



## **DICKEY COUNTY CERT TEAMS**

**Dickey County uses the US DEPARTMENT of HOMELAND SECURITY'S –Citizen's Corps CERT program as the basic training and identification mechanism for our Emergency Operations program.**

**The CERT program is a great program to teach the public basic household protective and preparedness measures, first aid, basic fire fighting and is used as a vehicle to interface these volunteers with our emergency services.**

**The FREE program is 24 hours of training and open to everyone over 18 years of age. There is a place for everyone, regardless of your age or physical condition, to serve their community. A teen version is in the planning stages as we speak and will be offered in the schools.**

**Those volunteers who wish to continue are provided additional training in communications, documentation, and operations and are issued a county ID badge. This cadre of trained volunteers becomes the backbone of our Emergency Operations team. They provide logistics, documentation, resource tracking and management and shelter operations.**

**Our teams are organized on a community basis. Today there are currently CERT teams in Forbes ND, Fullerton ND, Ellendale ND, Trinity Bible College, Spring Creek Colony and Maple River Colony. A class is being organized for the Oakes ND area and will start in the fall 2007.**

**Each team has a community shelter with staged medical, operational, and safety equipment to take care of their communities or to deploy elsewhere in the county to support other CERT teams. The leaders are provided with a county radio to directly interface with emergency management and our responders.**

**CERT has participated in every drill, exercise, and emergency situation in our county as well as deploying a team to help out Brown County CERT during the flooding in early 2007.**

**For more information on Dickey County CERT, upcoming classes or on the CERT program in general, please contact Resa Russell- Dickey County CERT Coordinator at [dcndcert@hotmail.com](mailto:dcndcert@hotmail.com) or by phone at 701-349-2751 or [www.citizencorps.gov/cert](http://www.citizencorps.gov/cert).**



**OFFICE OF EMERGENCY MANAGEMENT**  
**DICKEY COUNTY NORTH DAKOTA**

**DICKEY COUNTY CERT**

**DESCRIPTION**

The Community Emergency Response Team (CERT) is a federal funded public training course conceived and administrated under the umbrella of The US Department of Homeland Security Citizens Corps program. Dickey County uses this training as the minimum for our adaptation of this program.

CERT members who wish to work under Dickey County Office of Emergency Management (DC-OEM) during a crises or disaster, requiring the full activation of the EOC in all its forms, are encouraged to take further courses in communication, logistics etc to fill the holes in the Dickey County Response plan. Provisions are in place to immediately hire active CERT members in good standing to fill these vacancies in the plan.

**REQUIREMENTS**

We follow the federal guidelines for the CERT membership and also require a Sheriffs office NCIC clearance for all CERT members in a command positions. These folks are issued county ID badges.

**ORGANIZATION**

The ultimate goal for the county program is for the CERT to organize, become a non-profit and assist in their funding. This will be accomplished as soon as the whole county is represented. The program now has units in Ellendale, Forbes, Fullerton with classes planed for the east side of the county.

Current organization is appointed by the DC-OEM director to function during its development and consists of COUNTY COORIDNATOR for over all control and a LEADER for each team area. These folks are issued a county radio and coordinate operations in their Area of Operation (AO)

**OPPERATIONAL DUTIES**

Foreseen duties for CERT members are: (but not limited to)

Communications, Resource tracking and management, Daycare for responders children, interim shelter operations, adjunct medical aid, information management, logistics, local ID management and monitoring for EOC and or Courthouse, Incident Documentation, POD site ID management and assisting in continuum of government in all locations.

**OFFICE OF EMERGENCY MANAGEMENT**  
**DICKEY COUNTY NORTH DAKOTA**

**Community Emergency Response Team (CERT)**  
**Informed Consent, Waiver and Release of Liability Agreement**

The undersigned, being at least eighteen years of age, and in consideration for acceptance, approval and participation in the Dickey County CERT Program, sponsored by Dickey County Office of Emergency Management does hereby agree to this consent, waiver and release of liability.

**Acknowledgement and Assumption of Risk**

I recognize that the Community Emergency Response Team (CERT) Program will involve physical labor and may carry a risk of personal injury. I further recognize that there are natural and manmade hazards, environmental conditions, diseases and other risks, which in combination with my actions can cause injury to me. I hereby agree to assume all risks which may be associated with or may result from my participation in the Program, including, but not limited to, transportation to and from volunteer sites, extinguishing small fires, providing disaster medical care (e.g. controlling bleeding, treating shock, treating sprains and fractures, opening airways, transporting patients, ect.), performing light search and rescue activities (e.g. cribbing and leveraging, victim extrication transportation, ect.) and other similar activities.

I recognize that these Program activities will involve physical activity and may cause physical and emotional discomfort. I state that I am free from any known heart or other health problems that could prevent me from participating in any of the activities associated with this Program. I further state that I am physically fit to participate in the activities of this Program.

**Medical Coverage**

I recognize that if I am accepted for the Program, I will be covered by the provisions of The North Dakota Century Code Title 65 (Workers Compensation) during the time that I am performing approved volunteer activities. I specifically recognize that in accordance with this act, workers compensation and medical benefits shall be the exclusive remedy for any injury that I sustain in the course and scope of my approved participation in the Program. In addition, I certify that I have medical insurance to cover the cost of any emergency or other medical care that I may receive for any illness or injury, that is outside of the Program. (Related medical coverage provided through workers compensation) I certify that if I do not have medical insurance, I will be personally responsible for the cost of any emergency or other medical care that I receive that is not covered under applicable workers compensation benefits.

**Waiver and Release of Liability**

I agree to release the State Of North Dakota, Dickey County, their agencies, departments, officers, employees, agents, and all sponsors and/or officials and staff of any said entity or person, their representatives, agents, affiliates, directors, servants, volunteers, and employees

(Hereinafter referred to collectively as "Parties Released") from the cost of any medical care that I receive while participating in this Program or as a result of it.

I further agree to waive, release, and discharge the Parties Released from any and all liability, claims, demands, actions, and causes of actions whatsoever, except to the extent prohibited by N.D.C.C. 9-08-02, for any loss, claim, damage, injury, illness, attorney's fees or harm of any kind or nature to me arising out of any and all activities associated with participating in this Program or as a result of it.

I further agree to indemnify, save, and hold harmless the Parties Released from and against any and all claims of any nature, including all costs, expenses, and fees arising out of or resulting from my participation in this Program.

### **Consent**

I agree to allow The Dickey County Sheriff's Department to perform a criminal background check as a condition for acceptance in the Program.

I agree to follow the rules established by the instructors, and to exercise reasonable care while participating in the Program. I understand that if I fail to follow the instructor's rules and regulations, the established Dickey County CERT guidelines, or if I fail to exercise reasonable care, I can be administratively removed from the program.

In the event of injury while participating in any and all activities associated with the Program, I consent to receive emergency medical aid, anesthesia, and/or medical treatment or operation if, in the opinion of the attending physician, such treatment is necessary.

I, the undersigned participant, affirm that I am at least 18yrs of age and am freely signing this agreement. I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies, which may otherwise be available to me regarding any losses I may sustain as a result of my participation. I agree that if any portion is held invalid, the remainder will continue in full force.

### **READ BEFORE SIGNING**

NAME: *(printed)* \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_ / \_\_\_ / \_\_\_

WITNESS: \_\_\_\_\_

DATE: \_\_\_ / \_\_\_ / \_\_\_

10/04

### **Dickey County CERT Application Form**

**Return to:** Office of Emergency Management, 309 2<sup>nd</sup> ST North Ellendale ND, 58436

Name: \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

\* Social Security Number: \_\_\_\_\_ Place of employment: \_\_\_\_\_

\* *Required for Workers Compensation and Criminal Background check* Title: \_\_\_\_\_

### **Emergency Contact Information:**

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Please list any physical limitations (problems lifting, physical exertion, etc)

\_\_\_\_\_

Have you been convicted of a felony? \_\_\_\_\_ if yes, please explain: \_\_\_\_\_

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Are you currently licensed or have had training in: Fire \_\_\_ EMS \_\_\_ LAW \_\_\_  
Communications \_\_\_ Computer \_\_\_ Logistics \_\_\_ Other \_\_\_\_\_

*The above information is, to the best of my knowledge, complete and accurate.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(Application is not valid without signature: all lines completed and the return of the signed Informed consent waiver and release of liability agreement)**

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*Staff use only:*

Background check approved: Y/N Date: \_\_\_/\_\_\_/\_\_\_ Initials: \_\_\_\_\_

Application/Consent/Waiver: Y/N Date: \_\_\_/\_\_\_/\_\_\_ Initials: \_\_\_\_\_

Training Successful Y/N Date: \_\_\_/\_\_\_/\_\_\_ Location: \_\_\_\_\_ Initials: \_\_\_\_\_

Comments or Limitations: \_\_\_\_\_

**Dickey County CERT reserves the right to accept or reject any CERT applications**

10/04

DICKEY COUNTY  
NORTH DAKOTA  
**CERT TEAMS**

**DAMAGE ASSESSMENT**

Date: \_\_\_\_\_ Incident name: \_\_\_\_\_ Team: \_\_\_\_\_

Team leader: \_\_\_\_\_ Team: \_\_\_\_\_

Others: \_\_\_\_\_

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**CODES-** Damage L = *Light* M = *Moderate* H = *Heavy* D = *Destroyed*

Building Type R = *Residential* C = *Commercial* P = *Public*

Primary Cause F = *Fire* T = *Tornado* FL = *Flood* W = *Wind* S = *Snow* I = *Ice* O = *Other*

Utilities P = *Power* W = *Water* G = *Gas* Answers Y = *Yes* N = *No* O = *On* X = *Off*

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Address	Type	Damage	Cause	Utilities	Searched	Rescue needed
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Page: \_\_\_\_\_ of \_\_\_\_\_

Report by: \_\_\_\_\_

Notes:

DICKEY COUNTY  
 NORTH DAKOTA  
**CERT TEAMS**

**INCIDENT REPORT**

Date: \_\_\_\_\_ Incident name: \_\_\_\_\_ Team: \_\_\_\_\_

Team leader: \_\_\_\_\_

Team Members: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Volunteers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Agencies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Narrative: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signatures:** \_\_\_\_\_

<b>DAMAGE ASSESSMENT</b>	
L=Light	M=Moderate
H=Heavy	D=Destroyed
Homes: L ___ M ___ H ___ D ___	
Com. L ___ M ___ H ___ D ___	
Public: L ___ M ___ H ___ D ___	
<b>TYPE OF DAMAGE</b>	
Fire: _____	Tornado: _____ Ice: _____
Flood: _____	Wind: _____ Snow: _____
Riot: _____	Other: _____
<b>UTILITIES STATUS</b>	
Power: L ___ M ___ H ___ D ___	
Water: L ___ M ___ H ___ D ___	
Sewer: L ___ M ___ H ___ D ___	
Phone: L ___ M ___ H ___ D ___	
Roads: L ___ M ___ H ___ D ___	
Bridges: - Rail - Landing strip	
Staging Area- Morgue	

<b>TIMES NOTIFIED</b>
By _____
ON SCENE
Radio Report
<b>PATIENTS</b>
<b>TOTAL:</b>
Level 1 RED
Level 2 Yellow
Level 3 Green
Deceased
Trapped
EMS on Scene
<b>NEEDS</b>
Rescue
EMS x
FD x
PD x
CERT x
BLANKETS
SHELTER/FOOD
TOILETS /HEAT
LIGHTING
RADIOS
BATTERYS
OTHER: _____

**OFFICE OF EMERGENCY MANAGEMENT**

**DICKEY COUNTY NORTH DAKOTA**

**EMERGENCY HIRE EMPLOYEE**

Date: \_\_\_\_\_ Incident: \_\_\_\_\_ Location: \_\_\_\_\_  
Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Description: \_\_\_\_\_ FEMA Classification: \_\_\_\_\_  
Dates utilized: \_\_\_\_\_ thru: \_\_\_\_\_ Total number of hours: \_\_\_\_\_ @ \$ \_\_\_\_\_ ph

**PERSONAL INFORMATION**

*Please print all information*

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First MI

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Address / Box City State Zip Code

Permanent Address: \_\_\_\_\_  
Address / Box City State Zip Code

Drivers License: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_

In case of Emergency: \_\_\_\_\_  
Name Phone Relationship

Have you been convicted as a felony? Y N if so where? \_\_\_\_\_

Special Skills: \_\_\_\_\_

Any Medical / Physical Limitations: \_\_\_\_\_

**I understand I am being hired as an Emergency Hire Temporary Employee of Dickey County to support Disaster Operations.**

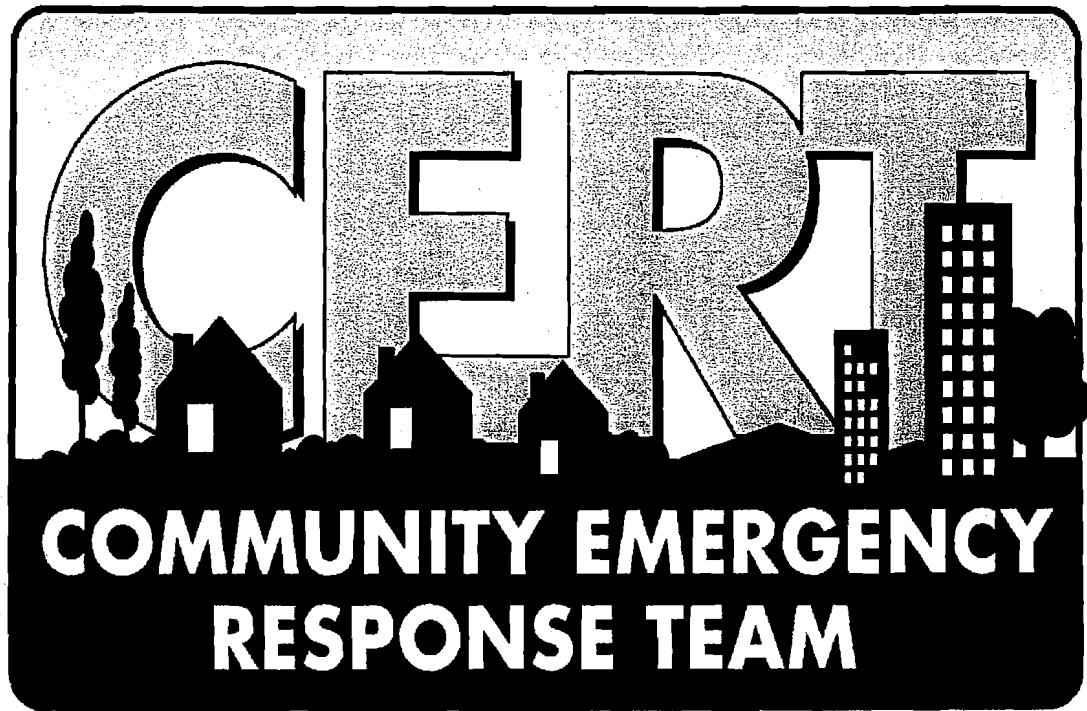
**I understand I will be a paid per hour at the Federal Emergency Management Association (FEMA) pay rate for the task I will be performing.**

**I understand the length of employment is by the hour as needed and I will be paid as a contract labor employee therefore I will be responsible for all taxes.**

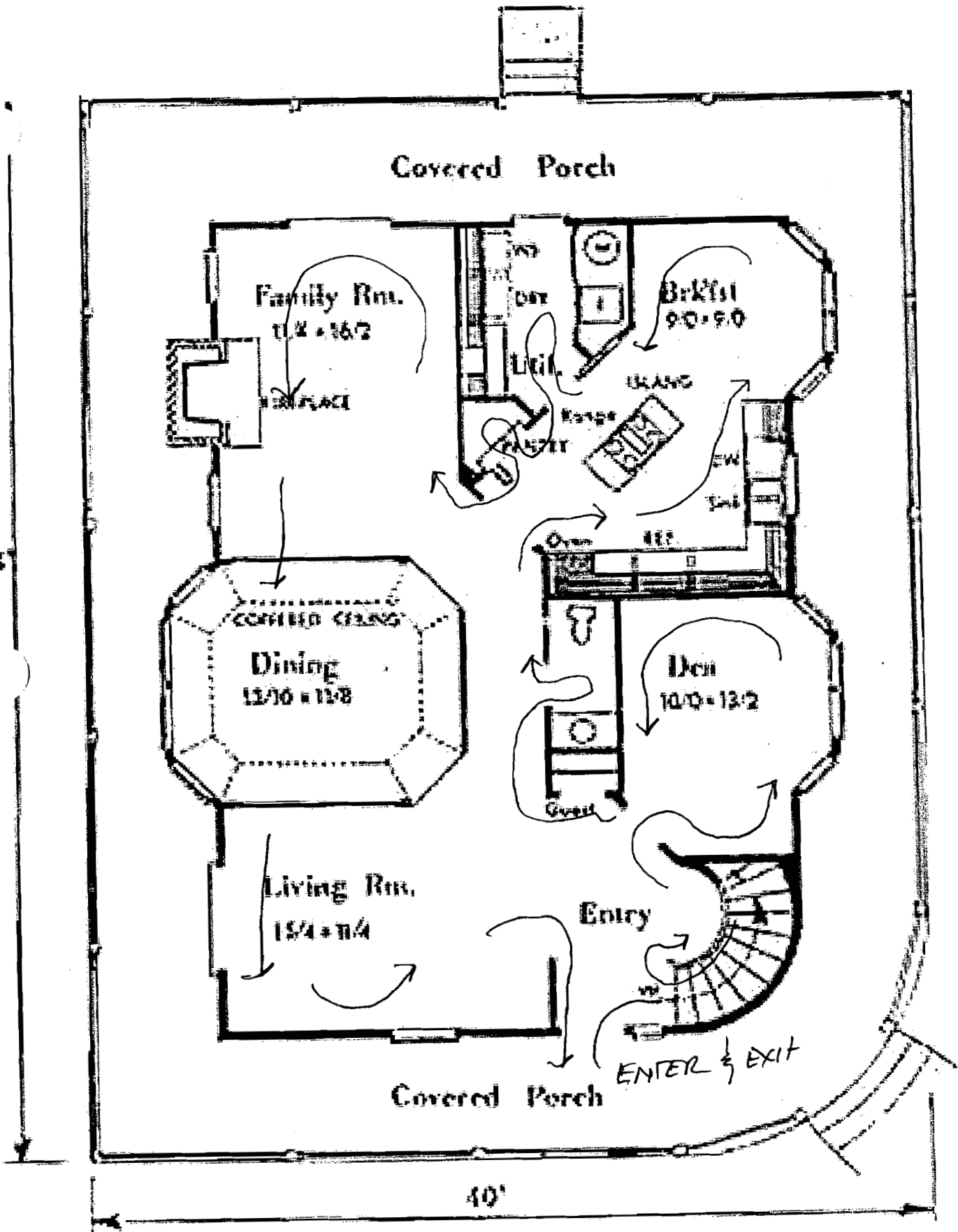
**By signing below, and under penalty of law, I attest I am legal to work in the United States and the information provided above is true, correct, and complete.**

Date: \_\_\_\_\_ Signature of applicant: \_\_\_\_\_

OFFICE OF EMERGENCY MANAGEMENT  
DICKEY COUNTY NORTH DAKOTA



**SEARCH**  
**GUIDELINES**



REMEMBER SAFETY & COMMUNICATIONS TEAM OUTSIDE

ENTER & EXIT SAME DOOR ALWAYS GOING THE SAME DIRECTION

TWO TEAMS COME UP STAIRS ONE DOWNSTAIRS WILL WORK IF YOU

HAVE THE MAIN DOOR - SAFETY EXIT!

OFFICE OF EMERGENCY MANAGEMENT  
DICKEY COUNTY NORTH DAKOTA

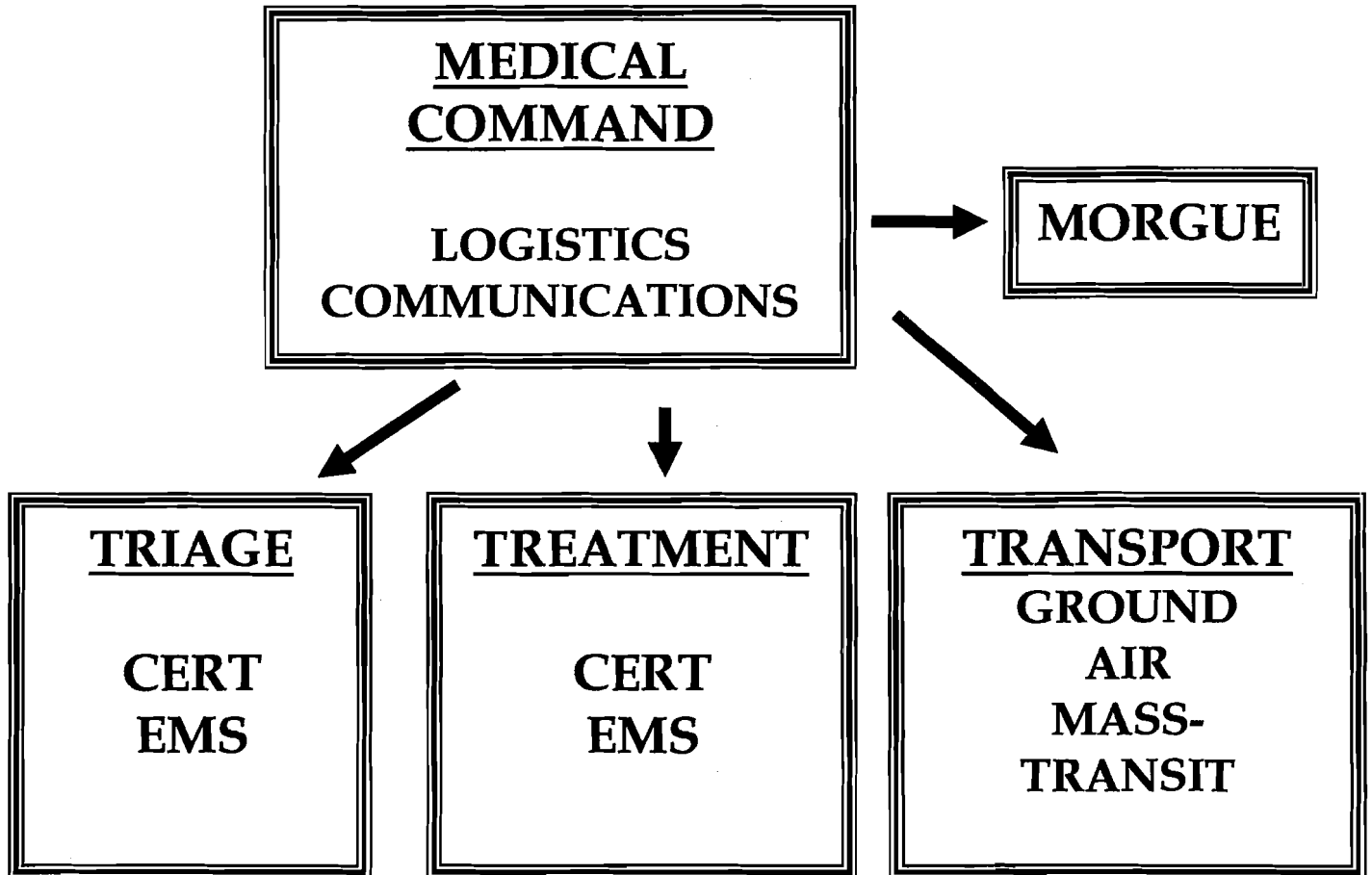


# MEDICAL

# INCIDENT OPERATIONS

**OFFICE OF EMERGENCY MANAGEMENT**  
**DICKEY COUNTY NORTH DAKOTA**

**COMMON SENSE OPERATIONS PROTOCOL**



**COMMAND**

Establish command- assign triage/treatment leaders- assigns logistics leader- assign communications leader -establish contact with EOC, EMS-Hospitals- establish treatment location keeping in mind the number of patients, weather, transport ease, time of utilization, communications, privacy etc- establishes morgue area using same considerations- keeps operations at the EOC informed on patient numbers and conditions- manage the medical operations until relieved or the incident is terminated

**COMMUNICATIONS**

Verify communications to EOC, EMS, Hospital- start incident documentation to include history of assignments, information reported to or thru you, times of the

traffic passed is critical USE 24hr TIME on all documentation- pass all communication traffic as directed by leadership-

THE INCIDENT WILL NEED AT LEAST THREE LOCAL FREQUENCIES:

- (1) COMMAND- Leaders channel ONLY
- (2) TAC- For team communications
- (3) INCIDENT frequency to talk to EOC

Leaders should use TWO radios- COMMAND / TAC [NO SCANNING]

COMMUNICATIONS monitors all on INDIVIDUAL radios [NO SCANNING]

## **LOGISTICS**

Establish a supply area for receiving supplies and equipment- establish a staging area for personnel and transport vehicles- keep track of supplies and log times of arriving and departing assets- anticipate a long term incident and work with EOC early for power, lighting, toilet facilities, food, water, rest and refit area for responders, replacements for crews and supplies etc.- manage this area of the incident for command

## **TRIAGE LEADER**

Establish 2 man triage teams- establish transport teams (incident to treatment transport)- Establish ASAP the number and level of patients and pass this information to MEDICAL COMMAND for relay to EMS/HOSPITAL/ EOC planning Manage the triage/transport operation until all patients and teams are accounted for, in TREATMENT or Morgue- report to MEDICAL COMMAND for reassignment

## **TREATMENT LEADER**

Establish a treatment area using the considerations mentioned in the COMMAND section- assign sector leaders for RED/YELLOW/GREEN treatment sections- assure constant re-triage and monitoring of all patients- work with TRANSPORT LEADER to get patients to appropriate care ASAP- work with LOGISTICS for the supplies and equipment needed or anticipated- keep COMMAND informed on the number and levels of patients being treated and transported- assure and maintain patient care documentation and tracking per protocol- manage your sector until the incident is terminated or you are relieved

## **TRANSPORTATION LEADER**

Assign AIR transport leader to establish and maintain a SAFE landing zone for incoming air assets- manage air operations and maintain log for patients (destinations ,condition etc) transported by air-

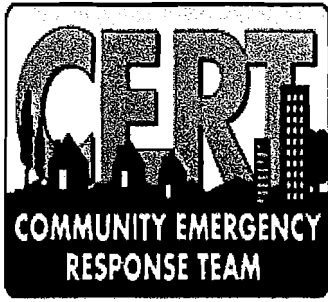
Assign GROUND transport leader to coordinate the ambulance operations from treatment section which will assure patient tracking for ground transportation-

Manage the efficient transportation for all patients from TREATMENT to definitive care- compile information from your leaders to account for the location or destination for ALL patients run thru the incident to include walking wounded evacuated by bus or patients released from the scene after signing a refusal- manage the transportation for MEDICAL COMMAND until relieved or the incident is terminated.

## **MORGUE**

Morgue operations on scene will be limited in finding a private place to secure bodies found on scene or released from TREATMENT. Long term morgue operations will be run by PUBLIC HEALTH as soon as they arrive- EMS/CERT will maintain control of the bodies assuring their privacy and safety until PH arrives and they are relieved

OFFICE OF EMERGENCY MANAGEMENT  
DICKEY COUNTY NORTH DAKOTA



**MEDICAL**

**START  
TRIAGE**

**OFFICE OF EMERGENCY MANAGEMENT**  
**DICKEY COUNTY NORTH DAKOTA**

**PURPOSE**

To immediately identify, classify and transport mass causality patients from the site of injury to an established TREATMENT site for treatment. Mass causality's definition is; [One patient more than the system can handle.]

This guidance is to rapidly identify the critical patients- in a field environment when normal medical services are overwhelmed.

**GOALS**

- 1) Absolute safety for all search and rescue / triage teams
- 2) An immediate estimated count of patients anticipated to EOC
- 3) 1 minute evaluation to identify critical patients
- 4) Safest possible (for both patient and rescuer) removal to treatment area of patients identified in order of criticality

**PROCEDURE**

- 1) Scene survey for safe operations
- 2) Establish teams: Search and Rescue/Triage/ Treatment/ Transport teams based on manpower, skills, and equipment
- 3) Establish leaders and basic plan of operation for all three teams- ALL RESPONDERS INVOLVED MUST KNOW THE PLAN- Establish communications plan- Start documentation
- 4) Establish treatment area following operational guidance and your training
- 5) Start Operations- Re evaluate you operations frequently for safety and efficiency

**OPERATION**

- 1) Scene survey for safe operations
- 2) Direct all walking wounded to get up and proceed to a pre-determined point outside.  
These folks will be identified by a GREEN band on the RT wrist. Someone should start MINOR treatment while questioning the folks on the number of people or known hazards in the building, and possible cause etc. Hold and monitor these folks until transport to TREATMENT area is possible
- .3) Search for and evaluate ALL other patients using the following START TRIAGE Guidelines:

RESPIRATIONS ABOVE 30 BREATHS PER MIN.

CAP-REFILL OVER 3 SECONDS

## ALTERED MENTAL STATUS

a) ALL patients (regardless of the type of injury) who present with any of the above signs will be tagged RED and transported ASAP to the TREATMENT area.

b) ALL others on scene will be tagged YELLOW (regardless of the type of injury) and removed to TREATMENT after the REDS are transported.

4) All Heavily trapped, expectant, or obviously dead folks are removed last

Triage should take ONLY 60 seconds per patient and NEVER stops until ALL patients are transported to the hospital. Patient conditions change both ways and every effort should be made to re-triage and monitor all patients. The patients should be segregated ASAP by color and the expectant and dead kept totally separated. Watch for contamination of patients and use ALL precautions for your own safety.

Use Green patients if needed to monitor other greens or help in other areas if they are capable.

All patients need to be evaluated and IDENTIFIED prior to release. An EMS type refusal sheet needs to be signed BEFORE these people are allowed to leave the scene.

REMEMBER to get counts of patients and their levels (colors) to the receiving hospital and the EOC ASAP!!