Appalachian Search and Rescue Conference

Search and Rescue Operations Plan

(ASRC SAROP)

1.0 PURPOSE:
This document provides a general outline of the procedures followed by the Appalachian Search and Rescue Conference (ASRC) during search or rescue operations. This information will orient ASRC members and others on ASRC operational procedures.

2.0 SCOPE:
This edition of the SAROP outlines the principles which govern how and when the ASRC responds to an incident. Detailed discussions of search and rescue strategy and tactics are not included. It is assumed that the reader is familiar with these principles as outlined in search and rescue (SAR) texts.

3.0 APPLICABILITY:
This document together with the Incident Command System literature provides for any degree of ASRC involvement in a variety of incidents. Authority for modification of this plan rests with the ASRC incident commander or command staff liaison.

4.0 RESPONSIBILITY:
The ASRC is an all volunteer organization dedicated to search and rescue throughout the mid-Atlantic United States. This requires that the ASRC conduct operations under a wide variety of circumstances. Given these constraints, a quick and efficient SAR operation requires a simple, versatile plan.

5.0 ALERT PROCEDURES:
Responsible agents may request ASRC involvement by contacting the Commonwealth of Virginia Department of Emergency Services (DES) Emergency Operations Center at 804-322-2300. A DES watch officer will then alert the ASRC by calling the University of Virginia MEDCOM. A MEDCOM operator will then page an ASRC alert officer (AO). Other SAR organizations may contact MEDCOM directly. The alert officer will
contact the reporting party to evaluate the situation. If the ASRC is going to respond, the AO must make sure that the responsible agent has authorized such a response. The AO will appoint an incident commander (IC) or response leader, and a dispatcher officer (DD). The DD is responsible for providing all the ASRC groups with the necessary information, placing all of the groups on the appropriate level of alert, and promptly dispatching the necessary resources. Each group of the Conference must work out the details of its alert procedure and inform the Conference of its current procedure.

5.1 The urgency of any SAR problem is evaluated by the AO and the IC during the first notice phase of the response. This determination is based on the subject's age, medical condition, equipment, experience, the weather, the length of time the subject has been missing, and the political climate. The relative urgency will influence the type, size, and urgency of the response.

5.2 Three alert postures are used for common terminology.

1. -Notification- A SAR incident is in progress, and the ASRC may be requested.
2. -Alert- A SAR incident is in progress, and a request for ASRC involvement is probable.
3. -Callout- The ASRC has been requested, or is actively involved in an incident.

5.3 First response teams will be dispatched from the group that can get a team on the scene first. This may or may not be the group which is closest to the incident site.

5.4 Upon notification, alert, or callout, the DD must inform DES of the nature of the incident, and ask that the other SAR Council member organizations be placed on alert.

6.0 TYPES OF RESPONSE:
Specific types of response include:

6.1 Overhead Team response. Typically three people make up this team. This response is the initial rapid response to most requests for ASRC involvement. The team members act as management/advice team, for either the local personnel or other SAR teams, or they act as an advance team. As an advance team, they will make all the necessary arrangements so that further SAR respondents can be rapidly and efficiently deployed.
6.2 Full response. A full response consists of ASRC field team leaders and other personnel to act under the direction of the incident command staff. This response should provide for as much communications and logistics support as the circumstances require.

6.3 Quick response team (QRT) also may be considered an ICS task force. This is a rapid response of a small team of ASRC members with a minimum of management personnel (usually a QRT leader). A QRT response is the usual ASRC response to a simple manpower request. QRT's will often consist of members from the same group. This will be the group that can first field a QRT on the scene, i.e. the group that can arrive on the scene first. A QRT may be specialized, as in a technical rescue QRT, or a semi-tech QRT with medical capability. A QRT is similar to an ICS strike team, but the size of the team is not fixed.

7.0 INCIDENT MANAGEMENT:

7.1 If possible, the ASRC will use the Incident Command System (ICS) and its documentation when it manages any SAR incidents. The conference will also be capable of functioning under other management systems.

7.2 The SAROP does not provide information on the ICS command structure. Details of the system may be found in ICS manuals and documents.

7.3 When necessary, the incident commander (IC) may modify the standard ICS to suit the circumstances of any SAR incident.

8.0 OPERATIONAL CONSIDERATIONS:

8.1 Only personnel that have had adequate training and experience can act as ICs. Once appointed, the IC will help co-ordinate the following:

1. A thorough investigation that should begin promptly and continue throughout the mission. Often the largest portion of the investigation is done by the responsible agent. He and the IC should closely co-ordinate their work.

2. Strategy should be overseen by the IC, and should follow several distinct phases:
A  Phase 0: Callout and mobilization as outlined above.

B  Phase 1: The defining criterion is speed. Highly mobile and readily available ("type I") resources are deployed, including, but not limited to, sign cutters, search dogs, containment patrols, aircraft and hasty teams. The resources may include non-SAR trained personnel such as local volunteers. Confinement and attraction techniques are first used in this phase. These techniques include patrols, camps, natural barrier confinement, and other methods to contain the search area as completely as possible.

C  Phase 2: The defining criterion is efficiency. Highly efficient, trained (type "II") resources should be used. These include hasty, dog, and airborne teams and other clue-conscious teams. The latter might include teams performing wide interval grid searches. This phase will comprise the bulk of the search.

D  Phase 3: The defining criterion is thoroughness. This will include "type III" resources and techniques, and mainly consist of grid searches using all the available resources. This is done as a last resort.

E  Phase 4: The safe withdrawal and demobilization of all search personnel. The incident command staff should not withdraw until all other personnel are safely accounted for. An orderly demobilization plan should be prepared early in a large incident. At the conclusion of this phase, DES should be notified when all the ASRC units have returned to their home stations.

3 The IC's first concern is the safety of all the SAR personnel. His second priority is the well-being of the subject. He should not attempt to deal with any item that is not under his control, or is irrelevant to the operation.

4 Team leaders should debrief immediately upon completing their tasks. Information on the searched area and its terrain, the POD of the task, significant clues found, pertinent negatives and any other information should be reported at the debriefing.

5 Thorough and accurate documentation of a SAR incident is vital. Task Assignment Forms should be used to document each task, and the IC should oversee the
collection of all other necessary forms. The IC should submit a NASAR report, a narrative summary, all pertinent logs and other information to the conference. The conference will forward the appropriate copies of this information to NASAR and DES, as required by NASAR and the VASAR Council.

6 ASRC involvement in SAR incidents should not be suspended without the agreement of the responsible agent and the ASRC IC (or the DO, early in an incident). When planning the suspension of a search, the IC and responsible agent should solicit the input of other leaders involved in the operation. The IC must discontinue a search when the searchers are endangered. When an unsuccessful mission is suspended, the IC should advise the responsible agent on passive techniques that may be continued indefinitely.

7 Other incident command responsibilities are outlined in the ICS training documents.

8.2 Medical and evacuation contingencies should be planned early in an operation.

1. Any persons requiring medical care (missing subjects or injured searchers) should be triaged and evacuated in the order of the severity of the survivable injuries.
2. If a subject is found deceased, the area around the body shall not be disturbed, nor shall the body be moved without the permission of the appropriate authorities. Only one or two people should disturb the scene to confirm that the patient is dead.

8.3 When performing a rescue or recovery, several items should be considered.

1. All evacuation teams must be staffed with adequate medical and rescue personnel and gear. A qualified medic must be assigned to every patient requiring care. Proper emergency medical care will precede any evacuation.
2. A rescue specialist (RS) will be in charge of each evacuation team. He is responsible for finding the best route to the nearest roadhead, landing zone, or other point from which the patient can be safely transported. Furthermore, he is responsible for enforcing safety
standards outlined in the ASRC training literature, and will oversee the technical or semi-technical operations. Only persons trained and experienced in technical or semi-technical evacuations will serve as RS's when these skills are needed.

3 Unless otherwise requested, the MEDIC should surrender patient responsibility to the appropriately trained emergency medical personnel once the roadhead or landing zone is reached. The MEDIC should offer to accompany the responsible medical personnel, and should always obey the appropriate state statutes concerning the treatment and handling of medical patients.

8.4 Following any major operation, a critique should be held to review good and bad aspects of the operation.

8.5 All communications on all ASRC commanded operations shall be in plain English using clear text and no codes. The only exception shall be status codes used to report a find. Once a secure radio channel is established, all patient information shall be transmitted as clearly and as explicitly as possible. Patient information should be transmitted via phone if possible. In no circumstances, however, should patient care be compromised in order to obtain a secure communication channel.

8.6 Radio communications should be addressed to tactical callsigns or identifiers (e.g. "communications", "ops", "LZ control", "SMRG response", etc.). Unless another tactical callsign is assigned, teams and divisions shall be designated by letters (using the ITU/ICAO phonetic alphabet), while branches and tasks shall be identified by numbers.

8.7 The communications unit leader is responsible for enforcing ASRC and federal communications procedures. Communications will be on licensed frequencies only. The quantity and power of the the radios used shall not exceed licensed values.

9.0 PREPAREDNESS: In order to safely and effectively execute the SAROP, there is a need for preparedness.
9.2 All ASRC members should carry sufficient survival and safety gear with them at all times during an operation as circumstances and training standards dictate. Each member is responsible for a rapid and safe response to an incident. The ASRC member should be appropriately equipped and be prepared to spend 48 hours in the field without resupply.

9.3 When transported to an incident scene by air, ASRC members must use appropriate safety gear and should be prepared to remain at the scene for at least 48 hours. Return transportation may not have been arranged at the time of departure, and weather conditions may change rapidly, altering return flight plans.

9.4 The integrity of the alert process must be maintained. Each group must inform the conference of its alerting procedures, and should promptly advise the conference of any changes in its procedures.

9.5 The SAROP should be periodically re-evaluated and revised to ensure a rapid, efficient, safe, and effective response to all SAR incidents.