** **

**OPERATIONAL SAFETY**

**BRIEFING GUIDE**

**2011**

**XYZ AGENCY**

 DATE

**Instructions for completing this Guide:**

**Anything in red color needs to be edited, supplemented by adding specific agency protocol, or a GIS map needs to be completed.**

**REMEMBER: This is only a Guide, agencies can add more information to meet the needs, and expectations of personnel assigned to field operations.**

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**INTRODUCTION**

The enclosed materials will provide you with a reference for most of the information you will need during your stay at our Agency, as well as some basic facts that may apply to neighboring units. Remember; if you have other questions, or are unsure of anything in this document please be sure to ask.

All fire assignments will come through XXX Dispatch Center until you are released to XXX destination or your home unit. Dispatch may be contacted through the radio frequencies (included) or by phone at XXX-XXX-XXXX. For after hours calls use the attached personnel/phone directory. Please follow all check-in and check-out procedures as listed in this document.

**Incoming Resource(s) Responsibilities:**

* You will be expected to be totally self-sufficient for all personal items during

your first forty-eight (48) hours of your field assignment. This includes, but is not

limited to drinking water, rations, sleeping bags, fuel, etc..

* Prior to any wildland fire dispatch, ensure you have radio communication with Dispatch, aviation resources, both tactical and emergency aircraft, and other resources assigned to Initial Attack.
* If you are assigned as an Initial Attack Incident Commander (IC), good legal descriptions and fire size-ups are essential. Relay this information through Dispatch ASAP upon arriving to the incident
* If you are on standby, meals and lodging will be arranged as necessary by Dispatch. Do

not make your own arrangements, unless instructed to do so.

* While on standby you may be asked to assist with fire cache or other project work. If no

work is needed, you are encouraged to participate in one form of training (physical,

safety, proficiency , etc)

* If you have any questions or concerns, please let us know. We hope your assignment here will be a positive experience. Near the back of the package is an evaluation form covering aspects of how well we served you, while you were assigned here. If you wish, it may be completed anonymously and mailed to the address on the form.

Add/delete as required by host unit

**FIRE TELEPHONE DIRECTORY LIST**

|  |  |
| --- | --- |
| **UNIT** | **OFFICE FIRE TELEPHONE NUMBERS** |
| **ADDRESS** | **NIGHT OR 24 HOUR TELEPHONE NUMBER** |
| **FACSIMILE NUMBER** | **ELECTRONIC ADDRESS** |

**IF NO ANSWER FROM ABOVE LISTED NUMBERS, FOLLOW CALL LIST IN ORDER LISTED BELOW**

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| --- | --- | --- | --- | --- | --- | --- |
| **NAME/ TITLE** | **CITY/STATE** | **AREA****CODE** | **OFFICE** **NUMBER** | **CELL****PHONE** | **PAGER****NUMBER** | **HOME****NUMBER** |
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**Radio Communications**

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| --- | --- | --- | --- | --- | --- | --- |
| **GROUP/****CHANNEL/TYPE** | **NAME OF REPEATER** | **RECEIVE** **(RX)** | **TRANSMIT** **(TX)** | **TONE** | **LOCATION****LAT/LONG** | **REMARKS** |
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**Group/Channel/Type:** List radio type (King, Motorola, etc), mobile, or portable, and use of channel, examples may include, Command, Simplex, Tactical, Aviation.

**Location:** Use a Lat/Long, Township/Section/Range, or other descriptive locator to be found on attached map for repeaters.

**Check-in/Check-out Procedures**

Add information as required for incoming resources

**Repeater Locations**

**EXAMPLE**

Create map with locations, and range of repeater site

****

**Initial Attack Communications by Zone**

**EXAMPLE**

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Add information as required to model communications plan

**AGENCY ORGANIZATION CHART**

**EXAMPLE**

Add or delete as necessary. Names on chart should be match Fire Directory phone list

**Incident Emergency Planning**

 This Incident Emergency Plan (IEP) has been created to enhance the ability to safely evacuate an injured firefighter in a timely manner. The following documents have been created to use in a medical emergency. Please take time to become familiar with information, and protocol should such an event occur:

**On-Scene Incident Commander (IC)**

At the scene of a medical emergency, an “On-Scene Incident Commander” (IC) will be the point of contact and may, or may not be the person assessing/treating the patient. Duties of the On-Scene IC include but are not limited to:

* Take charge of the scene and identify who is will be assessing and treating the patient
* Use the **Dispatch Communication Protocol** to relay critical information regarding patient assessment, transportation, and resource needs.
* Coordinate the request for transportation and/or other resources based on patient assessment.
* Ensure that information about patient assessment, transportation or other resource needs is transmitted directly to Dispatch in order to reduce the time it takes to communicate essential information and limit the potential for miscommunication.

 **In the event of a medical emergency provide the following information to Dispatch**

1. Declare the nature of the emergency.

a. Medical injury/illness? If injury/illness is it life threatening? (Medical Transport vs. Medical

 Emergency)

2. If Life Threatening, request that the designated frequency be cleared for emergency traffic.

3. Identify the On-Scene Incident Commander by Last name (i.e. Smith),

4. Identify nature of incident, number injured, patient assessment(s) and location (geographic

 and GPS coordinates),

5. Identify on-scene medical personnel by name (i.e. Jones),

6. Identify preferred method of patient transport,

7. Request any additional resources and/or equipment needed,

8. Document all information received and transmitted on the radio or phone,

9. Identify any changes in the On-Scene IC or medical personnel as they occur,

**Dispatch Communication Protocols**

Radio communications shall be on the established designated frequency. Dispatch will declare an emergency and limit all radio traffic on the frequency to emergency traffic only. The Lead Dispatcher or designate will coordinate radio procedures for the emergency. Duties of the Lead Dispatcher include but are not limited to:

* The incident shall be confirmed by the Lead Dispatcher and relayed to the FMO, and Agency Administrator.
* The Lead Dispatcher, or designate will handle all incoming and outgoing phone traffic.
* The Lead Dispatcher is responsible for clearing the dispatch area of all non-

 essential personnel.

* No information will be released to the media until approved by the local Agency

 Administrator

* If needed, an individual will be assigned to work with the Lead Dispatcher or designate to document all communications regarding the incident/accident.
* The Lead Dispatcher will request affected Staff to assemble in dispatch to handle command of the incident. This direction will follow established protocol as determined by the Dispatch organization.
* Prioritize all on-going aircraft missions. If necessary, air operations may be suspended or curtailed significantly until the emergency situation is abated.
* Dispatch will serve as a communications link for poor communications areas, and coordinate all air support (including Medevac flights) into the accident scene area.

**Ground Ambulance Procedures**

Communications

Transport Protocol

Other

* Phone Numbers
* Ordering Protocol
* Ground Radio Frequencies
* Ambulance/Clinic/Hospital Capability
* Hours of Operation
* Response Times
* Clinic/Hospital Locations (GPS coordinates, physical address, phone numbers, etc)

**Air Ambulance Procedures**

Communications

Transport Protocol

Other

* Phone Numbers
* Ordering Protocol
* Air Radio Frequencies
* Ambulance/Clinic/Hospital Capability
* Hours of Operation
* Response Times
* Clinic/Hospital Locations (GPS coordinates, physical address, phone numbers, etc)

**Medical Plan**

List all Available Resources for Emergency Services

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| --- |
| **Ambulance Services** |
| **Name** | **Address** | **Phone** | **Paramedics****Yes No** |
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| **Hospitals** |
| **Name** | **Address** | **Travel Time****Air Ground** | **Phone** | **Helipad****Yes No** | **Burn Center** **Yes No** |
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| **Emergency Medical Procedures** |
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| **Emergency Medical Procedures Continued** |
|  |

**Instructions for Completion of Emergency Medical Procedures**

 As appropriate the following information should be included in the emergency medical procedures for any staffed incident or event location. The plan must be reviewed and approved by the Agency Administrator.

* Include timeframes (ETEs and ETAs) from and to specific locations
* Include GPS coordinates for key locations such as remote camps, drop points, helispots, etc.
* List all potential evacuation resources and/or equipment assigned to the incident/event
* Identify other resources and/or equipment (types, capabilities, availability) not assigned to the incident/event but possibly available if requested
* Identify contingencies (alternate plan or procedure if the preferred option becomes unavailable or identified resources cannot perform the mission)
* Identify specific concerns by location
* Identify environmental influences or factors and resource status changes that might keep the preferred option from working
* Compare Risk Assessment worksheet of specific hazards associated with lengthy travel times to access Advanced Life Support
* If the primary evacuation plan is to use aviation, then a secondary plan should be identified including time frames for patient extraction

The emergency medical procedures must be communicated to all personnel assigned to the project.

**Agency/Unit Map with Locations of Ground Ambulances, Hospitals/Clinics, and Life Flight Resources**

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Information from this section should be obtained from your Fire Management Plan (FMP)

**Organization**

Describe BIA/Tribal duties, and interaction. Describe interagency protocol with other neighboring agencies, Memorandums of Agreement/Understanding, (MOA/MOU). Other unique features of your organization such as aviation resources, capabilities of cooperators off agency, etc.

**Terrain**

**Weather**

**Fire Behavior in Each Fuel Type**

**Strategy/Tactics used in Each Fuel Type**

**Available Resources on Each Agency/Unit**

**Available Resources off Agency/Unit**

**Protocol to Order Resources**

Other?

**Safety**

Complete as necessary

Job Hazard Analysis/Risk Assessment (JHA/RA)

Risk Management/Assessment Tools

Specific Agency/Unit protocol

Tailgate Safety Meetings (6 Minutes for Safety, etc)

Reference Materials

 IRPG

 Fireline Handbook

 Specific Policy Guides

 Other

Incident Risk Analysis (Refer to page XX for 215a)

 Complete as necessary

Other?

**Special Considerations**

Light-hand tactics (MIST) in Wilderness Study Areas

Heritage Sites

Power Lines

Underground Gas Lines

Oil/Gas Wells

Other?

**Work/Rest Guidelines**

* 24 hour shift are permissible for initial attack. Incident Commander is responsible to

document rationale for shift in excess of 16 hours. This will need to be coordinated

through the appropriate Zone FMO.

* 16 hour shifts INCLUDE non-compensable meal breaks every 6 hours.
* Agency Administrator approval is required for shifts > 24 hours.
* Resources should arrive back in station by 2200 hours as a general rule. Coordinate in

advance with appropriate Zone FMO for specific situations that do not meet this.

 **FMO’s or Line Officers will review all time for accuracy and sign Crew Time Reports.**

Other??

**Administration**

Check with the host unit on proper administrative procedures (i.e., meals, lodging, time, accident

reporting, OWCP, etc.)

These are Examples……complete as necessary

**Dear Visiting Fire Fighter,**

Agency/Unit would like to thank you for the effort you have put forth while assigned to this detail.

We hope that your experience has been a positive one. In an effort to do a better job utilizing and supporting resources stationed here, we would appreciate it if you would take a few minutes to give us a few comments on what you observed here.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   | **Excellent** | **Good** | **Average** | **Below****Average** | **Poor** |
| **Clarity of Assignment** |  |  |  |  |  |
| **Utilization of Resources** |  |  |  |  |  |
| **Attention to Safety** |  |  |  |  |  |
| **Logistics Support** |  |  |  |  |  |
| **Communications** |  |  |  |  |  |
| **Quality of Briefings** |  |  |  |  |  |
|  |  |  |  |  |  |
| **Other** |  |  |  |  |  |
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Comments:

Optional: If you would like a follow-up contact on your concerns, please leave us your name,

address, and phone number.

 Please return comments to:

Agency/Unit

Attn: Name

Address

Email Address:

Fax Number:

**Agency/Unit Pocket Cards**

**UNIT RISK ANALYSIS**

 **EXAMPLE**

**Add/delete hazards and mitigation as required**

|  |  |
| --- | --- |
| HAZARDS | MITIGATIONS |
| **Driving** **&** **Traffic** | * Use **spotters** when backing, and **honk horn** to alert personnel
* Follow 3 second rule when driving on all County/Forest roads
* Wear seatbelt**s,** and use chock blocks on hills
* Park in designated areas only, don’t block flow of traffic
* Refer to page 24 in IRPG for “**Roadside Response Safety**”
 |
| **Power Lines** | * Review protocol for “**Power Line Safety**” on page 22 in IRPG
* **Treat all power lines as if they are “HOT”**
* Watch out for falling operations and follow Hazard Tree Guidelines in IRPG
 |
| **HAZMAT** | * Follow “**HAZMAT Incident Operation**s” direction as outlined on pages 32-37 in IRPG
 |
| **Steep Terrain** **&** **Rolling Debris** | * Maintain 8’-10’ spacing when working & walking
* Don’t work above any personnel
* Don’t park vehicles below areas where personnel are working
 |
| **Hazard Trees** | * Follow “**Hazard Tree Safety**” guidelines, IRPG pages 20 & 21
* Look up, down around for hazard tree indicators
* Only fell trees within your qualification, expertise, and training
* Follow “**Procedural Felling Operations**” on page 89 in IRPG
 |
| **Abandoned Mines** | * Flag, and alert all personnel on all open mines, pits, and shafts.
* GPS all locations
* Avoid areas with unknown smells and smoke
 |
| **Mechanized Equipment** | * Ensure communication with operator by hand signals, radio or visual recognition
* Maintain 100’ or greater distance from all mechanized equipment
 |
| **Mop Up** | * Maintain 8’-10’ spacing
* Wear appropriate PPE such as safety glasses, gloves, etc
* Don’t work above another person
 |
|  **Personal Hygiene** | * **Wash your hands on a regular basis & before each meal after using restrooms.**
* Use hand sanitizer after touching items used by others
* Don’t share personal items such as razors, toothbrushes, etc.
* Use preventative measures such as social distancing to limit exposure to illness
 |