



## Establishing Command and Control to Care for Located Subjects

by

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*This paper has been written to propose a standard framework for the coordination of field resources once a subject is located. It discusses the basic concepts of command and control, authority, responsibilities and resource ownership. We also attempt to frame the appropriate responsibilities and actions from the command post.*

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**G**round search and rescue teams (GSARTs) are by definition, emergency response organizations. We are activated when it is determined that some one is lost or injured in a wilderness environment. The first objective of the search operation is to locate the subject. A standard management structure is put in place from the first call from the police force.

Often, when a subject is located, they are able to walk out with searchers and are reunited with loved one none the worse for wear. Unfortunately, in other incidents, the subject requires immediate medical treatment and supervision as well as assistance is leaving the woods.

Given the remote locations in which we operate, GSARTs must often deploy a significant number of searchers to provide medical care and to extract the subject, while still operating in a effective emergency mode.

When the subject is located, the GSART must efficiently and effectively provide medical care and extraction by quickly coordinating all available resources. To accomplish this, a strong command, control and communications (C<sup>3</sup>) structure and predefined procedures and protocols must be in place.

In this paper, we propose a C<sup>3</sup> model for use in providing medical care and extraction to subjects once located. This paper is intended to be a dis-

ussion paper that will lead to the development of a formal Standard Operating Guideline for GSARTs.

### **Basic ICS Parameters**

Most Ground Search and Rescue Teams (GSARTs) use the Incident Command System as adapted to Search and Rescue (ICS:SAR) as the management system for directing search operations. ICS is based on a number of concepts and principles: common terminology; modular organization; integrated communications; unity of command; unified command structure; consolidated Incident Action Plans (IAPs); manageable span of control; designated incident facilities; and comprehensive resource management.

For the purposes of this document, we will concentrate on common terminology, modular organization, integrated communications, unity of command, consolidated IAPs and manageable span of control.<sup>1</sup>

### **Common Terminology**

Common terminology-means using standard names for personnel, resources and facilities so all involved have a common understand the situation.

In the case of SAR operations, common terminology allows all involved to be clear on who is

performing specific functions and who holds what authority, responsibilities and duties.

The following terms are used to describe the organization required to properly care for, and extract, the subject once located.

**Field Team Leader (FTL)**- Trained GSAR member assigned specific tasks and search resources.

**Site Director** - Person at the subject's location in charge of all resources on scene. Reports to the Operations Section Chief (OPS) within the overhead team.

**Patient Attendant** - Trained GSAR searcher possessing at least a Standard First Aid qualification, assigned responsibility for monitoring the subject's mental and physical health and for providing appropriate treatment. The Patient Attendant reports to the Site Director

**Communications Handler**- Training GSAR searcher providing a communications link between the Site Director and the GSART management team.

### Modular Organization

A modular organization is one that is structure to allow it to grow and contract in size in a structured and predetermined manner, depending on the number of resources allocated and the complexity of the tasks involved.

### Integrated Communications

The communications plan specifies the equipment being used, the frequencies assigned and standard communications protocols. Integrated communications provides the means for all resources to remain in contact with their respective supervisors as well as allow all resources to maintain awareness of actions and plans throughout the incident area.

### Unity of Command

Unity of command ensures that every individual has one, and only one, supervisor. This allows all GSART resources to work toward the overall IAP as well as ensure clarity of who provides direction to whom.

### Consolidated IAPs

Search operations are directed from a single consolidated Incident Action Plan (IAP). The IAP is a written control document that ensure

all resources are deployed in support of the organization's goals.

### Manageable Span of Control

Management span of control is a concept that states there is a limit on the number of people one supervisor can effectively control. The manageable span of control will run from three to a maximum of seven. The optimal span of control is five.

### Field Operating Assumptions

A number of issues about the management of search operations are assumed from standard operating doctrine within the GSART.

### Teams<sup>i</sup>

"Search Teams" are the basic tactical level management unit (TLMU) expected to locate a subject. In many GSARTs, Search Teams are usually made up of a Field Team Leader (FTL),<sup>iii</sup> and two or three Field Team Members (FTMs). Each Team is equipped with radio communications capability.

Teams are provided with written assignments that they carry out independently with no direct field supervision.

Teams report directly to the Operations Section Chief (OPS). In the case where a large number of TLMUs are deployed, OPS may appoint Branch Directors to maintain the span of control within acceptable levels.

### Medical training<sup>iv</sup>

All team members should be trained to at least a Standard First Aid level. In addition to Standard First Aiders, many GSARTs have a large number of First Responders (FR) and Wilderness First Responders (WFR). GSARTs may also have a number of EMTs, nurses or other advanced medical personnel as part of their field resources.

In staffing field teams, every effort should be made to ensure each team has at least one first responder level FTM within its ranks.

### Equipment<sup>v</sup>

All field staff should carry a personal first aid kit. Although designed for personal first aid, the combined resources from a Search Team's personal first aid kits provide each TLMU with con-

siderable medical equipment for the treatment of injuries.

Most GSARTs have extensive medical equipment for the treatment of more severe medical conditions. An advanced trauma kit, medical oxygen, hypothermia treatment equipment and stretcher transportation and immobilization equipment should be stored at the Command Post or other base and be available for dispatch to the site of a located subject.

### **Rapid Intervention Team<sup>vi</sup>**

GSARTs should maintain a Rapid Intervention Team (RIT) at the Command Post or other search base to ensure rapid delivery of medical equipment and advanced medical treatment to injured searchers or a located subject. The RIT should be composed of highly trained searchers with medical training at the FR or WFR level.

## **Locating the Subject**

The central objective of all lost person operations is to locate, assess, stabilize and transport the subject. These four tasks constitute the framework for the tasks that are undertaken by the field search teams.

### **Assessment**

When a search team locates a subject, their first task is to size up the subject location with a scene survey. The scene survey objective is to ensure that any hazards present are identified, evaluated, and mediated if possible, before entering the location.

Following the initial scene survey, the search team must determine the condition of the subject. Depending on the subject's condition, specific actions should be undertaken as outlined in the following sections.

### **Reporting**

Once the condition of the subject is established, the FTL must report the find to the Command Post. The report should contain the team's location, that the subject has been located and the team's initial evaluation of the subject's condition.

### **Site Director**

Immediately upon locating the subject the FTL becomes the "Site Director", and assumes responsibility for all resources at the site.

### **Patient Attendant**

The Site Director should then appoint one of the team members as "Patient Attendant". The Patient Attendant is responsible for evaluation, treatment and monitoring of the health of the subject.

Responsibility for the subject should be immediately transferred to a Patient Attendant. The Patient Attendant must be appointed to ensure the constant attention required to monitor the subject's condition is provided. An explicit Patient Attendant assignment ensures the patient's condition and treatment are constantly monitored, regardless of the other management tasks being undertaken. Finally, by assigning a Patient Attendant, the Site Director is free to manage the site, the additional resources that may be responding to the site and to maintain communications with the CP.

### **Communications Handler**

All field search teams are provided, as a part of normal safety provisions, with radio communications. Often, the FTL will monitor the radio and provide any communication required with the Command Post or other resources deployed for the search.

During the extraction, the FTL/Site Director is responsible for managing patient care, the site and additional resources. During this process, the CP will, most often, be directing other resources to the site and preparing transportation and demobilization plans.

The Site Director should appoint a Communications Handler from within the existing team resources. The Communications Handler should be responsible for monitoring the tactical frequency for messages destined to the team, and for communicating information to the CP.

The Communications Handler will free the Site Director from communications tasks, and allow him/her to devote their full attention to subject care and extraction.

### **SitStatus - Reporting to the Command Post**

The entire focus of the operation is to locate, assess, stabilize and transport the subject. The first step is obviously to locate the subject. However, once this goal is met, there are many more steps required to meet the ultimate objective of

bringing home the subject in the best possible condition.

### Initial size up

As mentioned above, the first task of the team locating the subject is to assess the site to ensure there are no hazards to the team and then to the subject.

Hazards that must be considered are the physical environment (water, ice, deadfall, widow makers, fall hazards) firearms and other weapons, animals, etc. The subject should also be considered a potential hazard to searchers, as the subject's emotional behaviour may be erratic.

The subject's condition should be immediately assessed. This immediate assessment should seek to determine if the subject is alive or "deceased". Although GSART personnel are not physicians and cannot determine death officially, the reality of field operations means that teams do encounter subjects who are obviously not alive. Furthermore, the actions that are appropriate when locating a live, but injured or distressed, subject will be totally inappropriate should the subject be obviously deceased.

In the case of an apparently deceased subject, access to the immediate area should be limited to the Site Director. The Site Director should consider the area a crime scene and proceed accordingly. Within the requirements of searcher safety, only the Site Director should approach the subject for further investigation. If it is apparent that that subject is deceased, the Site Director should protect the area and not approach the subject. Many GSARTs have standard procedures for incidents involving deceased subjects.

If the subject is obviously alive, the Site Director should immediately appoint a Patient Attendant who will assess the subject's condition.

In circumstances where the located subject is believed to be one of a party travelling together, the Site Director should try to gather any information that may be available on the location, condition and intentions of the other members of the party.

Once an initial assessment of the subject has been completed, the Site Director will report the find to the CP. The report should be made using

standard phraseology for reporting having located the subject:

**GS6, this is 6-Alpha, we have a situation 6-Alpha- GS6, report your situation**

For a **subject located** that is not suffering from any apparent injury: (SL)

**GS6-6-Alpha Situation Sierra Lima**

For a **subject** suffering from any form of **injury** or medical/emotional difficulty, (SI)

**GS6-6-Alpha. Situation Sierra India**

In a case where the **subject** appears to be **deceased**, (SD)

**GS6-6-Alpha, Sierra Delta.**

The Site Director should also report their current location.

The Site Director should take the time to evaluate the situation before making a report to the CP. An adequate evaluation of the subject and determining the site's location should not take more than two minutes. Delaying the report to the CP in order to have clear information will not prejudice the subject's welfare.

### Recommended action

Once the Site Director has reported the subject's location, he/she must ensure the subject evaluation is completed. In all cases, the Patient Attendant should undertake a First Responder secondary survey. If no First Responder trained searcher is present, this information should be recorded. The results of the secondary survey should be recorded.

The Site Director should then quickly plan a course of action. The course of action should be based on the subject condition and the risk of further hazard to the subject and searchers. The Site Director should identify additional resources that are required to execute the plan.

The Site Director should obtain an assessment of the subject BEFORE reporting the find to the CP.

Once a detailed evaluation of the subject's condition has been made and a proposed plan of action has been developed, the Site Director should make further reports to the Command Post.

The CP must allow respect the reality of the field situation. The natural tendency of overhead staff will be to request immediate detailed reports from the Site Director. Managers must al-

low the Site Director sufficient time to make a detailed assessment of the subject's condition, and in some cases to provide whatever medical care is immediately required. Constant requests for information and updates will not provide the overhead team with meaningful information on which they can act, but can be disruptive to will be to efforts to tend to the subject.

Through out the process, the Site Director is responsible for maintain proper documentation of all significant events at the site.

### ***Additional resources responding to the site***

Often, additional resources are required to treat and extract the subject. The Site Director should make specific requests for additional resources, whether the request be for personnel or for specific equipment.

Personnel and equipment responding to the site should maintain their reporting relationship with their high authority until they arrive at the site. When they do arrive, they should fall under the authority and responsibility of the Site Director. They should remain under the Site Director's responsibility until explicitly released back to OPS control.

### **Maintaining command with Team Captains**

When additional teams are expected at the site, the Site Director should select a location where he/she can confer with the FTLs and other resources that will arrive. The area immediately surrounding the subject should be kept relatively clear of other personnel. Only those resources required to care for the subject, or prepare for extraction, should be close to the subject.

Personnel responding to the site will be organized into teams. Personnel on these teams remain under the control the FTL, unless explicitly transferred to another supervisor.

When a team arrives at the site, team members should remain at some distance from the subject. Only the FTL should report to the Site Director. The Site Director will assign tasks to the team through that team's FTL.

Once an assignment is received, the FTL should brief his/her team their specific assignment and

each member's part in that assignment before undertaking the task.

Should the Site Director feel that a responding FTL is more appropriately trained to manage the site, he/she may request that a new FTL assume the responsibilities of Site Director. Before this transfer of responsibilities takes place, approval must be obtained from OPS.

### **GS6, this is 6-Alpha requesting command of the site be transferred to 6-Bravo.**

In the case of a transfer of responsibilities of Site Director from one team to another, the assignment of Patient Attendant will remain in place. A Patient Attendant, once appointed, continues to report to the Site Director until released..

### **Never Plan Alone**

As with all search operations, planning the care and extraction of the subject is the ultimate responsibility of the Site Director, subject to approval by the Command Post. However, the maxim "Never Plan Alone" applies to a subject location site as much as anywhere else in search management. Site Directors should involved responding FTLs in discussions about the extraction plan. Finally, the Site Director should always seek the Patient Attendant's endorsement of any plan to extract the subject.

### **Patient Attendant and Medical Resources**

There must always be a Patient Attendant responsible for the subject. Should the subject's condition require additional resources, the Patient Attendant must request assistance from the Site Director. Should the Patient Attendant require relief from their duties, they must ask the Site Director.

The Site Director should ensure the Patient Attendant is trained at least to the First Responder level. In cases where additional responding teams arriving at the site have, in the opinion of the Site Director, medical responders better able to provide care and treatment to the subject they may transfer responsibility for Patient Attendant duties to another searcher. This transfer should only be made after obtaining approval from the FTL to whom the new Patient Attendant was initially assigned, and only after the transfer is explicitly communicated to the initial Patient Attendant and the new Patient Attendant.

### Extraction Plan and Approval

The extraction of the subject should be planned and the plan must be communicated to the CP for approval.

The plan should indicate what is to be accomplished, how and what resources are to be used. The plan should also explicitly provide for additional assistance required from the CP if applicable. The following is an example of an extraction plan.

"We will extract the subject in the stretcher, by travelling along a bearing of approximately zero-four-five degrees for one-two-zero-zero meters to the logging road."

"6-Alpha will clear a trail ahead of the stretcher. 6-Bravo and 6-Charlie will provide stretcher support. The Patient Attendant will be Joe Searcher.

"We anticipated reaching the logging road in five-five minutes.

"We request that the ambulance meet us at the logging road at our egress point."

The extraction plan does not have to be long and complicated, but it does have to provide sufficient detail for participants to understand what is expected of them. It must also allow for the

CP to organize, dispatch and control the other resources required to successfully care for and extract the subject.

### Command, Control and Communications

The following general principles will guide decisions

#### Ownership of resources

Resources are assigned by OPS or OPS Directors. Once assigned, resources are owned by the TLMU supervisor and by the chain of command above them. If the resource is required for another assignment it can only be reassigned by the next higher level of supervision, within its own chain of command. For example, a FTM on 6-Alpha cannot be reassigned by the FTL on 6-Bravo. The FTM on 6-Alpha can only be reassigned by the 6-Alpha FTL, or 6-Alpha's supervisor.

#### Chain of Command-FTMs, Comms, Patient Attendant

Figure 1 presents the chain of command from the Search Manager to individual team members at the subject site. Note that at the subject site, the Patient Attendant, individual FTLs, and the Comms Handler all report to the Site Director.

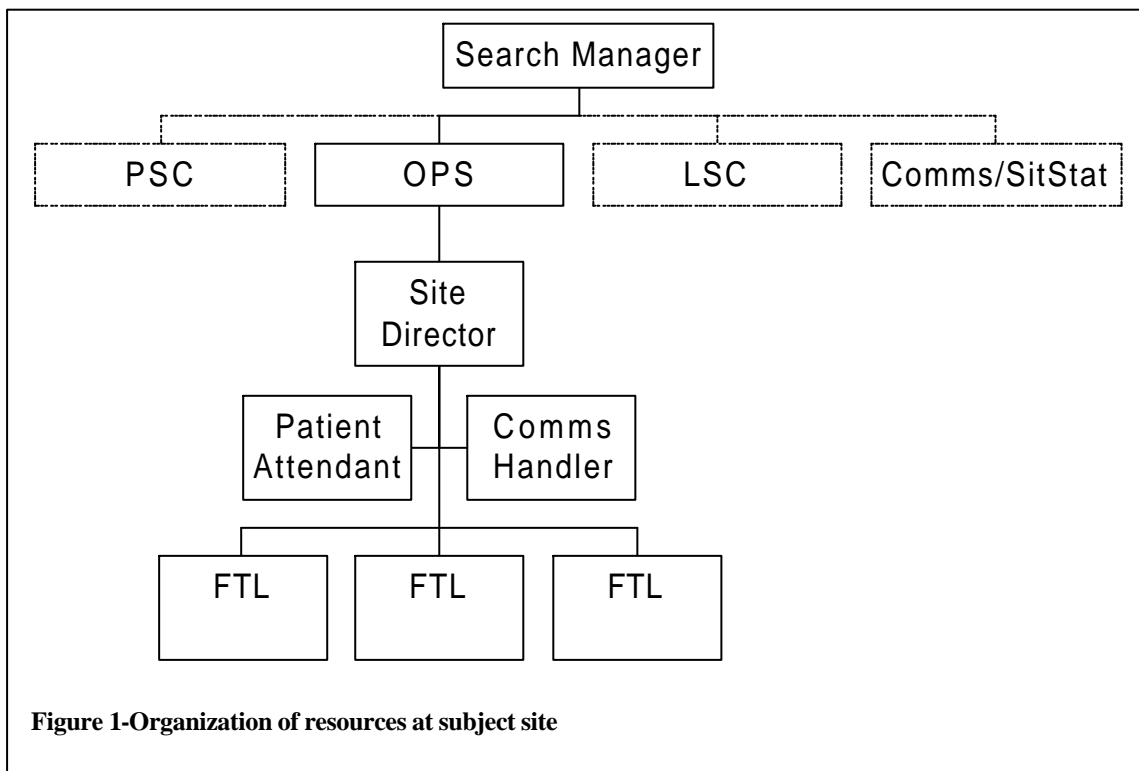


Figure 1-Organization of resources at subject site

### **Special Considerations for General Staff**

As searchers, we are all dedicated to the health and welfare of the person who is lost in the woods. Our initial reaction when the subject is located is to want to all jump into the fray and help. Too often all our efforts to staff an organization to ensure effective management and our operational discipline evaporate once our initial task of locating the subject has been attained.

Locating the subject is only the first of four SAR tasks. Once the subject is located, their physical and emotional condition must be assessed, they must be stabilized and they must be transported. To accomplish these tasks involves a highly coordinated effort on the part of a large number of resources. Effectively coordinating these resources requires a commonly accepted, structured plan. The plan must clearly identify the tasks and responsibilities required to provide appropriate care and extraction of the subject. Fortunately, GSARTs have a command and control system in place called ICS.

The title of this paper refers to Command and Control. Contrary to what we would initially expect, command does not mean that all decisions should be made by the Search Manager or even the Command Staff. The concept of command is just the opposite. Command should be pushed down to the lowest possible level within the organization. Control should be limited to that needed to ensure the objectives of the entire organization are met.

GSARTs train long and hard to ensure FTLs understand their duties and responsibilities. When assignments are issued, care is taken to ensure all teams are being led by competent leaders.

In directing the care and extraction of the subject, once located, the people in the best position to make critical decisions on operations are the people at the subject's location. The Command Post's role becomes one of directing resources to the subject site, providing information on the overall area and possible avenues for best possible extraction, and ensuring additional resources are provided at the appropriate location for recovery of the subject.

The Command Post is accountable for the overall objectives of the operation. The Command

Post is also responsible for providing the additional resources required to assist in subject care and extraction and for providing information on possible strategies. Once the subject is located, the Command Post must trust the resources they have assigned and to whom they have initially delegated authority to act as FTLs. The Command Post must refrain from micro-managing the operations being planned by the Site Director and those who are in the field.

The Command Post must also be cautious in the amount of information they are requesting from field personnel. The natural tendency will be for the command post to collect as much information as possible. However, General Staff personnel should bear in mind that their ability to act on that information is limited, and the effort required to collect and communicate the information can place a considerable burden on the field staff and can degrade their ability to provide care to the subject.

Finally, we should comment on the trust the General Staff owe their FTLs, FTMs and all GSART members. No one could claim that all team resources are of equal training, experience or competence. There will always be some FTLs that are stronger than some of their colleagues.

The trust all GSART members owe to the FTL extends to the personnel within that field team. In general practice to appoint team FTL based on a program of development. Often, the FTL will not be the most experienced searcher in that particular group. More experienced FTMs must refrain from usurping the direction of the team, much as the General Staff must refrain from micro-managing the field operation.

The reality of search operations is that the subject will not always be located by the strongest FTL fielded. Murphy's law says that the subject will be located by the least experienced field team, and probably in the most difficult terrain in the search area. However, this is not a justification for the General Staff to arbitrarily transfer the assignment of Site Director from the initial FTL to a "more experienced" FTL. If the General Staff does not have sufficient confidence in a FTL to entrust the care and extraction of the subject to them, they should not assign the searcher as a FTL in the first place. Although the General Staff may feel more comfortable with a more experienced FTL as Site Director,

they must refrain, to whatever extent is safe to the subject and other responders, from replacing Site Directors after they are initially assigned.

### Summary

In this paper, we propose a structure and response posture for a GSART once the subject is located.

We have introduced the concept the FTL from the team actually locating the subject to become the Site Director. The Site Director is responsible for appointing a Patient Attendant and a Communications Handler.

The Site Director is responsible for ensuring an evaluation of the subject is quickly completed, and the results of the evaluation communicated to the Command Post.

Additional resources dispatched to the subject's location report to the Site Director through the individual TLMU's FTL. All resources on site

are under the structured supervision of the Site Director.

When a care and extraction plan are completed, the Site Director reports it to the Command Post prior to execution.

Should a transfer of Site Director responsibilities be required, it must be approved by the Command Post.

Should a transfer of Patient Attendant duties be required, it must be approved by the Site Director.

The Command Post and overhead staff must ensure they respect their own chain of command and responsibility and not provide assistance to the Site Director and his/her resources without micromanaging the operation.

March 28, 2002

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#### Notes:

<sup>i</sup> Federal Emergency Management Agency, *Incident Command System*(IS-195) Jan 1998.

<sup>ii</sup> The basic structure of a field operating unit will vary from team to team and the specific search tactic being employed. As critical separation searching is the most effective deployment of search resources, we are assuming, for the purposes of this discussion that each field team is composed of a Field Team Leader (Team Captain) and two qualified Field Team Members (searchers).

<sup>iii</sup> The team Field Team Leader is also used for the person in charge of a TLMU.

<sup>iv</sup> Various GSARTs have different standards for medical training. It is recommended that no searcher be assigned to field duties without at least a Standard First Aid qualification. Because of the hazards in wilderness response and the usual distance from and delay in reaching more advanced medical care, a First Responder or Wilderness First Responder qualification is recommended for field personnel. At a minimum, Field Team Leaders should be trained at the First Responder level.

<sup>v</sup> Again, the actual equipment available to GSARTs will differ from team to team. At a minimum, a GSART should have a stokes type stretcher, an advanced trauma kit and medical oxygen.

<sup>vi</sup> A Rapid Intervention Team (RIT) should be part of the standard Medical Plan for every operation. Although the RIT is designed for response to searcher injury, the additional available standby resource for subject medical care and transport of medical equipment to the subject location is a recommended practice.

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