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| **AVALANCHE RESPONSE PRE-PLAN** | | | | | | | | |
|  | Refer to current EMBC Avalanche Safety Plan | | | | | |  |  |
|  |  |  |  |  |  |  |  |  |
| This is a rescue and/or recovery operation. The most qualified person (Level II or III Avalanche | | | | | | | | |
| Technician preferred. Level 1 minimum) directs the operations plan on site. **SAFETY #1** | | | | | | | |  |
| The SAR Manager provides support at the Operations Base to the rescue operation | | | | | | | |  |
| **SAR Manager** | |  |  |  | **SARM Contact Info** | |  |  |
|  |  |  |  |  |  |  |  |  |
| Initial Report Date: | | |  |  | Report Time: | |  |  |
| Reported By: | |  |  |  | Phone Number: | |  |  |
| Nature of Incident: | | |  |  |  |  |  |  |
| Number of Clients: | | |  |  |  |  |  |  |
| Geographic Location: | | |  |  |  |  |  |  |
| Access Information: | | |  |  |  |  |  |  |
| Staging Area Info: | | |  |  |  |  |  |  |
| Witness Information: | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| *Done* | *Activity* | |  |  |  |  |  |  |
| **☐** | **1** | **CALL EMBC ECC** | |  | **1-800-663-3456** | | |  |
| **Request Task** | |  |  | **Request ASE** |  |  |  |  |
| **Number** |  |  |  | **Number** |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| NOTES: |  |  |  |  |  |  |  |  |
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| **☐** | **2** | **Call the Police of Jurisdiction** | | |  |  |  |  |
| **Location** | | **Phone** |  | **Time** |  | **Contact Person** | |  |
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| Confirm the incident OR notify them of the incident and planned response. | | | | | | |  |  |
| Request for Police/RCMP SAR COMMANDER | | | | | Police File # |  |  |  |
| Name: |  |  |  |  | Cell # |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Request RCMP/CARDA Avalanche Dog | | | |  |  |  |  |  |
| Name |  |  | Work # | Home # | Cell # | Arrival Time | |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| If unable to contact the above, contact RCMP dispatch and ask for on Duty Dog Handler. | | | | | | | |  |
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| **☐** | **3** | **Call out list for a CAA - Avalanche Safety Officer** | | | | |  |  |
| **ALL SEARCH AND RESCUE PERSONNEL FULFILLING THE FUNCTION OF AVALANCHE SAFETY OFFICER WILL HAVE COMPLETED, AS A MINIMUM, AVALANCHE OPERATIONS LEVEL I, II OR III THROUGH THE CAA** | | | | | | | | |
|  |  |  |  |  |  |  |  |  |
| **Name** |  | **Home #** |  | **Work #** |  | **Cell #** |  | **Available?** |
| **SAR Group's - CAA - Avalanche Level II Technicians** | | | | |  |  |  |  |
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| **Ministry of Transport - CAA- Avalanche Section Level II Technicians** | | | | | | |  |  |
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| **SAR Group's - CAA - Level 1 Avalanche Technicians** | | | | |  |  |  |  |
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| **☐** | **4** | **Call for helicopter, Notify ETA of responders so helicopter is warmed up** | | | | | | |
| Instruct pilot to wait for rescue team at the helipad. | | | | |  |  |  |  |
| First helicopter load: Site Command, Team Leader, Avalanche Responders and Witnesses. | | | | | | | | |
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| **Location** |  | **Name of Co.** | | **Work #** | **Cell #** | **Cell #** | **Time Called** | |
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| **☐** | **5** | **Call Avalanche Team Leaders & Organized Avalanche Response Members** | | | | | | | |
| **☐** |  | Call one person to assist with initial response - must be certified CAA member. | | | | | | | |
| **☐** |  | Call another person to continue call out for secondary response. | | | | | |  | |
| Initial Response Team is to report to staging area for sign in & briefing. They are to bring their own back country ski gear or snow shoes, avalanche gear & overnight pack. Gather the avalanche rescue gear & radios, take registration sheets for sign-in of convergent volunteers on site, and go to helipad for pick up on FIRST helicopter trip. | | | | | | | | | |
| **NO SEARCH AND RESCUE PERSONNEL ARE TO CONDUCT OPERATIONS IN AN AVALANCHE ZONE PRIOR TO THE APPROVAL AND DIRECTION OF THE AVALANCHE SAFETY OFFICER.** | | | | | | | | | |
| **ALL SEARCH AND RESCUE PERSONNEL WORKING WITHIN AN AVALANCHE ZONE must** | | | | | | | |  | |
| **have completed, as a minimum, one of the following:** | | | | | |  |  |  | |
| **i) THE CANADIAN AVALANCHE ASSOCIATION AVALANCHE SKILLS TRAINING COURSE** | | | | | | | |  | |
| **ii) THE CANADIAN AVALANCHE ASSOCIATION RECREATIONAL AVALANCHE COURSE, OR** | | | | | | | | | |
| **iii) THE JUSTICE INSTITUTE OF BC ORGANIZED AVALANCHE TEAM MEMBER COURSE** | | | | | | | |  | |
| **Name** |  |  | **Home #** | **Cell #** | **Work #** | **Time** |  |  | |
| **OAR TEAM LEADERS** | | |  |  |  |  |  |  | |
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| **OAR & AST 1 & AST 2 TEAM MEMBERS** | | | | |  |  |  |  | |
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| **☐** | **6** | **If known injuries or fatalities and subject(s) in remote location consider using HETS to remove subjects** | | | | | | | |
| **IF SAR GROUP HAS HETS CAPABILITY:** | | | | |  |  |  |  | |
| To put Heli-Rescue on "Standby" contact: | | | | |  |  |  |  | |
| **Name** |  | **Home #** |  | **Cell #** |  | **Work #** |  |  | |
|  |  |  |  |  |  |  |  |  | |
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| If the above are not available, contact the following Heli-Rescue members who are long line certified. | | | | | | | | | |
| **Name** |  | **Home #** |  | **Cell #** |  | **Work #** |  |  | |
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| **Heli-Rescue - Class D Approved Air Carriers** | | | | |  |  |  |  | |
| **Co Name** |  | **Contact** |  | **Home #** |  | **Cell #** |  |  | |
|  |  |  |  |  |  |  |  |  | |
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| **IF SAR GROUP DOES NOT HAVE HETS CAPABILITY:** | | | | | |  |  |  | |
| Contact EMBC ECC to be put in contact with closest HETS provider. | | | | | | |  | 3 | |
| **☐** | **7** | **Contact the reporting person (witness) for more information** | | | | | |  | |
| Contact them by phone: | | | Name: |  |  | Phone # | |  | |
| Request they meet with initial response team at SAR hall, helipad or parking lot near the site. | | | | | | |  |  | |
| Fill out Avalanche Accident Checklist located at end of this package to get more details on avalanche size, avalanche beacons, search effort, # of other people in area, rescue experience of other people, name(s) of victim(s), family contact, etc. Complete ICS "Missing Person Report(s)". | | | | | | | | | |
|  |  |  |  |  |  |  |  |  | |
| **☐** | **8** | **Update the Avalanche Safety Officer on PLS and witnesses pick up location** | | | | | | | |
| Update the RCMP of any other information and family contacts. | | | | | |  |  |  | |
|  |  |  |  |  |  |  |  |  | |
| **☐** | **9** | **Initial Response Team MUST fly over avalanche site - determine action plan** | | | | | | | |
| Avalanche Safety Officer determines if site is safe and in conjunction with the pilot identifies a safe landing area. The Avalanche Safety Officer determines escape routes(s), provides technical advice on searching strategy & site safety, communicates to SAR base the action plan, manpower & equipment needs, all take offs & landings, etc. Team Leader(s) organize volunteers & implement search strategy developed with the Site Commander. | | | | | | | | | |
|  |  |  |  |  |  |  |  |  | |
| **☐** | **10** | **SAR Manager organizes second avalanche response team** | | | | | |  | |
| The second avalanche response team will respond as back up to the Initial Response | | | | | | | |  | |
| Team (IRT) in the fastest way possible to the incident site. | | | | | |  |  |  | |
| Duties will be to coordinate with Initial Response Team (IRT) and provide Safety back up. | | | | | | | |  | |
| Second Team will carry in Second Emergency "Drop Barrel". | | | | | |  |  |  | |
|  |  |  |  |  |  |  |  |  | |
| **☐** | **11** | **Call local snowmobile club to initiate ground response:** | | | | | |  | |
| Bring extra fuel for machines. | | | |  |  |  |  |  | |
| Bring Avalanche Transceivers, shovels, probes and overnight packs. | | | | | | |  |  | |
| Meet at the Operations Base for sign in, briefing and other rescuers. | | | | | | |  |  | |
|  |  |  |  |  |  |  |  |  | |
| **Co Location** | | **Home #** | **Cell #** | **Work #** |  | **Time** |  |  | |
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| **SAR members with snowmobiles:** | | | |  |  | Time |  |  | |
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| **☐** | **12** | **Update the ECC** | |  |  |  |  |  | |
| Request Regional Manager be informed, request Mutual Aid (stand-by, active, briefing info, etc). | | | | | | | | | |
| Group |  |  | **Contact** |  |  | **Phone #** |  |  | |
| # Coming |  |  | **# OAR** |  |  | **Level 1 & 2** |  |  | |
|  |  |  |  |  |  |  |  |  | |
| Group |  |  | **Contact** |  |  | **Phone #** |  |  | |
| # Coming |  |  | **# OAR** |  |  | **Level 1 & 2** |  |  | |
| Update the ECC as required or at a minimum of every two hours. | | | | | |  |  |  | |
| **☐** | **13** | **Call BC Ambulance - alert them of incident and to meet at Operations Base** | | | | | | | |
| Phone # |  | **1 800 461-9911** | |  |  | Time: |  |  | |
| **☐** | **14** | **Call Local Hospital - alert them of incident, advise them of estimated # of patients** | | | | | | | |
| Hospital |  | Phone # |  | **Time** |  |  |  |  | |
|  |  |  |  |  |  |  |  |  | |
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| **☐** | **15** | **If necessary, SAR Manager sets up staging area or Incident Command Post near avalanche location** | | | | | | | |
| If this option is chosen leave another SAR Manager at SAR hall to greet late volunteers, mutual aid, ensure sign-in, brief resources & send to the forward Operations Base. Must ensure that radio communications are very good with the forward Operations Base and the Site Commander on site, use satellite phone to connect back to town if needed. | | | | | | | | | |
| **☐** | **16** | **SAR Manager call Avalanche Safety Officer or Rescue Leader for a description of Search Strategy** | | | | | | | |
| Carefully record the details and times. | | | |  |  |  |  |  | |
| Confirm the # of people onsite. | | | |  |  |  |  |  | |
| Notify of the # of ground party and ETA to the site. | | | | |  |  |  |  | |
| Determine if operation is likely to require more resources. | | | | | |  |  |  | |
| Food and Shelter | | |  |  | Yes |  | No |  | |
| Continue to arrange for more resources. | | | | |  |  |  |  | |
| **☐** | **17** | **Update the following:** | | |  |  |  |  | |
| RCMP (if they are not at the site or Operations Base) | | | | |  | Yes | No | |  |
| ECC |  |  |  |  |  | Yes | No | |  |
| BCAS & Hospital | | |  |  |  | Yes | No | |  |
| **☐** | **18** | **Determine resources required for the remainder of the operational period** | | | | | | | |
| Resource: |  |  |  |  | ETA to Ops Base: | |  | | |
| Resource: |  |  |  |  | ETA to Ops Base: | |  | | |
| Resource: |  |  |  |  | ETA to Ops Base: | |  | | |
| Resource: |  |  |  |  | ETA to Ops Base: | |  | | |
| Resource: |  |  |  |  | ETA to Ops Base: | |  | | |
| ESS Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Phone # |  |  |  | |
| Tents |  |  | Yes | No |  |  |  |  | |
| Generators & Lights | | | Yes | No |  |  |  |  | |
|  | | |  |  |  |  |  | 5 | |
| **☐** | **19** | **Continue logistical & planning support for second operational period** | | | | | | | |
| Prepare for incoming mutual aid & arrange for transportation to and from site. | | | | | | | |  | |
| Prepare for meals, drinks, accommodations, etc. for searchers & mutual aid. | | | | | | |  |  | |
| Set up an overnight planning team. | | | |  |  |  |  |  | |
| **☐** | **20** | **Prepare for demobilization of the rescuers** | | | |  |  |  | |
| Arrange for transport of rescuers. | | | |  |  |  |  |  | |
| Prepare for debriefing notes, gather reports from all team leaders. | | | | | | |  |  | |
| Prepare expense claims for volunteers, sign them onsite. | | | | | |  |  |  | |
| Sign out volunteers. | | |  |  |  |  |  |  | |
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|  |  |  |  | **NOTES** |  |  |  |  | |
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|  |  | **INFORMATION CHECK LIST** | | | |  |  |  | |
| Location (GPS Coordinates) | | |  |  |  |  |  |  | |
| Avalanche Size | |  |  |  |  |  |  |  | |
| Time of Avalanche (if known) | | |  |  |  |  |  |  | |
| Existing Hazard | |  |  |  |  |  |  |  | |
| Number of Injured | | |  |  |  |  |  |  | |
| Nature of Injuries | | |  |  |  |  |  |  | |
| Number of Fatalities | | |  |  |  |  |  |  | |
| Do they have transceivers | | |  |  |  |  |  |  | |
| Current Search Effort | | |  |  |  |  |  |  | |
| Current # of SAR on Site | | |  |  |  |  |  |  | |
| Number of Public in Area | | |  |  |  |  |  |  | |
|  |  |  |  |  |  |  |  |  | |
| **NOTE: THE FOLLOWING INFORMATION IS ONLY TO BE COMMUNICATED BY SECURE SATELLITE PHONE OR IN CODE** | | | | | | | | | |
|  |  |  |  |  |  |  |  |  | |
| Name(s) of Injured: | | |  |  |  |  |  |  | |
| Name(s)of Deceased: | | |  |  |  |  |  |  | |
| Family Contact Information: | | |  |  |  |  |  |  | |
| Next of Kin Information: | | |  |  |  |  |  |  | |

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