



CHRISTMAS TREE HILL NRG

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MONTHLY MEETING MINUTES

MARCH 29, 2020

Due to the continuing COVID-19 shelter in place order, the meeting took place via conference call. The meeting was called to order at 4:00 PM.

Roll call: The following CTH NRG members were on the call: Nathan Blomgren, Mark Brooks, Soren Jensen, Brandon Hemley, Al Williams, Linda Meier, Leslie Cunningham, Connor Turnbull, Beth O'Neill, Cinda van Lierop, Debra Sartell, Mariellen Stern, Mark Levie, David Kunhardt, Cheryl Kosmas, Cynthia England, Christy Smith, Rebecca Shrunck, Kevin and Collin Woodall, Mark Rudy, Ann Bentley, Jean Schulz, Jordan Rinker.

Recognition: Beth O'Neill, on behalf of the CTH NRG Team, thanked Anita Bock for her work on the March drill and for her ongoing service in support of the mission of the CTH NRG and presented Anita with a gift certificate from the Team. Anita expressed her gratitude for the recognition and gift.

AGENDA:

1. MARCH 8TH DRILL DEBRIEFING

For those that did not participate in the drill a brief drill outline was attached to agenda.

The following volunteers were thanked for serving as injured residents during the drill: Kris Moe, Alea Levie, Bill McGlynn, Mika Connor, Julia Hemley and Carys Matthews; and Leslie Cunningham was thanked for providing home baked brownies on the morning of the drill.

Drill participants were invited to contribute their input, perspectives, insights and observations and to ask questions that will help CTH NRG reinforce strengths and identify deficiencies of the March 8th drill so that they can be corrected in future drills:

Command Team: Nate Blomgren, Mark Brooks, Soren Jensen, Brandon Hemley, Al Williams

Note: All CTH NRG members must be prepared to lead and the use of card stock and post-it notes—as explained in the Command Team training in February—to organize incoming communications and situation status are essential - everyone should have those basic supplies handy. Having First Aid, CERT and BC teams gave us a better understanding of how the 3 work together. Everyone must be prepared. We did a little practice of how to pass off to each other at the Command Center pretending that one person had to leave and another had to take over.

Mark Brooks: Role clarity is essential, in practice the physicality of the hill is something we must bear in mind, it seriously affects how we deploy assets so that we do not miss people. We were being very polite during the drill, but need to have a greater sense of urgency. Radio discipline is vital, we must mix up roles, radio discipline was poorly executed, the more complicated things became the less disciplined our radio use was.

Soren: I agree that it took us awhile to get organized – we got better as time went on, but more practice is needed.

Brandon: I took the radio training just before the drill, but I still struggled. I think we need cheat sheets. Perhaps we can work on this during radio tests. Incidents came in very fast and that made it stressful and harder to deal with.

Al: We need more training and radio communication exercise, too many people were talking and it got confusing.

MED 5 Team: Linda, Chas, Leslie, Connor, Collin, Dr. Carl Brica

Linda: 2 things: I am not sure what our relationship with CERT is, members of the medical team went out a lot – is this a CERT role? Should we have left without leaving someone at the field unit?

Leslie: I was taking notes for the medical team, the radio was a real challenge, it was hard to understand people, sometimes there were 2 people at one location – people spoke too fast, so we must work on our radio etiquette. Bill (who volunteered as an injured resident) commented that we need more younger volunteers involved to handle the physical challenges. It may be unrealistic to send people up and down the hill to a field unit.

Connor: It was such an incredible experience to be part of the drill. Having never used a radio before that was quite a learning curve. Who stays, who leaves, who is in charge at the field unit – these are all issues that need to be thought through. Not enough people stayed at the field unit – we sent out too many people and did not have enough people left to monitor the patients.

Collin: Should everyone be in one location? In a real situation people will be all over and we might need to leave people at individual houses, realistically we may be leaving people at their homes. What will be helpful? – taking notes! We cannot memorize everything. Must keep notes.

CTH CERT Team: Cinda, Beth, Debra, Mariellen

Cinda: I think we should do the exact same drill in November. I arrived late, the team established radio contact with CERT Command, and the CERT radio (which is stored in our garage) worked well. We reported to CERT Command as well as to CTH Command. It became clear that we need to further training and clarification, i.e., we need to understand the levels of injury severity, and we need to learn how to prioritize the requests for CTH CERT assistance. At which point do we move on? This requires some fleshing out and discussion. I spoke to Skip Fedanzo of CERT about these issues and he will be happy to do a table top exercise with the CTH NRG team.

Beth: 2 things: We need real clarity about roles and responsibilities – which calls do we respond to and which do we decline, when should we transport people to a field unit vs leaving them in place, and who takes care of which responsibility? Radio tests are very important, and it is important for everyone to participate in our monthly radio tests.

Debra: It was amazing and very enlightening. I did FADR training the day before, despite which I got confused about roles. What I really need is a check list so that I can just check the boxes and hand off the sheet. We should consider asking residents to sign the location of their gas valves. It was a great wake-up call about the complex issues that will arise in the wake of a real disaster situation.

Mariellen: I agree with the issues raised by Cinda and Beth. There seems to be a lot of cross-over between CTH CERT team members and Block Captains – we need to resolve any confusion

and clarify roles and responsibilities as between CTH CERT members and BCs. How do CERT radio communications work?

Block captain Team: Mark Levie, David K, Cynthia, Christy, Rebecca, Kevin, Jan, Mark Rudy, Cheryl

Mark Levie: We had an excellent team overall and there was a sense of urgency, which was good. We should have paid better attention to the signage - as we read each sign/situation description we should have prioritized the situations more carefully. We can certainly improve on the timing of transitioning from one situation to another. Practicing these skills in future drills is important.

David K: I appreciated the clear situation descriptions, I agree we should do another drill like this, but perhaps in different location, like Zone 1. Should we start everyone at a different pace in the next drill, i.e., wait for one team to start before the next team starts? It would have been good to have more time to assess and analyze. Regarding downed power lines – all you can do is call 911 and tape off the street. I was surprised to find no one ‘in charge’ at the first aid field unit/MED 5. The gas meter was hidden in the garage at one resident’s house, as Debra suggested it might be a good idea for residents to sign the location of their gas meters/valves. I congratulate Anita for such clear descriptions. Some of the chaos felt very real.

Cynthia: I learned a great deal and I certainly learned what I don’t know! I wrote down what I felt my shortcomings were, for example I did not take my backpack, and while my radio protocol was good I need more practice on the radio. It is also important to note that in such a short drill we did not really check on homes and in a real disaster it might just be me on my own which highlights that I need a map for my block.

Rebecca: I don’t want to repeat what others have said – I learned a lot. My greatest confusion arose at the new house on Summit where the second injured resident in that location was too injured and heavy to transport (as outlined in the drill scenario), so we stayed there. Was that the correct thing to do? We need to think through what to do in such situations - do we leave an injured resident in such condition where they are, does someone stay with them, or what do we do? Such logistical issues need to be thought through.

Kevin: My biggest challenge was all the radio traffic and sorting through what radio communications to pay attention to.

Mark Rudy: I used to be a volunteer fireman and based on my experience in some ways we could have been done better. I arrived late so I had some confusion about which team to join. Moving up and down the stairs was really a challenge. It was good to work as a team.

Anita: I provided overall observation of all 4 teams and I am compiling my notes in a manner that provides feedback and responds to the issues raised above. My notes will be shared at the next meeting.

2. CERT COMMAND FEEDBACK

CERT Command provided the following feedback on NRG|CERT communications during the March drill (which answers some of the questions raised in the comments above) - please be reminded that only CTH Command communicates with CERT Command – BCs communicate with CERT through CTH Command:

Guidelines for NRG Communications with CERT & Radio Best Practices

Throughout Central Marin NRG Command Teams share a common GMRS radio channel to communicate with Central Marin CERT. This means the 40+ NRG radio operators need to coordinate and work well together so that everyone's messages get through. The following are basic directions for enabling effective and efficient use of the shared radio resource. But first this definition: **"EMERGENCY" means someone will likely die within an hour or two if professional help is not available to treat them.**

CERT distinguishes between the health status of an injured person (Immediate, Delayed, Minor, Dead) and the message priority (Emergency, Priority, Routine). CERT defines "Immediate" as: *"The survivor has life-threatening injuries (airway, bleeding, or shock) that demand immediate attention to save his or her life; rapid, lifesaving treatment is urgent."* Inevitably the decision will be somewhat subjective.

In General:

- NRGs must notify CERT when they activate to report their location or shut down.
- NRG Command must triage reported issues before giving them to their radio operator.
- Write down all messages before trying to send them.
- Count and categorize injuries as:
 - Immediate:** an injury that is or soon will be an emergency;
 - Delayed:** a serious injury, like a broken arm/leg, but not immediately life-threatening;
 - Minor:** cuts, sprains, abrasions, etc.

Report only the number of injured or dead in each category.

1. **Do not** give details/symptoms of injuries unless CERT asks for them.
2. Listen for at least 10-15 seconds to determine whether there is a conversation already in progress before calling CERT. You may need to call more than once before you are acknowledged.
3. Wait for CERT to acknowledge you before saying anything else because they may not have heard you or are busy. Always wait a few seconds after pressing the PTT button before you start speaking.
4. If CERT does not acknowledge you after three calls, listen to hear which other NRG you can hear talking with CERT. Ask that station to relay your message.
5. If you are relaying a message, write down who it is from, who it goes to, and what the message is. Then proceed from step #1 above.
6. If the radio isn't working, check your settings and battery. If that fails, use another radio or attempt to contact another NRG to relay your message to CERT, or use runners.

Handling Emergencies:

- If you have an emergency to report, break into any non-emergency conversation by saying **"Emergency, Emergency"** – do not wait!
- If CERT does not acknowledge you after three calls, listen to hear if another NRG can be heard talking with CERT; if so, break in and ask that station to relay your message. Make sure they know yours is an **Emergency** message.

Top Priorities:

- Immediate threat to life, i.e., **emergency** situations; broken bones are not usually life-threatening, but serious head injuries or uncontrolled bleeding may be.
- Major fires, i.e., fires which you cannot extinguish with a hose and that are spreading.
- Major gas leaks, i.e., leaks you cannot shut off at a gas main.
- Any other **immediate** threat to life or property.

Prepared by Central Marin CERT

3. CTH NRG FIRST AID FIELD UNITS

Instead of trying to establish first aid field units in all 7 Zones, Anita suggested focusing on fully equipping 3 field unit locations during 2020 as follows:

- MENKE MED:** Fully completed. Menke Park has a medical trailer, maintained by the Town of Corte Madera, in which the CTH NRG generator is stored. The trailer is a shared resource with neighboring NRGs.
- MED 5:** Substantially completed. Chairs, tables and mats were recently purchased and only a few remaining supplies need to be purchased or replenished (masks and gloves were donated during COVID-19)
- MED 7:** Work-in-progress. A field unit needs to be developed and equipped, i.e., we need to find a suitable location for set-up, purchase the first aid supplies, storage bins, tables, chairs and mats, and find an appropriate storage location for the supplies (preferably at or very near the field unit site).

In addition to the 3 first aid field unit locations, each Zone should have at least one red medical bag. CTH NRG only has 5 bags, so to this end we are working with the Central Marin NRG to obtain 2 additional medical bags.

Anita asked Mark Brooks to take the lead on identifying a suitable location for a field unit set-up and storage for the supply bin(s) and to report back to the team on progress.

4. BUDGET UPDATE

A budget snapshot was shared pending the receipt of the quarterly financial statements in April. Given the remaining CTH NRG needs (supplies for first-aid field units, etc.) Anita suggests consideration of soliciting another round of donations in the fall once the COVID-19 crisis has passed and things are back to normal. She mentioned that some NRGs are asking residents for a small annual donation. If CTH NRG adopts that approach, for example by asking for \$10 or \$15 per household annually, CTH NRG could generate a steady and adequate source of funds to meet planning needs each year. **As there wasn't sufficient time to discuss the issue it was deferred to the April meeting.**

5. MARINMAP NRG PROJECT

AI sent in 335 CTH NRG resident address records to Rachel Kertz the NRG Coordinator. We will be notified when the NRG map overlay is ready for online review. We are grateful to the County for agreeing to create a NRG overlay. To learn more about MarinMap see <http://www.marinmap.org/dnn/>.

The meeting adjourned at 5:00 PM.

The next meeting date is April 26, 2020 at 4:00 PM. The meeting will take place via Zoom and log in details will be sent prior to the meeting.