

# Drill Plan and Report



Cupertino  
ARES/RACES

## 1. Overview

**Plan Date:** 26 July 2002  
**CARES Drill ID:** CUP-2002-06T  
**RACES Activation:** None  
**Control:** Cupertino OES  
**Drill Date:** 28 September 2002, 8:30am to 11:00am

## 2. Planning

**Reference Docs:** None.

**Drill Objectives:**

1. Santa Clara County Fire exercises their HAZMAT and Decontamination Procedures.
2. NovaCare Medical Center gains a direct understanding of the methods and capabilities of the City's emergency services when addressing a multiple casualty emergency.

**Scenario:** An explosion at a local school results in injuries to students and adults. Outcomes of the blast are various physical trauma conditions, flying debris, and contamination from an unknown substance.

**General Information:**

1. CARES is participating this drill in a support role. Field units will be used at both the School and Medical Center.
2. No specific CARES objectives are stated.

## 3. Preparation

**Training:** None.

**Drill Prep:** The Marsh Hovey (Cupertino Emergency Preparedness Coordinator) met with both the staff at NovaCare and County Fire. Additionally, CARES was asked to participate in a supporting role. Limited participation was requested.

**Required Personnel:**

1. Drill Coordinator:	Marsha Hovey
2. CARES Field Responders:	4 operators (minimum)
3. Simulated Victims:	volunteers from the community and local schools
4. County Fire:	HAZMAT, other supporting equipment
5. NovaCare Medical Center:	Emergency Response Staff (as appropriate)

**Schedule:**

8:30a: All participants meet at the School Admin building for registration.  
9:00a: Begin the drill  
11:00a: Drill ends, in person debrief

#### 4. Results

**Participants:** Seven (7) CARES members participated. These members were:  
Ian KG6JWG  
Al KG6NCC  
Jim KN6PE  
Chris KC6PJJ  
Bill KD6TQJ  
Phil K6FUZ  
Spencer AD6YS

**Narrative:** At 9:00am, Marsha initiated the drill by indicating that an explosion just occurred.

Throughout the schoolyard, you could see about 35 “victims” on the ground with various simulated injuries ranging from minor cuts and scratches, to major lacerations and traumas. Additionally, the explosion spread an unknown chemical throughout the area that contaminated all victims and caused adverse physical reactions.

Five units from Santa Clara County Fire responded to the scene, including Truck 1, Engine 1, Engine 2, HAZMAT 2, and Rescue 3. Fire Department crews determined that a chemical release did occur resulting in contamination to the victims, and proceeded to establish a Decon perimeter. Other crewmembers donned protective clothing and walked the premises with instruments to assess the extent of the contamination. Still other Fire Personnel began to set up the large-scale decontamination unit that included an initial wash down area (gross Decon), erecting Decon tents (secondary Decon), and donning protective wear.

Casualties were guided by Fire Personnel through the decontamination process, from the “hot” zone (initial wash -- gross Decon) to the “warm” zone (victims are free of contaminants as they exit the Decon tents). During this process, the victims simulated removing all their clothes and donned clean protective clothing.

On completion of the decontamination process, the victims walked (or were carried) to the NovaCare Medical Center just down the street. NovaCare triaged the arriving injured and began treating the victims as outlined on each victim’s patient status card. Two simulated fatalities were among the list.

On arrival at the event, CARES deployed its resources with the following tactical calls:

1. EC
2. Net Control
3. School Site
4. Medical Center

The “School Site” radio operator worked with the Incident Commander to collect and pass information to the Medical Center. The “School Site” operator also relayed information on the state of the decontamination process as it was observed or he was informed on of progress and timing of casualties heading toward the Medical Center. The “Medical Center” requested information on the types and extent of the casualties.

The drill secured around 11:00am when the last victim was processed by the Medical Center.

**What worked:** 1. This drill was different for CARES because of all the visual queues that were evident as we watched the Fire Department set up the Decon equipment. The

ability to initiate “unofficial” traffic on the observations made at the School Site was extremely useful to the Medical Center and others that were not at the event site.

2. Using an external battery allowed for higher HT output power operation.
3. Use of two-person crews per field assignment worked out well, particularly because of the need to interact with the served agency while passing traffic.

**What didn't work/could be improved:**

1. Some messages were technical in nature and were not initially written down.
2. Using the Directed Net model appeared to be excessive given the number of stations and amount of traffic involved.
3. We need to remember to use our FCC call signs at the end of a message exchange (not every time we let go of the PTT).
4. Two members walked to the Medical Center from the School. They later regretted not taking their cars because of the additional equipment they had that could have improved their signal with the school.
5. Some equipment problems were reported:
  - Radio audio on the NCS station was intermittent, cause was a loose microphone wire
  - Battery pack failed, wasn't used recently, didn't hold a charge
6. Most CARES members used HTs and it was difficult to hear all messages because of obstacles between the Medical Center and School Site. Using a car-based radio in cross-band repeater mode may have resolved the connectivity problem between the Medical Center and the School (suggested, not tried).
7. There was some type of local de-sense problem in the vicinity of the Medical Center that made reception difficult.

## 5. Conclusions

**Recommendations:**

1. Define the conditions when Open Nets would be more effective and used.
2. Develop the methods and procedures for Field Message Handling.
3. Medical Center Antenna needs to be moved and set up.

**Next Steps:**

1. Update the SOP as appropriate to reflect learning's from this drill.
2. Experiment with mobiles configured as cross-band repeater.
3. Need to investigate de-sense at the Medical Center. Determine if the problem goes away with an external antenna.