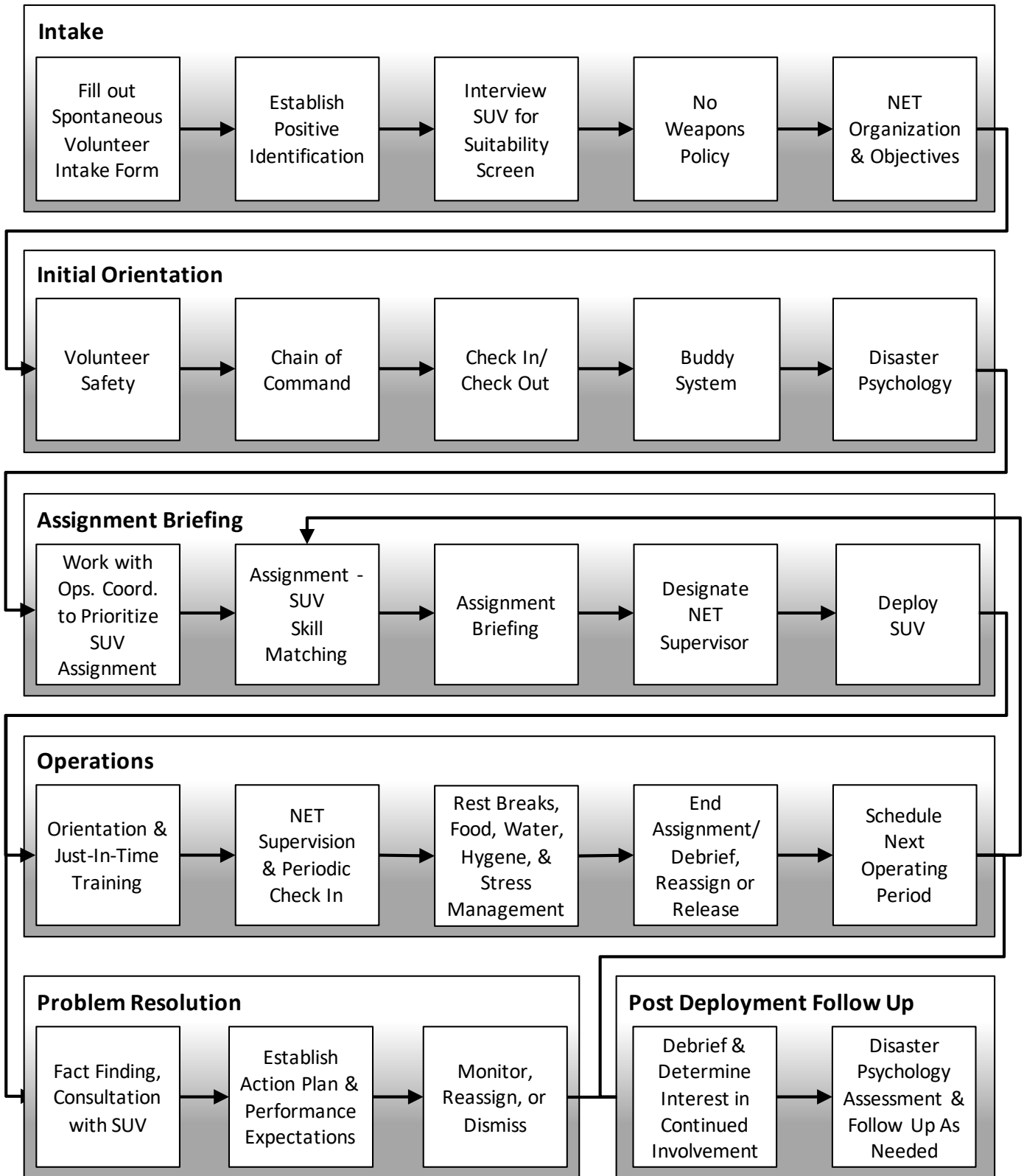


NET SUV Management Process Flow Chart



SUV Intake

SUV Registration – Direct spontaneous, unaffiliated/untrained, volunteers (SUVs) to:

- Fill out Spontaneous Volunteer Intake Form
- Ensure SUVs sign and date Agreement of Understanding on Spontaneous Volunteer Intake Form

Positive Identification – Determine positive identification for all SUVs. Positive identification is established based on SUV:

- Being personally known to a NET volunteer, or
- Having government issued, photo identification

Interviewing SUVs – Conduct a brief personal interview, to assess the suitability of the prospective volunteer. Sample questions:

- Why do you want to help?
- What skills or training do you have that may be useful in this situation?
- Are you mentally and physically suitable for this situation? (Understand that those who may be personally affected by the disaster may not be mentally able to provide assistance at that moment)
- How much time can you spare?
- Do you have transportation (if applicable)?
- Do you have any equipment or tools that will be handy in this situation?

Consider the individual's experience and skills when assessing:

- Medical training
- Construction skills or structural engineering
- Clerical skills
- Amateur radio skills
- Psychology/crisis counseling

Special care must be taken when assigning SUVs to care for vulnerable populations:

- Unaccompanied minors
- Elderly and disabled
- Persons with decreased level of responsiveness or altered mental status

Positive identification and direct, close supervision by NET Volunteer Leader is mandatory for SUVs assigned to care for vulnerable populations

NET "No weapons" policy – Volunteers may not carry weapons

Pearl District NET Operations Plan

Guiding Principles

- Rescuer Safety and Accountability are top priority
- Chain of Command: NET members report to/are accountable to one NET member
- Buddy System: always work in teams of no less than two
- Greatest Good for the Greatest Number

Pre-Deployment Responsibilities

- Secure your own home/apartment/ condo and family
- Check in with NET team members via cell/text or FRS/GMRS radio (Channel #7)
- Check on neighbors, do triage and turn off utilities, if appropriate
- Meet at the Staging Area, ASAP

Deployment

- No self-deployment (unless major disaster where communications are disabled)
- Unauthorized deployment may result in loss of indemnification by the City of Portland
- Proceed to Staging Area or, if unsafe, to Backup Staging Area
- In route to Staging Area, observe and record damage/injuries
- Ask SUVs to accompany you to Staging Area for processing

Onsite Management

- The first NET member arriving at the Staging Area assumes incident command
- When the Team Leader arrives, incident command is transferred to Team Leader

Team Leader / Incident Leader assigns functional roles to NET members and establishes incident command structure, using Incident Command System (ICS), maintaining appropriate chain of command and span of control

Communications

- Always communicate using the chain of command
- It is important to document and communicate information about the disaster situation and resource status
- Check in and maintain regular communications with Staging Area

Transferring Command or Assignments

- When transferring command or assignments, always get briefing from outgoing NET member to share information and avoid confusion or delays
- Never leave an assignment or incident without approval of Operations Coordinator

NET Organization

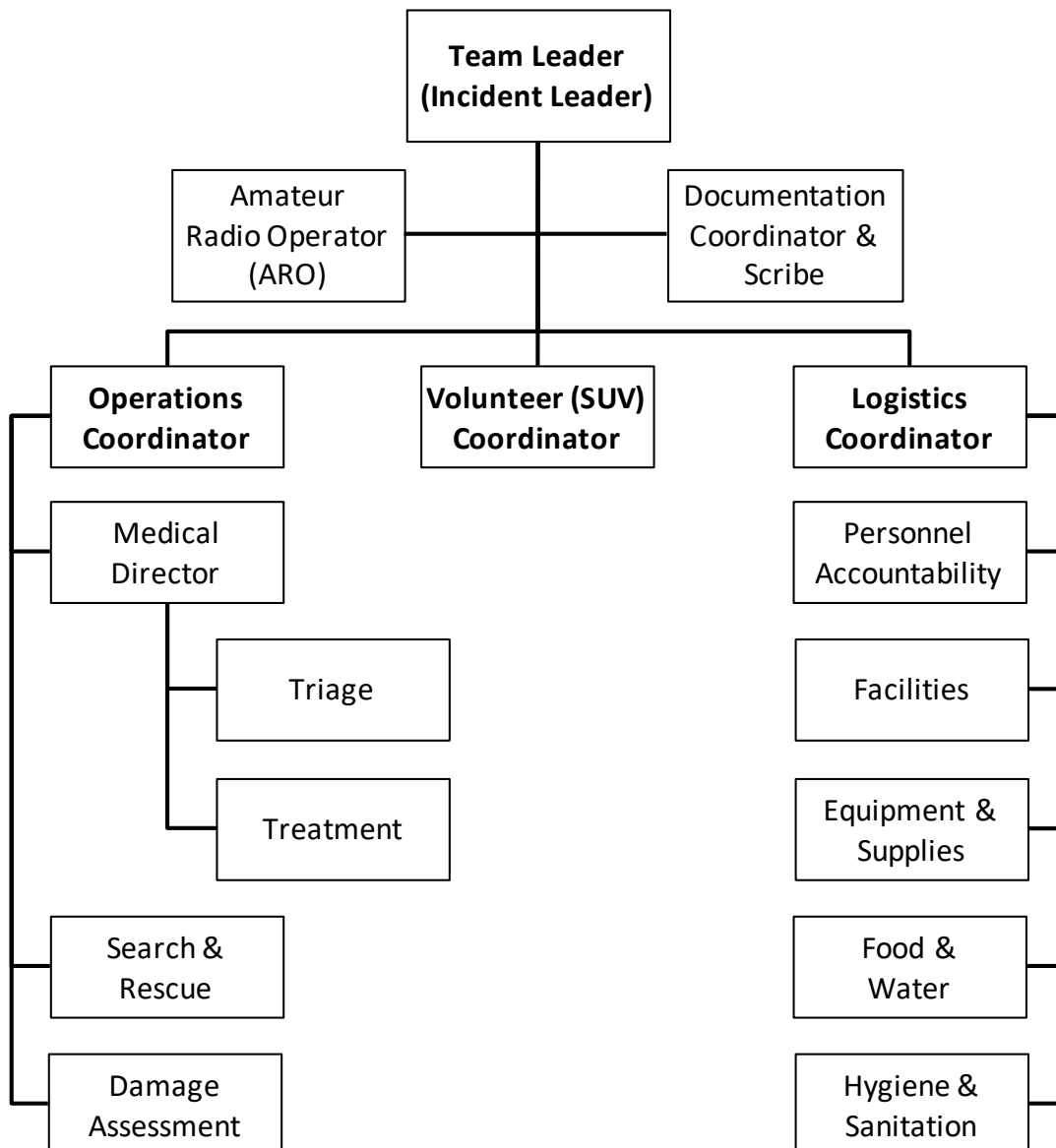
Team Leader / Incident Commander responsibilities include:

- Ensuring incident safety
- Establishing incident objectives
- Delegating authority to others
- Providing information to internal and external parties
- Establishing and maintaining liaison with other responders
- Taking direction from government agencies

Operations Coordinator directs and coordinates incident tactical operations

SUV Coordinator processes, orients, and assigns SUVs

Logistics Coordinator assures there are adequate resources to meet incident objectives



Agreement of Understanding

I understand the dangers of participating. Despite the potential dangers and risks, I will participate and I agree to assume all the risks associated with such participation. In consideration for the acceptance of my participation as a volunteer, I hereby waive, release, hold harmless, and discharge any and all claims for damages for personal injury, property damage or death, which I may have or which may hereafter accrue to me, or to my heirs or assigns, as a result of my participation as a volunteer. In addition, I agree to indemnify the City from all claims demands, suits, actions, liabilities, damages, costs or expenses resulting from or arising out of my activities. This release, waiver of liability and indemnity agreement is intended to discharge and release the City of Portland, and its agents and employees from and against any and all liability arising out of, or connected in any way with, my participation as a volunteer. It is further understood and agreed that this release, waiver of liability, and indemnity agreement is to be binding on me and my heirs and assigns.

I have carefully read this agreement and fully understand its content. I am aware that this is a release of liability and a contract between myself and the City of Portland Bureau of Emergency Management, and I sign it voluntarily and of my own free will. I furthermore certify that all information I provide is true and correct.

Signature

Date

NET Form 2B: SPONTANEOUS VOLUNTEER INTAKE

PRINT Last, first name: _____

With my signature below, I certify that I have not been convicted of a felony since my 18th birthday.

signature or initials: _____

Please identify any limitations that would affect the type of volunteer assignments you can undertake.

Do you take medication and if so, do you have access to it? N/A Not sure Yes No

Have you contacted your family? Yes No

Would you like to be contacted in the future for volunteer training and work? Yes No

Would you like to be contacted again to help with **this** emergency? Yes No

To volunteer with this emergency response, please complete this form and return it to the person who gave it to you. You will receive a brief interview as soon as possible.

Please answer the questions truthfully and as completely as possible. This information helps us find the most appropriate assignment for you.

Skills or Experience (mark all that apply)

- Medical training
- First aid/CPR
- Fire fighting skills
- Safety and security
- Search and rescue skills
- Crisis counseling skills
- Office/organizational skills
- Teaching skills
- Crowd control
- Carpenter skills
- Chainsaw skills
- Electrician skills
- Amateur radio skills
- Food prep skills
- Commercial license
- non-English languages:

Equipment/Supplies You Can Provide

- First aid supplies
- Spare wheelchair or crutches
- Spare bed(s)
- Tarps or tents
- Chainsaw
- Bottled water
- Generator
- Fire extinguisher
- Camp stove and fuel
- Walkie-talkie or other radio
- Prybar
- Blanket(s)
- Flashlight(s)
- Batteries
- Rope

NET Form 2B: SPONTANEOUS VOLUNTEER INTAKE (reverse)

Last, first name: _____

Home address: _____

City: _____ State: _____ Zip code: _____

Best phone: (____) _____ - _____ E-mail: _____

Age: _____ Gender: _____ Driver's license (state/#): _____

Fit for physical work? Yes Light No

Emergency contact name: _____ Relation: _____

Emergency contact phone: (____) _____ - _____

FOR OFFICIAL USE ONLY

ID verified (initials) _____ Accepted? Yes No

Issued ID? Yes No Badge # _____

Waiver signed

NET organization/objectives

Weapons policy

Safety awareness

Search and rescue

Medical triage

Assignment 1: _____

Assignment 2: _____

SUV Initial Orientation

Volunteer Safety

- Volunteer safety is top priority
- **STOP:**
 - **S**top
 - **T**ake a step back
 - **O**bserve – size up the whole situation
 - **P**roceed with caution – when in doubt, don't
- If you get hurt, then you can't help
- Always work with a trained NET member

Chain of Command

- Volunteers report to one NET Volunteer Leader – the “chain of command”
- Get briefings from NET Volunteer Leader before starting assignments
- Always communicate using chain of command

Check In / Check Out

- Check in and maintain regular communications with NET Volunteer Leader
- When changing assignments, always get a briefing from NET Volunteer Leader to avoid confusion or delays
- Check out with NET Volunteer Leader before leaving assignment

Buddy System

- Always work in teams of no less than two
- On search & rescue or other potentially hazardous assignments, always work with trained NET member

Disaster Psychology

- Volunteers are potentially exposed to stressful experiences:
 - Death
 - Serious injury
 - Destruction
 - Loss of contact with family or close friends
- Stress can impact volunteers' physical and emotional wellbeing
- Self-care:
 - Take breaks
 - Get adequate rest, food, and water and maintain hygiene
 - Talk about stress with NET members

SUV Assignment Briefing

Volunteers should always get briefed by their NET Volunteer Leader before starting assignments.

The NET Volunteer Leader will complete the front side of the Assignment Briefing Form (see next page) and review it with the volunteer(s) for each assignment.

Volunteer assignment briefings cover the following topics:

Objective

- Overall goal (the “big picture”)
- Specific tasks (the “details”)

Time

- Start (when work will start)
- Duration (estimate of how long work will take)
- Check-in (frequency of / time certain reports to NET Volunteer Leader)
- End (when to end assignment and report back to NET Volunteer Leader)

Resources

- How many people are needed to complete task
- Equipment required to complete task

Exclusions (things not to do)

Assessment

- Potential problems that volunteer might encounter
- Plan to deal with each potential problem

Post-Assignment Debriefing

After completing an assignment, the volunteers fill out the Mission Results section on the reverse side of the Assignment Briefing Form and debrief with their NET Volunteer Leader

- Outcome (was the goal/tasks accomplished?)
- Resource status (what is the condition of volunteer(s) and equipment?)
- Situational assessment (what is the current situation/what’s likely to happen next?)

SUV Operations

Just-In-Time Training

The NET SUV Coordinator or NET Volunteer Leader should provide a brief orientation for volunteers at the beginning of their assignment to assure that they understand how to safely and effectively perform their assignment.

Volunteer should review available Just-In-Time training materials to prepare for assignments like:

- Medical triage and treatment
- Patient movement
- Search and rescue
- Fire suppression

On search and rescue, fire suppression, or other potentially hazardous assignments, volunteers should always work with one or more trained NET member.

NET Supervision and Periodic Check In

The NET SUV Coordinator or NET Volunteer Leader should establish regular check ins with volunteers to assess how they are doing.

Rest, Food, Water, Hygiene, and Stress Management

The NET SUV Coordinator or NET Volunteer Leader should make sure that volunteers:

- Take adequate rest breaks (maximum 8 hours on/8 hours off)
- Get adequate food and water
- Maintain proper hygiene and stress management.

End of Assignment

Volunteers must check out with the NET SUV Coordinator or NET Volunteer Leader before leaving an assignment.

The NET SUV Coordinator or NET Volunteer Leader should debrief volunteers at the end of their assignment and discuss whether the volunteers are prepared to take on a new assignment or should be released either temporarily or permanently.

Schedule Next Operating Period

If a volunteer is being released temporarily, then he/she should meet with the SUV Coordinator to schedule their next operating period.

SUV Problem Resolution

There is always a risk that a volunteer chosen for an assignment may not be suitable, but this is not apparent until the assignment is in progress. In these situations, the SUV Coordinator must redirect the volunteer or dismiss them. It is crucial for an SUV Coordinator or Incident Leader to act if the individual is not up for the job.

Recommendations for managing dismissal or reassignment:

- Consider an alternative: can the volunteer do other work?
- Arrange for two NET leaders to meet with the volunteer in private
- Tell the volunteer that the interview is strictly confidential
- Give specific examples of behaviors/actions that have not worked and explain why (if appropriate to the situation, refer to behaviors/actions that do not conform with the NET Code of Conduct and/or NET Guidelines)
- Let the volunteer give his/her side of the story

If the volunteer continues to be unsuitable for the assignment or acts inappropriately, alert NET leaders and the volunteer may be removed from duty immediately and permanently. However, it is important to attempt to redirect the volunteer's actions prior to dismissing them permanently.

SUV Post Deployment Follow Up

After an incident has ended and life gets back to normal, the SUV Coordinator or Team Leader should follow up with volunteers to:

- Debrief the volunteers on their participation in the incident
- Determine if the volunteers have an interest in continuing to be involved emergency preparedness, community disaster resilience, or the NET program, and
- Ask the volunteers if stress from the incident is impacting their physical and emotional wellbeing

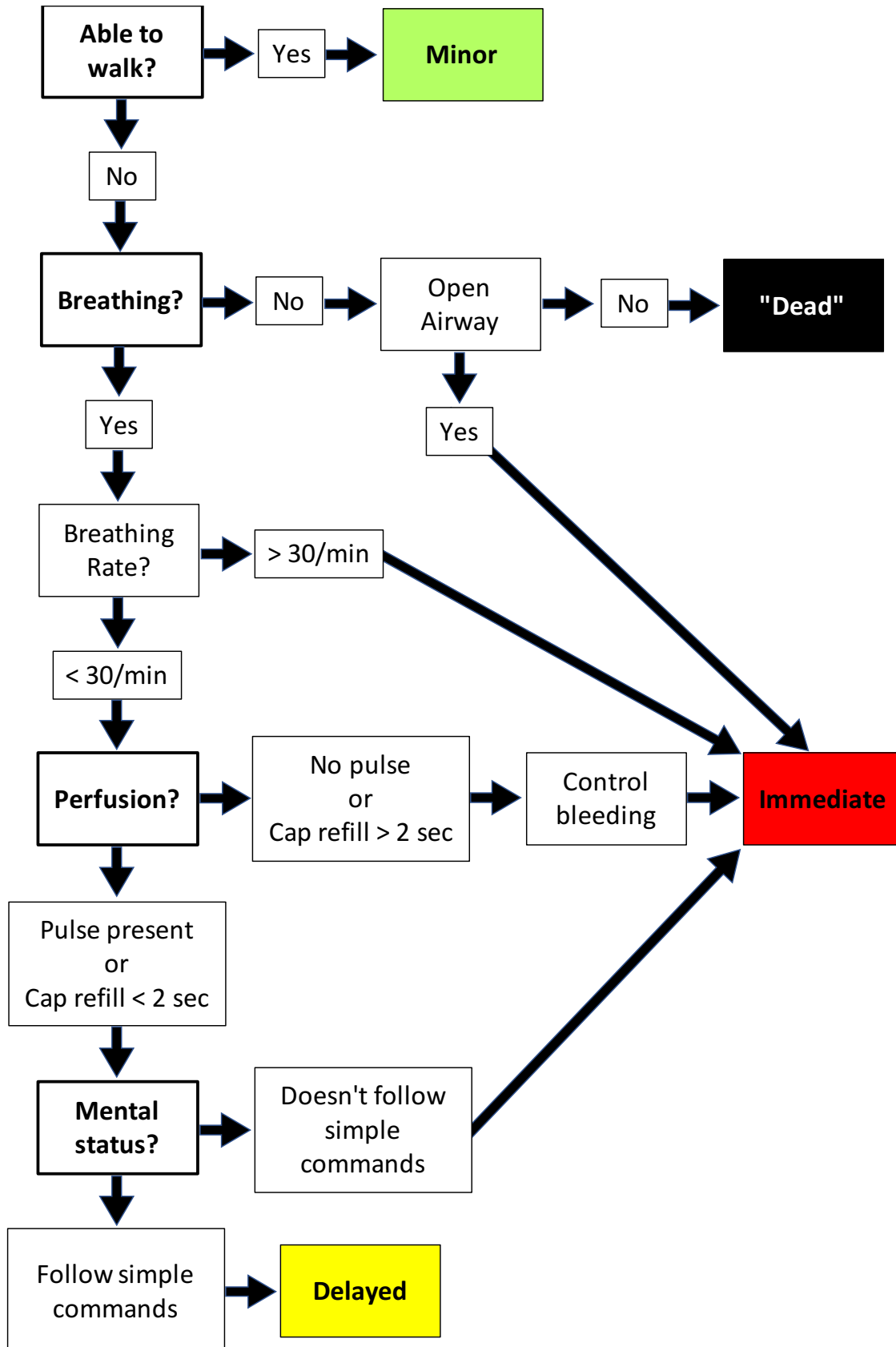
If a volunteer reports experiencing stress symptoms that are continuing to impact their physical and emotional wellbeing, then the SUV Coordinator or Team Leader should work with the PBEM NET Coordinator to connect the volunteer with a skilled mental health professional for assessment and treatment.

SUV
Just-In-Time Training
(And NET Review)

Topic	Page
STaRT – Simple Triage and Rapid Treatment	14
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STaRT – Simple Triage and Rapid Treatment

Used for rapid assessment of multiple patients in a mass casualty incident.



Medical Treatment Area

Location

- Pre-plan location for Medical Treatment Area (MTA) and backup MTA
- Determining best location for MTA:
 - Safety of rescuers and survivors
 - Centrally located, easily accessible, and expandable
 - Ease of evacuation, if conditions become unsafe
 - Accessible by transportation (ambulance, trucks, etc.)
- Emergency evacuation:
 - Hazards can change over the course of a disaster (e.g., aftershocks, fire)
 - Be prepared to move the MTA, if current location becomes unsafe

Layout

Color coded signs should be used to identify subdivision of patient treatment area:

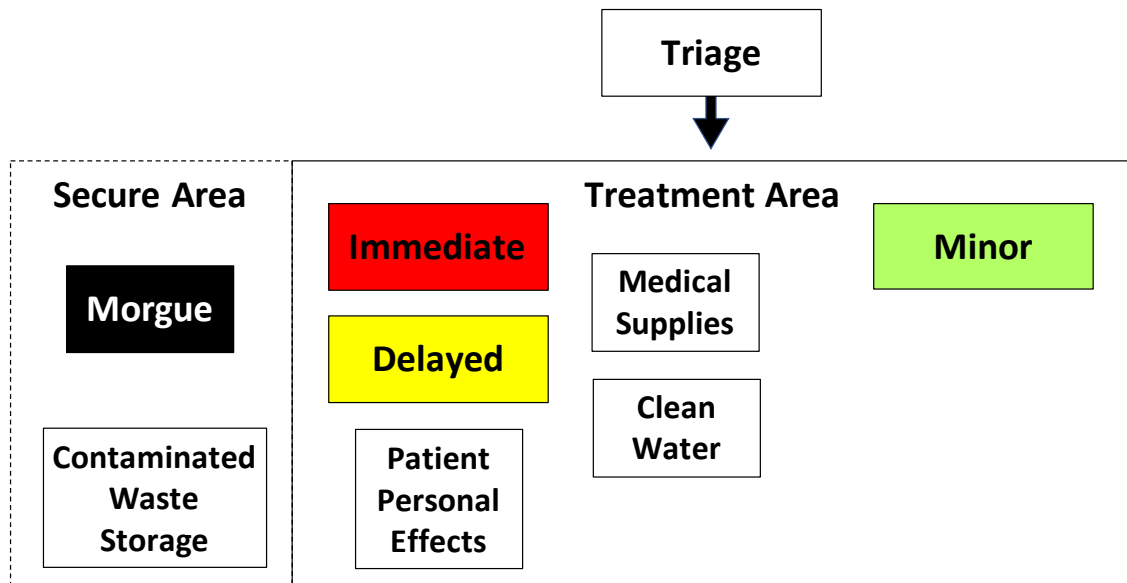
- “I” for Immediate care (Red)
- “M” for Minor injuries (Green)
- “D” for Delayed care (Yellow)
- “DEAD” for Morgue (Black)

“I” and “D” areas should be close to each other to allow:

- Verbal/visual communications between workers in treatment areas
- Shared access to medical supplies
- Easy transfer of patients whose status changes

Logistics

- Medical supplies and clean water stored immediately adjacent treatment area
- Bag and label patient personal effects. Keep with patient or in secure area
- Morgue should be secure and away from/not visible from treatment area
- Contaminated waste stored in secure area clearly marked “Hazardous Waste”



Patient Assessment System

Scene Size Up (1-2-3-4)

- **One** – I'm number one! (Are there hazards? Volunteer safety is top priority)
- **Two** – What happened to you? (Assess mechanism of injury)
- **Three** – Not on me! (Protect volunteer from patient blood / body fluids)
- **Four** – Are there any more? (Look for other patients)

Initial Assessment (A-B-C-D-E) (complete in ≤ 30 seconds)

- **Airway** management: Clear obstructions. Breathing? Open airway with jaw thrust
- **Breathing**: Look, listen & feel. Hurt/hard? Expose chest injuries
- **Circulation**: Assess pulse & signs of circulation. Blood sweep. Control life-threatening bleeding
- **Decision** about **Disability**: What was the mechanism of Injury (MOI)? What's the likelihood of spinal Injury?
- **Expose** & treat life-threatening injuries. **Environment**: Do we need to move because of hazards to patient or rescuer safety?

Head to Toe Assessment (Look, ask, feel, listen) (complete in ≤ 3 minutes)

- | | | |
|----------------------|------------|----------------------|
| 1) Head, face & neck | 4) Abdomen | 7) Lower extremities |
| 2) Shoulders | 5) Pelvis | 8) Upper extremities |
| 3) Chest | 6) Groin | 9) Spine & buttocks |

Key Questions

- Does the patient report having experienced a loss of responsiveness?
- Does the patient report spine pain or tenderness?
- Does the patient have normal skin temperature (warm), sensation (feel a tap, touch, or pinch), and motion (can move toes and fingers) in all legs and arms?

Vital Signs

- Level of Responsiveness (LOR): **A**wake? **O**riented: Name, Place, Time, Events preceding? If responsiveness level low, respond to **V**oice, **P**ain, **U**nresponsive?
- Perfusion: Feel pulse? Capillary refill in nail bed (< or > 2 sec)?
- Respiratory rate: < or > 30/min? Regular/irregular, easy/labored, shallow/deep?
- Skin: Color, temperature & moisture: Pink/warm/dry? Pale, cool, clammy?

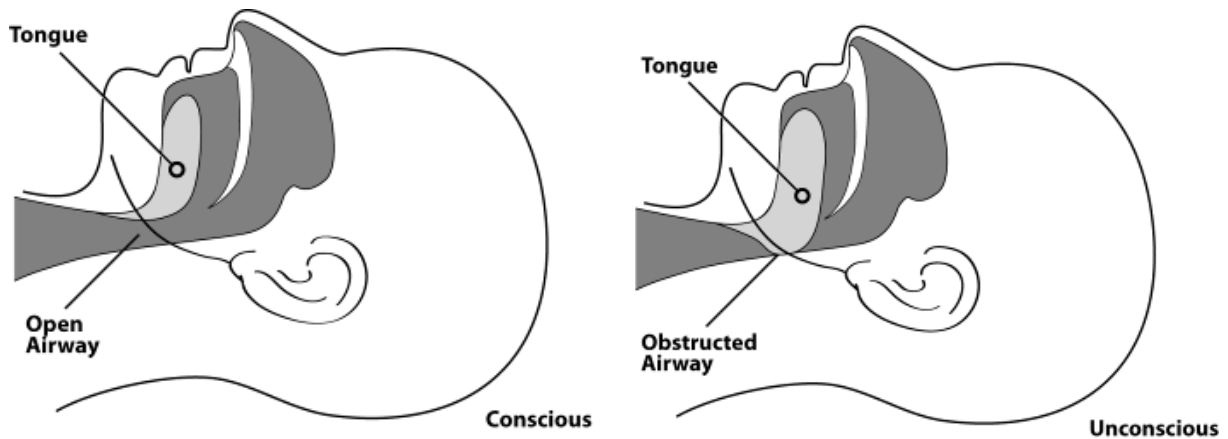
History (Reported by patient)

SAMPLE: Symptoms? Allergies? Medication (drugs)? Pertinent medical history? Last intake (food & fluids) / output (pee & poo)? Events precedent?

The “Three Killers” (and priority medical operations)

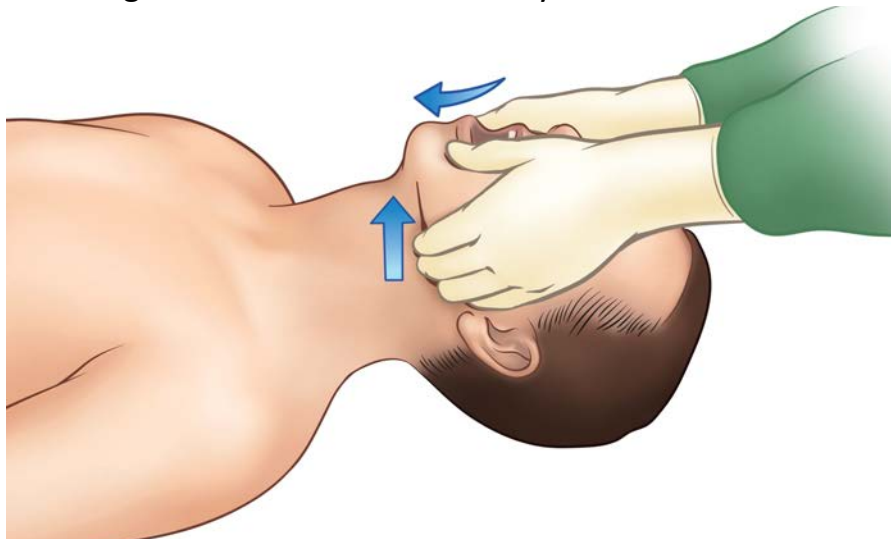
- **Airway** obstruction (Open airway with jaw thrust)
- **Bleeding** (Control excessive bleeding with direct pressure)
- **Shock** (Treat the cause. Maintain normal body temperature)

Open vs. Obstructed Airway



Open Airway with Jaw Thrust

- Kneel behind patient’s head, steady and support the head in the neutral position, with head, neck, and spine in alignment.
- Place index and middle fingers at corner/angle of patient’s jaw and gently pull up
- At same time, use thumbs to gently push patient’s chin away from rescuer, toward patient’s feet, to open the mouth
- Lifting jaw up and pushing chin away, pulls the tongue forward and prevents it from obstructing the entrance to the airway



Control Bleeding

Apply firm, steady pressure to wound

- Expose to find where bleeding is coming from
- Use both hands to increase pressure, if possible



Apply dressing and press

- If a dressing becomes soaked with blood, leave it in place and apply additional dressings on top of the soaked one
- Removing the dressing disturbs blood clots that are forming



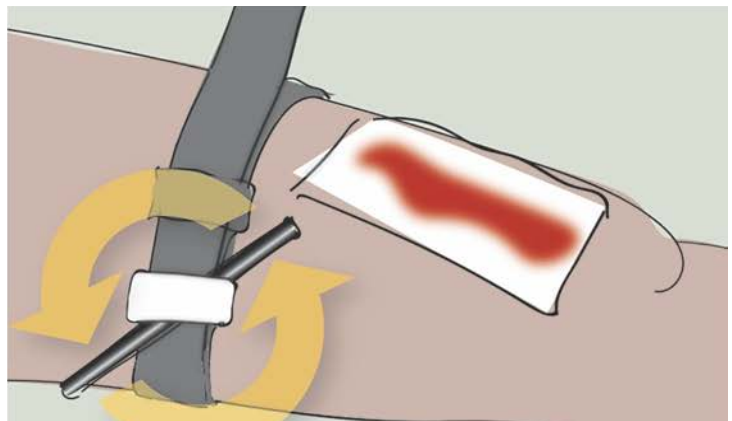
Stuff the wound with clean gauze or cloth and apply pressure

- If a wound is large/deep, stuff it with gauze, before applying an exterior (surface) dressing and pressure
- This creates internal pressure that can stop internal bleeding that exterior pressure cannot reach



Apply tourniquet(s)

- If bleeding doesn't stop with pressure, apply a tourniquet 2-3 inches above the wound (closer to torso)
- If bleeding still doesn't stop, place 2nd tourniquet closer to torso, above 1st tourniquet



Shock

Signs of shock

- Rapid and/or weak pulse
- Rapid and/or shallow respiration
- Pale, cool, clammy skin
- Anxiety or restlessness
- Nausea, thirst
- Decreasing level of responsiveness

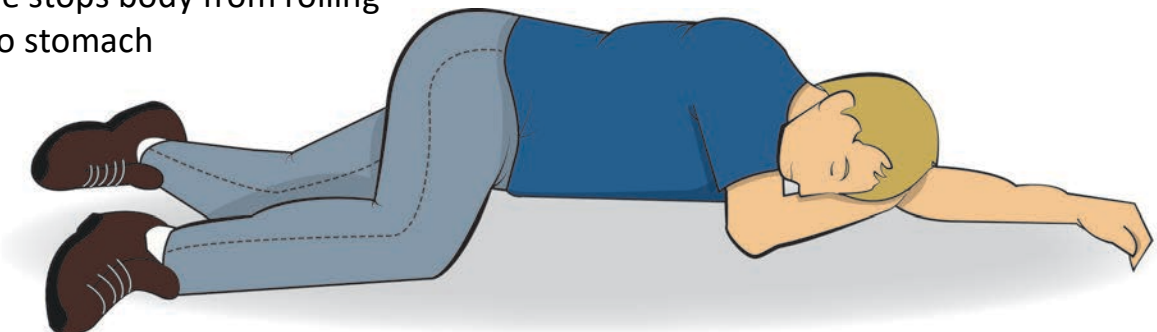
Treatment of shock

- Open and maintain airway
- Control bleeding, stabilize fractures
- Maintain body temperature within normal limits
- Elevate legs 8-10 inches
- Consider giving fluids, if patient is thirsty and does not have decreased mental status



Recovery position for unconscious patient or patient with decreased mental status

- Helps keep airway open and decreases risk of vomit entering airway
- Hand supports head
- Knee stops body from rolling onto stomach



Musculoskeletal Injuries

Treat Sprains with RICE

- **Rest:** get the pressure off the injury site
- **Ice:** cool the area for 20 minutes
- **Compression:** apply elastic bandage
- **Elevation:** raise injury above patient's heart

Support usable injury with tape, elastic brace, etc.

Continue RICE therapy as needed.

Treatment of Fractures

Immobilize the joints above and below a fractured bone.

Immobilize the bones above and below an injured joint.



Use padding between injured limb and rigid splint.

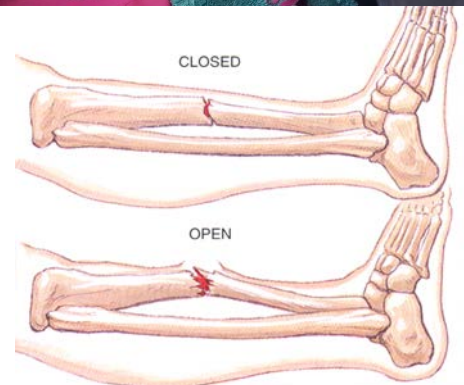
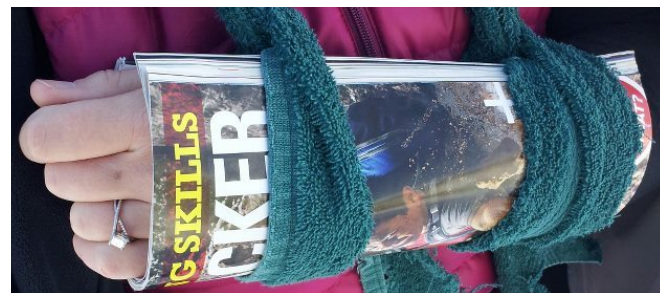
Splint in position of function and comfort.

Use gentle traction-in-line to establish normal anatomical position (slow or discontinue, if pain increases significantly or you meet resistance).

Immobilize and support arm, shoulder, or collarbone injuries with a sling made with a triangular bandage or piece(s) of fabric.

For "open" fractures (with exposed bone):

- Irrigate and clean wound prior to traction-in-line (do not scrub bone ends)
- Protect exposed bone from drying with moist gauze covered with plastic wrap or bag



Burns

Put the fire out – “Stop, drop, and roll”. Stop a person from running, and make him/her drop to the ground and roll to extinguish the fire.

The objectives of first aid treatment for burns are to:

- Cool the burned area (skin or clothing) if they are still hot
- Cover the burned area with dry, sterile dressings to reduce the risk of infection

Do not

- Use ice (it can cause frostbite and restrict blood flow to burned area)
- Apply antiseptics, ointments, or other remedies on extensive burns
- Remove shreds of tissue, break blisters, or remove adhered particles of clothing (Cut burned-in clothing around the burn)

Check the Airway

Smoke inhalation is the number one fire-related cause of death. Inhalation burns are life-threatening and must be recognized early. Whenever fire and/or smoke is present, NET members should assess survivors for signs and symptoms of smoke inhalation:

- Evidence of respiratory distress or upper airway obstruction (coughing, noisy rapid breathing)
- Soot, redness, or swelling around the mouth or nose
- Singed facial or nasal hair
- Burns around the face or neck

Chemical Burns

- Dry chemical burns – brush off dry chemicals before rinsing the burn
- Wet chemical burns – flush with water for 20 minutes

Burn Treatment

- Moist dressings are okay for small burns – less than 3% of patient’s body area (reference: patient’s palm and fingers equal 1% of body area)
- Use dry dressings on extensive burns
- Cover the burned area loosely with dry, sterile dressings to keep air out, reduce pain, and reduce the risk of infection (by keeping fluids in and germs out)
- Wrap fingers and toes loosely and individually when treating severe burns to the hands and feet.
- Loosen clothing near the affected area. Remove jewelry if necessary, taking care to document what was removed, when, and to whom it was given.
- Keep patient hydrated. Consider pain medication

Wound Management

Proper cleaning of wounds helps prevent infection and promote healing.

Clean wounds:

- Wash hands and wear gloves when handling wounds
- Clean around wound with soap and water
- Remove foreign matter with disinfected tweezers or gently brush out wound with clean gauze or cloth
- Pressure irrigate wound, using irrigation syringe with clean water (1/2-liter minimum)

Cover wound with clean dressing and bandage.

Keep wound moist with dressing that is lightly coated with antibiotic ointment or transparent film dressing.

Keep dressings clean and dry. Change dressing at least once every 24 hours.

Remove impaled objects only if:

- Object obstruct airway
- Object cannot be stabilized, will fall out, prevents transport, or prevents bleeding control.

Non-Opioid Management of Pain in Traumatic Injuries

The combination of acetaminophen and ibuprofen has been found to be as effective as opioids in managing pain associated with traumatic injuries. Ask patient about allergies. Ask patient for consent before giving medication.

For effective, non-opioid, pain management, take up to the maximum single dose of acetaminophen AND ibuprofen together, up to three (3) times per day.

Generic name	Acetaminophen	Ibuprofen
Brand name(s)	Tylenol (or others)	Advil, Motrin (or others)
Maximum total daily dose	3,000 mg	2,400 mg
Maximum single dose (taken every eight (8) hours, up to three (3) times per day)	1,000 mg: EITHER Two (2) extra strength 500 mg pills OR Three (3) regular strength 325 mg pills	AND 800 mg: Four 200 mg pills

Patient Movement

Logroll – Rescuer #1 maintains stabilization of the head throughout the procedure and gives commands to the group. Other rescuers kneel at patient’s chest, waist, and thighs.

Rescuers roll patient onto his/her side:

- Rescuer #1 gives command, “Roll on 3; 1, 2, 3”.
- Rescuers slowly roll patient 90°, keeping patient’s body in alignment with spine
- Rescuer #1 supports patient’s head and maintains alignment with spine as patient is rotated
- Once patient is on his/her side, a backboard or foam pad can be placed where patient will be lying when the logroll is complete



Rescuers roll patient onto his/her back:

- When rescuer #1 gives command, “Lower on 3; 1, 2, 3”, the procedure is reversed, and the patient is slowly lowered onto the backboard or foam pad while the rescuers keep the spine in alignment



Team Lift



Two-Person Lift



Chair Carry



Psychological First Aid

Psychological first aid focuses on: listening, assuring safety and basic needs are met, reducing stress, and helping the person engage with support resources.

Create a sense of safety

- Mitigate the scene by reducing chaos and removing the person from perceived threats
- Reflect evidence of safety

Create calm

- Calm yourself first
- Emphasize the present, the practical, and the possible

Create self- and collective-efficacy

- Involve the person in problem-solving, self-care, and rescue - Ask people what else they can do and what they should not do
- Recognize and remind people of existing strengths

Create connection

- Build an on-scene relationship
- Help people contact friends, family, loved ones (including pets)

Create hope

- Reflect specific, accurate, positive facts and predictable, realistic steps
- Personally, maintain and communicate hope

Anxiety Responses

Anxiety responses can include an acute stress or anxiety reaction, phobias, panic episodes, and obsessive-compulsive thoughts/behaviors. Anxiety often accompanies and can interfere with an accurate assessment of the physical injury. Symptoms include rapid heart rate and respiratory rate; pale, cool, clammy skin; trouble focusing; dizziness; trembling; stomach distress; chest tightness or pain; excessive fear reactions; and possible fight/flight/freeze response.

Depression

Depression typically manifests itself in withdrawal, isolation, crying, diminished interest in most activities, fatigue or loss of energy, trouble making decisions, self-criticism/low self-esteem, feelings of helplessness and hopelessness, and/or a change in eating or sleeping patterns. It may also present as agitation.

Search and Rescue

Search and rescue consists of three separate operations

- Sizeup – assessing the situation and determining a safe action plan (using the 9-step sizeup model).
- Search – locating survivors and documenting their location.
- Rescue – procedures and methods required to extricate the survivors.

Remember that rescuer safety is always the top priority!

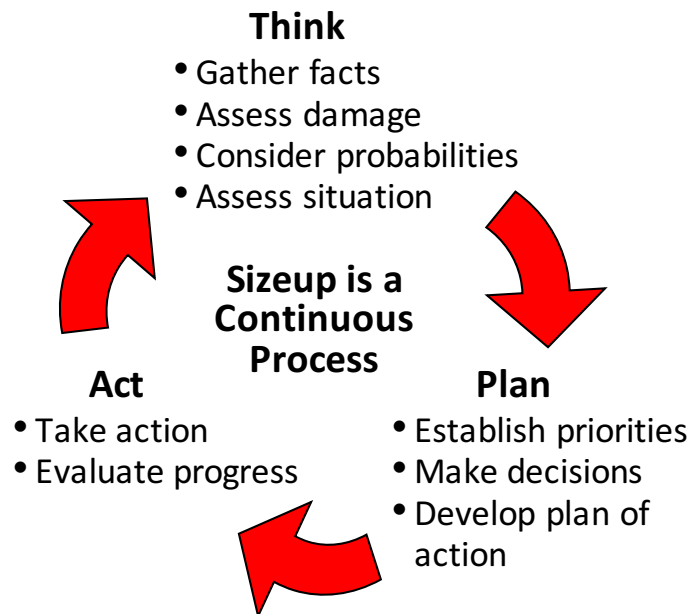
The decision to attempt a rescue should be based on

- The risks involved to the rescuer; and
- Achieving the greatest good for the greatest number of people

Sizeup

Search and rescue requires continuous sizeup to assess whether the situation is safe for rescuers to proceed:

- At the beginning of the operation; and
- As long as the operation continues.



When in Doubt, Don't

When in doubt about the condition of a building, NET volunteers should always use the more cautious assessment:

- If unsure about whether a building is moderately or heavily damaged, NETs should assume heavy damage
- If NET members see collapsed floors or walls, they should leave a building immediately.

Search and Rescue

- Use a buddy system – always work in teams of no less than two.
- Use safety equipment – wear gloves, a helmet, goggles, and a dust mask
- Be alert for hazards – power lines, gas leaks, hazardous materials, sharp objects
- Communicate – use FRS radios to communicate with teammates and check in with staging area
- Have a backup team – ensure help if a team gets into trouble
- Don't linger – removing survivors as safely and as quickly as possible
- If the building's condition allows, survivors with suspected head or spinal injury should be stabilized on some type of backboard before being removed.

The NET search and rescue mission changes depending on building condition.

Building Condition	Should Search and Rescue Be Attempted?
<p>Light damage:</p> <ul style="list-style-type: none"> • Superficial damage • Broken windows • Superficial cracks or breaks in wall surface, for example, fallen or cracked plaster • Minor damage to interior contents 	<p>Yes:</p> <ul style="list-style-type: none"> • Locate, triage, and treat: <ul style="list-style-type: none"> ○ airway, ○ major bleeding, and ○ shock • Continuous sizeup
<p>Moderate damage:</p> <ul style="list-style-type: none"> • Visible signs of damage • Decorative work damaged or fallen • Many visible cracks or breaks in wall surface • Major damage to interior contents • Building still on foundation 	<p>Yes, <u>but</u>:</p> <ul style="list-style-type: none"> • <u>Minimize the number of rescuers and time spent inside the structure</u> • Locate, triage, and treat: <ul style="list-style-type: none"> ○ airway, ○ major bleeding, and ○ shock • Continuous sizeup • Be prepared to leave quickly, if building conditions deteriorate
<p>Heavy damage:</p> <ul style="list-style-type: none"> • Partial or total collapse • Tilting • Obvious structural instability • Building off foundation • Heavy smoke or fire • Hazardous materials inside • Gas leaks 	<p>No, too dangerous:</p> <ul style="list-style-type: none"> • <u>Do not enter a building with heavy damage under any circumstances</u> • Use tape around the area or mark the area as heavy damage • Warn others of the danger in entering the building (but don't try to stop or restrict their entry)

Fire Suppression

What NETs don't do when suppressing fires is as important as what they should do.

DON'T:

- Get too close. Stay near the outer range of your extinguisher. If you feel the heat, you are too close.
- Try to fight a fire alone. Remember that your first priority is your personal safety. Don't put it at risk.
- Try to suppress large fires. Learn the capability of your equipment, and do not try to suppress a fire that is clearly too large for the equipment at hand (i.e., a fire that is larger than the combined ratings of available fire extinguishers).
- Enter smoke-filled areas. Suppressing fires in smoke-filled areas requires equipment that NETs don't have.

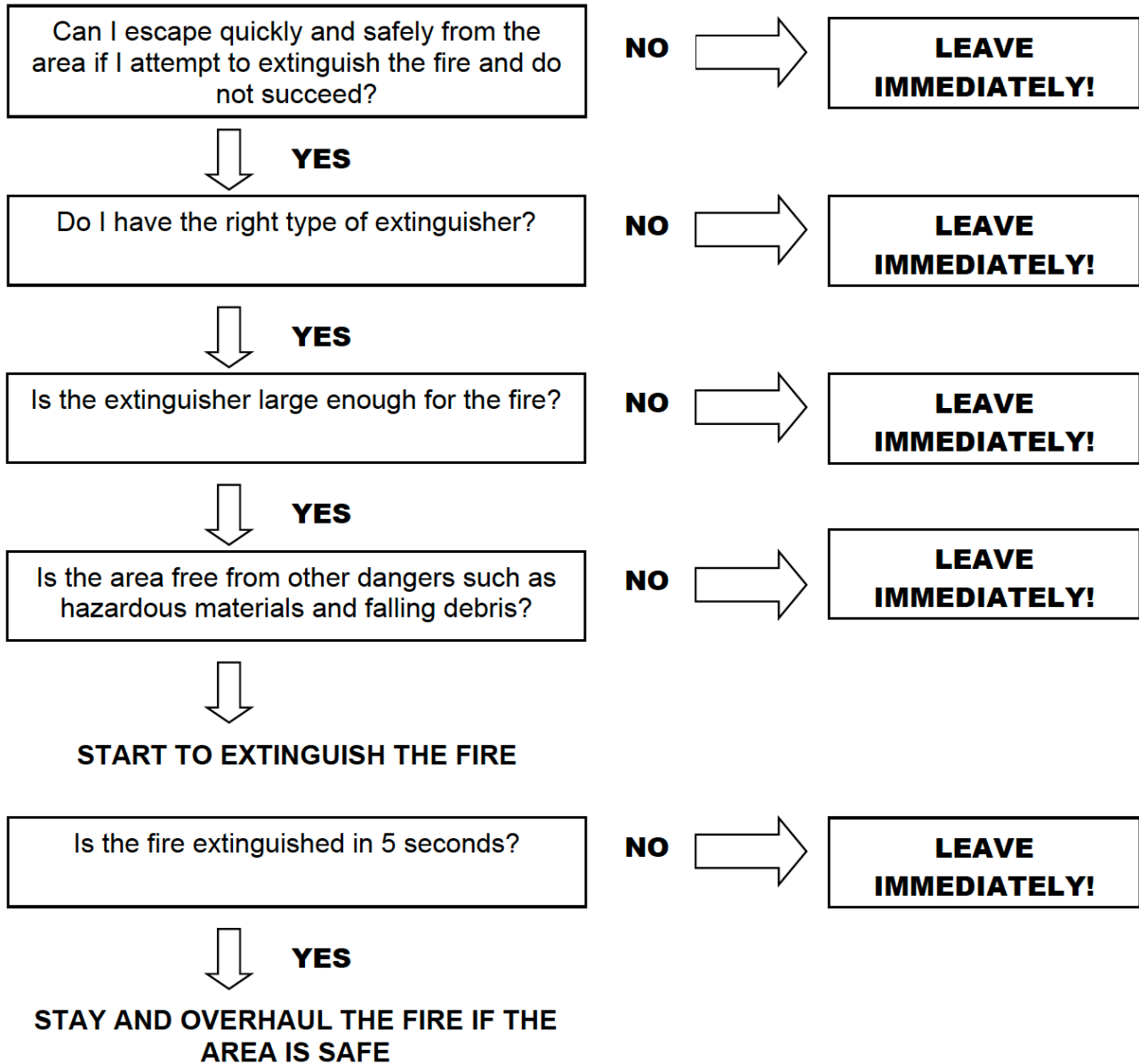
Fire Suppression Safety Rules

- Use safety equipment at all times. Wear your helmet, goggles, dust mask, leather gloves, and sturdy shoes or boots. If you are not equipped to protect your personal safety, leave the building.
- Work with a buddy. Buddies serve an important purpose. They protect your safety. Don't ever try to fight a fire alone.
- Have a backup team, whenever possible. A backup team just makes good sense. A backup team can support your fire suppression efforts and can provide help if you need it.
- Always have two ways to exit the fire area. Fires spread much faster than you might think. Always have a backup escape plan in case your main escape route becomes blocked.
- Look at the door. If air is being sucked under the door or smoke is coming out the top of the door, do not touch the door.
- Feel closed doors with the back of the hand, working from the bottom of the door up. Do not touch the door handle before feeling the door. If the door is hot, there is fire behind it. Do not enter! Opening the door will feed additional oxygen to the fire.
- Confine the fire, whenever possible, by closing doors and keeping them closed.
- Stay low to the ground. Smoke will naturally rise. Keeping low to the ground will provide you with fresher air to breathe.
- Maintain a safe distance. Remember the effective range of your fire extinguisher. Don't get closer than necessary to extinguish the fire.
- Never turn your back on a fire when backing out.
- Overhaul the fire. Search for hidden fire or sparks to prevent the fire from rekindling. Remember "cool, soak, and separate."

To operate a fire extinguisher, **P.A.S.S.:**

- **P**ull (the pin out of the handle) (test the extinguisher after pulling the pin)
- **A**im (at base of fire)
- **S**queeze (handle),
- **S**weep (extinguisher spray back and forth at base of fire)

Deciding to use a Fire Extinguisher



Interior Wet Standpipes

Interior wet standpipes are found in commercial and apartment buildings and consist of 100 feet of 1.5-inch hose with an adjustable spray nozzle.

- Always work in two-person teams when using interior wet standpipes
- Team member 1 removes hose from cabinet, making sure hose is free of kinks, and extends hose in direction of fire, before team member 2 opens water valve