
<b>Planning Section Chief</b>					X		
Situation Unit Leader						X	
Documentation Unit leader				X			
<b>Logistics Section Chief</b>			X				
Supply Unit Leader							X
Supply Unit							X
Communications Unit Leader	X						
Communications Unit		X					
	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>2</b>

GSAR will deploy based on six quarterly deployment schedules, named after the jurisdiction that will provide the Task Force Leader. This provides for a rotation that does not require any particular jurisdiction to provide a particular resource the same time each year (i.e. the summer).

Each Taskforce shall make arrangements with an agency that will staff Medical Unit and GEMA will provide the K9 Search Team using either the GBRT K-9 team or Dekalb County Fire Department K-9 team.

The deployment schedule will be maintained by the Operations Committee and published as necessary to all GSAR jurisdictions.

## INCIDENT MANAGEMENT

All GSAR Taskforces will operate under the National Incident Management System (NIMS) in terms of incident management on the scene; further, it will utilize the *Model Procedures Guide for Structural Collapse / Urban Search and Rescue Incidents*, published by the National Fire Service Incident Management System Consortium as its Incident Management guide to make procedures in training and incidents.

## REGIONAL RESPONSE

The Georgia Mutual Aid Group (GMAG) in coordination with GEMA will serve as a central location for mutual aid request outside of the participating agencies. GMAG will then contact the Executive Chair to provide contact information for the jurisdiction needing assistance. On duty personnel will respond and the remaining agencies shall be notified to help cover the responding GSAR agency's home base incase another technical rescue incident were to occur. If 2 or more response apparatus are needed to fill the request, then a cache trailer will also be dispatched.

The GSAR Taskforce's home area will be divided to ensure the closest resources will be deployed. The Executive Chair will also notify GEMA to let them know which resources are committed in case another incident occurs at the State level.

**GSAR will only deploy outside of GEMA Area under a pre-approved commitment for re-imbusement of the costs of the jurisdictions and agencies providing resources for the deployment itself, unless specifically requested by GEMA or under jurisdictional mutual aid agreements.**

## B. TASK FORCE ALLOCATION

### 1. Initial Task Force Assignments

When an incident occurs that may require GSAR task forces, GEMA will review criteria such as type and magnitude of the incident, type of mitigation assistance requested, and deployment guidelines. These criteria will be used to determine how many task forces should be activated for the event. GEMA will then determine the appropriate task forces to activate based on geographic location of available task forces, the rotation system, task force levels of readiness, individual task force transport requirements, and availability of transport aircraft. The capabilities of the available mobilization centers may influence the assignment of specific task forces.

Once the task forces are activated and accept a mission, a POD will be identified. One or more mobilization centers may be identified near the affected areas.

After the allocation of task forces is determined, GEMA will decide which task forces will be assigned to each mobilization center and will establish appropriate transportation for each. Transportation will be coordinated through the IMT and the task force will be moved to its designated location. Once the task force arrives at the affected location, the task force falls under the management of the IMT who reports to the local jurisdiction's IC or representative. The task force receives a strategic assignment through the IMT and begins operations under the ICS.

## **2. Task Force Reassignments**

Activated task forces are a State resource, under the ultimate direction of GEMA. Should it be determined that one or more initial task force assignments must be changed, the task forces shall be reassigned. This determination will be made by the GEMA representative on the IMT, in conjunction with the ERT State emergency management officials. The length of the initial operation of each task force and its ability to sustain continued operation would dictate whether the task force could be reassigned.

If a local IC determines that the services of an assigned task force are no longer needed, the GEMA representative will make a determination of possible reassignment of the task force on the IMT.

## **3. Demobilization of Task Forces**

Once a task force has completed its mission, and no reassignment is warranted, or is unable to continue operations, the task force will be demobilized.

This information will be communicated to the local IC through the GEMA Representative.

# **IV. TASK FORCE MOBILIZATION**

## **1. Personnel and Equipment**

All aspects of the task force mobilization must be well planned and exercised in order to accomplish such a large undertaking in a short period of time. Task force personnel should have all necessary personal items ready for deployment. All necessary equipment, tools, and supplies that support the task force should either be cached separately, or the locations of any separate items must be known and a process established to quickly assemble all of them.

A predetermined call-out system must be developed by the taskforce to notify the necessary personnel required to field the 70 person task force, a call-down tree or a universal paging system may accomplish this. Virtually all agencies sponsoring a task force will use people who are not directly employed by the agency to fill some positions within the task force. These associated personnel must have agreements in place with

their respective employers to allow them to leave with little notice for a mission deployment of up to 10 days. The local travel distances of the task force personnel, either to the sponsoring agency assembly point or the task force's assigned POD, must meet the 1-hour POD time frame.

Cache loading plans must reflect priority loading and unloading of equipment necessary to allow effective task force operations. This may include modular deployment, reconnaissance, or advance teams. At the assembly point, the task force must establish a system to process personnel for the mission to include: gear inspection, medical screening, personal information checks, and equipment issue. The medical screening includes criteria specified by EMS personnel to recommend personnel deployable or non-deployable.

## **2. Establishing Points of Contact**

Sponsoring agencies must determine separate POCs for receiving GSAR task force Advisories, Alert Notices, or Activation Orders. This must be determined in advance and be functional any time, day or night. Most agencies and jurisdictions have emergency dispatch centers that should work well for this purpose. A directory of contacts should be established at the local, State, and Federal levels to ensure timely notifications.

Sponsoring agencies should establish a predetermined routing of Alert and Activation Notices from their POC to the official capable of approving the acceptance of activation. Persons receiving the Alert Notice or Activation Orders from GEMA must request a POC name and telephone number. It is imperative that a definite acceptance or denial of a mission assignment be communicated to GEMA within one hour.

## **3. Task Force Briefing**

After accepting a mission, the sponsoring agency should assemble all necessary personnel either at an assembly point or at the assigned POD. It is imperative that a formal task force briefing be provided to all team members. This briefing should include:

- Task force organizational structure.
- Chain-of-command.
- Latest event information.
- Environmental conditions.
- Media issues and procedures.
- Safety issues.
- Communications procedures.
- Other information provided by specific task force specialists.
- Code of conduct.
- Transportation mode, estimated departure time, POA, etc.

In addition, task force supervisory personnel should brief their subordinates about their expectations, distribute and review task force operational checklists, review the readiness of task force personnel for mission operations, check inoculation records, etc.

## **C. POINT OF DEPARTURE ACTIVITIES**

The POD will be dependant on the direction the task force is to respond.

A coordination center will be established to coordinate all aspects of the mobilization center operation. The TFL should identify the location of the coordination center and report to the IMT representative for instructions. If the TFL is unable to locate the appropriate IMT representative (who may not have yet arrived), they should report to the mobilization center manager for further instructions. At a minimum, the following information should be identified from the IMT representative or the center manager:

- Location of the IMT.
- Local officials to whom the TFL should report.
- Assigned jurisdiction/work site for the task force.
- Incident briefing/situation report.
- Mobilization center foods, water, rest rooms, support facilities.
- Transportation requirements.
- Availability of maps for assigned jurisdiction.
- Availability of medical treatment, if any.

It is understood that once the task force arrives at its assigned jurisdiction, the TFL falls under the supervision of the local IC through the IMT within the parameters of the ICS. In addition, the TFL will route all task force logistical support requests to the IMT. The IMT will determine, in conjunction with the local jurisdiction, what resupply can be obtained locally and what items must be requested through GEMA. Task forces will not order equipment or resupply items on their own. The IMT is responsible for routing resource requests and reporting the task force's situation status to the GEMA Representative at the EST or DFO, if it is operational.

## **4. Task Force Briefing**

Once the TFL has received all necessary information, a task force briefing should be conducted to apprise personnel of important information. This should include the following:

- Assigned jurisdiction/work site for the task force.
- Incident briefing/situation report.
- Mobilization center foods, water, rest room, support facilities.
- Transportation issues and time frames.
- Equipment off loading/security.
- Issuing of maps (if available).
- Introduction of the IMT POA/Mob Center Specialist or other POA POCs.

## **5. Mobilization Center Support Facilities**

As required, the IMT POA/Mob Center Specialist will act as the POC with the support facilities at the mobilization centers receiving GSAR task forces. State agencies will provide logistical support for the preparation and distribution of food and drinks,

sanitation and rest room facilities, shelter, etc., if not already available on site. The degree to which these needs will be supported will depend upon many variables, including available resources and the number of disaster mitigation resources being routed through the mobilization center, etc.

At a minimum, a TFL should ensure that the immediate needs of team personnel and canines are addressed. In most cases, a task force should remain in a mobilization center for a relatively short time. This will depend on variables, such as available personnel and equipment for cache movement, available ground or air transportation to the assigned work site, weather conditions, etc. It would be rare that a task force remains for an extended period in the mobilization center and requires longer-term shelter and sleeping accommodations. The TFL and IMT will address these issues, as needed.

Most large-scale disasters will require the mobilization center to remain in operation for an extended time period as various disaster mitigation and restoration resources respond to the affected areas. The TFL should consider that the task force would most likely demobilize and return through the mobilization center at the conclusion of a mission assignment. In addition, the mobilization center may play a part in ongoing operations such as serving as an intermediate point for the removal of an injured task force member or the support of other disaster response agencies (i.e., ESF #8 Medical, ESF #10 Hazardous Materials, ESF #4 Firefighting, etc.).

#### **D. TASK FORCE DEPLOYMENT**

It is imperative that the determination of the locality to which each task force is to be assigned be made as quickly as possible. These decisions will be made by the appropriate local emergency management officials of the affected area, in conjunction with the IMT or appropriate GEMA officials at the DFO.

The immediate concern of the POA/Mob Center Specialist is to forward these specific task force assignments as soon as possible; address the transfer and movement of all personnel, canine, and equipment cache items; establish the necessary transportation requirements; and deploy the task force into the affected locality, as quickly as possible. It is most desirable that the task forces move through the mobilization center directly to their assigned locality/work site.

Task forces departing the mobilization center will be transported to the assigned locality as identified by the IMT. While it is most desirable to move the task forces directly to their assigned locality/work site, it may in some cases, first be necessary to route the task forces through a staging area.

## **V. STAGING AREA/INCIDENT ASSIGNMENT**

### **A. STAGING AREAS**

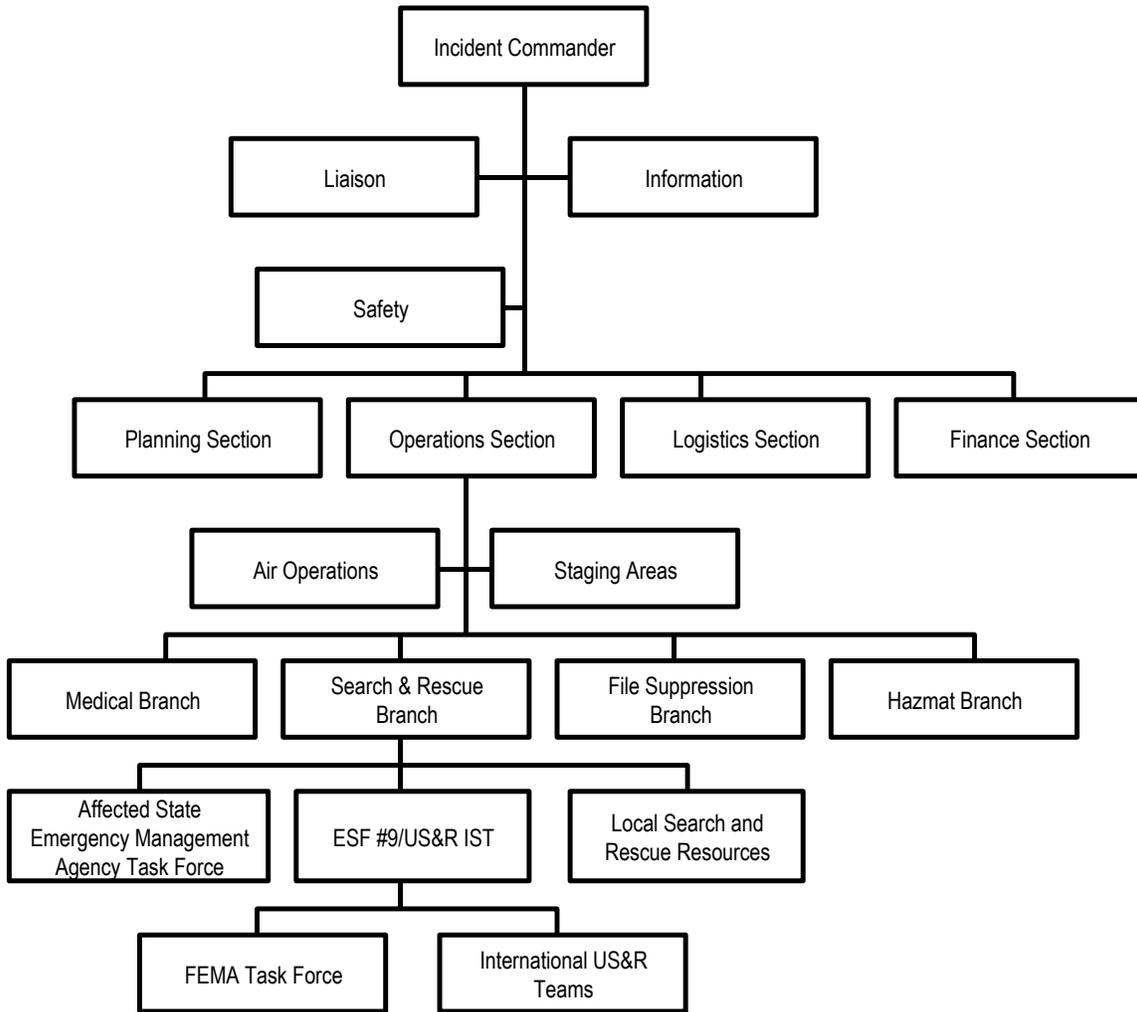
A task force may be required to move through a staging area enroute to its assignment, due to logistical reasons. The IMT, in conjunction with the DFO, will determine these issues. The movement of a task force through an intermediate staging area should be conducted in as short a period of time as possible.

### **B. ON-SITE ASSIGNMENT**

The TFL must establish contact with the IMT as soon as possible. The following information should be exchanged with the TFL, the IMT, and the local IC:

- Reporting requirements (type/location/frequency/position).
- Task force objectives.
- Location of work assignment.
- Location or potential location of task force Base of Operations (BoO).
- Current situation report.
- Tactical assignment.
- Personnel/cache movement requirements.
- On-site transportation requirements.
- Communications plan.
- Shelter and support facilities, if any.
- Availability of maps.
- Medical protocols and victim transfer procedures.
- Availability of local heavy equipment (cranes, bulldozers, etc.).
- Logistical resupply procedures.
- Security.
- Political, environmental, or other special concerns.

A task force briefing should be conducted as soon as possible to apprise all personnel of the issues listed above. In addition, the TFL and the task force Logistics Specialists must coordinate the transfer, inventory, and security of all personal and cache items to the location where the task force BoO will be established.



**FIGURE VI-1: Typical On-Site Command Structure**

## **VI. ON-SITE OPERATIONS**

Upon arrival at the assigned work site, it is important for a task force to begin its search and rescue operations as soon as possible. The following issues must be considered. The listed order does not necessarily denote the chronological order. With respect to the number of personnel assigned to each task force, it is possible that some of these issues be handled simultaneously. For example, once the task force has identified a site, the personnel could be split up to begin BoO and cache set-up while the other members begin search and rescue operations.

### **A. BASE OF OPERATIONS**

The selection of a BoO is one of the most important determinations made during a deployment. The specific location may be predetermined by the local jurisdiction or the IMT prior to the arrival of the task force. In absence of the IMT, the TFL must identify an appropriate site. Regardless of who makes the determination, the following factors should be considered:

- Close proximity to the rescue work sites.
- Useable structures for shelter and cache set-up.
- Safety of useable, adjacent structures.
- Sufficient open, level space.
- Access to transportation routes.
- Safety and security.
- Tranquility (the facility's quality to accommodate resting off-duty personnel).
- Environmental considerations.

The IMT Leader should consult with the Communications Unit Leader, Logistics Section Chief, and their specialists in assessing these features. Likewise, if the task force is selecting the BoO site, the TFL should consult with the task force Team Managers, Communications Specialists, Safety Officers, and Logistics Specialists at the task force level. Consideration should be given to sending out an advance team to locate a suitable BoO site. Once a BoO has been established, it is difficult to change its location.

### **B. EQUIPMENT CACHE MANAGEMENT**

The set up and management of the task force equipment cache is an important consideration when choosing a BoO. Once a site selection is made, the following factors must be addressed:

- The equipment cache is large. Regardless of whether existing structures or tents are used to shelter all or part of the cache, an area providing sufficient workroom is required. Prior training and exercise in managing and setting up the cache is required.

- The listing of the total equipment cache is subdivided into five separate sections: rescue, medical, technical, communications, and logistics. These sections should be color-coded to denote the subdivision.
- All items should be inventoried when the cache is set up to ensure their availability and to identify any items lost or damaged during transit.
- Some tools and equipment require set up, fueling, and a check of operation to ensure readiness.
- When setting up the on-site cache in the BoO, task forces should develop a rapid deployment pallet. This is a military pallet loaded with the essential rescue or search and reconnaissance equipment to allow for immediate task force operations. This pallet is designed to be slung from a helicopter and transported quickly to a work site with a small cadre of personnel. It should be designed to allow the accompanying personnel to begin an immediate rescue operation, recon a specific area, or perform another specific function. The rapid deployment pallet should be a maximum of 4,000 lb. and not more than four feet in height to allow for helicopter operations. It should be loaded in priority layers depending on the mission to which it is deployed.
- An automated computerized accountability system, with a manual back-up system, should be used for the tracking of all cache items throughout the course of the mission. The tracking system is essential to ensure that scarce cache resources can be located and shared among the task force elements.

### **C. TASK FORCE CONTROL CENTER**

An integral component of the overall task force BoO is the Task Force Control Center (TFCC) which acts as the focal point for all internal task force operations. A central command area should be established for task force supervisory personnel. This location should also incorporate the planning, safety, and communications functions.

The TFCC should be staffed continually throughout the mission. It is imperative that communications channels be monitored for TF communications, IMT communications, and communications with the local ICP. Messages from any of these entities must be received, recorded as necessary, and forwarded immediately to the appropriate task force personnel.

As denoted in Appendix F (still in draft form) – Task Force Communications Procedures, each task force is identified by a distinct designator. For example, the task force established in the Atlanta Metro area would be designated GSAR Taskforce 7 in writing and verbalized as "GSAR TF7." The TFCC will use the respective designators for radio communications.

## **D. SHELTER REQUIREMENTS**

There are two options for task force shelter. One is to use existing structures. The second is to rely solely on the tents carried in the task force cache. In either case, the following shelter requirements should be addressed:

- TFCC
- Cache shelter (for environmentally sensitive supplies and equipment)
- Personnel sleeping quarters
- Food preparation area
- Medical treatment
- Sanitation facilities
- Canine area.

Should the task force supervisors opt to use existing structures, the structural integrity should be evaluated. It is important to remember that after-shocks should be expected after a significant earthquake. Should the structural integrity and safety prove questionable, the cache tents should be used. However, the sole use of tents is detrimental to personnel and some equipment in weather extremes. In such circumstances, task force supervisory personnel should assess, through the local IC and the IMT, the availability of more substantial shelter. If non-residential buildings are used for task force shelter, the IMT Facilities Unit Leader or TFL should seek approval and waivers from the local government.

## **E. TACTICAL ASSIGNMENTS AND OPERATION**

The TFL should receive a briefing of the tactical assignment(s) from the IMT Operations Section and the local IC as soon as possible. Once determined, the task force supervisory personnel should attempt to begin search and rescue operations as quickly as practical. This may necessitate structure triage teams to perform quick assessments of the assigned area and reconnaissance teams to evaluate each building deemed viable for rescue operations. All information obtained from search and reconnaissance missions should be forwarded to the IMT in a timely manner for use in overall incident action planning.

Issues related to BoO set up and cache management need not preclude the beginning of search and rescue operations. Task force staffing should be established to address several actions simultaneously. The Task Force Planning Manager or the Technical Information Specialist must maintain a task force unit log of chronological events. Refer to Appendix A – Task Force Management and Coordination.

As remaining elements begin to arrive at the area identified as the BoO, task force supervisory personnel should meet to determine the short-range strategy. They should determine which initial issues must be addressed, how the task force personnel should be organized to handle these issues, and identify areas of responsibility for the task force personnel.

A Task Force Action Plan should be developed regarding the duration of the initial work cycle for the total task force prior to implementing work cycles along with other specific objectives for a defined time period. The total task force strength can be used in the

initial stages of operation. Depending on a variety of factors, all personnel can be committed to initial operations for an extended period of possibly up to 18 hours before requiring rest and rotation cycles. At that point, the task force would begin alternating in 12-hour cycles, with half the personnel resting and half working. Previous experience has shown that the greatest numbers of survivors are rescued quite early in the incident. The greater the amount of search and rescue resources that can safely be committed early on will positively impact the rate of success of victim location and extrication.

## **F. TASK FORCE BRIEFINGS**

As soon as the task force personnel arrive at the identified area to establish a BoO, a briefing should be conducted for all personnel. After the task force supervisory personnel have had an opportunity to convene, they should outline their strategy and delegate specific responsibility for each issue. This is extremely important in order to ensure that the task force operates as a cohesive unit and that goals are clearly understood by all members. A review of the following issues should be addressed:

- Incident situation reporting.
- Task force objectives.
- Tactical assignments.
- Task force support layout and requirements (BoO).
- Communications plan, frequencies, and radio designations.
- Emergency signaling and evacuation procedures. See Appendix F (in draft form) – Task Force Communications Procedures.
- Medical treatment and evacuation procedures for task force personnel.
- Process for ordering supplies and equipment through IMT.
- Incident stress management considerations.
- Shift assignments and rotations.
- Task force security issues.

## **G. REPORTING REQUIREMENTS**

A variety of oral and written reports are necessary during mission operations. The following provides an overview:

### **1. Incident Action Plan**

Task force supervisory personnel must keep the local IC apprised of all aspects of their operation through the IMT. The Task Force Action Plan includes the Unit Activity Logs, plans from each functional section, and situation reports. This plan is prepared for each operational period. The IMT will develop a comprehensive Incident Action Plan for the

entire operation with information from the individual task force plans. Unusual or safety related situation reports should be made immediately to the IMT or local ICP.

## **2. Task Force Support**

The task force should be a totally self-sufficient operation for at least 72 hours. However, throughout the course of the mission task force supervisory personnel must make continual assessments of the needs of the task force. Issues related to additional shelter requirements, food and water, and replacement of expendable cache items (batteries, fuel, oxygen, etc.) should be addressed.

Requests for support should be directed to the IMT Logistics Section Chief. All re-supply will be done through the IMT. After the initial emergency procurements, task forces will not individually purchase supplies while on a mission. The IMT will determine, in conjunction with the local IC, which resources can be obtained locally and which will be ordered through GEMA in the SOC. In general, the local jurisdiction can probably meet the need more quickly, if it is available.

## **3. Agency-Specific Communications**

The TFL should attempt to establish communications back to their home agency to keep them apprised of the task force's status. The TFL must ensure that all information intended for release to the public, relayed home, or transmitted through a media open to the general public is approved by a representative from GEMA's Office of Emergency Information and Media Affairs. Special considerations should be made to communicate emergency messages in either direction. Task forces should consider establishing a support system for the spouses and loved ones at home. The purpose of the support system is to address the needs of family members and friends of the deployed task force members. It may include assistance with home repairs, emergency family matters, and dealing with local media.

## **4. Personnel Injuries**

If a member suffers a traumatic injury, it must be reported to the IMT as soon as possible. The injured person should be treated and transported to a medical facility if necessary without delay. Refer to agency MOA for claims process.

An occupational disease must be reported to task force or IMT management as soon as the person first becomes aware of the condition.

## **VII. TASK FORCE REASSIGNMENT/DEMOBILIZATION**

### **A. REASSIGNMENT CONSIDERATIONS**

The issues in this Chapter will deal only with a reassignment that would result in a significant change of location of an operating task force's BoO. This type of reassignment would be a major undertaking because elements of the task force would have to be completely repacked and transported. The change of assignment of a task force still in transit is considered a diversion and is easier to implement.

GEMA, in conjunction with appropriate Local officials, will carefully assess the ability of a task force already established and in operation to accept a tactical reassignment requiring a location change. It is incumbent upon the TFL and task force supervisory personnel to make an assessment of the physical and mental condition of their personnel for continued operation. The following factors should be considered:

- Duration of operation already undertaken.
- Physical and mental condition of task force personnel.
- Capability of the remaining cache to support continued operation.
- Availability of other task forces to handle the identified assignment.
- Availability of appropriate transportation.

### **B. REASSIGNMENT/DEMOBILIZATION**

The TFL will receive a briefing from the IMT regarding any determination of reassignment or demobilization. The following issues should be addressed:

- Official stand-down time.
- Reason for reassignment or demobilization.
- Transportation requirements.
- Departure itinerary.
- Transfer of expendable cache supplies or equipment, if any, to the local jurisdiction that should be left to support local needs (as approved by GEMA).
- Permitted cache rehabilitation period.
- Permitted personnel rehabilitation period.

The TFL should communicate either reassignment or demobilization orders or related information back to their sponsoring agency. If communication channels are not available to the TFL, the TFL should request this information be transmitted through the IMT.

## **C. EQUIPMENT CACHE MANAGEMENT**

All elements of the equipment cache must be inventoried and packaged for transport. Items expended, lost, damaged, or intentionally left for the local jurisdiction must be identified. In some instances, the GEMA representative on the IMT, with approval from GEMA, may authorize transfer of task force equipment to the local jurisdiction.

## **D. CESSATION OF BASE OF OPERATIONS**

Reasonable efforts should be made to leave the BoO area in the same condition as when the task force arrived. Necessary sanitation precautions must be taken. All trash and remnants of food preparation should be burned or bagged in trash bags or approved biohazard waste bags (for medical waste) for future disposal.

## **E. RETURN TO THE MOBILIZATION CENTER**

### **1. Rest and Rehabilitation**

Upon return to the mobilization center, the TFL, through the IMT POA/Mob Center Specialist will attempt to find quarters for all task force personnel to provide rest and rehabilitation time. Personnel should be afforded a shower and change of clothes prior to their return to the original POD.

### **2. Equipment Review**

At the mobilization center, the TFL should schedule time and an appropriate area for a review and general inventory of the cache. This inventory should not only account for the tracking and movement of the cache from the incident site to the mobilization center, but also provide a mechanism for collecting information on damaged and missing equipment. This information should be captured in written form for the After-Action Report.

### **3. Equipment On-Loading**

The equipment cache review should assist the Logistics Specialist with managing the loading of the cache onto the aircraft. All issues related to the original loading at the beginning of the mission must be addressed for the return flight. Coordination between the task force Logistics Specialist and the military loadmaster is essential. Copies of all documentation should be retained for the After-Action Report.

### **4. Task Force Debriefing**

The TFL should ensure that a task force debriefing is conducted prior to leaving the mobilization center while the focus is still on the mission. The intent of this debriefing is to highlight issues and accomplishments of the mission. Lessons learned during the mission should be noted and discussed. This information should be captured in written form for subsequent After-Action Reports.

In addition, task force supervisory personnel should assess task force members and discuss issues related to incident stress management. An opportunity should be provided for all personnel to discuss issues that may be causing discomfort or concern. This initial defusing must be followed up with a full incident stress management debriefing once the task force returns home.

## **VIII. POST-MISSION ACTIVITIES**

### **A. RETURN TO POINT OF DEPARTURE**

Upon return to the POD, the TFL and Logistics Managers will ensure transportation for all personnel. The sponsoring agency is responsible for coordinating all issues related to the return of the task force. The Logistics Manager ensures coordination of the cache transfer from the POD to its place of origin.

In addition, the sponsoring agency, prior to the task force's return, should address other issues related to the return of the task force. This could include:

- Task force return itinerary.
- Media coordination.
- Rest period prior to the member's return to normal duties.
- Incident stress debriefing for the task force.
- Return and rehabilitation of cache equipment.
- After-action critique/reports.

### **B. EQUIPMENT MANAGEMENT AND REHABILITATION**

As soon as practical, all tools, equipment, and supplies in the task force cache should be evaluated, inventoried, serviced, and prepared for mobilization. In this regard, the following should be addressed:

#### **1. Cache Inventory**

Personnel trained in the management of the task force cache should perform a complete inventory, as soon as possible. The hard copy inventory should be used to update the primary inventory maintained in software form.

#### **2. Damage/Loss/Repair Assessment**

The results of the post-mission inventory will be used to develop a damage/loss assessment report. This report will identify all tools, equipment, and supplies that were expended, damaged, or lost during the mission. Narratives will be included outlining the reason for any damage or loss that occurred. In addition, a cost summary for the replacement of cache items will be developed.

#### **3. Cache Rehabilitation**

All tools, equipment, and supplies must be inspected and made operationally ready. Tools and equipment should be cleaned and checked for proper operation. Oil levels should be checked and fuels should be purged after operation. All expendable items that were used (batteries, saw blades, etc.) should be replaced. All items should be returned to their original location or repacked for mission mobilization.

### **C. GSAR PERSONNEL INCIDENT STRESS DEBRIEFING**

All personnel involved in a significant mission response should be required to attend a post-mission incident stress debriefing session. This includes task force personnel, IMT members, and others involved at a significant level. The sponsoring agency is responsible for scheduling and conducting incident stress debriefing sessions, as needed.

The initial post-mission incident stress debriefing should be scheduled soon after the task force returns to its jurisdiction. This will allow for several days of rest for the personnel. The sponsoring agency should also consider a debriefing session for the spouses and significant others of task force personnel. Past experience has shown this to be effective and necessary for those who remain at home. Some personnel may require follow-up treatment. The local agency will determine their duty status in cooperation with health care personnel.

### **D. POST-MISSION OPERATIONAL DEBRIEFING**

The sponsoring agency should conduct a full post-mission debriefing, as soon as practical following the mission. All task force personnel should be actively involved in the critique at some level. In addition, supervisory and other personnel from the sponsoring agency involved in program management and mobilization should attend.

The purposes of the post-mission debriefing are to:

- Identify all accomplishments of the task force.
- Identify any problems encountered.
- Evaluate improvements for future mobilizations and operations.
- Identify the lessons learned.
- Identify standards or procedures that should be altered or improved in the GSAR Response System.

Past experience has shown that all accomplishments, problems, or important issues are not universally known to all members of a response team at the conclusion of a mission. This includes the team leaders or supervisory personnel. The post-mission debriefing should be used to fully identify, discuss, and capture important information from all task force personnel and ensure that everyone understands the issues. Task forces may hold a debriefing session for the entire task force or for individual teams or functions and/or for managers and TFLs. The issues identified in the critique should be captured in writing. This information should be incorporated into the task force After-Action Report that is submitted to GEMA. Information regarding the mission debriefings is outlined in Appendix A – Task Force Management and Coordination and Appendix D – Task Force Planning.

## **E. GSAR SYSTEM RETURN TO STATE OF READINESS**

The GSAR task force is expected to return to its initial state of readiness within two weeks after the conclusion of a mission. This is to ensure the optimal readiness of the GSAR Response System soon after a disaster response has been concluded. The only exception would be if specialized equipment is being repaired or replaced by the distributor within this time frame. In cases of over two weeks, the task force should notify GEMA of their status.

## **APPENDIX A**

### **TASK FORCE MANAGEMENT AND COORDINATION**

The GEMA GSAR Response System was designed to provide a coordinated response to disasters in the urban environment. The 70-person GSAR Task Force are comprised of search, rescue, medical, command, and various technical elements. Disasters may require the deployment of a single team or multiple teams. GSAR operations require the close coordination of all task force elements for safe and successful victim extrications. The central point of coordination of the task force lies with the Task Force Leader (TFL). The TFL is charged with the overall responsibility of the personnel, resources, equipment, and operations from the point of activation to demobilization at the home jurisdiction. This position, in conjunction with the task force supervisory personnel, must meld the various elements of the task force into an integrated unit, during mission assignment. The TFL is responsible for the control of the task force at all times. A task force that is well trained, well disciplined, and professional will perform in a safe and effective manner. It will also present a positive image of the task force, the sponsoring agency, and the entire GEMA GSAR Response System.

Thought should be given to appointing a non-deploying administrative officer to track all personnel, equipment, and support expenditures as they occur. Many times, during the early stages of a deployment, costs are not documented properly and that point may not be recognized until completion of the mission. Tracking costs retroactively sometimes compromises accuracy.

To ensure that the task force continuously represents itself in the most professional manner, a GSAR Code of Conduct has been developed and adopted by GEMA for all task forces (the Code of Conduct is on the last page of this Appendix). TFLs and supervisory personnel should reinforce the GSAR Code of Conduct during appropriate briefings and continuously monitor personnel for compliance. Violations should be documented and appropriate follow-up action should be taken either on-site or upon return to the home jurisdiction.

The TFL has the responsibility for overall safety of task force personnel and should voice and demonstrate a strong commitment to safety. The task force Safety Officer will act as the overall safety monitor for task force personnel. The TFL should review detailed safety procedures developed by the Safety Officer, in the course of the mission. Although the task force Safety Officer provides safety oversight and monitoring, the enormity of this task makes it the responsibility of every member to monitor the safety of themselves and others. All unsafe occurrences or injuries must be reported to the task force Safety Officer. Refer to Appendix C – Task Force Safety Considerations.

It is the responsibility of the TFL to maintain communications with the sponsoring organization at home through whatever means available. Current status reports on present work locations, general performance of the task force, health and morale of task force members, injuries, and the projected length of stay would be of interest to the home contact. Also, matters of interest from the home jurisdiction should be forwarded to the task force personnel, as appropriate.

The TFL will ensure that an effective task force command structure exists and is maintained throughout the course of the mission. The task force functional organization and associated terminology are predicated on, and will operate within, the National Interagency Incident Management System (NIIMS). It is important that task force supervisors are conspicuously identified through the use of vests conspicuously labeled, for the following positions:

- TFL - 2 ea.
- Managers - 2 ea.(Search, Rescue, Medical, Logistics, and Planning)
- Safety - 2 ea.

The TFL may receive direction from both the Incident Management Team (IMT) and/or local Incident Commander (IC), and is responsible for implementing strategic and tactical assignments.

#### **A. INCIDENT MANAGEMENT TEAM**

The IMT is a group of highly qualified specialists readily available for rapid deployment to a disaster area. The mission of the IMT is threefold:

- Provide a liaison between GEMA, the task forces, and local authorities.
- Provide State and local authorities with GSAR technical assistance, logistical support, and information on the capabilities and limitations of the task forces.
- Coordinate and support the activities of task forces, while deployed.

An IMT will be activated and deployed whenever there is an activation or strong potential for activation of GEMA GSAR Task Forces. Refer to the IMT Operational Systems Description

#### **B. MOBILIZATION**

The task force should have a specific mobilization plan that details all actions that must occur from the receipt of the Alert Notice to the time the entire task force and equipment cache reach the mobilization center. Many hours of planning must be done to ensure that the task force can meet the one-hour time frame at the Point of Departure (POD). Task force management must continuously exercise the plan to ensure its effectiveness. For more information on mobilization guidelines, see Appendix E – Task Force Mobilization.

#### **C. ARRIVAL AT THE ASSIGNED LOCALITY/JURISDICTION**

Upon arrival of the task force at the assigned locality/jurisdiction, both TFL's and designated task force members should attend a briefing with appropriate IMT personnel, and the local authority in charge, to determine the current situation status and future operational needs. An IMT Liaison should have already briefed the local jurisdiction's political leaders and emergency response personnel on the capabilities, requirements, and estimated time-of-arrival of the task force. The existing chain of command, and

specifically to whom the TFL reports, must be quickly established to ensure continuity throughout the operation.

The type of command system instituted by the affected jurisdiction must be determined. Examples include NIIMS, FIRESCOPE, or other local variations. If the locality/jurisdiction has not established an Incident Command System (ICS) framework, the IMT and the TFL should attempt to promote the implementation of the NIIMS.

The TFLs and other designated personnel should receive a situational briefing from the IMT Leader and/or his/her designee. The briefing should include past and current operations and the status of the local infrastructure. Any local support for the task force should be identified including the status of any shelter for the task force; available food and water; the status of medical facilities and utilities; and available transportation for moving personnel, equipment, and victims (ground vehicles, helicopters, etc.). If available, the current and previous IMT Incident Action Plans should be provided to the TFL.

The IMT Operations Chief should provide an operational briefing that would delineate past and current operations, current objectives, and who the task force on-site contact is (IMT Operations Section Chief or local command position; Branch Director; Division/Group Supervisor, etc.).

It should also identify the assignments and locations of other US&R resources on-site, and any local resources that may be available to the task force such as cranes and other heavy equipment.

The IMT Communications Unit Leader will brief the TFL and task force Communications Specialist on the existing communications plan. Specific radio designations should be identified for use between the task force, IMT, local incident command post, and other supporting resources. Refer to Appendix I – Task Force Communications Procedures (in draft form). It is also important to determine the status of existing communications systems that may enhance task force operations (e.g., cellular telephone or local emergency radio frequencies).

The IMT Planning Chief will brief the TFL and the task force Planning Manager on the specific reporting schedule for situation reports, schedule of operational briefings, and other reporting requirements for the task force. The method by which the reports and requests should be transmitted to the IMT must be determined. Examples of options include cellular phone, satellite telephone, facsimile, assigned radio frequency, Internet, e-mail, or runner. The specific forms or formats for reporting information to the IMT should be made known to the TFL.

Task force Medical Managers and the IMT Medical Unit Leader should meet to discuss specific procedures regarding the evacuation of an injured task force member, and general medical procedures, assessments, and patient hand-off information. The information provided should include the current state of the existing local medical system as well as additional outside resources available (i.e., Disaster Medical Assistance Teams (DMAT's), etc.).

## **D. LOCATING AN AREA FOR SET UP OF TASK FORCE BASE OF OPERATIONS**

The location of the task force Base of Operations (BoO) is essential to the success of the mission assignment. Many factors must be considered in locating an area for the BoO. It is the responsibility of the IMT to locate suitable sites for incoming task forces. If the IMT or the local jurisdiction has not accomplished this, the task force must determine the site in conjunction with the local IC. An advance team may be sent out ahead of the full task force's arrival to provide recommendations for an appropriate BoO site.

## **E. SIZE UP/OPERATIONAL PLANNING**

After the TFLs have received their initial briefing and assignment from the IMT, and the task force begins the set up of their BoO at the selected (or designated) location, the task force supervisory personnel must begin to identify the task force's overall mission objectives. They should assess the general situation, establish priorities, plan their strategy and tactics, assign resources, manage ongoing operations, follow-up on the progress being made and make any necessary adjustments. Their planning should include immediate search requirements and/or rescue opportunities. If no search or rescue requirements are immediately identified, search priorities should be determined based upon victim entrapment in high probability occupancies such as schools, hospitals, multi-residential buildings, etc.

## **F. SEARCH AND RESCUE OPERATIONS**

The top priority, during all operations, will be the safety of task force members. A task force may be assigned to a single site, multiple operational sites, or a wide area. The TFL will assess the rescue site, evaluate the potential for live rescues, and determine the time and resources needed. The assignment of task force personnel will be based upon the developed operational plan. It may be necessary to notify the IMT of the need for additional resources at a given location. If additional resources are not available, then a reassignment of present resources may be in order.

## **G. INTERACTION WITH THE LOCAL COMMAND STRUCTURE**

GEMA GSAR resources (task forces and IMT) will operate within the existing local command structure (when established). The IMT and TFL should be aware of the different variations of the ICS that may be implemented by the local jurisdiction. The local IC should understand that the task force is a resource, available for their use, and under their operational control through the IMT.

The TFL should make every attempt to integrate the local rescue effort with the task force operations, when possible. This cooperation promotes harmony and minimizes any friction between the local effort and the task forces. The TFL must be cognizant of potential problems that can occur when there is a perception that the GEMA GSAR resources will overwhelm the local rescue effort and take over the incident. The TFL should work with the local command personnel to diffuse any personnel issues that may

occur that could impede the rescue effort. Proper safety equipment and practices should be emphasized to local rescuers working with task force members.

Media management procedures must be identified during the initial briefing. It is important that all task force personnel clearly understand the procedures for interacting with the different types of media. The local Public Information Officer is responsible for the release of information on the incident. GEMA has established guidelines for media interaction and release of information involving task force activities at the local and national level. Both the IMT and the task force should consider these guidelines when dealing with media matters.

## H. WORK PERIOD SCHEDULING/ROTATIONS

The TFL and other supervisory personnel (the Rescue Manager in particular) will need to determine how to deploy task force personnel at the start of mission operations. It may be most appropriate and advantageous to commit all task force personnel to the rescue effort or it may be better to commence BoO set up, structures triage, building marking, search and reconnaissance activities, equipment cache set up, rescue operations, etc. While time is of the essence to effect successful live victim extrications, the full-scale commitment of personnel must be balanced by a review of the present and anticipated search and rescue opportunities. Within a matter of hours of initial personnel deployment, the TFL and other supervisory personnel must begin some moderate to long term planning. The work schedule will be incident driven, based upon the general conditions present. The Figure A-1 depicts one possible deployment model:

First 8 to 12 hours of operations:	All personnel are committed to 1) BoO set-up, 2) structures triage, and 3) search and rescue operations.
Next 4 to 6 hours of operations:	Half of the personnel are relieved for feeding/sleeping (those personnel assigned BoO set-up and organization should be relieved first).
Subsequent 12 hours of operational periods:	Half of the task force works, the other half rests, eats, and sleeps.

**FIGURE A-1: Deployment Model**

During the 12-hour operational periods, it may be advantageous and more productive and result in fewer accidents and injuries for the task force to split the daylight hours so that each half of the task force works part of their shift in natural lighting. As an example, this could be accomplished by having operational periods run from 1200 hours to midnight. This also holds true for rotating entire task forces on and off duty.

As the task force moves into alternating 12-hour operational periods, there should be a one to two-hour overlap of the shifts to allow for briefings and information exchange to promote the continuity of operations. In this case, each person would work a 13 or 14-hour shift and have 10 or 11-hours of off-duty time.

The task force should remain flexible enough to address changing conditions. If the available information indicates a specific number of viable rescue opportunities that could all be accomplished in a reasonable timeframe (24 to 30-hours), it may be most

appropriate to deploy all task force personnel for a full-scale "blitz" operation. This would necessitate the full stand-down of the total task force at the conclusion of this blitz.

## **I. HEALTH AND MEDICAL CONSIDERATIONS**

The task force Medical Manager will maintain communications with the IMT Medical Unit Leader and keep that position updated on medical issues. The need for additional medical assistance for civilian injuries will be channeled through the IMT to local authorities, if available. The TFL and the Medical Manager will work with the IMT Medical and Logistics Units to maintain sufficient quantities of medical supplies. Refer to Appendix B – Task Force Medical Procedures.

The medical component of the task force is responsible for addressing health and medical issues, and injuries of task force personnel. All supervisory personnel must monitor task force members for signs of stress-related debilitations and consider the use of stress management defusing and debriefings. Another area of concern is the nutrition and hydration needs of task force personnel. Supervisory personnel should be aware that some rescuers can become so absorbed in the ongoing operation that they may not eat or drink fluids in sufficient quantities to sustain maximum physical efforts. Members must be ordered, if necessary, to eat, drink, and rest in sufficient amounts to be able to perform the job. This should also be factored into the TFLs planning to ensure sufficient provisions are maintained at all times.

While the main purpose of the medical component is to take care of task force personnel (including canines) and victims encountered during search and rescue operations, other civilians may seek treatment from the task force. The TFL cannot allow task force medical personnel to be overwhelmed by civilian injuries. Should this situation present itself, the TFL should consider requesting local resources or a DMAT through the IMT Medical Unit Leader. Task force medical personnel must always remain available to treat team members and entrapped victims in a timely manner.

## **J. PLANNING**

Planning is an integral part of the task force operations from the receipt of the Alert Notice to the completion of the After-Action Report. The task force Planning Manager is responsible for collecting, assimilating, analyzing, and processing all information relative to task force operations. Additionally, the Planning Manager will facilitate task force meetings and briefings, develop the Task Force Incident Action Plan (IAP), and interface and exchange information with the IMT Planning Section. The task force Planning Manager will coordinate demobilization planning with the IMT Planning Section. The TFL and other appropriate task force personnel will attend briefings and planning meetings, convened by the IMT and/or local authorities. In turn, briefings (for all or designated personnel) and planning meetings will also be conducted to keep the task force updated on assignments and important issues that affect them. Refer to Appendix D – Task Force Planning.

## **K. AFTER-ACTION REQUIREMENTS**

After returning home, the TFL has a number of responsibilities. The first is to ensure all injury follow-ups and incident stress management issues are addressed. All personnel injury forms must be completed and forwarded to the Employees and Labor Relations Division at GEMA Headquarters.

The second area is financial accountability and cost recovery for the incident. It is important that all costs eligible for reimbursement as a part of the alert, activation, and deployment process are documented. A complete accounting of all costs of the mission should be compiled and forwarded to GEMA for reimbursement. This should include personnel costs (as prescribed in the task force's Memorandum of Agreement), expendable supplies, lost or damaged property (or property that was approved to be left with the local jurisdiction), cache rehabilitation and repair costs, and any initial purchase items approved, per the Activation Order. The financial accounting should be completed on the appropriate forms and submitted to GEMA within 180 days of the return home. GEMA will forward reimbursement money to the task force, after review and approval by the GSAR Program Manager.

There should also be an after-action process that includes both on-site and post mission operational debriefings followed by a complete, written, After-Action Report that documents issues and concerns. The documentation of the mission is crucial for the improvement of the task force and the GSAR Program overall. The on-site debriefing should occur between the demobilization and the return trip home, if possible, and provide a quick critique of the mission. This session can provide several worthwhile functions for the task force while the information is fresh, including general agreement on the chronology of events and the major accomplishments and problem areas. It can also act as an early opportunity for stress defusing. The formal debriefing process after return home should be a thorough, in-depth session or sessions that address a comprehensive list of issues. The pertinent information must be captured in an appropriate format and forwarded to GEMA for inclusion into the final mission report. For more information on after-action debriefings and reporting see Appendix D – Task Force Planning.

### **Code of Conduct**

- No transportation/use of illegal drugs/alcohol.
- No firearms allowed.
- Normal radio protocol used/traffic kept to a minimum.
- Know your chain of command/who you report to.
- Limit procurement of equipment.
- Do not take things without authorization.
- Act professional.
- Remain ready even when unassigned.
- Recreation limited to unassigned hours.
- Maintain/wear safety gear/clothing.
- Wear proper uniform.
- Your actions reflect your organization and GEMA

## **APPENDIX B**

### **TASK FORCE MEDICAL PROCEDURES**

The task force medical team is organized, staffed, and equipped to provide sophisticated and prolonged out-of-hospital and specialized emergency medical care, throughout the course of a mission. It is recognized that both serious injuries and illnesses may be encountered and will require treatment. The medical personnel are also responsible for minimizing health risks, intervening in extended incident stress syndrome, and treating task force personnel exposed to hazardous materials. In addition, the medical personnel must be capable of providing treatment to the search team canine.

#### **A. TREATMENT PRIORITIES**

The treatment priorities for the task force medical team are:

- First - treatment of task force personnel, canine and support staff.
- Second - treatment of victims directly encountered by the task force.
- Third - treatment of other injured as practical.

It is not the intent of the medical team to be a freestanding medical resource at the disaster site. Local medical systems and the NDMS will be the primary providers of general medical care to disaster victims. It is recognized that the task force medical team, being medically sophisticated, may “hand off” a potentially unstable patient to a less sophisticated, interim level of medical provider, for transport to definitive care. This is considered to be standard practice under the circumstances of disaster operations.

#### **B. MEDICAL CACHE**

It is expected that task force "fixed asset" medical equipment (i.e., defibrillators, monitors, ventilators, etc.) will not leave the rescue site with patients, but will be maintained on site for the continued protection of the task force personnel or victims being extricated by the task force. The organization responsible for follow-up medical care must be prepared to provide such equipment, if necessary, for patient transfer from the rescue site to a medical facility.

It is essential that the medical team have a method for personally carrying the medications, equipment, and supplies that they will need, to provide immediate care for the task force and victims. Appropriate medical supplies (oxygen/airway system, monitor/defibrillator, Advanced Life Support (ALS) backpack, etc.) should be ready for issue to the medical personnel at the task force assembly area. In addition, appropriate medical supplies are maintained in the medical cache at the BoO, for immediate use.

## **C. MISSION CONSIDERATIONS**

The medical team, with input from the Safety Officer, is responsible for the health and welfare of all task force personnel throughout the course of a mission. The medical team must be operational upon activation and remain operational until demobilization is complete, at the home base. Medical considerations are addressed for the following phases of a mission:

### **1. Activation**

A primary medical team member should be assigned to ensure the operational readiness of the medical equipment cache and prepare the cache for shipment to the task force Point of Departure (POD). This would include the appropriation, from an established supply point, of any controlled drugs or medications not routinely maintained in the cache.

All personal, team, and specialized equipment checklists must be collected in preparation for a final operational review of the medical supplies and equipment. Also, an assessment should be made of personal gear requirements for the climate prevalent in the disaster area. Personnel should be directed to review the readiness status of the pertinent equipment cache and procure the medications and supplies as specified in the medical cache list.

It is important that contact be established with all assigned medical team personnel as soon as possible and that they receive a briefing on confirmed status reports.

### **2. Assembly Area**

A Medical Manager should meet with the assigned medical personnel to determine if they are personally prepared, self-sufficient, and adequately equipped to perform their assignment. A briefing should be provided to ensure that they understand the individual and team performance expectations, team problem-solving processes, and methods for establishing or changing task force operational priorities.

The Medical Manager is responsible for initiating a medical check-in procedure for task force personnel. This must include a review of each task force member and canine's Responder Information Form with the individual member. They must ensure that all information is legible and that each member's medical history, allergies, and current medication list is accurate. Additionally, a brief physical exam and the medical check-in form shall be completed. If the evaluation of the individual member indicates a current problem that makes the person a risk to himself or other task force members (i.e., communicable illnesses, uncontrolled seizure disorder, and/or any other acute or recurring problems) this information, together with a deployment recommendation, shall be brought to the attention of the Task Force Leader (TFL) for follow-up action. The Medical Manager has the responsibility to recommend action to the TFL so the affected member, other task force members, or the mission readiness is not placed at risk. The TFL's decision is recorded and the medical check-in form is placed with the task force member's Responder Information Sheet in their respective file. Verification must be made that task force members who require personal medications have a minimum of a 14-day supply, as well as extra contact lenses or glasses, if necessary.

An assessment should be made, in conjunction with the Search Manager and Canine Specialists, to ensure the adequacy of canine inoculations, health certificates (if applicable) and current health of all activated canines. Attempts should be made to identify veterinary resources within the task force and identify the needs and health concerns of the task force canine element.

The Medical Manager, in conjunction with the TFL, should review the medical team's tasks and assignments during the mission. A medical Specialist should be assigned responsibility for ongoing coordination for drug accountability and medical logistics issues with the task force Logistics Specialist throughout the mission. It is important to ensure that all Medical team personnel have proper identification cards. All task force members should be briefed on the indigenous environmental conditions and health concerns in the affected disaster area, including a review of stress and health maintenance issues.

### **3. In Transit**

Appropriate medical supplies, including airway, oxygen system, defibrillator/monitor, ALS backpack, etc., must be available to the Medical Specialist at all times to ensure immediate medical care for task force members and canine during transit. Medical personnel should continuously monitor the mental and physical conditions of all task force members and encourage them to rest during the transit phase. If the task force is being transported in multiple vehicles, medical personnel should be distributed among the vehicles.

The Medical Managers should discuss and coordinate anticipated medical logistics requirements with the TFL and Logistics Manager. They should review the latest disaster-related information as it becomes available and review the FEMA US&R Field Operations Guide for information pertinent to each individual's position description, operational checklist, operational procedures, and safety procedures.

### **4. Mobilization Center**

A medical team member must be assigned to work with the task force Logistics Specialists to ensure that all medical equipment is unloaded, accounted for, and secured. An assessment might be required to determine the availability of resources for identified logistical requirements (i.e., oxygen, fuel, etc.) in conjunction with the Logistics Specialist, if necessary.

Certain elements of the task force cache should be prioritized for initial movement to the assigned location. Supplies and equipment that support initial care and treatment of task force members should receive top priority followed by support for on-site operations and then the remaining portions of the medical cache.

Contact should be made with the TFL for current mission information on environmental conditions and medical intelligence, when available. This should include current damage assessments that may impact the care and treatment of task force members and victims, and information on additional activated resources including Department of Defense (DOD), NDMS, other GEMA task forces, Environmental Protection Agency, and local resources.

## 5. On-Site Operations

Medical personnel should directly participate in the unloading, sorting, and set-up of the equipment cache and selection of the location of the task force BoO with respect to health and sanitation. The Medical Manager should provide input to the TFL, when appropriate, for effective on-site operations of the medical team.

It would be beneficial to identify the medical resources of the local/regional jurisdiction and the senior authority for medical operations supporting the work site. During this meeting, the Medical Manager shall begin to develop a Medical Action Plan, utilizing ICS 206. Medical aspects of the mission should be addressed to the local authorities including a summation of the medical capabilities and limitations of the task force. Task force medical team personnel, as well as local medical officials, should be briefed on the responsibilities of the medical team, including priority of care (task force members, task force-extricated victims, and other rescuers, etc.). The task force medical team fact sheet may be used for this purpose.

The Medical Action Plan must include the overall medical strategy to be used at the assigned location and the evacuation procedure for injured/ill task force members. This procedure will need to be established prior to the task force beginning operations at an assigned work site. The plan will provide guidance in determining the current patient tracking system being used on the incident, if any; including type of triage tags (a supply of tags should be maintained). Maintain current information on the local medical infrastructure and what has happened medically since the disaster occurred. Communications should be established (through appropriate channels) with the local Emergency Medical Services (EMS) system for patient hand-off and transportation procedures for victims encountered during rescue operations.

It is important to include in the plan any endemic medical problems in the area and provide appropriate measures for treatment/prevention. Updates of relevant information should be obtained, including additional medical and/or evacuation resources, as they become available. This may include incoming regional, State, or NDMS medical resources. In addition, the determination of the potential characteristics of victims and types of injuries expected (age, sex, pre-existing medical problems, type of occupancy, environmental considerations, type of entrapment, length of entrapment, time to definitive care, etc.) should be assessed. Procedures for the processing deceased bodies should be identified.

The Medical Manager should coordinate re-supply procedures for medical equipment, supplies, and other medical needs, through the appropriate task force channels, to the IMT. This should include veterinary capabilities and to the establishment of effective communications and pre-determined procedures to be used in obtaining their support.

The Medical Manager should solicit input from the Hazardous Material Specialists regarding potential hazardous materials exposure, and decontamination and treatment information. The task force Hazardous Materials Specialists may be able to provide decontamination and treatment information for various contaminants or exposures. The Medical Manager should review treatment options with the Medical Specialists for general hazardous materials exposures, crush syndrome, and other expected injuries or unique conditions encountered.

As the Medical Action Plan evolves, it is expected that the task force Medical Manager may acquire data that would prove important to local, State, and Federal officials responsible for planning additional medical response to the disaster (i.e., burn teams, dialysis teams, mortuary teams, or other medical/health capabilities). If possible, this information should be conveyed, via the TFL, and Incident Management Team (IMT) Medical Unit Leader, to the indicated medical/health official at the local jurisdiction's Incident Command Post (ICP) or the GEMA Disaster Field Office (DFO), as appropriate.

The Medical Manager should provide direct medical care as appropriate and provide medical control for the task force Medical Specialists. This activity should include the assessment and interventions for extended incident stress syndrome in task force personnel, if necessary. In addition, the Medical Managers should provide recommendations to other task force supervisory personnel on health care matters. The Medical Manager must schedule personnel to ensure round-the-clock coverage, ensure adequate rest periods, and brief shift replacements fully on all ongoing operations when relieved at work cycle rotations.

The Medical Action Plan provides assessment guidelines for the general sanitation conditions at and around the BoO and work sites. This assessment should be coordinated with the Safety Officer and Logistics Specialist. Impacts on the task force food and water supply, as well as the placement and use of sanitation facilities, must be assessed.

#### **D. MEDICAL TEAM ROLE IN EXTRICATION ACTIVITIES**

While the Rescue Manager/Squad Officer at an operational work site has the ultimate responsibility for site management, the close coordination between task force medical and rescue squad personnel is important to ensure a safe and effective operation, and optimal patient outcome. It is essential that a medical team member be on site at the inception of any rescue operation. The medical team's scope of operations should include monitoring task force operations closely as the personnel work toward accessing and extricating the patient. Rescue operations must be monitored for potential impact on the trapped victims (i.e., dust creation, carbon monoxide generation, oxygen consumption, hypothermia, etc.). This may require the intervention of medical team personnel.

A careful review and pre-positioning of appropriate medical equipment, supplies, and personal communication equipment should be conducted to ensure immediate availability during the course of an operation. Specific tasks should be preplanned and assigned to medical team personnel including victim assessment, equipment provider, and other roles. Victim assessment must begin as soon as contact with a victim is made verbally, including an evaluation of the level of consciousness, victim injuries, and toxic or other exposures that have impacted on the victim's medical condition.

The medical team should perform a "hands-on" patient assessment and begin appropriate intervention as soon as the victim is reached and the surrounding space is stabilized. It is important to closely coordinate efforts with the rescue squad to immobilize the patient and plan for the patient's extrication and evacuation from the confined space. Once the patient is reached, the medical team is responsible for the victim's care during the remainder of the extrication.

The patient should be re-evaluated after every significant maneuver (lifting a crushing object, changing the patient's position, etc.) and as medically indicated. After removal from the collapsed structure, the patient should be taken to a pre-designated safe area, outside the identified collapse hazard zone, where the patient should again be evaluated, prior to transfer to transport. Further evaluation, treatment, and stabilization of the patient prior to transfer should be based on the patient's injury, medical destination, level of care during transport, and transport time.

Coupled with the ongoing medical overview of rescue operations, medical team members must also monitor task force members involved in the operation for signs of excessive stress and fatigue, inadequate fluid and caloric intake, and environmental impact (i.e., cold, dust, heat, etc.) before, during, and after rescue operations. If indicated, the medical team should recommend appropriate actions, including rotation and rest for assigned personnel.

#### **E. PATIENT TRANSFER CONSIDERATIONS**

It is essential to maintain the integrity of the health care capabilities for the task force members and victims. Essential non-replaceable equipment, such as the cardiac monitor, should not be transported from the work site for continued patient care. Evacuation and potential loss of such equipment would detract from the capability of medical team members to provide care for task force members and for additional victims. The only exceptions may be for the transport of injured or ill task force members or seriously ill victims who need to be accompanied by a task force medical team member. This may occur at the Medical Manager's discretion, in consultation with the TFL, if it does not compromise the capability to care for task force members and additional victims.

#### **F. MEDICAL SUPPORT OF OTHER TASK FORCE OPERATIONS**

The Medical Manager should evaluate all task force operations that may require immediate medical support. This includes activities such as site evaluation, structural assessment, and hazardous material evaluations. If appropriate, medical team members may be assigned to these activities. A Medical Specialist should be assigned to the reconnaissance team to assess general damage and victim entrapment potential.

#### **G. PATIENT DOCUMENTATION**

The Task Force Patient Care Form (PCF) is intended to create written documentation of any patient's or task force member's assessment and any medical intervention performed by the task force medical team. It is also used to document any real or perceived chemical or biological exposures. These forms should be used to record all care, including that provided to task force personnel. This form should also provide documentation of the transfer of a patient from the task force's control to other medical resources. This will assist in tracking for patient outcome studies.

Prior to transport, the PCF will be completed documenting the complete patient care performed by the task force medical team (per instructions) and will be attached to the

victim. The medical team must maintain a copy of each completed PCF. A Task Force Patient Care Log will be maintained, with daily updates to the IMT Medical Officer.

## **H. PROPERTY ACCOUNTABILITY**

As with the task force cache in general, property accountability of the medical equipment group is especially important, particularly with regard to medications and controlled drugs. The Medical Managers, in conjunction with the Medical Specialists and task force Logistics Specialists, must ensure that medical supplies and equipment are always tracked.

The Controlled Substance Accountability Form is to be used for tracking and documenting the disposition of controlled-substance medications. The Medical Managers are responsible for maintaining all medical-related forms throughout the course of the mission.

## **I. MEDICAL CARE FOR INJURED TASK FORCE MEMBERS**

The medical team members shall provide initial care for all task force members who have been injured, exposed to toxic/biologic materials, or become ill. Any task force member requiring medical attention shall have documentation completed, including but not limited to the PCF and their sponsoring agency's internal reports and forms.

The medical team should assist with all other documentation to support follow-up investigation (workmen's compensation, etc.). For medical treatment beyond the task force medical team's capabilities, the Medical Manager, in conjunction with the IMT Medical Officer, will determine the best available medical disposition (NDMS, DOD, local medical system, etc.). The Medical Manager shall make a recommendation to the TFL concerning the duty-status of any affected task force member (i.e., remain on incident, assigned light duty status, relieved of duty and returned to original point of departure, etc.).

## **J. EVACUATION PROCESS FOR TASK FORCE MEMBERS**

The task force medical team will make efforts to stabilize any injured task force member, prior to evacuation from the work site/incident. The medical team shall recommend to the TFL the optimal medical destination and method of transport to that destination. Task force personnel may be assigned to escort the injured member to assure optimal care for the injured member.

The TFL will communicate all pertinent information and details through FEMA communications channels back to the injured member's sponsoring organization and to the local ICP. The TFL or Medical Manager will brief all task force personnel on the occurrence, the member's condition, destination and the care provided. Periodic updates of task force members' injuries and current condition will be provided, as warranted. Upon the task force's return to home base, the medical team will assure that all task force members cared for by the medical team receive referrals and follow up of their medical problems as indicated. (Refer to the Task Force Medical Director Position description document in the FEMA US&R Task Force Description Manual - Administrative Section.)

The TFL and Medical Manager must identify, in advance, the medical evacuation system for any seriously injured or ill task force member (including canine). This activity may require close communications and coordination with the appropriate local Incident Command staff, and/or the GEMA representative, and DOD representatives. This arrangement may be quite different from the one used for disaster victims. The evacuation system should include plans for continued management of the task force member's illness/injury until delivery to an appropriate definitive care center.

#### **K. DEATH OF A TASK FORCE MEMBER**

In the event of death of a task force member, the Medical Manager shall verify the identity and confirm the death of the individual. The probable cause of death should be specified, if possible. This information must be provided to the TFL, as soon as possible.

Security should be ensured for the deceased member's personal items, such as wedding rings and watches, etc. The TFL should assign a task force member to accompany the remains to original POD. Transfer of the remains must be coordinated with the local Incident Command staff, Disaster Mortuary Team (DMORT) representative and GEMA officials.

The Medical Manager must initiate all appropriate documentation to record the details regarding the cause of death and support the follow-up investigation. The TFL, in conjunction with the medical team, must assess the stress impact of the accident/incident on the task force personnel and determine its further operational capability.

#### **L. REASSIGNMENT AND DEMOBILIZATION**

The Medical Managers must assist the TFLs in evaluating the current capabilities of the task force medical personnel, equipment, and supplies to accept a new mission or assignment, if necessary. This evaluation of the task force personnel's general physical and mental capabilities, as well as the operations and stressors already sustained, will influence this determination.

The Medical Manager must coordinate the necessary follow-up care for any task force member treated by the medical personnel for even minor injuries. The medical team personnel should be briefed on the mission status and reassignment/demobilization determinations when identified. Any operational losses and potential maintenance requirements of supplies, medicines, and equipment must be documented. The Medical Managers should make recommendations to the TFL regarding any expendable supplies and medications that should be left for the use of the local jurisdiction. Medical Managers must ensure that members throughout the course of a reassignment or demobilization movement maintain appropriate medical supplies and equipment.

#### **M. POST-MISSION ACTIVITIES**

Medical Managers should submit personal notes and documentation to the task force Planning Section for After-Action Reports. This should include a review of pertinent position descriptions, operational checklists, and protocols for recommended changes.

The Medical Manager will provide appropriate information for the After-Action Report. This would include lessons learned and recommendations for the improvement of future activities. This should include noting task force accomplishments and/or conflicts for dissemination to all task force personnel.

The task force Medical Manager must furnish a document certifying the following information to the TFL.

- Name and social security number of each medical team member.
- Work schedule and time each member worked during the mission.
- Date and time the mission was terminated and demobilization completed.

## **APPENDIX C**

### **TASK FORCE SAFETY CONSIDERATIONS**

#### **A. INTRODUCTION**

Urban search and rescue operations constitute one of the most complex and difficult activities emergency responders may encounter. Fundamentally, US&R operations are dependent on various disciplines working in close concert with each other. If any task force element fails to carry out their respective assignment in a safe and professional manner, the risk of injury or death of a task force member is increased.

Task force personnel conducting US&R activities are exposed to many risks and hazards when carrying out assignments. Examples include earthquake aftershocks, unstable structures, uneven footing, energized electrical equipment, falling material, flying objects, exposure to hazardous materials, excessive noise and dust, confined space operations, smoke and fire, contaminated air and water, dangerous equipment, heavy lifting, excessive fatigue and stress, adverse weather, armed thieves and looters, and working in unfamiliar surroundings. If safety is compromised at any time, the consequences could be serious.

Even with the formal position of task force Safety Officer, it is essential that all task force members recognize the high priority that safety and welfare issues command. In the course of a mission or training exercise, there are so many potential safety issues that no one person can be expected to recognize them all. Therefore, each member of the task force assumes a personal responsibility to conduct their assignment in a professional and safe manner. The task force Safety Officer has the primary responsibility for monitoring and assessing the overall safety aspects of the task force during incident operations. This is accomplished by ensuring good safety practices are identified in the operational action plans, during task force briefings and critiques, and ensuring that all operations are monitored for compliance. However, all task force personnel have the responsibility to identify unsafe acts and hazardous conditions, report them to their supervisor, and mitigate such situations if possible.

Ideally, the way to ensure proper emphasis on safety issues is to establish a strong, positive attitude during task force development, training sessions, and field exercises. Accidents and injuries are prone to occur when there is a lack of safety awareness among task force members, as well as members conforming to unsafe group norms, tunnel vision, faulty judgment, lack of leadership, lack of safety training, and a general poor attitude about training. It is necessary to evaluate safety concerns during every phase of task force operations from the time of activation and mobilization through deactivation and demobilization.

Task forces should train and operate in compliance with all Federal regulations issued by the Occupational Safety and Health Administration (OSHA) of the U.S. Department of Labor as well as a number of non-governmental organizations, such as the National Fire Protection Association (NFPA) and the American National Standards Institute (ANSI). States that have adopted the Federal OSHA regulations are required to cover rescue workers. Non-OSHA states may not have to comply with all regulations;

however, all task forces should make every effort to operate under the regulations as a matter of good practice and for the benefit of the team members. These are found in the General Duty Clause of 29 United States Code (USC), Section 654(a) (1) and applicable portions of Title 29 of the Code of Federal Regulations (CFR), Sections 1901, 1910, and 1926. Some non-Federal standards that should receive attention are: NFPA 1470 and appropriate sections of NFPA 1500 and 1521.

Although the risk of injury to task force personnel is greatest during incident operations, injuries can also occur at other times. For this reason, a number of safety considerations associated with each phase of task force missions are listed below.

## **1. Pre-Activation Phase**

This phase can set the tone for safety of all personnel at all training sessions and mission responses. Safety Officers should attend all training sessions. They should also be knowledgeable of all position descriptions on the task force and interact with the individual teams as often as possible to increase familiarity and develop a close working relationship and understanding of their methods of operations this relationship will help to heighten trust during a deployment. As part of the regular task force training, the Safety Officer's role and authority as specified in NFPA 1521 and its relationship to the task force's operations should be stressed.

Task force supervisory personnel should ensure that all task force members are physically fit and have passed the employer sponsored physical assessment. They should be properly inoculated and their Responder Information Sheets should contain information on emergency contacts and next-of-kin.

The selection of perishable foods that will be taken on a mission should be reviewed by task force supervisory personnel along with Safety Officers prior to any mission to ensure it does not adversely affect the performance of the team. Some foods can prolong or act to increase the body's intolerance of stress, such as the continued use of caffeine and high-fat foods. The type and quantity of supplemental food and drink should be pre-determined prior to the mission.

## **2. Activation**

The Safety Officer should be included in the initial task force briefing after the Alert Notice is issued to begin forming a safety plan for the activation. Task force supervisory personnel should, with input from the Medical Team Manager and the Safety Officer, research environmental conditions at the incident site to determine the appropriate clothing for deployment.

At the Point of Assembly, the Safety Officer should ensure that all personnel check-in with the proper personal protective equipment and appropriate clothing for the environment.

The Safety Officer and the Medical Team Manager should work together to ensure that all members selected for the mission are physically well and meet medical criteria for deployment. The initial task force briefing should be used to highlight safety concerns and reiterate that everyone is responsible for their own safety.

### **3. Point Of Departure**

Caution must be exercised when working around and loading equipment.

Also at this stage the well being of deploying personnel must be monitored. Delays can occasionally cause stress to those waiting to deploy. Activities should be arranged to defuse excess stress that could create dysfunction among the members while standing by. This is a good time to ensure that members begin to hydrate. Quality food should be available to task force members so they can arrive at the incident site ready to work.

### **4. During Transport**

Air and ground transportation are the two basic transportation methods for task forces to an incident. The probable method of air transportation is by military aircraft. There are significant differences between military and civilian air transport. Military aircraft can be very loud, requiring the use of ear protection. The aircraft can also have wide temperature variations, necessitating warm clothing for the flight. Task force personnel should stay seated and attempt to rest as much as possible. They should not stray into the cargo area as injury could result from shifting cargo. Medical personnel should have immediate access to their medical treatment backpacks. The use of radios or other electronic equipment is not permitted because of their possible affect on aircraft navigation and communications systems.

If the task force is deploying by ground, drivers should be rotated regularly. Other task force personnel should attempt to rest as much as possible during the trip. If the task force contracts out drivers for busses and trucks, the task force must ensure the drivers maintain their professionalism at all times, especially during down times, as the task force may be requested to move at any time with little advance notice. This holds true for the duration of the mission.

While at mobilization centers or other stopping points, task force members should not be allowed to leave the main body of personnel without specific permission from their immediate supervisor.

### **5. At Incident Site**

When establishing a Base of Operations (BoO) site, there are specific safety considerations that should be factored into the final location decision. It should have good sanitation; good foot traffic flow, and lend itself to proper security. The facility should be setup to provide security to personnel and equipment. No valuables should be stored near the perimeter nor should it be easy for outsiders to enter the facility except by one common, monitored entrance. It should be located in an environmentally safe location with no chance of contaminated runoff entering the site. It should have proper drainage to reduce ground water saturation. The site should also be located to allow for proper rest and relaxation of team members and out-of-sight of the incident work location to reduce stress. A combined effort between the Safety Officers and the Medical Team Managers should ensure an appropriate food preparation protocol is established and garbage is disposed of properly. Facilities must be incorporated to collect and dispose of gray-water. Proper hand washing stations and toilet facilities must be put in place. Proper lighting is mandatory at night to reduce the chances of injuries.

Any tent rigging or other wire should be flagged with highly visible tape so they may be easily seen. The Safety Officer should perform a risk analysis on the BoO site, mitigating hazards where possible, and properly marking and advising the task force of hazards that cannot be removed.

## **6. During Incident Operations**

Incident operations provide the most challenging aspect of the safety mission for both the Safety Officer and each individual task force member. Past incidents have shown that this is where the majority of injuries occur. The Safety Officer's function should be focused on providing for and monitoring safety for the entire operation and address the potential causes of team member's accidents and injuries. The Safety Officer should attend all planning sessions with the Task Force Leader (TFL) and task force supervisory personnel to offer insight into the safety aspects of a particular course of action. The TFL should have the Safety Officers develop a safety plan for the operational mission and include safety items in the daily task force Incident Action Plan (IAP).

One of the most effective ways to monitor overall operations while on a mission and ensure compliance with the safety plan is the use of check sheets. This can help in identifying, recording, and prioritizing items that need to be addressed. These can be developed by the Safety Officers and can be completed by task force supervisory personnel. The Safety Officer can review completed check sheets to monitor safety compliance. The following items should receive attention:

### **a. Planning/Management**

- Conduct a risk and hazard survey of the assigned work site, mitigating hazards where possible. Conspicuously mark hazards which cannot be eliminated. Also identify the hazards on a sketch map and advise the task force supervisory personnel.
- Liaison with local jurisdiction's Safety Officer to ensure continued coordination and information exchange on safety within the disaster area.
- Gather information on weather forecast.
- Alert all task force personnel of the possibility of exposure to poisonous snakes, rats, spiders, wild dogs, etc., as appropriate.
- Ensure escape routes are preplanned, clearly identified, and understood by all assigned personnel. These should be for each individual work site as well as from the BoO.
- Ensure helmets or vests indicating their assigned position properly identify appropriate personnel.

- Ensure infectious disease control measures are adhered to.
- Monitor task force safety equipment stock to ensure adequate supply is available.
- Investigate all accidents, collect data on how an accident occurred, and take steps to prevent recurrence. Include generic accident data in the IAP.
- Fill out accident and injury forms as required.

**b. Personnel Safety/Well-being**

- Ensure that all personal protective equipment is being properly used.
- Ensure that task force briefings reinforce proper sanitation and hygiene procedures.
- Ensure that all assigned personnel recognize the task force alerting and evacuation system.
- Ensure all personnel are decontaminated prior to leaving the site and returning to the BoO.
- Ensure that task force personnel do not operate alone.
- Ensure personnel accountability with a Personnel Accountability Identification System.
- Ensure that all task force personnel have adequate means of communications both on and off site with the Task Force Control Center (TFCC).
- Ensure rest, rotation, and feeding of Rescue Specialists during prolonged rescue.
- Ensure personnel are constantly alert for new hazards in the work area.
- Ensure proper food preparation techniques are adhered to.
- Ensure proper personal sanitation and hygiene by members prior to eating.

**c. Operations**

- Establish a hot zone and operational working area around assigned work sites in order to avoid injury from falling objects, overcrowding, etc. Ensure that these zones are properly identified.

- In order to minimize any further collapse, ensure that a structural stability assessment and required mitigation are completed before search and rescue operations are started.
- With the Hazardous Materials Specialist, check work area for hazardous materials before starting operations.
- Ensure monitoring of atmospheric conditions in confined spaces.
- Ensure that utilities are shut off, tagged, and secured before beginning operations.
- Ensure that shoring and cribbing is of proper size/type and is correctly installed. These should be reviewed periodically and after any breaching or lifting operation.
- Ensure adequate ventilation when working in confined spaces, where possible.
- Ensure adequate lighting is provided inside voids or at night.
- Ensure tools and equipment is used appropriately.
- Ensure helicopter over-flights are restricted to avoid excessive vibrations and down-wash on unstable structures.
- Restrict the use of heavy equipment on or adjacent to the structure where US&R activities are occurring.

The Safety Officer should ensure compliance with the items listed by reinforcing basic safety considerations at daily briefings, ensuring that safety resources and equipment are available for each site and ensuring that each operation has a site-specific Safety Officer.

## **7. Demobilization**

Personnel returning from the mission may be extremely exhausted, not properly nourished, and lose their focus on safety when loading and unloading the equipment cache. It is especially important to reiterate safety procedures during this time.

## **8. Return To Point Of Departure**

The sponsoring agency should ensure that sufficient non-deployed personnel are available to support the unloading and moving of the equipment cache once the task force arrives. Incident stress management and defusing must be conducted at the appropriate time.

In the days following the return home, the Safety Officers should participate in the after-action critique of the mission and ensure all safety concerns are incorporated into the final task force After-Action Report. It is imperative that the safety findings and lessons learned are highlighted and incorporated into future training sessions, field exercises, and operational procedures.

Task force supervisory personnel should ensure that all personal safety equipment is restocked to original levels before the equipment cache is declared operational.

## **APPENDIX D**

### **TASK FORCE PLANNING**

One of the most critical functions of task force management on a mission response is to ensure that sound strategic and tactical planning is performed. This allows the task force to operate in a safe and effective manner and complete its assigned objectives. Proper planning is a continuous process that begins well before receipt of the Alert Notice, and continues through the completion of the After-Action Report. Proper planning will be an asset to the completion of a successful mission. Conversely, the lack of proper planning will contribute to a less than productive mission.

For planning to function in a complimentary manner during a mission, it is imperative that task force management ensures the specific functions and requirements of planning and technical information are completely understood by all members of the task force. The Planning and Technical Managers work closely together to ensure that the documentation and reporting needs of the task force are met. The planning function is responsible for the collection, evaluation, dissemination, and use of information regarding the development of the incident and status of resources. Information is required in order to understand the current situation, predict the probable course of incident events, evaluate the need for additional resources, and prepare contingencies to accomplish the mission. The technical information function is responsible for documenting, tracking, and retrieving all pertinent information regarding task force activities for on-site and post incident analysis, historic documentation, and post event critiques. The planning function of the task force will be closely tied to the Incident Management Team (IMT) planning function, as the IMT is responsible for determining the overall mission objectives which dictate the actions of the task force.

To facilitate the planning function during various stages of the mission, the Planning Manager may be charged by the Task Force Leader (TFL) with setting up planning meetings and operational briefings or debriefings and arranging for the appropriate personnel to be present. These briefings are held in order to facilitate the collection and dissemination of information. Regardless of the type of meeting or briefing, all attendees must be notified and an agenda must be provided prior to the meeting.

#### **A. PLANNING MEETINGS**

Planning meetings are conducted so that task force management can review the status of objectives and operations for the previous operational period, determine the accomplishments and deviations, and begin planning for the next operational period. At the task force planning meetings, the Planning Manager is the meeting facilitator. As such, the Planning Officer must be prepared to collect the information needed for the next operational period and disseminate information such as the Task Force Action Plan.

Task force planning sessions should have limited attendance. Too many in attendance slow the process. To further enhance planning meeting effectiveness, all participants must come prepared to address their particular agenda issues. Although the TFL decides who is to attend the planning meeting, to promote effective action planning, the following personnel should be involved:

- Task Force Leader
- Planning Manager
- Technical Information Specialist
- Safety Officer
- Functional Team Managers
- Communications Specialist
- Any specialist functions deemed necessary
- Local representative (if appropriate).

## **B. BRIEFINGS AND DEBRIEFINGS**

During the various phases of the deployment, there are two types of operational briefings that a TFL is responsible for holding. First, there is the need for a general briefing that all task force personnel should attend, and second, technical briefings related to functional issues, where only selected individuals are designated to participate.

Early in the mission, the TFL will need to establish the briefing process that will be used throughout. This should include who will be responsible for conducting the briefings, the briefing schedule and location, who should attend the briefings, and topics or issues to be covered.

Even though briefings may be conducted on a scheduled basis, it may be necessary to conduct impromptu briefings for special situations. This could include such occasions as dealing with life threatening information, a change of tactical assignment or work priorities, special risk or hazard identification, injury of a task force member, etc.

On-incident debriefings of task force members are also critical in order to maintain current resource and situation status. Information gathered from task force members will be important to the task force management as well as the IMT and local officials.

Information obtained from these debriefings will aid managers in the tracking of assigned personnel and equipment, task force work progress, and tactical planning activities. Debriefings normally require the involvement of the TFL, Team Managers, Squad Officers, Planning Manager, and Technical Information Specialist for documentation.

## **C. PRE-ACTIVATION**

Prior to any activation, the Planning Manager must ensure that all forms, equipment, and supplies required on a mission and needed prior to formal set-up of the Base of Operations (BoO), are available on computer hard disk, back up disks, and hard copy for immediate use. The amount of this immediate need equipment should be such that it can be hand carried by Planning Section personnel.

The Planning Manager must also ensure that all personnel who may be required to complete these forms are familiar with the forms and the documentation requirements. In addition, the Planning Manager and Technical Information Specialists should ensure that all computers and other automated office equipment are in good working order, that administrative supplies are fully stocked, and the Mobilization Manual is kept updated

with current telephone numbers and contact names. The TFL may also assign the Planning Manager the responsibility of establishing and maintaining a task force records management system.

#### **D. ACTIVATION**

At the time the Alert Notice or Activation Order is received, the TFLs, Team Managers, and Planning Managers should be brought into an initial planning session to determine the readiness of the team to deploy and begin to execute the items in the Mobilization Manual. All managers should begin documentation using the ICS Form 214 – Unit Log. In conjunction with the TFL, the initial actions required by the Planning Manager include obtaining any additional information regarding the incident. This could include determining the environmental conditions, obtaining topographical and street maps of the incident area, preplanning the routes of travel for traffic, or other special problems such as closed roads or raised drawbridges. Information sources for this may include the Internet/World Wide Web, National Weather Service, and United States Geological Survey (USGS) for earthquake information, National Hurricane Center, and the National Oceanic and Atmospheric Administration.

In addition, the Planning Manager should begin the immediate development of a Task Force Action Plan for the initial operational period.

Some of the issues the Task Force Action Plan should address include:

- Objectives - Task force objectives for the initial operational period.
- Safety - Concerns regarding the loading and movement of equipment and personnel.
- Medical - The procedures for reporting and treating any injuries or illnesses suffered by task force members.
- Communications - The radio frequencies, radio designations, telephone roster, contact points, pager numbers, etc.
- Transportation - The process for alerting the Point of Departure (POD), transporting task force personnel and equipment, and a route plan if the task force is being deployed by ground.
- Additional Information - Any other special information pertinent to the mission or any other necessary issues as outlined in Appendix E – Task Force Mobilization.

While enroute to the incident, task force management should identify any subdivisions of the task force that may be required, such as dividing the personnel into two teams for 24-hour operations, identifying advance and reconnaissance team members, or any other special functions.

## **E. ON-SITE**

When the task force arrives on-site, the TFL and Planning Manager should meet with the IMT, or in their absence, the local Incident Commander as soon as possible to receive an overall assessment of the incident and any immediate assignment. Initial on-site planning should include documentation of the task force mission and the location of the task force operation. This initial information gathering should include what, where, when, and how the incident occurred and what risk factors exist. A historical picture of the incident should be developed for the task force to plan for its involvement in the incident mitigation.

While on-site, the task force will engage in two types of planning functions that are carried on simultaneously. The first is short range, daily strategic planning, in conjunction with the TFL and team managers. Task force capabilities and subsequent priorities for work assignments should be considered during each planning session. The condition of the task force personnel (i.e., physical and mental fatigue, morale and effectiveness, etc.) must be monitored daily and factored into subsequent planned activities. The Planning Manager must also constantly monitor and plan for environmental changes such as dramatic weather fluctuations. These can have a significant impact on the performance and effectiveness of the task force and victim viability.

The TFL and Planning Manager shall attend and provide input at the IMT planning meeting and obtain copies of the Incident Action Plan (IAP). If the IMT is not established, the TFL will ensure that an IAP is developed. The IAP will contain the overall objectives for the operational period along with weather information, safety concerns, evacuation plan, maps of the area, site information, building plans, utility information, and other relevant information.

Based on the task force assignments, as outlined in the IMT IAP, the TFL should in turn, have the Planning Manager develop a task force tactical action plan for subsequent operational periods. The task force tactical action plan does not have to be complicated or lengthy and should not duplicate the information already contained in the IAP. Rather, it should summarize the task force tactical assignments necessary to accomplish the strategic objectives.

The second type of planning function involves long range planning. This entails the task force management monitoring issues and resources necessary for the next 3 to 7 days. Input should be reviewed from each team manager's operational period reports and unit logs. These reports should contain the status of what resources are necessary for the next several days to allow completion of the team's objectives. The Planning Manager must take into consideration the lag time for obtaining resources as identified by the IMT and ensure that supply requests are promptly submitted for sufficient food, water, and equipment to keep the task force operating at its full capability. Task force managers should also include status reports on the physical and mental condition of the team members so the Plans Manager can have a good idea as to how long the task force can continue to operate at its current pace. This information will be factored into the long range planning for task force use and the demobilization process by the IMT.

Throughout the incident, the TFL (or designee) has the responsibility to attend briefings convened by the IMT, and to ensure that the task force is kept informed of appropriate issues in a scheduled and timely manner. The Plans Manager should have a clear understanding of what reporting information is required and the times and to whom this information is required to be submitted. Some of the reports the task force may be responsible for include periodic situation reports, chronological event logs, and current task force rosters and contact information. To facilitate the reporting process, the TFL may desire to have the Planning Manager participate in these meetings as well.

## **F. DEMOBILIZATION**

Beginning with the task force activation, the TFL and Planning Manager must always be cognizant of, and begin planning for, the demobilization process. Demobilization is no more than a reversal of the mobilization process. The Planning Manager should be considering demobilization issues several days before the assignment has been completed. This process needs to be discussed with the TFL and team managers during action planning meetings and reviewed with the task force members during the briefing sessions. Consideration is required for issues such as: the condition of task force personnel, notifications to the sponsoring organization, all transportation requirements, inventory and packaging of tools and equipment, break down of support facilities, general clean up, resupply requirements, and after-action activities.

As the task force mission begins to conclude on-site operations, the IMT will notify the TFL of an estimated demobilization date and time. The IMT will provide the task force with a Demobilization Plan. The task force is then required to develop a demobilization timeline using the logistical information provided by the IMT.

This demobilization timeline should identify what activities the task force needs to complete to be ready to disengage and conclude the mission, be released to the mobilization center, or sent directly home if ground transportation is used. It should detail the time schedule for the conclusion of any mission objectives, the dismantling of the BoO, re-palletizing of all cache items, food schedule for the last meal on-site, and the time personnel should be ready for transport to the task force POD, or home.

## **G. AFTER-ACTION PROCESS**

As a part of the after-action process it is recommended that an informal, on-site operational debriefing be conducted. The purpose of this session is to reaffirm the chronology of events and clarify the major accomplishments and problems from the mission. There are several advantages to conducting a debriefing as soon as possible after tactical operations have terminated and before the task force returns home. Information is still fresh, it provides another opportunity for team building, it can provide an opportunity for incident stress relief, and it makes good use of task force members' time during the demobilization process. Significant issues can be identified and hopefully defused which will allow all personnel to disseminate the same information to the sponsoring jurisdiction, the media, and family and friends upon arrival back home. The significant issues from this debriefing should be documented during the session and saved for the formal after-action debriefing and inclusion in the task force After-Action Report.

In addition to the on-site debriefing, the task force should conduct a formal after-action debriefing of the mission with all deployed members shortly after the task force returns home. This session should be a complete and thorough review of all facets of the mission. The TFL should start the formal debriefing process by establishing the Planning Manager as the facilitator, the ground rules to be followed, and highlight that the session must be conducted in a positive and constructive manner. Criticism must not be directed at individual task force members. It is important to remember that the objective is to improve the overall performance of the task force. Individual performance issues must be addressed on a personal and private basis.

The debriefing process should address at a minimum, the following topics:

- Safety concerns related to all aspects of the mission.
- Management and coordination issues such as intra-task force cooperation and effectiveness, and integration of the task force into the local jurisdiction's system.
- The information flow between task force functional elements, between the task force and Incident Command Post, between the task force and the IMT.
- Communications issues should be reviewed. This would include frequency planning and use effectiveness of the radio coverage, effectiveness of communication equipment, etc.
- Effectiveness of planning activities for task force tactical operations. This includes operational briefings and debriefings, general and technical information, shift scheduling, rotations, and shift change.
- General physical logistics of the task force operations. This includes layout and management of the BoO, work site management and control, equipment cache management, cache set up and organization, care and maintenance of tools and equipment, and the periodic evaluation of reserves.
- Medical issues, including the care and treatment of task force personnel, related canine issues, victim treatment including hand-off problems and tracking, and the management of controlled drugs (if applicable), medicines, and supplies.
- Supply logistics, including the effectiveness of resupply requests, coordination and sharing of equipment between work sites, effectiveness of property accountability and resource tracking, adequacy of support facilities including sanitation, feeding, sleeping arrangements, and transportation issues.
- Overall performance of the task force.

A good method to be used when conducting an after-action debriefing is to request that each function independently conduct an informal session prior to the full task force

convening for the general session. A representative from each of the functions should be allowed to present their respective concerns followed by the TFL. It is useful to provide a short period of time for general discussion, allowing all task force personnel to participate. It is also essential that the TFL appoint a recorder to document the information along with who initiated the input. This information is needed for follow-up actions, clarification of identified issues, and After-Action Report contributions.

## **H. AFTER-ACTION REPORTING**

Just as the demobilization process begins with the task force activation, so does the after-action reporting process. With approval from the TFL during the mission, the Planning Manager should constantly reinforce the need for task force personnel to document any issues or items that may be included or reviewed in the after-action process. This should be accomplished using the task force After-Action Report form. The task force should have computerized information gathering capability to collect all relevant information during the deployment. All information, conclusions, and recommendations from both the on-site and formal debrief and all mission documentation should be compiled into a formal After-Action Report to be forwarded to the GEMA Program Manager within 30 days of the return home. This report should also be used as the basis for future task force training sessions and areas of expected improvement.

The final written report should include:

- An executive summary of the report;
- An introduction describing the overview of the mission, including the task force mission assignment/reassignment;
- A chronology of events including alert, activation, mobilization, on-site operations, post mission activities, incident stress management sessions, equipment rehabilitation, and mission debriefings;
- Evaluation of the effectiveness of the task force organization, call-out procedures, operating procedures, operational checklists, position descriptions, equipment, Field Operations Guide, and prior task force training;
- Evaluation of the mission operations, alert/activation procedures, logistical movement and resupply activities, on-site coordination with the IMT, Emergency Response Team (ERT), and other Emergency Support Functions (ESFs), rescue operations, and effective integration into the local incident management structure;
- Recommendations for possible changes within the task force; and
- Recommendations for system possible changes within the National Program to enhance future activities.

The following format should be used to address issues and recommendations in the appropriate section of the After-Action Report:

**Statement of issue** – Statement of problem or observation generally stated in one or two sentences.

*Example: Insufficient overlap of work shifts limited the time for proper information exchange.*

**Background discussion** – A brief narrative describing the problem and providing relevant background information to clarify and support the statement of issue.

*Example: Due to the timelines set for transportation and escort back to the task force sleeping facilities, there was limited time for the AM and PM shifts to meet and pass-along pertinent information.*

**Recommended action** – Precise and specific actions that provide the steps necessary to change or improve the statement of issues situation or condition.

*Example: At shift change, schedule one full hour of overlap time. This would allow 30 minutes for operational briefing/debriefing, and 30 minutes for task force member's briefing/debriefing.*

**Assigned responsibility** – This section should identify the function or agency with the responsibility and authority to take the recommended action.

### Sample Planning Process and Schedule

Based on 2-12 hour operational periods, beginning at 0600 and 1800 hours

TIME	DESCRIPTION OF EVENT
0500 1700	<u>OPERATIONAL BRIEFING/DEBRIEFING – 0.5 hours</u> IMT, TFLs, and Planning Officers from current and next operational period participate in the briefing/debriefing process. IAP is distributed.
0530 1730	<u>TASK FORCE OPERATIONAL BRIEFING – 0.5 hours</u> TFL briefs on-coming task force members. Tactical assignments are made
0600 1800	<u>OPERATIONAL PERIOD BEGINS – OPERATIONS SHIFT CHANGE – 1.0 hours</u> Task force begins operations. IMT Planning Section Chief and task force Planning Manager collect, compile, and finalize report related to the last operational period.
0700 1900	<u>PLANS SECTION SHIFT CHANGE – 1.0 hours</u> IMT Planning Section Chief and task force Planning Manager conduct shift change briefing and debriefing.

<p>0800 2000</p>	<p><u>PREPARE FOR PLANNING MEETING – 3.0 hours</u>          IMT and TFL review accomplishments and begin planning for the next operational period. IMT Planning Section gathers information, and prepares displays and documents for the planning meeting. IMT Planning and Operations Section Chiefs meet with TFLs to identify resources and tactics for the next operational period.</p>
<p>1100 2300</p>	<p><u>PLANNING MEETING – 0.5 hours</u>          TFL, Planning Manager, and specific IMT staff meet to discuss objectives for the next operational period. Specific actions are identified in order to meet the objectives.</p>
<p>1130 2330</p>	<p><u>PREPARE INCIDENT ACTION PLAN – 3.5 hours</u>          IMT Planning Section Chief prepares IAP. All other sections turn in required documents for inclusion in the IAP. Task force Planning Manager begins formulation of tactical action plan.</p>
<p>1500 0300</p>	<p><u>REVIEW AND APPROVE IAP – 0.5 hours</u>          IMT Planning Section Chief forwards IAP to the IMT Leader for approval.</p>
<p>1530 0330</p>	<p><u>MAKE ANY CHANGES AND FINALIZE IAP – 0.5 hours</u>          Based on input from the IMT Commander and the TFL, IMT Planning Section Chief makes any final changes to the IAP and prepares the IAP for duplication.</p>
<p>1600 0400</p>	<p><u>PREPARE FOR OPERATIONS BRIEFING – 1.0 hours</u>          Displays and other required documents are prepared for use at the operational briefing; IAP is duplicated and collated for distribution.</p>
<p>1700 0500</p>	<p><u>OPERATIONAL BRIEFING/DEBRIEFING – 0.5 hours</u>          IMT, TFLs, and Planning Officers from current and next operational period participate in the briefing/debriefing process. IAP is distributed.</p>
<p>1730 0530</p>	<p><u>TASK FORCE OPERATIONAL BRIEFING - 0.5 hours</u>          TFL briefs on-coming task force members. Task force tactical action plan is distributed.</p>
<p>1800 0600</p>	<p><u>OPERATIONAL PERIOD BEGINS – OPERATIONS SHIFT CHANGE – 1.0 hours</u>          Task force begins operations. IMT Planning Section Chief and task force Planning Manager collect, compile, and finalize reports related to the last operational period.</p>

## **APPENDIX E**

### **TASK FORCE MOBILIZATION**

As a condition of participating in the GEMA GSAR Program, each task force is required to have the capability to be at their designated Point of Departure (POD) within 1 hour of receiving an Activation Order. If the task force is to be able to accomplish this, many procedures have to be developed and exercised prior to deployment. For the 1 hour of mobilization time, hundreds of hours of preparation will be spent developing and formalizing internal task force systems to notify, assemble, process, and transport task force members and equipment to the POD or directly to the incident site.

#### **A. MOBILIZATION MANUAL**

Each task force is required to have a written comprehensive mobilization plan. The procedures that allow the task force to meet the 1-hour mobilization requirement should be documented in a Mobilization Manual. This manual should be distributed to every component within the sponsoring agency and affiliated organizations with a responsibility for action during the task force's mobilization. Since no one person can be expected to be present for every occasion, several personnel at the locations to which the manuals are distributed should be trained to perform the actions required.

The Mobilization Manual should address, at a minimum, the following areas:

- A 24-hour point of contact for the task force.
- A procedure for acceptance or denial of a mission.
- Task force notification process for alerts, activations, etc.
- Detailed checklists that define the individual responsibilities required to mobilize a task force.
- A personnel call-out method for activating the task force members.
- A task force point of assembly for all deploying members.
- A personnel check-in and processing method for deploying members.
- An equipment cache readiness plan.
- Transportation procedures for task force movement to POD or directly to incident site.
- Canine waiver and health certificates.
- Base of Operations (BoO) set-up procedures.

Each of these sections must be planned, in detail, prior to activation, as there is insufficient time when an Activation Order arrives. Without a comprehensive written plan for mobilization, the task force should not be considered deployable.

## **B. TASK FORCE POINT OF CONTACT**

The task force should have a single designated point of contact to receive all official notifications and any other correspondence from GEMA and its sponsoring agency. This contact must be available by telephone and facsimile 24 hours a day, every day of the year, staffed with a responsible person. This may be an emergency communications facility for a local fire or police department or a local emergency operations center. Both of these have around the clock staffing and in turn, contact the task force's sponsoring agency and task force management. Point of contact personnel must know the correct procedure after they have received a communication from GEMA.

## **C. RECEIVING NOTIFICATIONS**

Official notifications received from GEMA must be processed according to established procedure.

An **Advisory Notice** requires no action on the part of the task force, although it may be prudent for the Task Force Leader (TFL) to make contact with appropriate personnel in accordance with their mobilization procedures. The task force management and/or sponsoring agency should evaluate ability to respond. There are no funds accompanying the Advisory Notice, any action taken by the task force must be at no cost or reimbursed by the sponsoring agency.

An **Alert Notice** is issued when GEMA determines that the task force may be needed for response, it will contact the sponsoring agency and the State to determine the availability of the task force. The Alert Notice specifies that the task force may be activated within the next 24 hours. The TFLs, managers, sponsoring agency representatives, and key support personnel should immediately meet to discuss preparations for activation. This may include personnel notification, transportation needs, confirmation of vendor contracts, and equipment cache preparation. The initial Alert Notice may be verbal, followed by written confirmation (usually within 12 hours).

An **Activation Order** will be issued when GEMA determines that the task force is needed for deployment. GEMA will contact the task force sponsoring agency and appropriate local agency to request the task force. The Activation Order will inform the task force of the official activation time, the authorized mode of transportation, and a point of contact for further instructions.

Upon receipt of the Activation Order, the task force point of contact must notify the appropriate officials of the sponsoring agency and the task force management. If not already completed during the alert phase, these parties must decide within 1 hour if the task force can accept the mission. This is contingent on the local situation and those having the authority to allow the task force to deploy. In some cases, such as hurricanes, the task force may be in the potential path of the storm and may be unavailable. In other major weather events, the Local jurisdiction may want to keep the task force as a Local asset. Other causes for the sponsoring agency to decline the mission could include a localized event requiring the task force resources for mitigation. If the mission is declined, the TFL should reply to GEMA in writing stating the reason for the declination.

Once the task force accepts the mission, they must be fully assembled with all personnel and equipment palletized and ready for loading at the POD or enroute by ground transportation directly to the disaster within 1 hour or as otherwise directed by GEMA.

The point of contact must collect all pertinent information, available from GEMA, concerning the deployment. This would include at a minimum, date and time of request, type and location of event, declaration or emergency number, requesting party by name and telephone and facsimile number, current situation, destination Point of Arrival (POA), anticipated radio frequencies, and any other pertinent information.

## **D. TEAM ACTIVATION**

The task force must have a list of mobilization responsibilities distributed that need immediate attention by task force personnel and others in the sponsoring agency. These include:

### **1. Mission Staffing**

The task force should have a method for staffing all task force positions. Examples of this would include a group team paging system, telephone tree or "hot line", or other system to advise members of current activities. There should be a method of providing up-to-date information on the deployment status to the task force. As the members are assigned to positions on the task force, they should be placed on the Task Force Organization/Staffing Form.

The task force management may want to select additional task force members as stand-bys in case someone does not show or cannot clear the in-processing due to medical condition, improper equipment, etc.

### **2. Support Specialist**

Additional personnel should be designated by the TFL to support the mobilization. They should be advised to report to a specific location to support the task force activation.

### **3. Equipment Cache**

The task force should have a stand-alone cache that can be moved quickly to the POD. Additions to the cache would include food/water or other perishable items that are obtained from vendors on contract, controlled medications from a local medical facility, and the member's personal gear. Arrangements should be made so that acquisitions will require only minimal time to secure. If possible, non-deploying personnel should be utilized in the mobilization process.

This will allow the deploying logistics personnel to check-in, attend briefings, and complete the loading process when the team arrives at the POD. If the task force has items that must come from other organizations, jurisdictions, or from in-service vehicles, a list of all such equipment should be developed and inserted in the Mobilization Manual. A plan should be in place that ensures that all equipment is picked-up or brought to the cache. If such equipment is coming from another jurisdiction, written

agreements should be developed that guarantee its availability and method of transport to the pallet build-up area.

The task force should have a method for rapid equipment procurement that addresses equipment deficiencies from the approved GEMA cache list. These items may not be able to be acquired prior to departure; however, they can be added to the cache for the next mission. There is only a small window of opportunity to make emergency purchases (generally 24 hours), so it is imperative that the items are ready for order with correct product numbers and the name and location of the vendor.

The task force must have a load plan for ground transportation. A plan should be developed for a tractor drawn trailer indicating which vehicle each container will be on and where it will be placed in the truck. If the task force has its own trailer, the cache may be stored already in place except for the temperature sensitive items.

#### **4. Perishable Supplies**

The task force may consider a contract with a local food store for a pre-designated list of foodstuffs that can be quickly obtained, preferably palletized and shrink-wrapped.

#### **5. Transportation Assets**

Transportation assets required to move the task force should be identified in advance. The TFL should identify a transportation officer to coordinate transportation assets. If the sponsoring agency does not already have the necessary vehicles in-house, then contracts with local vendors should be in place to provide transport to the POD. The task force should have at least two large busses.

If the activation is by ground, additional resources will be required (e.g., box trucks for reconnaissance team use, pick-up trucks for moving equipment, and four-wheel drive vehicles for the advance teams). Mechanics should accompany the task force to maintain the vehicles and perform on-road repairs. The task force should consider sending a fuel truck. The TFL must provide logistical support for any additional deployed personnel (Support Specialist).

#### **6. Point of Assembly**

The point of assembly is where all personnel report for check-in and briefing on the activation. It should be large enough to accommodate all aspects of the mobilization process, be equipped with multiple telephone lines, and equipped with facsimile capability.

The check-in area should have a series of stations designed to process personnel through sign-in and document review, medical screening, equipment issue, and personal pack inspection and drop-off. Signage will facilitate this process.

Each member's Responder Information Sheet should be checked for accuracy and an emergency contact name and telephone number. Portable radios and additional equipment may be issued at this time.

Each member's personal gear should be quickly reviewed to determine if the person packed the proper amount and type gear. Task force physicians will use FEMA criteria to determine if a team member is fit to deploy. Ultimately, the TFL determines deployability based on the input and recommendations of the Medical Managers/task force physicians. For more information on the medical aspects of the check-in process, see Appendix B – Task Force Medical Procedures. In addition, a Help Desk can be set-up to resolve any problems that arise during the mobilization process.

## **7. Task Force Briefing**

Once all personnel are checked-in, the entire team should be briefed by TFL to provide the latest incident information and directions for the task force. The TFL should review the information from the initial task force briefing form. The form may be copied and given to each individual along with a copy of the task force organization/staffing form so that each member is absolutely clear where they fall in the chain of command and to whom they report. This is an excellent opportunity to outline the mission objectives and reinforce the importance of safety and provide other pertinent information needed.

## **8. Initial Task Force Planning**

From the arrival of the Advisory Notice, the task force Planning Managers should begin the planning phase of the mission. They should begin to develop information on the incident from official and media sources, obtain current weather information and forecasts for the mission duration, research the incident area and if possible, obtain topographical area and street maps. They also should interface with law enforcement agencies to ensure the route to the POD or incident site are open and passable (disaster damage, scheduled drawbridge openings, snow or ice, etc.).

The Planning Manager can begin the documentation of the mission. Complete documentation of the mission should begin as soon as possible, even if the mission is cancelled. Reports and financial expenditures must still be recorded and forwarded to the appropriate personnel.

## **E. MEDIA COORDINATION**

The deployment of a task force to a major disaster can be a significant media event. The task force should welcome this opportunity for exposure and make the best use of the media. The assembly point is the most logical place to entertain the media during the deployment phase with a secondary location of the POD. A local Public Information Officer (PIO) should be present at both locations. The sponsoring agency should contact the GEMA Headquarters Office of Emergency Information and Media Affairs to determine the background and status of the mission and what information is appropriate for release. The sponsoring agency's media efforts should concentrate on the response of the local task force. GEMA Headquarters will provide an overall national view. Requests by national media should be coordinated with GEMA Headquarters.

The sponsoring agency should make contact with the local media and coordinate the time and place for the media to interact with the task force. The sponsoring agency's PIO should control all aspects of the interaction. An area should be set up for a press

conference or individual interviews. The task force members involved with the press interviews should be briefed on the procedures involved. Any requests for media crews to accompany the task force to the incident site should be immediately referred to GEMA Headquarters Office of Emergency Information and Media Affairs for resolution.

## **F. COMMUNICATIONS**

At the time of activation, the task force Communication Specialists should begin to activate all communication assets in the cache that may be dormant during non-deployment periods. This could include placing all portable radios and batteries on charge, and activating the paging and cellular telephone (if not kept on). They should also attempt to find out the anticipated on-site radio frequencies from GEMA so the radios can be programmed prior to handing them out at the POA.

## **G. CANINE HEALTH AND WAIVER ISSUES**

All canines must be in good health and have a current health certificate from a licensed veterinarian to deploy. In order for the canines to ride uncaged in a military aircraft, they must have a waiver stating such. A copy of this waiver letter is available from the Air Force and should be carried in the cache as well as placed in the task force's Mobilization Manual. The letter must be available on short notice at the POD prior to aircraft loading.

## **H. LIAISON WITH OTHER AGENCIES**

During the mobilization process, there may be a need to interact with other entities, internal or external to the task force's sponsoring agency. Therefore, the TFL may want to appoint a liaison officer during the mobilization process. This person will be the contact point for all communications with GEMA and other agencies associated with the activation.

## **I. FAMILY LIAISON**

Prior to activation, a plan should be established for providing regular situation reports to the family or loved ones of deploying members. This plan should address a time schedule for contact and information for the home jurisdiction. A representative from the sponsoring agency should be assigned for the duration of the mission to act as the liaison between the task force and the families or loved ones.

A tentative schedule of contacts should be established prior to the task force departure and refined as needed on the mission. This schedule should then be passed on to the family member/loved one as soon as possible.

Along with the task force/family liaison, the sponsoring agency may designate personnel to provide assistance to the families of deploying members. This may include home emergency repairs, family transportation necessities, assistance with media interviews, and other emergency assistance the family member/loved one may require.

## **J. INCIDENT STRESS MANAGEMENT**

People trained in stress management should be identified to deal with issues of deployed task force members.