



St Johns Community Resiliency District Operations & Communications Plan

My Local Team Staging Area	
Administrative Staging Area – Primary	St Johns Park and Community Center N Central St and N Leavitt Ave GPS: 45.591879, -122.752556
Administrative Staging Area - Secondary	Pier Park Baseball fields near skateboard park N Lombard St and N Bruce Ave GPS: 45.602117, -122.761411
Administrative Staging Area - Tertiary	Roosevelt High School 6941 N Central St GPS: 45.590211, -122.738555
BEECN Deployment Location	St Johns Community Center, Baseball field backstop
UHF Channel (BEECN)	Channel 2
FRS/GMRS Channel	FRS Channel 2 - Code 0 / Secondary Channel TBD
HAM Radio Intranet Frequency	431.200 MHz
Fire Station #22 Location	7205 N Alta Ave

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The Cardinal Rules of NET

1. Assure your own personal safety, the safety and security of your family, your home and your neighborhood, and then, and only then will you deploy.
2. Our goal is to do the greatest good for the greatest number.
3. Our goal is to save lives and protect property to the extent of our training and ability.
4. Always Remember: Safety/Teamwork/Responsibility

Immediate Responsibilities Following a Disaster

Immediately following a disaster, members are expected to check themselves and persons in their household for injuries. They must also ensure that their home and property is secure, and they (or a member of their household) should attempt to contact their emergency out-of-state contact. Once these responsibilities are met and a deployment is possible, members should put on their PPE and follow communications protocols.

Deployment Protocols

Deployment will occur when the Portland Bureau of Emergency Management issues a specific order to deploy.

The only circumstance when members may self deploy are if

- 1.) A disaster is taking place;
- 2.) Communications systems are down; and
- 3.) You have received no message from PBEM or NET Team Lead.

If you have a FRS/GMRS radio, turn it on the St Johns NET channel, listen and announce yourself. En route to NET Staging Area (NSA), members will use Incident Command System (ICS) **Form 1 – Damage Assessment** to note damage in the neighborhood. If there are known areas of vulnerability or potential benefit, attempt to travel past them to be able to report on their status. This information will later be used by the NET TL to determine and delegate assignments for volunteers.

Upon arrival at the Staging Area, a formal 9-Step NET Size-Up must be performed to assess safety, conditions, potential hazards, and the status of the entire Staging area.

If members meet Spontaneous Unaffiliated Volunteers (SUVs) while proceeding to NET Staging Area, bring them with you so that the NET member assigned to manage SUVs can check them in and process them. If the NET staging Area is not safe and secure for NET Operations or volunteers cannot reach the NET staging area, radio other members and proceed to another NET staging area. If all NET staging areas are unsafe, the Incident Commander will attempt to determine a new location and will need to communicate that with the team and incoming members.

Communications

All team members with a FRS radio can perform a radio check-in to the NET team channel before deploying. That enables better organization of the deployment. Plan for adequate battery supplies.

On the radio, listen first. Then state your name and listen for other team members to confirm they read your transmission. If other NET member are listening, chance is one took the role of controlling the radio network (net control). That person will ask you for:

- Your name (or confirm your name)
- Your location (cross road)
- Your status, can you deploy and when?

Members with no radios and no phone access should self-deploy to NET staging area and follow Deployment and Onsite Management Protocols.

Whistle Signals

- Three blasts of the whistle is an international distress call, which is loosely translated as "Help me!"
- Two blasts of the whistle is a call-back signal which means "Come here."
- One blast can mean "Where are you?" or it can be a call-back signal if you hear anything that sounds like a code.
- Each whistle blast should last 3 seconds.

ARO communications protocols

The St Johns NET ARO will make communication with the NET Incident Commander as soon as possible. After that the ARO will attempt to establish the radio communication with the PBEM NET Emergency Coordination Center (ECC) directly or indirectly using other NET ARO as relay. That will enable communication between PBEM and the NET Incident Commander.

FRS Tactical Radio Call Sign Scheme

- Incident Command
- Operations
- (Optional) [Staging Area <location>]
- Rover Alpha
- Rover Bravo
- Rover Charlie
- Triage <location>

BEECN Team

After 48 hours of a disaster started, the BEECN team should be deployed. Only BEECN Team members have access to the cache. The broadcast location for the BEECN can be located anywhere that is determined by the team, however coordination between the teams should be considered a priority. Ideally these locations will be 2 blocks apart.

Staging Area Management Protocols

Incident Command will ensure full utilization of all incident resources by:

1. Maintaining:
 - a. Manageable span of control- no areas, teams, or divisions of more than 3-5 subordinates/teams
 - b. ALL TEAMS MUST BE COMPOSED OF A MINIMUM OF TWO NET MEMBERS AT ANY TIME!
 - c. Chain of Command - team members report only to those above them unless specifically instructed
 - d. Unity of Command - All teams communicate and coordinate through channels to ensure safety and non-duplication of effort and resources
2. Ensure integrated communications.
3. Communicate in PLAIN ENGLISH
4. Shift scheduling TBD
5. Primary Incident Command Roles (in order of priority)
 - a. Command - Assignment of INCIDENT COMMANDER (IC) and an INCIDENT COMMAND CENTER
 - i. Safety Officer
 - ii. FRS and Amateur Radio Operators (ARO's)
 - b. Operations - Tactical operations including Search and Rescue, Medical Triage and Treatment, and Fire or Disaster control.
 - c. Scribe - one or more scribes will be assigned. This key role is responsibility for documenting the response and keeping the team organized.
 - d. Planning - What resources are needed, What resources are available, SUV management, What conditions to expect.
 - e. Logistics and Administration.

Incident Commander

The first member at the NET Staging Area will serve as Incident Commander until a more senior team member or leader arrives on scene. With ANY change of command, a formal handoff will be performed. The Incident Commander has not changed until he/she formally turns over the position.

All members will turn in their damage assessment forms to the Incident Commander. Once the forms are turned in, the Incident Commander will assign and work with the Operations Chief, the Planning Chief, SUV Coordinator, and ARO to assign teams, and plan, prioritize and delegate assignments as quickly as possible. Assignments will be delegated to functional teams that are no smaller than two persons, and optimally 3-6.

Functional teams will carry out their assignments with appropriate safety precautions, and using proper ICS documentation. While deployed, maintain ongoing communication with the Staging Area via FRS radio. Once assignments are complete, report back via FRS radio to the Staging Area for further instructions.

Support Area Priorities

In no particular order, the following areas should be created in support of the NET activation.

1. Triage Location(s)
2. Treatment location(s)
 - a. Parking lot behind and across the street from the Multnomah County Health Center (N Ivanhoe and St Louis)
 - b. Roosevelt High School track field
3. Resource Staging Area(s)
 - a. Team rest and staging location(s)
 - b. SUV staging location(s)

Accessing the Supply Cache

This section will be updated once our team has a supply cache.

Spontaneous Unaffiliated Volunteers (SUV)

If needed and volunteer levels support it, a NET team member will be appointed as SUV Coordinator (SUVC), with another team member serving as backup/assist. The SUVC will set up a volunteer check-in area near the Staging Area. The SUVC will talk with them about response safety, not interfering with emergency responders, and will interview them to find relevant response skill sets. The SUVC will work with the IC to assign teams, plan and prioritize assignments. The SUVC will delegate team assignments and appropriate tasks to SUVs.

Ongoing Operations

Care must be taken to ensure the security, the safety and wellbeing of the team members during the deployment. Overwork, exhaustion, and psychological stress must be minimized, and attention must be paid to the occurrence in members. Periods of rest, limiting time working, and opportunities to vent distress, concern, and disorientation must be accommodated.

Demobilization

When the services of the NET Team are no longer needed, paperwork must be collected, contents of the equipment cache must be accounted for and replaced in storage after cleaning, and team members can be allowed to leave after all remaining survivors and injured have been transferred to appropriate levels of care, or a different responsible organization. There must be a formal transfer of authority prior to demobilization. The team members can then be allowed to leave the scene, or kept in reserve depending on the circumstances. However debriefings or plans for debriefings must be arranged.

Safety and Security

Needs to be St Johns Specific. Topics such like using educator SUVs to work with children. NET teams are responsible for their own equipment.

Potential Neighborhood Vulnerabilities and Hazards

Schools:

- James John Elementary School (7439 N Charleston Ave)
- Sitton Elementary School (9930 N Smith St)
- Roosevelt High School (6941 N Central St)
- George Middle School (10000 N Burr Ave)

Day Care Centers:

- LifeWorks NW-Children's Relief Nursery (8425 N Lombard St)
- The Montessori House (7528 N Charleston Ave)

Landslides:

- Cathedral Park

Fault lines:

- Many

Fire and Hazmat Hazards:

- Gas Lines or Chemical pipes?
- Highway 30 Tank Farm
- Train cars
- Truck freight

Unreinforced Masonry Buildings:

- Shrunken Tower
- Los Prados

Bridges:

- St. John's Bridge
- Lombard St Bridge
- etc

Water tanks:

- St. John's Tank (N Willamette and N Oswego) - not a resource because it is empty

Potential Neighbor Assets and Resources (Map your neighborhood - hyper local)

- Neighbors with Pickup Truck/ 4 wheel drive / SUV
- Neighbors with medical experience
- Neighbors with Chainsaw
- Neighbors with any other skills

Potential Neighborhood Resources

Food and Supplies:

- Safeway (8330 N Ivanhoe St)
- Grocery Outlet (7741 N Lombard St)
- Fred Meyers
- 7-Eleven's
- St John's Food Pantry
- ACE Hardware
- Baxter Auto
- NAPA Auto
- Restaurants
- Industrial area warehouses

Medical:

- Multnomah County Medical Center
- Eye Doctors
- Dentists
 - Bridgetown Dental

First Responders:

- Portland F&R- Station #22 (7205 N Alta Ave)
- Ambulance Staging Area near Fred Meyer (N Lombard and Gilbert)
- Portland Police Bureau Traffic Division

Fuel:

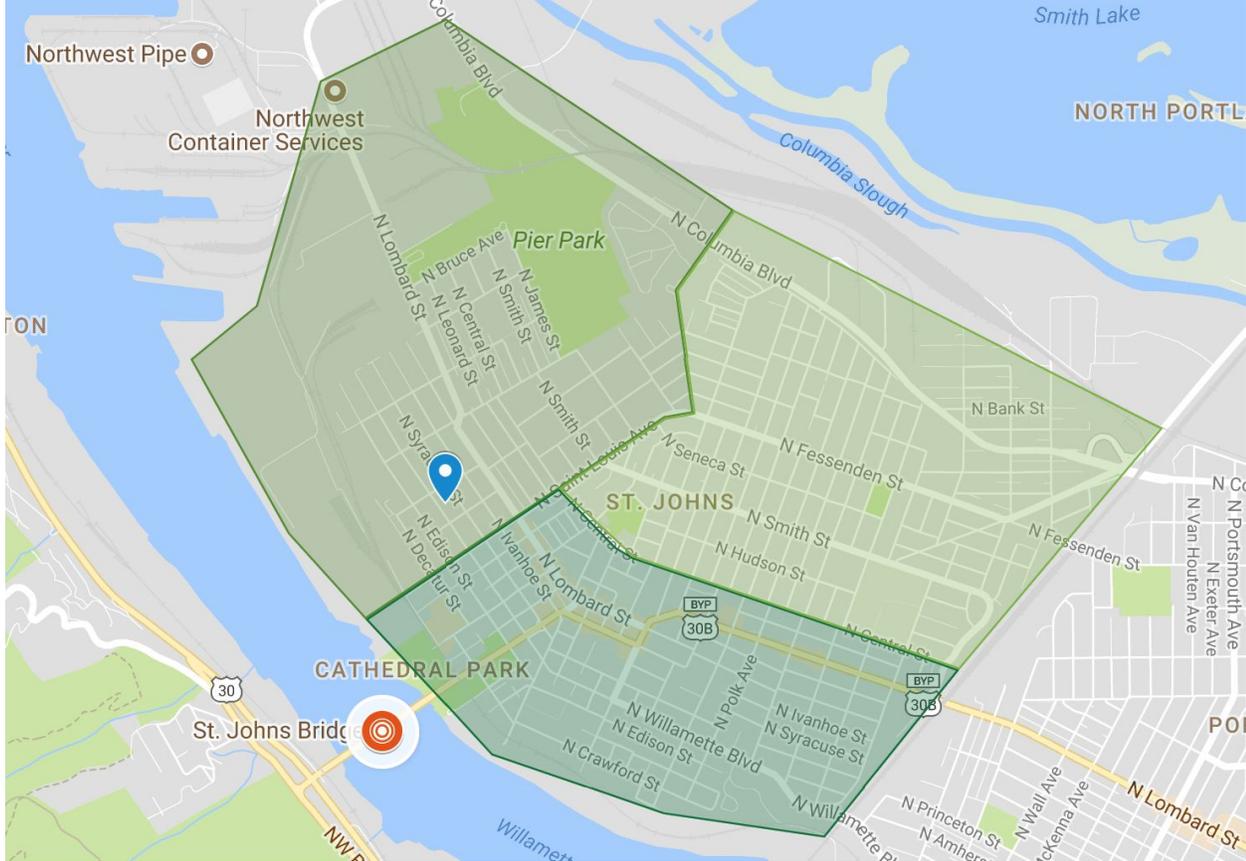
- Chevron Gas Station (include addresses)
- Fred Meyer Gas Station
- Plaid Pantry Gas Station
- Propane tank areas
- Shell Station
- Truck fueling station near Pier Park
- Junk Yard (include name and address)

Potential sources of water:

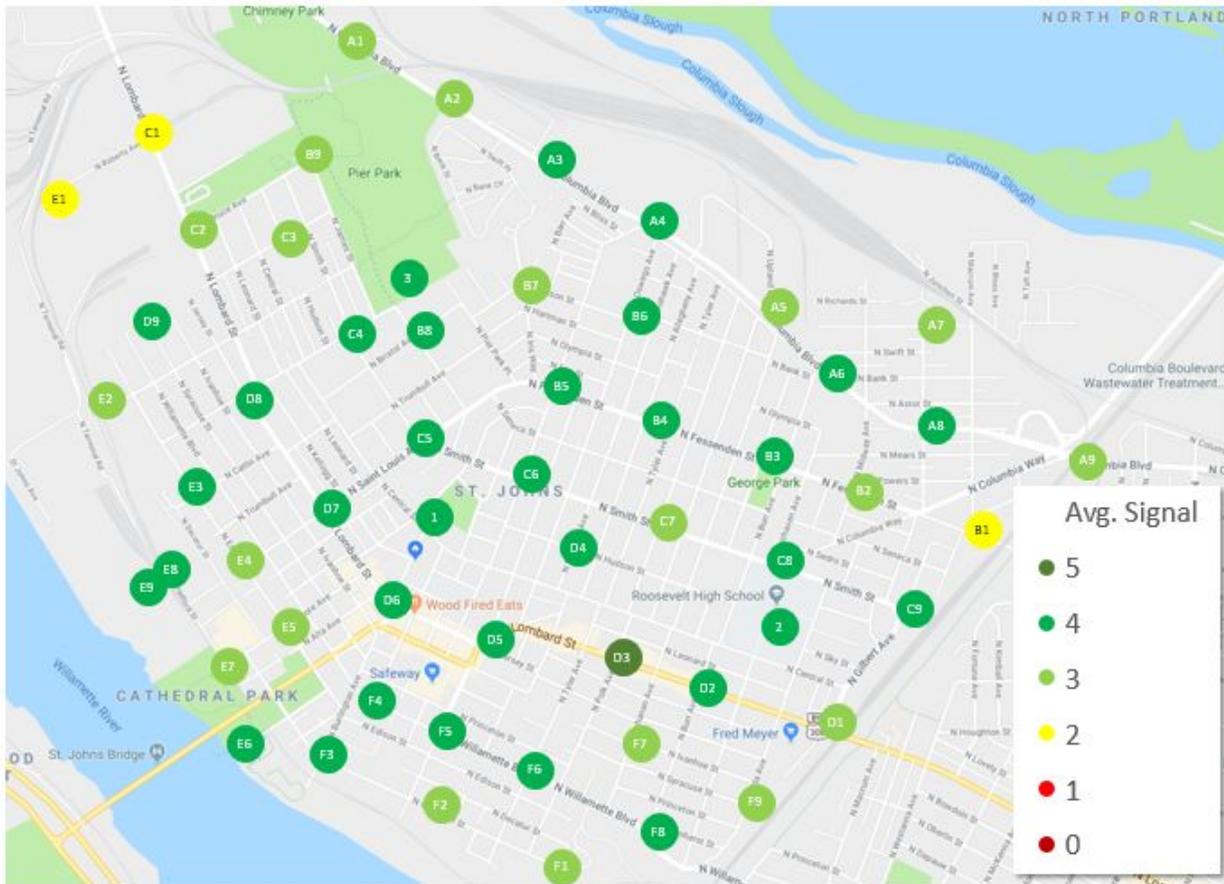
- Smith and Bybee Lake
- Hot water heaters in local homes
- Columbia River
- Columbia Slough
- Slough near BPA Substation
- Pier Park Pool

Maps of St Johns

St Johns NET Areas



FRS Radio Coverage



Key points:

- St Johns Park (Location 1) has 100% successful contact with a signal report of 3 or higher with every locations.
- Roosevelt High School (Location 2) has 96% successful contact. Only 3 locations E1, C1 and B9 have weak signals with location 2.
- Pier Park (Location 3) has 97% successful contact. Only 2 locations B1 and F8 have weak signals with Location 3.
- A full map is available upon request to the St Johns NET ARO..

Legend:

- This map with 81 locations report and average signal for each location. That average is calculated using 80 signal reports for each location.
- The signal report scale is defined as following:
 - 0 - No signal (you hear other station recognizing it)
 - 1 - Transmission inaudible, RF noise only
 - 2 - Transmission barely audible and not intelligible
 - 3 - Weak but intelligible
 - 4 - Clear and intelligible with some noise
 - 5 - Very strong (no noise)

ICS / NET Documentation Forms

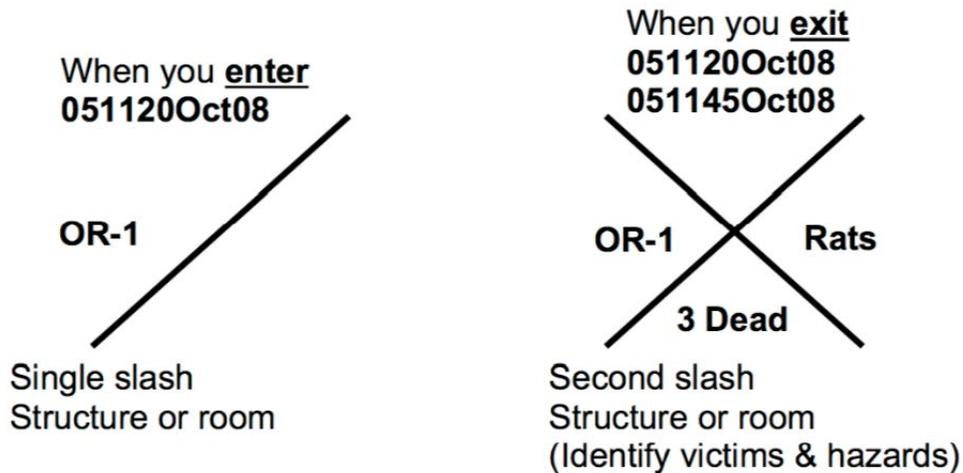
Form	Title
Form 1	Damage Assessment
Form 2.a	Personnel Resources Intake
Form 2.b	Personnel Resources Check In
Form 3	Assignment Tracking Log
Form 4	Assignment Briefing
Form 5	Victim Treatment Area Record
Form 6	Communications Log
Form 7	Equipment Inventory
Form 8	General Message
St Johns NET	Member and Contact List

NET Size-Up – 9 Steps

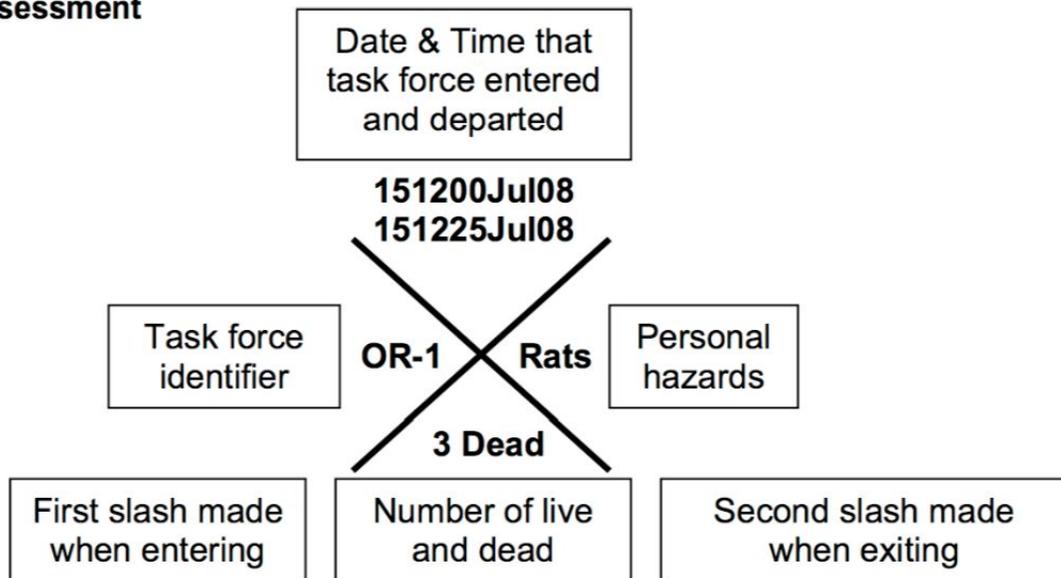
1. Gather facts. What has happened? How many people appear to be involved? What is the current situation?
2. Assess and communicate the damage. Try to determine what has happened, what is happening now, and how bad things can really get.
3. Consider probabilities. What is likely to happen? What could happen through cascading events?
4. Assess your own situation. Are you in immediate danger? Have you been trained to handle the situation? Do you have the equipment that you need?
5. Establish priorities. Are lives at risk? Can you help? Remember, life safety is the first priority!
6. Make decisions. Base your decisions on the answers to Steps 1 through 5 and in accordance with the priorities that you established.
7. Develop a plan of action. Develop a plan that will help you accomplish your priorities. Simple plans may be verbal, but more complex plans should always be written.
8. Take action. Execute your plan, documenting deviations and status changes so that you can report the situation accurately to first responders.
9. Evaluate progress. At intervals, evaluate your progress in accomplishing the objectives in the plan of action to determine what is working and what changes you may have to make to stabilize the situation.

Search Marking Protocol

1. Do not mark the door or wall where the door swings because the door will hide it.
2. When doing initial Search and Rescue, SKIP buildings that already have a marking - they have already been searched.
3. If you re-enter a building, cross out first marking and create a second new marking.



Search Assessment



Triage and Marking

- Control life threatening bleeding.
- If the person is responsive, identify yourself and ask for permission to treat their injuries.
- As soon as person is color marked, move on.
- After everyone is triaged, start treatment with REDs.

Mark the person on the front right or left shoulder. If that is unavailable - mark on the front right or left ankle.

Category	Color	Initial	Condition
Immediate	Red	I	Life-threatening injuries that require immediate attention.
Delayed	Yellow	D	Injuries are NOT life-threatening. Treatment can be delayed.
Minor	Green	M	Minor or superficial injuries. Person can likely walk.
Deceased	Black	DEAD	No respiration after two attempts to to open the airway.

30-2-Can Do Triage

1. Make sure the scene is safe.
2. Shout "If you can walk, come to me!" ⇒ GREEN
3. Think RPM (Respiration, Perfusion, Mental Status) and Start Where You Stand
 - a. No breathing after opening airway x 2? ⇒ BLACK
 - b. Breathing rate > 30/minute? ⇒ RED
 - c. No radial pulse/cap refill > 2 sec? ⇒ RED
 - d. Cannot follow simple command? ⇒ RED
 - e. Passes all of the above 4 tests? ⇒ YELLOW

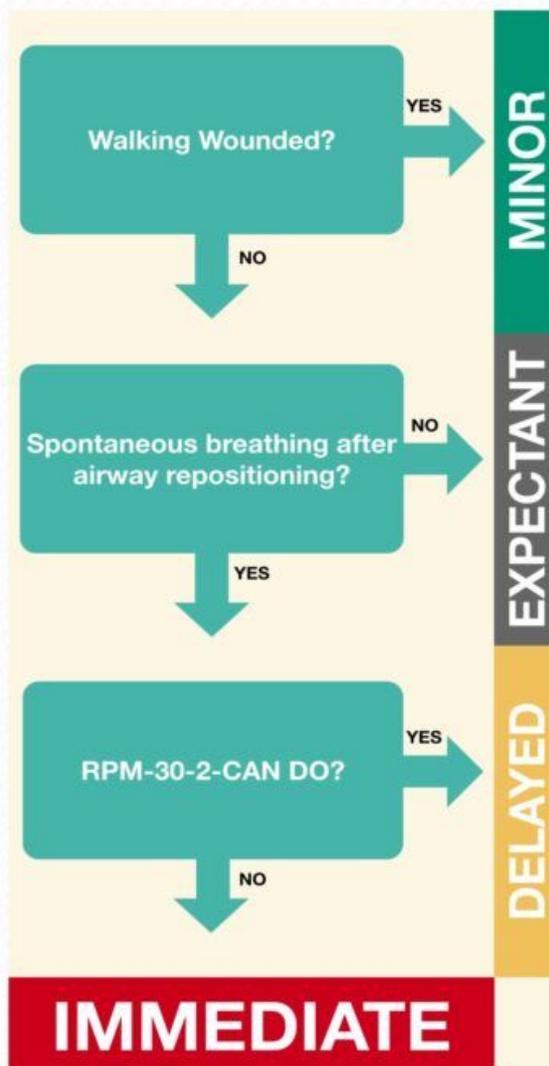


RPM-30-2-Can Do

A CanadiEM Tiny Tip for Mass Casualty Triage

START Triage Algorithm

RPM-30-2-Can Do



R	Respiration	RR < 30
P	Perfusion	Cap refill < 2s
M	Mental status	Can do commands
Patients with any of the RPM features beyond the limits belong in the 'red' category.		

References

Schultz, C., and Koenig, K. (2018). Disaster Preparedness. Rosen's Emergency Medicine: Concepts and Clinical Practice. Ninth Edition.

Credits

Dr. S. Lockett-Gatopoulos wrote the original piece on CanadiEM.

Dr. Mark Woodcroft and Kevin Lam created the infographic for CanadiEM with editing by Dr. Alvin Chin.

Disclaimer: This infographic is not to be used as a source of medical reference or in replacement of clinical judgment. Please refer to the full post on CanadiEM.org