

	OFFICE OF STATE FIRE MARSHAL <i>INCIDENT MANAGEMENT TEAMS</i> STANDARD OPERATING GUIDELINES	Number: IMT-I-3202 Adoption Date: Aug. 2016 Author: Mariah Rawlins Review/Revision Date:
OSFM Approved:  Date <u>10/13/16</u> Jim Walker, State Fire Marshal		 Date <u>10/13/16</u> Mariana Ruiz-Temple, Chief Deputy
SUBJECT: Communications Unit Priorities OBJECTIVE: Define expectations of the Communications Unit in regards to the use of radio monitoring and other priorities		

I. SCOPE

This SOG provides an overview of the Communications Unit and their priorities during a team response, including an in-depth look at monitoring and emergency communications.

II. DEFINITIONS

ICS-205: The Incident Radio Communications Plan (ICS-205) provides information on all radio frequency assignments for each operational period. The plan is a summary of information obtained about available radio frequencies and the assignments of those resources by the Communications Unit Leader for use by incident responders.

Monitor: To monitor a frequency, one must have a dedicated radio that is set to that frequency 24/7. Someone must be listening to that frequency. The Command Frequency will typically be the only channel monitored during an incident.

Scan: When a radio is set to scan, the receiver constantly changes frequencies in a set order looking for a frequency that has someone transmitting.

IV. UNIT OVERVIEW

The Communications Unit is led by the Communications Unit Leader (COML). The COML reports to the Logistics Section Chief, who is ultimately responsible for all of the Communications Unit’s activities and outputs. The COML’s role is to work with the Logs Chief, Operations, the Unified Command COML, and other team members as necessary to set priorities and establish the Incident Communications Plan. The COML plans and assigns work, and oversees the other members of the Communications Unit, and may or may not have an

Assistant. As for all ICS positions, the COML is responsible for the duties of organizationally subordinate positions until he or she delegates them to others.

III. PRIORITIES

The number one priority for the Communications Unit is radio communications. Successful radio communications systems are achieved through the development and implementation of the ICS-205 Communications Plan (*Attachment 1*). A solid 205 will maximize available communications equipment, personnel, and facilities. Upon development and approval of the incident 205 by all entities incorporated in Unified Command, the installation, testing, programming, and distribution of radio communications assets becomes the priority.

It is imperative that each 205 has a clearly identified “Command Frequency.” This frequency must be shared and accessible by all resources assigned to the incident.

IV. MONITORING & EMERGENCY COMMUNICATIONS

The Command Frequency is to be monitored 24/7 by members of the Communications Unit. OSFM communications personnel should work with their partners in Unified Command to ensure the frequency is monitored at all times. If there are not enough communications personnel to accomplish this, there are a number of other resources teams might consider. Local dispatch centers or local emergency managers may have access to individuals who are trained and capable of monitoring the radio as necessary. Other frequencies may be scanned as dictated by the incident; only the Command Frequency will be monitored 24/7.

The Communications Unit may be asked to relay information such as supply orders or general requests via the radio. If a message received over the radio is to be relayed in person, an ICS-213 General Message form should be used.

Individuals monitoring the radio should have an understanding of the Medical Plan and should have a copy nearby at all times.

All emergency communications will take place on the Command Frequency as designated in the 205 Communications Plan, and will take priority over other traffic.

When a medical incident takes place, the Medical Incident Report (9 Line – *Attachment 2*) is to be completed by the Division Supervisor. That information is to be conveyed via the Command Frequency to the Communications Unit, who will transcribe the information on their own 9 Line form to ensure all appropriate team members receive the same critical information.

Names of injured or deceased individuals shall not be given over the radio, and the use of crew names and designators shall be limited.

The Communications Unit will clear the Command Frequency for emergency communications unit, and immediately notify Command & General staff.

Refer to SOG-I-1102 *Incident Within an Incident* for further information.

Attachment 2

9 Line

Medical Incident Report

Date: _____ Time: _____ Division: _____

<u>Line</u>	<u>Information</u>	<u>Notes</u>
1.	<p>Level of Severity:</p> <p><input type="checkbox"/> RED/PRIORITY 1 – Airway obstruction; difficulty breathing; altered Level Of Consciousness; major trauma/blood loss; cardiac chest pain; crush injury; penetrating wounds; open fracture; 2^o or 3^o burn > 5 palm sizes or suspected inhalation; severe allergic reaction.</p> <p><input type="checkbox"/> YELLOW/PRIORITY 2 – Closed fracture; significant trauma/lacerations; not able to walk; 2^o or 3^o burn < 5 palms sizes; allergic reaction; significant sickness.</p> <p><input type="checkbox"/> GREEN/PRIORITY 3 – Small area abrasions or lacerations; allergic reaction; minor sprain; general sickness.</p>	<p>2. Triage Page 100, IRPG – 2014 ALS Ambulance or Air Medivac/Extraction. Medical radio traffic has priority Emergency radio traffic restricted to: On site Medico, Div. Sup. or on scene P.O.C. Consider alternate freq. for essential OPS traffic.</p> <p>Ambulance or air transport/extraction if at remote location. Consider field medic transport. Medical radio traffic may have priority as above.</p> <p>MEDICAL TRANSPORT via crew, ground support, field medic, or air if at remote location. Fire radio traffic unchanged.</p>
3.	<p>On-Scene Point of Contact: _____</p>	<p>Assessment Page 100, IRPG – 2014 Treatment Page 101-110</p>
4.	<p>Patient Assessment / Injuries & Treatment:</p> <p>Age _____ Sex _____ Weight _____</p> <p>Chief Complaint: _____</p> <p>_____</p> <p>Treatment Plan: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<ul style="list-style-type: none"> • Level Of Consciousness _____ • Breathing _____ • Pulse Rate _____ • Skin Color - Normal Pale Bluish Red • Skin Moisture- Normal Dry Moist Profuse • Skin Temp. _____ Normal Hot Cool Cold • Pupils _____ • Blood Pressure _____ / _____ • SpO₂ _____ • Blood Sugar _____
	<p>Patient Location:</p> <p>_____</p> <p>Lat: _____ ° _____ ' Long: _____ ° _____ ' _____ "</p>	<p>Drop Point, Staging area, Division, Spike, Camp, Line area or GPS</p>
5.	<p>On Scene Medical and IC:</p> <p>_____</p>	<p>Crew medic, Field medic Who is the IC for this incident?</p>
6.	<p>Preferred Patient Transport Method:</p> <p>LZ Location / GPS</p> <p>Lat: _____ ° _____ ' Long: _____ ° _____ ' _____ "</p> <p>Ground Contact: _____</p>	<p>MEDICAL TRANSPORT OPTIONS – Ambulance, Air Medivac/Extraction, crew, ground support, field medic, LZ Hazards: Trees, power lines, Wind direction, slope. Consider a Primary and Secondary response for all Red & Yellow patients.</p>
7.	<p>Additional Resources</p> <p>_____</p>	<p>Hoist, SKED, Backboard, Litter, Rope, Paramedic w/ALS, Trauma Bag, O₂, AED, Extrication, HAZ Mat, Fire Suppression</p>
8.	<p>Documentation</p> <p>_____</p>	
9.	<p>On Scene Changes:</p> <p>_____</p>	

Revised – 7/2014